



Combined Project Information Documents / Integrated Safeguards Datasheet (PID/ISDS)

Appraisal Stage | Date Prepared/Updated: 09-Sep-2018 | Report No: PIDISDSA24963



BASIC INFORMATION

A. Basic Project Data

Country Pakistan	Project ID P167312	Project Name Additional Financing for Pakistan National Immunization Support Project	Parent Project ID (if any) P132308
Parent Project Name National Immunization Support Project	Region SOUTH ASIA	Estimated Appraisal Date 04-Jun-2018	Estimated Board Date 20-Nov-2018
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Economic Affairs Division	Implementing Agency Federal EPI Cell, Ministry of National Health Services, Regulations and Coordinations (MONHSRC)

Proposed Development Objective(s) Parent

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.

Components

- Component 1: Strengthening Management, Governance and Stewardship Functions
- Component 2: Improving Service Delivery Performance
- Component 3: Demand Generation
- Component 4: Health Systems Strengthening
- Component 5: Improving Capacity in Technical Areas for Increased Immunization Coverage

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	8.10
Total Financing	8.10
of which IBRD/IDA	0.00
Financing Gap	0.00

DETAILS



Non-World Bank Group Financing

Trust Funds	8.10
Global Alliance for Vaccine and Immunization	8.10

Environmental Assessment Category

B-Partial Assessment

Decision

The review did authorize the team to appraise and negotiate

B. Introduction and Context

Country Context

Pakistan is the world’s sixth most populous country with a population of 180 million and a per capita income of US\$1,386 in 2013/14 - a lower middle-income country. Pakistan’s cycles of high growth have been interrupted by shocks and crises and followed by relative stagnation. Continuing insecurity and slow economic reform pose critical challenges. The economic and political instability of the 1990s was followed by improved economic performance in the first half of the 2000s, with an average growth of real gross domestic product (GDP) of around 5%, and decreasing levels of poverty from 34.5% in 2001/02 to 12-13% in 2011/12. However, the sharp rise in international oil and food prices, combined with recurring natural disasters had a devastating impact on economic growth.

Accelerating progress in human development remains the key underpinning for sustained economic gains in Pakistan. Although, Pakistan has made great strides in service delivery over the last three decades, it has not been able to translate an increasing working age population into a strong and sustained impetus for growth. This is partly because the level of expenditure on education and health has been very limited. Pakistan is ranked as one of the lowest spenders on education and health in the region (at less than 2% of GDP). The social indicators for both health and education have remained low and lag seriously behind other countries in the region. 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 crosscutting challenge. Pakistan faces a growing burden to meet the basic needs of its population and a seemingly endless string of challenges including an economic downturn with high inflation, challenging security situation, and an unstable political climate. However, without substantial investments in human development, Pakistan is unlikely to capture a potential demographic dividend and to enjoy high levels of economic growth.

Sectoral and Institutional Context

Pakistan’s performance in maternal and child health remains poor in the South Asia Region. Significant inequity exists in health service access and utilization, with little has changed for the poorest and rural population since the 1990s. 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 between 0 and 23 months against eight vaccine preventable diseases that include tuberculosis, poliomyelitis, diphtheria, pertussis, tetanus, hepatitis B, haemophilus influenza type b (Hib), and measles. Newer vaccines which will expand EPI are either in the process of roll out (pneumococcal vaccine) or under planning (rotavirus vaccine, inactivated polio vaccine).

Pakistan is faced by a formidable challenge in achieving the national elimination of polio virus. Ensuring strong national routine immunization is the first essential pillar in polio eradication and has been the key to rapid control of polio in many countries. The national Routine Immunization system faces serious systemic challenges, which have also resulted in recurrent outbreaks of transmissible diseases such as measles.

The National Immunization Support Project (NISP) is mobilizing resources for the Federal and provincial EPI programs to improve coverage of vaccination in children of Pakistan. The project includes IDA credit of US\$50 million and trust fund of US\$79.60 million with contributions from Gavi and the United States Department for International Development (USAID). The Bill & Melinda Gates Foundation has committed US\$25 million for a partial, conditional buy-down of the IDA credit. NISP employs a results-linked financing mechanism to the provincial governments. A set of nine disbursement-linked indicators (DLI) incentivize process (management and information systems) and outcome (immunization coverage) performance through contingent release of MDTF grant and IDA credit funds.

The proposed additional financing (AF) of NISP will channel resources from Gavi, the Vaccine Alliance, to improve the proportion of children who are fully immunized in urban areas of the four provinces.

C. Proposed Development Objective(s)

Original PDO

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.

Current PDO

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.

Key Results

Percent of children aged between 12-23 month old in each project province urban area, who are fully immunized.

D. Project Description

The proposed AF of US\$8.1 million in grant resources is to i) finance an additional result which will incentivize increased provincial focus on immunization service delivery in ten large urban centers and ii) finance additional technical assistance by the Ministry of National Health Services, Regulations and Coordination (MoNHRC) to the provincial governments to develop innovative service delivery models for these populations – including by contracting local Civil Society Organizations (CSO).

E. Implementation



Institutional and Implementation Arrangements

The institutional and implementation arrangements of NISP will be continued for the proposed AF. Pakistan is a federal country, with responsibility for the financing and delivery of health services fully devolved to the four provinces. Provincial EPI program activities will be implemented by the provincial EPI cells. The proposed AF is also intended to support the Federal EPI cell under the MONHSRC in delivering the technical assistance to strengthen the provincial programs, monitoring, reporting and project management. The Federal EPI Cell additionally has responsibility to implement EPI in the federally administered territories.

