

**INTEGRATED SAFEGUARDS DATA SHEET
APPRAISAL STAGE**

Report No.: ISDSA1037

Date ISDS Prepared/Updated: 23-Mar-2015

Date ISDS Approved/Disclosed: 25-Mar-2015

I. BASIC INFORMATION

1. Basic Project Data

Country:	Pakistan	Project ID:	P132308
Project Name:	National Immunization Support Project (P132308)		
Task Team Leader(s):	Robert Oelrichs		
Estimated Appraisal Date:	30-Mar-2015	Estimated Board Date:	28-May-2015
Managing Unit:	GHNDR	Lending Instrument:	Investment Project Financing
Sector(s):	Health (100%)		
Theme(s):	Health system performance (50%), Child health (25%), Other communicable diseases (25%)		
Is this project processed under OP 8.50 (Emergency Recovery) or OP 8.00 (Rapid Response to Crises and Emergencies)?			No
Financing (In USD Million)			
Total Project Cost:	170.00	Total Bank Financing:	50.00
Financing Gap:	0.00		
Financing Source			Amount
BORROWER/RECIPIENT			20.00
International Development Association (IDA)			50.00
National Immunization Support Project			80.00
Results-Based Financing			20.00
Total			170.00
Environmental Category:	B - Partial Assessment		
Is this a Repeater project?	No		

2. Project Development Objective(s)

The project development objective is to increase the equitable coverage of services for immunization against vaccine preventable diseases (VPD), including poliomyelitis, for children between 0 and 23

months in Pakistan.

3. Project Description

Pakistan national Expanded Program on Immunization (EPI) aims to immunize all children between 0 and 23 months against eight vaccine preventable diseases. Children under two years of age in Pakistan are to be the primary beneficiaries of NISP. In addition, children aged to 5 years are targeted during Pakistan's supplementary immunization activities (SIA) for polio and till 10 years for measles. Children aged to 10 years are to be secondary beneficiaries under the project. Pakistan is one of the last three countries globally in which polio is endemic. The eradication of this virus, for which billions of dollars are being invested, will be heavily contingent upon an effective EPI program. This project aims to strengthen EPI in Pakistan at the critical endgame stage of polio eradication, and therefore its ultimate beneficiaries also include all children globally.

This project also focuses on building provincial level capacity for EPI implementation, while supporting a limited set of competencies in coordination and reporting at the federal level. The first three components take a results-based approach using Disbursement Linked Indicators (DLIs), while the fourth finances the Federal EPI cell in national coordination, project management and analytic capacities as well as Health System Strengthening (HSS) elements to catalyze the provincial activities.

The proposed IDA Credit of US\$50 million is expected to be financed through Investment Project Financing, which will use a programmatic approach, focusing on results with well-defined qualitative and quantitative targets for a five-year period. The Bill & Melinda Gates Foundation have indicated interest in financing up to US\$25 million for a partial, conditional buy-down of the credit. The contribution will be proportionately determined by the amount of disbursement against the same DLIs. At the completion of the project, the credit would be partially bought down to the extent of the total contribution – potentially cancelling the service charges and a portion of the principle and thereby increasing the concessionality of the credit.

The project will be co-financed with up to US\$80 million grant through a Multi-Donor Trust Fund with contributions, subject to their approval, from the GAVI Alliance, and potentially from other development partners. In addition, US\$20 million will be sought from the Health Results Innovation Trust Fund (HRITF), in the second year of the project for the demand-side interventions.

Component 1: Strengthening Management, Governance and Stewardship Functions: This component has the objective of addressing the fundamental systemic weaknesses that underlie the poor performance and accountability of EPI in Pakistan: (i) Oversight, coordination and stewardship functions, (ii) Robust monitoring & evaluation mechanisms, and (iii) Surveillance systems.

Component 2: Improving Service Delivery Performance: This component will increase equitable access to EPI services at the UC level through improved planning, management of human resources and strengthened supply chain management at the point of service delivery: (i) Enhanced planning for performance, (ii) Availability and management of skilled human resources, (iii) Enhanced planning for performance, and (iv) Availability and management of skilled human resources.

Component 3: Demand Generation: The objective of this component is to explore and expand innovative strategies to empower communities to access immunization services and promote positive behaviors for acceptance and seeking mobilization and community awareness, (ii) Conditional Cash Transfer Scheme, (iii) Advocacy, and (iv) School Curriculum.

Component 4: Health Systems Strengthening: This component will support the national procurement of cold rooms and ice lined refrigerators, expansion/maintenance of the vaccine logistics management information system, and other health systems strengthening. It will also support provision of technical assistance by the World Health Organization and United Nations Children's Fund (UNICEF).

Component 5: Improving Capacity in Technical Areas for Increased Immunization Coverage: This component will finance strengthening of national coordination, project management and analytic capacities through (i) strengthening the capacity of Federal and Provincial EPI Cells, (ii) support the national coordination of EPI Programs, and (iii) research and evaluation of immunization services.

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

The project will be implemented across the country.

