Additional Financing Appraisal Environmental and Social Review Summary

Appraisal Stage

(AF ESRS Appraisal Stage)

Date Prepared/Updated: 05/20/2021 | Report No: ESRSAFA195

BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Niger	AFRICA WEST	Republic of Niger	Ministry of Public Health, Population and Social Affairs

Project ID	Project Name
P176345	Niger COVID-19 Emergency Response Project - Additional Financing

Parent Project ID (if any)	Parent Project Name
P173846	Niger COVID-19 Emergency Response Project

Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	5/20/2021	6/18/2021

Proposed Development Objective
To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Niger

Financing (in USD Million)	Amount
Current Financing	0.00
Proposed Additional Financing	0.00
Total Proposed Financing	0.00

B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?

No

C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]

The Additional Financing will support expanding activities of Niger COVID-19 Emergency Response Project, under the COVID-19 Strategic Preparedness and Response Program using the Multiphase Programmatic Approach. The primary objectives of the AF are to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in Niger through vaccination system strengthening, and to further strengthen preparedness and response activities under the parent project.

D. Environmental and Social Overview

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

The parent COVID-19 Preparedness and Response Project has been implemented throughout Niger and contributes to improved COVID-19 prevention, detection and response through four components: Emergency Response; Strengthening national disease surveillance and diagnostic capacities; Support for National and Sub-national Prevention and Preparedness; and Project Implementation. While it has not been an issue with the past and ongoing project activities, there is a risk that the volatile security situation could affect the vaccination campaign, particularly in the Tillaberi, Diffa and Tahoua regions. The parent project has encountered significant delays in imnplementation, particularly as a result of procurement difficulties but more recently some of the purchases of medical equipment got finalized. For this reason, there are currently limited insights available on environmental and social risk management.

The Additional Financing (AF) will support vaccine purchase and deployment—including effective microplanning, safe and appropriate transportation, training, ancillary materials, social mobilization campaigns, and mechanisms that remove demand-side barriers to access—in order to foster confidence and promote the early take-up of vaccines. The changes proposed for the AF entail expanding the scope of activities in the parent project, Niger COVID-19 Emergency Response Project (P173846). The activities of this AF for COVID-19 vaccine procurement and deployment will be implemented throughout Niger with specific vaccination sites yet to be determined, and will include investments in cold chain installation and upgrading.

D. 2. Borrower's Institutional Capacity

The implementation arrangements will remain the same as they were for the parent project. The Ministry of Public Health (MoPH) is the implementing agency for the project. Fonds commun pour la santé (FCS) is the Project Implementation Unit (PIU) and will contract procurement of vaccines to UNICEF, relying on its technical expertise with COVID-19 vaccine procurement, including integrating indemnity provisions in-line with national regulations. The National COVID-19 Coordination Committee and its technical committees will continue to provide support for defining project implementation strategies and overall leadership, coordination, and strategic planning for the response, including validation of the Annual Work Plan and Budget of the project. In preparation for vaccination efforts, the Government if Niger has conducted a vaccine readiness assessment to identify gaps and options to address them, as well as to estimate the cost of vaccine deployment with the support of international organizations (UNICEF, WHO, GAVI/COVAX). Niger has been quick at putting together COVDI-19 planning and coordination committees, preparing materials and procedures needed to swiftly approve vaccines, drafting vaccine deployment strategies across the vaccine implementation chain including prioritization, distribution and surveillance, as well as estimating health and human resources required to ensure equitable vaccine distribution. Vaccine deployment will leverage the existing

Extended Program of Immunization (EPI) structures with enhancements to cover the expanded scope. In preparation for vaccine deployment, Niger has: (i) identified specific target groups (phase 1) to vaccinate, including coverage of vulnerable populations in line with WHO recommendations, (ii) designed a COVID-19 vaccine social mobilization, risk and crisis communication strategy and initiated routine surveys to track knowledge and attitudes, and elaborated a National Vaccine Coverage plan. The national coordination committee has been expanded to include an immunization commission led by the Expanded Program on Immunization (EPI) which will provide technical and strategic leadership. The National Regulatory Authority is represented by the Directorate of Pharmacy, which is responsible for registering pharmaceutical products, including vaccines.