F. Project location and Salient physical characteristics relevant to the safeguard analysis (if known)

The project will be implemented across the country. The proposed AF will extend immunization related service delivery in the urban areas of the country. Most of the cities being covered are diverse in terms of ethnicity, linguistic identity, and religious affiliation. According to the PSLM 2013-14, nationally, urban areas had a 69% level of immunization coverage compared to 53% in rural areas. In all provinces, urban settings within each province have a higher immunization coverage with the difference being larger within Sindh and Balochistan – but within cities there are stark inequities. Nearly half the population of urban areas lives in slums and squatter settlements that are characterized by: high population density; a large number of in-country migrants and refugees; location near natural drainage channels and transport systems; a general lack of schools, health and welfare facilities in the public sector, and, a significant number of unregularized, unmonitored private education and healthcare services; legal electricity and water connections; major source of employment being in the informal sector; and, lack of permanent housing for almost a quarter of the population. Studies have found that children living in slums are more susceptible to infectious diseases due to the unsanitary and congested environments in which they live. Various studies on the status of immunization in slums have found that low levels of education of one or both parents, lack of awareness of immunization and immunization schedules, proximity to healthcare facilities were some of the main factors determining uptake and coverage of immunization services in these areas.

G. Environmental and Social Safeguards Specialists on the Team

Rahat Jabeen, Environmental Safeguards Specialist
Najm-UI-Sahr Ata-Ullah, Social Safeguards Specialist

SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	



Performance Standards for Private Sector Activities OP/BP 4.03	No
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

KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT

A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:

Since the proposed additional financing (AF) is only meant for enhancing service delivery to 10 urban areas of the country already included in the parent project, using the same type of interventions, therefore the safeguards issues, risks and impacts remain the same as the parent project. These have been described as follows: 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 (Environmental Assessment).

No land acquisition and resettlement is expected to take place. Therefore OP 4.12 (Involuntary Resettlement) 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.

The proposed AF is only extending the immunization services to urban areas. Therefore, safeguard category will remain as B. The Environmental and Social Management Plan (ESMP) and mitigation measures prepared by the client



for the original project will be valid for the AF. The ESMP is already disclosed on client website and posted at WB Infoshop. 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 not appropriate safety protocols and not disposing used syringes in a safe and environment friendly manner. None of these impacts are however unprecedented and can be adequately mitigate 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 OP4.01. The ESMP was developed by the EPI team, which identified and assessed the potential negative environment impacts including public health and social impacts of the project activities, proposed appropriate mitigation and precautionary measures- most of which are already practiced by the EPI teams- to address these negative impacts, describes institutional and monitoring mechanisms to ensure effective implementation of the proposed mitigation and precautionary measures, and defines the associated documentation and reporting requirements.

There is no private sector involvement in the project implementation and hence the policy related to Performance Standards for Private Sector Activities (OP/BP 4.03) is not triggered. The project intervention will not be carried out in any natural habitat areas and, therefore, Natural Habitats policy (OP/BP 4.04) is not triggered. The project activities will only be implemented in the urban, semi urban and build up areas therefore the policy relating to Forests (OP/BP 4.36) is not triggered. The project interventions will not involve direct/indirect purchase and use of pesticides. Therefore, the policy relating to Pest Management (OP/BP 4.09) is not triggered. The project interventions will not be impacted on any physical and cultural resources of the project area and hence the policy on Physical Cultural Resources (OP/BP 4.11) is not triggered. No indigenous people live in the area covered by the AF. Therefore this policy on Indigenous People (OP/BP 4.10) is not triggered. The policy on Safety of Dams (OP/BP 4.37) is not triggered project intervention is only for immunization of the children in the country. The policy related to Projects on International Waterways (OP/BP 7.50) is not triggered either as no project intervention is designed to have impact on international waterways. The policy on Projects in Disputed Areas (OP/BP 7.60) is not triggered as no project intervention is designed in any disputed areas.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area: 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.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts. 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.

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) for the parent project, 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. Since the risks, impacts, and mitigation measures remain the same as the parent project, the ESMP developed for the parent project will also be used for the AF.

Overall coordination and implementation of ESMP is the responsibility of National Program Manager, EPI who has designated an ESM Focal Point (FP) to coordinate on his/her behalf. Provincial EPI Managers have also designated similar ESM Focal Points at each province level, who provide support to the federal level ESM FP. Each partner hospital/tertiary healthcare units has also been directed to 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. The first ESMP implementation workshop, with participation from all concerned including provincial ESMP Focal points, has been completed in Islamabad in February 19 -20, 2018. During this meeting it was recommended that an ESMP training manual, grievance reporting forms and Immunization Waste Management reporting forms will be developed by Federal EPI and shared with the provinces; the federal EPI will also appoint a special coordinator for ESMP implementation; all provinces will nominate District ESMP Implementation Focal Persons who will develop a team including DHO and Members from community (CSO) to monitor the Grievance Redress Mechanism; and a national toll free helpline will be established by federal EPI for grievance reporting. Further 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 has appointed an ESMP focal point (FP), who reports 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, whose design has been completed and will be established on priority basis by June 30, 2018 (prior to the negotiation for the AF). 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 parent project ESMP. Additional consultation focusing on the issues and challenges pertaining to provision of immunization services in urban areas, particularly urban slums, was held in March 2018. The issues and challenges for provision of services in urban areas are similar to the ones identified during parent project preparation and implementation. Similar consultations will be continued during the project implementation.

B. Disclosure Requirements (N.B. The sections below appear only if corresponding safeguard policy is triggered)

Environmental Assessment/Audit/Management Plan/Other

Date of receipt by the Bank	Date of submission for disclosure	For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors
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"In country" Disclosure

C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting) (N.B. The sections below appear only if corresponding safeguard policy is triggered)

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APPROVAL

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