

PROJECT INFORMATION DOCUMENT (PID) CONCEPT STAGE

Report No.: PIDC570

Project Name	National Immunization Support Project (P132308)
Region	SOUTH ASIA
Country	Pakistan
Sector(s)	Health (100%)
Lending Instrument	Specific Investment Loan
Project ID	P132308
Borrower(s)	ISLAMIC REPUBLIC OF PAKISTAN
Implementing Agency	Expanded Program on Immunization, Ministry of Interprovincial Coordination
Environmental Category	B-Partial Assessment
Date PID Prepared	21-Nov-2012
Estimated Date of Appraisal Completion	00000000
Estimated Date of Board Approval	23-Jul-2013
Concept Review Decision	Track II - The review did authorize the preparation to continue

I. Introduction and Context

Country Context

Accelerating progress in human development remains a key underpinning for sustained economic gains in Pakistan. At the current rate of progress, it will be difficult for Pakistan to meet the MDG targets on health by 2015. Infant and under five mortality rates still lag behind other South Asian countries. Gender disparities persist in education, health and all economic sectors. Nutrition also remains a significant cross-cutting challenge.

Sectoral and Institutional Context

Amongst Pakistan's health priorities, childhood immunization against vaccine preventable diseases presents a highly cost effective intervention - delivering significant reductions in morbidity and mortality from inexpensive and standardized interventions. It remains one of the most fundamental competencies of public health programs. In line with international standards, the Expanded Program on Immunization (EPI) in Pakistan aims to immunize all children against eight vaccine preventable diseases. Immunization coverage in Pakistan however has stagnated. The regrettable deficits in immunization coverage are reflected in the continued incidence of endemic polio transmission and recurrent outbreaks of preventable disease - for example, measles accounts for nearly 20,000 deaths in children in Pakistan every year. The current political context presents both challenges and opportunities for improving EPI performance. After devolution of the federal Ministry of Health

under the 18th Amendment to the Constitution in 2010, there remains some ambiguity about the federal role in national planning and coordination in health. While there are concerns about the current capacity of provincial governments to assume effective authority in health, the devolution presents clear opportunities for increased accountability, ownership and equity in immunization programs. Pakistan is struggling to achieve polio eradication. For the last three years National Emergency Plans have put significant emphasis on eradication activities and focused the energies of the provincial departments of health on polio eradication. As the immunization staff under the EPI is responsible for vaccination, it also bears the major work burden for implementation of eradication activities. This has led to reduced focus on routine immunization work and there are issues of staff availability due to polio vaccination campaigns. As the goal of polio eradication is judged to be almost within reach, there is also an urgent requirement to strengthen routine immunization programs.

Relationship to CAS

The Bank's support to Pakistan is organized around four pillars, of which the second is "improving human development and social protection". The CPS progress report (2011) notes that key principles of the Bank's engagement include, inter alia, increasing the use of performance-based instruments; strengthening attention to implementation, results and communications; deepening engagement with the provinces; and leveraging partnerships for shared objectives. The proposed operation is clearly in line with this strategic approach.

II. Proposed Development Objective(s)

Proposed Development Objective(s) (From PCN)

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.

Key Results (From PCN)

The project will focus on achieving key results in access to routine immunization in Pakistan – along the three dimensions of service coverage, equity and quality.

i) Coverage of immunization services: Standard socially and gender sensitive indicators of immunization coverage will be employed to track increase in the number of children reached by routine services, especially hard-to-reach and at-risk children. These will include measures of age-appropriate immunization in the first and second years of life, for example "Children 0-12 months who have received all of BCG, Pentavalent 1 to 3, OPV-3 and measles immunization". Gender disaggregated data will be aggregated from the Union Council, district and provincial levels which will be supported by building capacity to improve and extend current reporting systems. These data will be validated by regular third party immunization coverage surveys, potentially using new technologies such as Global Positioning.

ii) Equity of immunization services: The percentage of children who are fully immunized varies widely by wealth quintile. Children whose mothers are in the lowest wealth quintile are far less likely to be fully immunized than children of the highest socioeconomic status (26% and 64% respectively). The project will specifically set as a result an improvement in equity in access to immunization services by setting, measuring and monitoring coverage targets of disadvantaged groups on the basis of social, gender, geographical and economic disparities. This result will be quantified by the use of household surveys similar to those in which these trends have been

previously observed. Due to the expense and time involved in such surveys these will likely be restricted to baseline and at project completion.

iii) Access to and Quality of immunization services: Demand for immunization services has been a barrier to coverage, partially as the consequence of a more general lack of health seeking behavior, social and gender inequalities and negative perceptions/myths about immunization. And partially due to specific dissatisfaction with immunization in some populations - due to illiteracy, limited awareness, parental attitude, physical locations of health facilities, security issues and the impacts of vaccine controversies. A key result will be improvement in the social acceptability and quality of immunization services. This will be assessed by the introduction and use of registers for age-appropriate immunization, specifically tracking the drop-out rate of children between receiving the first and third doses of Pentavalent vaccine.

iv) Sustainability of immunization services: This is part of the development objective. The project is intended to assist provincial governments to build their capacity to assume fully effective management of EPI, following the transition from federal responsibility. Financial support under this project should result in parallel sustainable increases in provincial financing of EPI. To this end, regular expenditure reviews will be conducted through the study (after appropriate mapping of provincial EPI budgets) to assess the level of financial contributions from provincial sources.

III. Preliminary Description

Concept Description

This project is a response to a particular set of stop-gap requirements resulting from devolution of the federal responsibility for immunization programs to the provinces under the 18th amendment to the constitution. 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 routine 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.

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.

Component 2) Support 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.

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.

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 will be further discussed to achieve a coordinated partner response, thereby reducing transaction costs and promoting synergy between joint investments. This discussion will also occur in the context of significant new support for Polio Eradication to be contributed by several partners - most notably the Islamic Development Bank.

IV. Safeguard Policies that might apply

Safeguard Policies Triggered by the Project	Yes	No	TBD
Environmental Assessment OP/BP 4.01	x		
Natural Habitats OP/BP 4.04		x	
Forests OP/BP 4.36		x	
Pest Management OP 4.09		x	
Physical Cultural Resources OP/BP 4.11		x	
Indigenous Peoples OP/BP 4.10		x	
Involuntary Resettlement OP/BP 4.12		x	
Safety of Dams OP/BP 4.37		x	
Projects on International Waterways OP/BP 7.50		x	
Projects in Disputed Areas OP/BP 7.60		x	

V. Tentative financing

Financing Source	Amount
BORROWER/RECIPIENT	20.00
International Development Association (IDA)	50.00
Total	70.00

VI. Contact point

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VII. For more information contact:

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