A national cold chain inventory completed in April-May 2020 for introduction of the COVID-19 vaccines demonstrated many gaps to be filled in the national cold chain. Notably, the inventory counted only 66% (approx. 1,118) of the total (2,115) of cold chain equipment used to store vaccines and only about 22 cold rooms that met the WHO performance, quality and safety standards for vaccine deployment. The inventory envisaged that there is a residual gap of 743 cold chain equipment needed in 2021 for mounting an adequate national vaccine deployment effort.

Introducing a new vaccine into the routine EPI in Niger will probably overwhelm impacts on vaccine storage capacity, shipping logistics, and immunization coverage. To this end, the country has set up implementation arrangements for logistics under a centralized technical group and decided to use the same distribution strategy developed by EPI which also assessed the cold chain capacity and dry storage. Key gaps that need to be addressed before deployment consist of the (i) development of system for stock management and distribution of vaccine; (ii) procurement of low-carbon cold chain equipment; (iii) development of security methods in place to protect vaccines and inputs against theft or misuse in central storage facilities; (iv) improvement of the system to ensure vaccine integrity; and (v) mapping entry points.

Niger plans to deliver vaccines in permanent and temporary installations, including health districts / clinics (CSI), national and regional hospitals, reference hospitals and maternity hospitals, private clinics, military barracks and infirmaries, mobile teams and other public and private institutions. Agreed approaches for managing crowds, ensuring proper patient flow and maintaining social distancing during the vaccination sessions are a gap. Furthermore, the ability to efficiently organize and remind those vaccinated to return for their second vaccination may become a challenge. To this end, health worker training plan in preparation for COVID-19 vaccine introduction has been elaborated and training started on March 23, 2021 using the WHO comprehensive curriculum with training materials. More frequent capacity building “on the job” are also envisioned.

The Borrower has mixed capacities for managing social and environmental risks and impacts. In the health sector, the Borrower's experience in managing environmental and social risks, and mainly those related to vaccination, is rather limited. The Ministry of Public Health (MoHP) , ensuring the supervision of the project, revised, in June 2020, its Health Development Plan (PDS) which covers the period 2017-2021, to take into account the environmental issue, in particular in the context of the implementation of certain specific projects. This means that there is a real need to strengthen the capacities of those involved in the implementation of Projects at the level of this Ministry.

The legal and institutional framework for managing environmental and social risks exists and is adequate, in particular with the "National Bureau of Environmental Studies (BNEE)" ensuring additional monitoring and implementation of the project. However, this additional level of supervision comes at a cost. Indeed, the National Environmental Assessment Office (BNEE), the national agency in charge of environmental assessments in Niger, is financially limited

and understaffed. For this reason, as for other projects in Niger, the project should extend technical and logistical support to BNEE

According to the AF, the parent COVID project is implemented by the PIU of the Common Health Fund, under the MoHP, which has previous experience in the management of Bank projects. This PIU is currently coordinating the implementation of three health projects, namely (i) Health, Nutrition and Population (HNP) financed by the Bank: (ii) Health and Population Project in Niger (P147638); (ii) Malaria in the Sahel and neglected tropical diseases (P149526); and (iii) REDISSE 3 (P161163). Through the latter, the Borrower strengthened its capacity to take various disease control measures, including the vaccine supply chain and medical waste management. The support of the environmental and social safeguard measures of PRUC-19 was ensured by the specialists of REDISSE3 who have already disclosed the MGP and set up committees at the level of five regions. As the REDISSE 3 project safeguarding activities have been made more flexible, the environmental and social specialists of this project will be reinforced by the recruitment no later than 30 days after the project effectiveness of 2 additional specialists, one specialist of social communication and a specialist in community mobilization, to support the implementation of activities to be funded under the AF. A training and capacity building plan will be developed and reflected in the ESCP.

II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC) — Substantial

Environmental Risk Rating — Substantial

The AF project will have net positive environmental and social impacts, as it will help contain the disease via the procurement and delivery of vaccines in project intervention areas, risk communication, mass communication for vaccine uptake, the capacity development of health professionals involved in vaccine delivery and management, the administration of vaccines to target populations, and monitoring and evaluation. Activities under the AF could cause environment, health and safety risks, due to the dangerous nature of the pathogen (COVID-19) and reagents and equipment used in the project- supported activities. Facilities treating patients may also generate biological and chemical waste or other hazardous by-products, such as sharps, syringes, vials, packaging, Personal Protective Equipment (PPE) and other medical equipment that could be injurious to human health. These risks will be mitigated with occupational health and safety standards and specific infectious-control strategies, guidelines and requirements, as recommended by the World Health Organization (WHO) and Centers for Disease Control and Prevention. Effective administrative and infection and engineering controls will be put in place to minimize these risks. Climate can affect the trajectory of the COVID-19 pandemic and impact groups that are most susceptible to the virus, including healthcare workers, the elderly, those with pre-existing conditions, people with disabilities and other disadvantaged groups. These vulnerabilities will be addressed through targeting and improving the health care interventions described above, as well as the surveillance monitoring.

Social Risk Rating — Substantial

The social risk rating is substantial due to the potential for negative impacts at individual and societal levels. Risks include the possibility of exclusion from vaccination due to discriminatory targeting, vaccine hesitancy and/or elite capture which, in turn, could result from broader misinformation and public distrust. In the context of Niger, there is the additional risk of exclusion of vulnerable groups such as the elderly, illiterate or remote communities. In some

circumstances this could be further aggravated by the volatile security situation in some parts of the country. Other potential social risks include the increased incidence of reprisals and retaliation, especially against healthcare workers and researchers related to both suspicion of the motives and legitimacy of the vaccinators and the vaccine itself, as well as to SEA/SH risk, which has been determined to be substantial for the COVID-19 parent and AF together, especially with regard to planned rehabilitation activities and vaccine deployment-related initiatives. For instance, in similar contexts male health-workers offered health services, including vaccination in exchange for sexual favors from women and girls. This is particularly worrying taking into consideration that women are often in care roles and the ones arranging when and how children and wider family members, such as older relatives, get immunized, as well as paying with their own depleted funds for transport and other small related expenses.

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

Both the parent project and additional financing activities will have positive environmental and social impacts as they should improve COVID-19 surveillance, monitoring, containment and response in accordance with WHO and GIIP, as well as prepare the country for future health emergencies. However, the project could also cause substantial adverse environmental, health and safety impacts due to the dangerous and potentially infectious nature of the pathogen, chemicals, vaccines and other materials to be used in the project-supported laboratories and health facilities, as well as the associated waste materials. Multiple disadvantaged or other vulnerable groups stand to benefit, starting with the elderly and those with compromised immune systems due to pre-existing conditions. The parent project and this AF activities will seek to ensure inclusion of these groups. The identification of target groups (phase 1) that will receive vaccination based on the WHO recommendations has been achieved. COVID-19 vaccine social mobilization, risk and crisis communication strategy and routine surveys to track knowledge and attitudes has been initiated and will entail the following activities:

- Implementing national risk communication and community engagement plan for COVID 19, including accurate information sharing of anticipated vaccination campaign, efforts to create demand, and counter measures for addressing mis- or disinformation.
- Identifying and engaging community groups (local influencers such as community leaders, religious leaders, health workers, and community volunteers) and local networks and CSOs (women's groups, youth groups, organizations representing the elderly or people living with disabilities and other sever health-related issues, business groups, traditional healers, and so on) to promote accurate age- appropriate and culturally sensitive information on COVID-19 vaccines. This may include building awareness of climate-related diseases to ensure greater awareness of the risks among key population groups.
- Monitoring information channels, as well as social and traditional media, to detect and rapidly respond to and counter misinformation. Building confidence in a new vaccine will boost overall confidence in vaccinations thereby leading to greater utilization of other vaccines and medicines known to be linked to climate-induced diseases.
- Enhancing the existing COVID-19 GRM.

The Stakeholder Engagement Plan, which has been updated, identifies the presence of disadvantaged and vulnerable groups, such as older population segments or hard to reach groups. The community engagement activities proposed under Component 1 will seek to ensure the inclusion of these groups. In terms of the prioritization of the population groups that will receive vaccination first, the WHO's Fair Allocation Framework guidance will be followed, as well as the National Risk Communication and Community Engagement Strategy for outreach and consultation.