5. Environmental and Social Safeguards Specialists

Javaid Afzal (GENDR)

Miki Terasawa (GSURR)

Salma Omar (GSURR)

6. Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	Inappropriate practices during vaccine administration and associated activities can potentially cause health and safety hazards. These include not using safe/sterilized syringes and needles, vaccinators not observing appropriate safety protocols and not disposing used syringes and needles in a safe and environment-friendly manner. None of these impacts are however unprecedented and can be adequately mitigated with the help of appropriately designed and implemented mitigation and precautionary measures. Therefore, the project has been classified as Category B.
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	

II. Key Safeguard Policy Issues and Their Management

A. Summary of Key Safeguard Issues

<p>1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:</p> <p>The project aims to improve childhood immunization against vaccine preventable diseases, resulting in decreased prevalence of these diseases and thus having a positive impact on the public health in the country. However, inappropriate practices during vaccine administration and associated activities can potentially cause health and safety hazards for the vaccinators as well as for children being vaccinated and also for the community at large. These include not using safe/sterilized syringes and needles, vaccinators not observing appropriate safety protocols such as wearing prick-proof gloves, and not disposing used syringes and needles in a safe and environment-friendly manner. None of these impacts are however unprecedented and can be adequately mitigated with the help of appropriately designed and implemented mitigation and precautionary measures. Therefore the project has been classified as Category B in accordance with the OP 4.01.</p> <p>No land acquisition and resettlement is expected to take place. Therefore OP 4.12 is not triggered. The Project supports provincial EPIs to develop province-specific advocacy plans to raise awareness among beneficiary families, number of who are located in remote areas, speak local languages with low literacy. The plans will include production of simple pictorial posters and pamphlets and dissemination strategy by engaging CSO, NGO, and private service providers. This is expected to have a positive impact in reaching out to both women and men in households, and marginalized and poor communities who are often unable to access health services.</p>
<p>2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:</p> <p>No indirect or long term adverse environmental impacts are expected to be associated with the project interventions, primarily because of the distributed nature of small quantities of immunization wastes to be disposed. On the other hand, a successful immunization initiative will have positive and long term impacts on the key health indicators of the country. The long term social impacts of the project are expected to be positive. It will contribute to a healthy society unencumbered by the burden of common diseases</p>
<p>3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.</p> <p>The only other alternative is ‘no-project’ option, which could have detrimental effects on the childhood immunization in the country. The ‘no-project’ alternative would though avoid the adverse environmental impacts associated with the immunization particularly waste disposal; however, would also result in continued exposure of children to diseases that are preventable with the help of appropriate and timely vaccination.</p>

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.

To address the potentially negative environmental impacts associated with vaccination, the GOP has prepared an environmental and social management plan (ESMP), in accordance with the national regulatory requirements as well as World Bank OP 4.01. The ESMP identifies and assesses the potentially negative environmental and social impacts of the project activities, and proposes appropriate mitigation and precautionary measures, most of which are already practiced by the EPI teams. It also describes institutional and monitoring mechanisms to ensure effective implementation of the proposed mitigation and precautionary measures, and defines the associated documentation and reporting requirements. Overall coordination and implementation of ESMP will be the responsibility of National Program Manager, EPI who will designate an ESM Focal Point (FP) to coordinate on his/her behalf. Provincial EPI Managers will also designate similar ESM Focal Points at each province level, who will provide support to the federal level ESM FP. Each partner hospital/tertiary healthcare units will also nominate a focal person to ensure implementation of ESMP. The Provincial EPI Offices will ensure regular monitoring as well as maintain record at the provincial hubs and tertiary healthcare units. Quarterly progress reports at district, provincial, and national levels will capture the ESMP compliance of the project. Capacity building for ESMP implementation will be integrated within the overall training program of the EPI.

The federal and provincial EPI teams are well versed with most of the mitigation and precautionary measures that are included in the ESMP. To ensure ESMP implementation, each province will have an ESM focal point (FP), who will report to the federal level ESM FP. They will coordinate additional awareness raising and capacity building for appropriate immunization waste management. Capacity building will also take place to implement social aspects such as Grievance Redress Mechanism and regular consultations with CSOs and other service providers. An action plan and a training plan are included in the ESMP to address these capacity building aspects

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.

Consultations have been carried out with key stakeholders, including federal and provincial EPI cells, civil society organizations, and private service providers, while preparing the ESMP. Such consultations will be continued during the project implementation.

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other	
Date of receipt by the Bank	18-Mar-2015
Date of submission to InfoShop	27-Mar-2015
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	////
"In country" Disclosure	
Pakistan	27-Mar-2015
<i>Comments:</i>	
If the project triggers the Pest Management and/or Physical Cultural Resources policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.	

If in-country disclosure of any of the above documents is not expected, please explain why:

C. Compliance Monitoring Indicators at the Corporate Level

OP/BP/GP 4.01 - Environment Assessment		
Does the project require a stand-alone EA (including EMP) report?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Are the cost and the accountabilities for the EMP incorporated in the credit/loan?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
The World Bank Policy on Disclosure of Information		
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
All Safeguard Policies		
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Have costs related to safeguard policy measures been included in the project cost?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>] NA [<input type="checkbox"/>]

III. APPROVALS

Task Team Leader(s):	Name: Robert Oelrichs	
Approved By		
Safeguards Advisor:	Name:	Date:
Practice Manager/ Manager:	Name:	Date: