

# INTEGRATED SAFEGUARDS DATA SHEET

## CONCEPT STAGE

Report No.: ISDSC1462

**Date ISDS Prepared/Updated:** 19-Nov-2012

### I. BASIC INFORMATION

#### A. Basic Project Data

<b>Country:</b>	Pakistan	<b>Project ID:</b>	P132308
<b>Project Name:</b>	National Immunization Support Project (P132308)		
<b>Task Team Leader:</b>	Robert Oelrichs		
<b>Estimated Appraisal Date:</b>	01-May-2013	<b>Estimated Board Date:</b>	23-Jul-2013
<b>Managing Unit:</b>	SASHN	<b>Lending Instrument:</b>	Specific Investment Loan
<b>Sector:</b>	Health (100%)		
<b>Theme:</b>	Health system performance (50%), Child health (25%), Other communicable diseases (25%)		
<b>Financing (In USD Million)</b>			
<b>Financing Source</b>			<b>Amount</b>
BORROWER/RECIPIENT			20.00
International Development Association (IDA)			50.00
Total			70.00
<b>Environmental Category:</b>	B - Partial Assessment		
<b>Is this a Repeater project?</b>	No		

#### B. Project Objectives

The proposed development objective is to sustainably increase the equitable coverage and quality of services for immunization against vaccine preventable childhood illness - including poliomyelitis - in Pakistan.

#### C. Project Description

This project is a response to a particular set of temporary requirements resulting from devolution of the federal responsibility for immunization programs to the provinces under the 18th Amendment to the Constitution. Follow up projects of a similar scope and design are not anticipated, and sustainability is a stated aspect of the development objective. The project aims to equitably increase immunization coverage and quality in Pakistan through three components - building program capacity in the provinces and territories, support for a minimum set of

competencies for coordination at the federal level, and a performance-based intervention to scale up immunization services in districts nationally. An important aspect of the project is strengthening the health system through a results based approach, thereby aiming to change the culture of the EPI program from a supply driven model to a one focused on achieving results and targets.

The project will have a TA component which will ensure the capacity building, for reporting, monitoring, surveillance, logistics and cold chain management both at the federal and provincial levels. This will be informed by a review currently being undertaken by UNICEF on vaccine management capacity, potentially complemented by a Business Process Mapping exercise conducted by the Bank. As requested by the Ministry of Finance, the Bank will support the Government to undertake an assessment of capacities and requirements for strengthening implementation of EPI nationwide, to inform the design and scope of the project during project preparation. This study will build on previous analytic work undertaken by the Bank, resulting in the HNP Discussion Paper “The Expanded Program on Immunization in Pakistan – Recommendations for improving performance”, which was disseminated in Islamabad in September 2012. The structure of project management and implementation will be further defined during project preparation as federal institutional arrangements are clarified. The description of the project components is outlined below, responding to each of the above strategies:

Component 1) Strengthening provincial capacity: This component will strengthen provincial management of EPI, focusing on building capacities for planning, management, procurement, surveillance, monitoring and reporting of EPI. Activities will include technical assistance, training and support for systems strengthening in surveillance, monitoring and reporting. This systems strengthening will build on the capabilities created by the polio eradication program, and also deliver capacity to ensure sustainable polio outcomes when eradication campaigns will no longer be needed. Informed by financial and vaccine management assessments, this component is likely to focus support on:

- i) Planning: Build capacity to conduct situational analyses and mapping of EPI needs and program performance, including assessment of available human resources, logistics, funding, and demand aspects. Support preparation of detailed implementation plans by district, including micro plans created at district level.
- ii) Management: In-service management training for mid-level managers. Development of management guidelines and SOPs.
- iii) Procurement and Logistics: Enhance procurement capacity over the entire procurement value chain by development of provincial procedures and guidelines, provision of necessary technical assistance for maintaining quality, build capacity in vaccine management and vaccine logistics. Some small component of cold chain or information infrastructure may be included, according to which the project will deliver an agreed number of specialized procurement experts by completion.
- iv) Surveillance: Strengthen capacity for communicable disease surveillance in the context of the integrated disease surveillance strategy defined by WHO. Capacity building at district level to support dedicated surveillance officers. Training and technical assistance at provincial level to expand vaccine preventable disease (VPD) surveillance to all EPI target diseases. Support for improved data management capacity at provincial level to inform program monitoring.
- v) Reporting: Training and capacity building of district level staff to improve the integrity and timeliness of reported EPI routine data. Institution of new data-reporting mechanisms (including registers for age-appropriate immunization and gender) for monitoring dropout rates and defaulters from the immunization program.
- vi) Demand creation: Increase capacity for and support community mobilization and socially

sensitive IEC activities engaging community and religious leaders, tribal elders, mass media, civil society and health service providers (including vaccinators and LHWs) to present timely, accurate information to mothers, child caregivers and families to enhance social acceptability of immunization and modify their attitudes and practices toward routine immunization

Component 2) Support for federal coordination functions: The definition and support of a minimum set of capacities at the Federal level, particularly including a coordination body for provincial EPI programs with responsibility for reporting, program evaluation, surveillance and policy support. Support to the federal level would also include building capacity in management of EPI programs in the federally administered territories, following the provincial capacity elements described above (planning, management, logistics, surveillance, reporting and demand creation).

Component 3) Results-based financing: It is intended to include a Results Based Financing (RBF) mechanism at several levels in the project design. Under such an approach part of project finance would be made available only upon achievement of an agreed set of result indicators. Importantly, the attainment of results would be verified by a third party. Immunization programs present attractive opportunities for the use of RBF approaches, not least the central and readily quantifiable nature of immunization indicators. This financing concept has been explored in discussions with federal and provincial governments during project identification – and there is familiarity and comfort with the approach. This project component may be eligible for matched funding from the Health Results Innovations Trust Fund (HRITF) – which supports IDA projects with an RBF structure, particularly including those with results in maternal and child health. The following RBF options will be explored during project preparation:

- i) Performance-based funding of provincial EPI programs: Under Component 1, project finances will be utilized for capacity building in the identified fields, and the flow of funds from the federal to the provincial programs will depend on achieving agreed results.
- ii) Performance-based contracting of health facilities: Institution of contracts between the provincial Departments of Health and district health facilities, with an agreed set of results for provision of age appropriate immunization services.
- iii) Consumer demand creation – Incentivizing parents to access immunization services – for example through conditional cash transfers (CCT). Due to the highly sensitive nature of immunization in Pakistan, such interventions would be considered with a high degree of caution.

Financing Mechanism: The project term is proposed to be five years, supported by a US\$50 million IDA credit under IDA blend terms.

Partnership and Co-financing: Preliminary discussions have taken place with development partners with a history of supporting immunization in Pakistan– JICA, USAID, AusAID, DfID, the GAVI Alliance, the Bill and Melinda Gates Foundation and Rotary Foundation. Several have expressed interest in supporting a coordinated approach to the strengthening of EPI in Pakistan. As the structure of the project is further defined, opportunities and mechanisms for parallel financing, cofinancing and innovative financing (for example an IDA buy-down as now in place for the Bank support to polio eradication) will be further discussed to achieve a coordinated partner response, thereby reducing transaction costs and promoting synergy between joint investments. The project team has had discussions with the HRITF team, and an application for a Country Pilot Grant is in preparation.

#### **D. Project location and salient physical characteristics relevant to the safeguard analysis (if known)**

The National Immunization Project will cover the entire country.

### **E. Borrowers Institutional Capacity for Safeguard Policies**

The institutional arrangements already exist to implement environment safeguards requirements in the provincial Departments of Health under the Director General of Health. However these arrangements will be reviewed and capacity building requirements will be assessed during preparation of the project, and action plans will be developed accordingly. It is expected that the project activities will generate small amount of medical waste, for which the Environment Management Plan will be prepared.

### **F. Environmental and Social Safeguards Specialists on the Team**

Javaid Afzal (SASDI)

Samina Mussarat Islam (SASDS)

## **II. SAFEGUARD POLICIES THAT MIGHT APPLY**

<b>Safeguard Policies</b>	<b>Triggered?</b>	<b>Explanation (Optional)</b>
Environmental Assessment OP/ BP 4.01	Yes	
Natural Habitats OP/BP 4.04	No	
Forests OP/BP 4.36	No	
Pest Management OP 4.09	No	
Physical Cultural Resources OP/ BP 4.11	No	
Indigenous Peoples OP/BP 4.10	No	
Involuntary Resettlement OP/BP 4.12	No	
Safety of Dams OP/BP 4.37	No	
Projects on International Waterways OP/BP 7.50	No	
Projects in Disputed Areas OP/BP 7.60	No	

## **III. SAFEGUARD PREPARATION PLAN**

**A. Tentative target date for preparing the PAD Stage ISDS:** 01-May-2013

**B. Time frame for launching and completing the safeguard-related studies that may be needed.**

**The specific studies and their timing<sup>1</sup> should be specified in the PAD-stage ISDS:**

Launching/completion of the Environmental Assessment: February 15, 2013 - May 15, 2013

## **IV. APPROVALS**

Task Team Leader:	Name: Robert Oelrichs
<b>Approved By:</b>	

<sup>1</sup> Reminder: The Bank's Disclosure Policy requires that safeguard-related documents be disclosed before appraisal (i) at the InfoShop and (ii) in country, at publicly accessible locations and in a form and language that are accessible to potentially affected persons.

Regional Safeguards Coordinator:	Name: Sanjay Srivastava (RSA)	Date: 20-Nov-2012
Sector Manager:	Name: Julie McLaughlin (SM)	Date: 20-Nov-2012