Under the parent project, an ESMF, Labor Management Procedures (LMP) as well as an Environmental and Social Impact Assessment (ESIA)/Environmental and Social Management Plans (ESMP) for incinerators were developed, and after review by the Bank – will be revised before the Effective Date to incorprate also the AF activities. . These documents will be updated to include specific risks of the vaccination campaign, including the: (i) risk that project-related impacts fall disproportionately on individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable; and (ii) the risk of prejudice or discrimination toward individuals or groups in providing access to development resources and project benefits, particularly in the case of those who may be disadvantaged or vulnerable, including risks related to SEA and SH. These risks will be mitigated through the following measures: First, the Government has developed explicit, contextually appropriate, and well communicated criteria for access to vaccines. There is consensus to first target heath workers, other essential workers, and the most vulnerable populations, which will include a mix of the elderly and people with co-morbidities. All targeting criteria and implementation plans are reflected in the country's national vaccination program. Second, the Government will actively use the National COVID Risk Communication and Community Engagement strategy to address misinformation and distrust as a main barrier to vaccination. In addition, risk mitigation measures will be outlined in a SEA/SH Prevention and Response Action Plan (SEA/SH AP) to be annexed to the ESMF and prepared before effectiveness, which will incorporate an accountability and response framework, including codes of conduct to be signed by all individuals engaged in the project activities (including if possible MoPH relevant partners, health staff, and all suppliers linked to the execution of project activities) outlining prohibited conduct and applicable sanctions, procedural adaptations to the project grievance mechanism to ensure safe and confidential management of SEA/SH claims with timely referrals to appropriate survivor care, as well as training and sensitization activities. In addition, SEA/SH risk will be addressed through robust stakeholder identification and consultation processes, which will take into specific account consultation with women and other vulnerable groups in safe and enabling, sex-segregated environments (including with same-sex facilitators).
The updated ESMF will include (i) specific guidance on the selection of priority population groups to be vaccinated and monitoring of adverse health effects from vaccination will be included in accordance with emerging WHO guidance, in addition to guidance on mitigation measures to address SEA/SH risk in the context of project activities; (ii) measures to ensure the quality of vaccines is maintained throughout the supply chain in accordance with WHO guidance for storage and transportation of vaccines will also be incorporated including. The mitigation measures are largely based on the WHO technical guidelines on COVID-19 response, the EHS guidelines of the World Bank Group and other IPMIs, with the responsibilities within the Ministry of Health, the required trainings, implementation schedule and budget. In addition, a Waste Management Plan (ICWMP) to safeguard health care workers, patients and the larger community from transmission and infection by the COVID-19 virus as the result of their daily routines that include testing, quarantining and treating patients and managing the safe disposal of the resulting medical waste has been developed for the parent project and will be updated for this AF. The updated ESMF will adequately cover environmental and social infection control measures and procedures for the safe handling, storage, and processing of COVID-19 materials including techniques for preventing, minimizing, and controlling environmental and social

impacts during the operation of project supported laboratories and medical facilities. The relevant parts of WHO's COVID-19 Quarantine Guideline and COVID-19 biosafety guidelines will be incorporated into the ESMF and ICMWMP.

The ESMF update will cover, as necessary, additional risks identified under the AF and provide specific guidance on Infection Control and Health Care Waste Management Plan (IC&HCWM) for each vaccination center or cluster of centers within a defined geographical area, as appropriate. Likewise, the Labor Management Procedures (LMPs) will be updated, providing additional Occupational Health and Safety (OHS) measures to be followed by staff working at vaccination clinics, as well as measures for other non-healthcare workers who may be involved in the logistical operations of the project. Site-specific IC & HCWMPs will be prepared and Environmental & Safety (E&S) measures will be incorporated into operational plans for vaccination clinics. Codes of Conduct will also be prepared and adopted by supply workers and healthcare and frontline workers, including those working in entities that may be involved in other aspects the vaccination program. Site-specific IC & HCWMPs, vaccination operation plans with E&S measures, and Codes of Conduct will be included in bidding documents during the procurement of vaccinations, medical supplies and equipment. This ESMF update will also draw on World Bank EHS Guidelines on occupational and community health and safety.

As part of due diligence for Additional Financing, the team reviewed the environmental and social documentation of the parent project, key government documents on the COVID crisis response, and an initial E&S monitoring report. The government—through the National Deployment and Vaccination Plan (NDVP) and related protocols—is committed to a fair, equitable and inclusive policy on vaccine access that emphasizes the voluntary nature of vaccinations and precludes forced vaccinations. This includes a prioritization system for vaccinations, which gives precedence to the vulnerable and disadvantaged.

ESS10 Stakeholder Engagement and Information Disclosure

The proposed project will support a communication, mobilization and community engagement campaign to raise public awareness and public knowledge on the prevention and control of COVID-19 in the general population and contribute to strengthening the capacities of community structures in promoting coronavirus prevention messages. The parent project's Stakeholder Engagement Plan (SEP) has been updated to include information disclosure clauses with clear and accessible messaging on the safety of vaccines, principles of fair, equitable and inclusive vaccine access and allocation, and rationale for prioritizing certain groups. The SEP also identifies a number of vulnaerbale groups such as the elderly, illiterate and people in remote areas of the country. These will be targeted through special outreach efforts in the vaccination and accompanying communication campaigns. Niger's Ministry of Public Health has extensive experience in stakeholder engagement and outreach, which has been strengthened further as part of the COVID-19 risk communication campaign. The GM for the parent project has been operational for several months. While the number of actual complaints have been low (the main activity so far has been the procurement of medical supplies and equipment), the numbers are expected to increase significantly during vaccination campaign. In this context, the GM, has been expanded in the updated SEP to include specific procedures to ensure the ethical and confidential management and resolution of SEA/SH claims.

B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

A labor management procedure (LMP) was developed for the parent project and will be updated to reflect any additional considerations arising from activities linked to vaccination. The current LMP includes provisions that respond to the specific health and safety issues posed by COVID-19 and protect workers' rights, as set out in ESS2. As such, the LMP identifies the main categories of project workers—primarily health care workers and construction personnel involved in the renovation of health facilities. They prohibit child and forced/conscripted labor and incorporate procedures to guarantee the protection of workers in relation to precautions for infection control. The LMP provides both immediate and ongoing training in these procedures to all categories of workers, and it stipulates adequate OHS protections be taken in accordance with general Environmental Health and Safety Guidelines (EHSGs) and industry-specific EHSGs, following evolving international best practice in relation to protection from COVID-19. Finally, the LMP includes a grievance mechanism (to allow workers to inform management of labor issues quickly), and it contains specific procedures to ensure the ethical and confidential management and resolution of SEA/SH claims, including the timely referral of survivors to appropriate support services. The LMP update strengthens mitigation measures against SEA/SH risks by including other actions, such as ensuring that workers and other personnel sign-off on training in community sensitization on SEA/SH and Codes of Conduct, in addition to installing sex-segregated facilities that are secure, lockable and well-lit on the work site for female and male personnel.

ESS3 Resource Efficiency and Pollution Prevention and Management

This standard is relevant. The activities of the parent project currently being implemented as well as the activities planned with the AF will produce hazardous medical waste, such as sharps, syringes, vials, packaging, PPE and other medical equipment, all of which could potentially be contaminated with infection. These activities are likely to have impacts on the environment and human health. Indeed, biomedical waste from health facilities with current activities and those planned with vaccination constitute potential risks of contamination of the soil and water bodies if they are not managed properly. Health personnel, patients who frequent health facilities as well as certain neighboring populations may also be exposed to the risks of contamination with the COVID-19 virus or otherpathogens. The medical waste will require special handling and awareness, as it could pose a huge risk of environmental contamination if they are not managed properly.

While Niger may have regular immunization campaigns, mostly for the young and mainly in urban settings, this mass vaccination effort could stretch it to the limits of its capacity. Gaps and shortcomings do exist, especially in the primary care sector where resources for safe health care waste management, as well as awareness among healthcare workers is not necessarily yet up to standard. Given the highly contagious nature of the coronavirus infection, a third party monitoring arrangements will be defined in the vaccine delivery and distribution manual and will include rules and procedures establishing minimum standards for vaccine management and monitoring. Project basic equipment, such as sharp shredders, autoclaves, and bins will be procured through the project. Incinerators of the appropriate capacity for disinfection, safe transport and the disposal of health care waste must also be put in place to cover all

vaccination centers/sites, with particular attention paid to lower and/or remote level heath care facilities, which may not properly equipped. The national COVID-19 response plan has already identified the national need for incinerators. Other partners such as the European Union provide support in this sense. Through the additional financing, a complementarity will be established in order to fill the gaps .Through the parent project, six incinerators were provided for better waste management along with vans to transport the waste to the disposal site.

Each vaccination center, or cluster of centers within a given geographical area, will need to prepare a site-specific IC & HCWMP in keeping with the guidelines provided in the updated ESMF, as well as with WHO COVID-19 vaccination guidance documents andWorld Bank Group EHSGs for Waste Management Facilities and other Good Industry and International Practices (GIIP), in order to prevent or minimize accidental infections resulting from environmental contamination.

Project-financed activities with potential for environmental and social risks will not be carried out until an updated, consulted upon and disclosed ESMF is in place for the project and necessary site-specific plans are prepared accordingly. The ESMF will include guidance related to the transportation and management of vaccines, samples and medical supplies and to expired chemical products at distribution centers and health care facilities. Regular hospital infection control protocols will be strengthened, where needed, with WHO environmental infection control guidelines for medical facilities and any evolving COVID-specific guidance

ESS4 Community Health and Safety

Protecting the safety of communities from infection with COVID-19 is a central part of the project. Medical and general waste from labs, health centers, and quarantine and isolation centers has the potential to carry micro-organisms that could infect the community at large if they are not properly disposed of. The ESMF documents: (i) how project activities are to be carried out in a safe manner with a low incidence of accidents and incidents in line with GIIP (WHO guidelines); (ii) measures in place to prevent/minimize mitigate the risks of SEA/SH; (iii) emergency preparedness measures; and iv) the monitoring of adverse impacts and the side-effects of vaccines on recipients of vaccinations. COVID-19 vaccination is voluntary, a fact that will be reflected in the NDVP and its associated protocols (currently under development). The Ministry of Public Health has the capacity to manage Adverse Events Following Immunization (AEFI). The ESMF will be expanded with best practice measures for assuring the quality control of the vaccines during storage and transportation throughout the country. The MoPH will closely monitor the potential side effects of vaccines. Laboratories, quarantine and isolation centers, and screening posts will have to follow respective procedures with a focus on the appropriate waste management of contaminated materials, as well as on protocols for the transport of samples, and cleaning health facilities before leaving the work place to go back into their communities. Niger has adequate storage capacity to handle routine vaccines at temperatures of between 2°C and 8°C, and is not expected to receive any COVID vaccines that require an ultra-cold chain.

Some project activities may give rise to the risk of SEA and SH. As the project has been rated as having substantial risk for SEA/SH, the Borrower will prepare a SEA/SH action plan to be annexed to the ESMF that will incorporate an accountability and response framework, which among other actions will include a workers' code of conduct, worker and community training and sensitization, and the adaptation of the project GM to ensure the ethical and confidential management and resolution, including timely service referrals, of SEA/SH claims.

The parent project does not include the use of security forces and the same is envisaged of the AF. However, the MOPH will conduct a prior review of the security measures likely to be put in place throughout the supply chain and if security personnel are being considered at any point in the deployment of vaccines the ESMF will be updated with relevant risk assessment and mitigation measures.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not relevant. The project will not require any land acquisition or economic displacement.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This standard is not relevant. An initial screening does not indicate any material impacts of medical waste on sensitive habitats or exposure of primates to infected people.

ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

This standard is not relevant. There are no known Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities in the project area of influence. If during implementation it is found that there are people in the project area who may meet the criteria of ESS 7, the project will undertake a screening and, based on its findings take appropriate measures, per the requirements of the ESF.

ESS8 Cultural Heritage

This standard is not relevant at this time as there is no envisionned civil works. Out of an abundance of caution, the ESMF will include measures for “Chance Finds” of archaeological or other cultural heritage.

ESS9 Financial Intermediaries

This standard is not relevant. There are no FI's involved in this project.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways	No
OP 7.60 Projects in Disputed Areas	No

B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework? No

Areas where "Use of Borrower Framework" is being considered:

n/a

IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: Republic of Niger

Implementing Agency(ies)

Implementing Agency: Ministry of Public Health, Population and Social Affairs

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

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