



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 07/20/2020 | Report No: ESRSA00815



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Nigeria	AFRICA WEST	P173980	
Project Name	Nigeria COVID-19 Preparedness and Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	6/1/2020	8/6/2020
Borrower(s)	Implementing Agency(ies)		
Federal Republic Of Nigeria	Nigeria Center for Disease Control (NCDC)		

Proposed Development Objective

The Project Development Objective (PDO) is to prevent, detect, and respond to the threat posed by COVID-19 at state level in Nigeria.

Financing (in USD Million)	Amount
Total Project Cost	115.00

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

Yes

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

This Project Appraisal Document (PAD) describes the emergency response to Nigeria under the COVID-19 Strategic Preparedness And Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the World Bank’s Board of Executive Directors on April 2, 2020 with an overall Program financing envelope of International Development Association (IDA) US\$1.3 billion and of International Bank for Reconstruction and Development (IBRD) US\$2.7 billion. This project is prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility (FCTF) and Nigeria IDA19 allocation



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 Nigeria COVID-19 Preparedness and Response Project is a national project and would support efforts made by the Federal Ministry of Health through the existing Regional Disease Surveillance System Enhancement (REDISSE) II Project (P159040) in addressing and containing the anticipated severe outbreak of the COVID-19. The Project will be implemented in the 36 states and the Federal Capital Territory of Nigeria. Some of the geographical, social, and healthcare context in which the project will operate includes:

Health care waste management: The Project would undertake rehabilitation works to improve the number of healthcare facilities and laboratories to support responses to COVID-19 cases. Several types of waste would be generated, including construction wastes during rehabilitation works and infectious wastes during the operational phase of the Project. Nigeria has an existing Health Care Waste Management Plan which was updated in April 2020 however, implementation at State and hospital levels vary. This project will strengthen health care waste management and disposal systems in the health facilities where the project will be implemented, through the provision of Personal protective equipment (PPEs), segregation, labelling, evacuation and disposal of the HCW resulting from the implementation of this operation.

Quality and affordability of health care service: The quality of health care service delivery in Nigeria is poor and underperforming due to low budgetary allocation by the Government. Most of the facilities are underequipped, and vulnerable persons in rural and urban communities are unable to pay for health care services. Although primary health centers are spread across communities, secondary health facilities (general hospitals) which are more equipped to handle critical cases are located in the major towns and are more than 10 kilometers away from the rural populations.

Access to potable water: Most rural communities and even major urban settlements lack access to potable water. In the event of an outbreak, such communities, including their health facilities, could be impacted negatively. In an era where handwashing is essential, this significant action would be difficult to implement. Subcomponent 1.3 would support the emergency provision of safe water and hygiene materials to poor and vulnerable populations through improvement and strengthening of existing water supply systems or provision of new water services and storage.

Social stigma: During the Ebola virus disease (EVD) epidemic, survivors and health care workers witnessed stigmatization which may likely reoccur under the COVID-19 response. The rise of social media and incessant spread of wrong information about the epidemic has increased significantly. Subcomponent 1.4. aims to support comprehensive behavior change and risk communication intervention and the development of key messaging and materials to promote awareness. The communication sub-component would also address issues on GBV specifically on intimate partner violence (IPV) which have significantly increased due to the lockdown order imposed the Federal and some State Governments.

D. 2. Borrower's Institutional Capacity

The Ministry of Health (MoH) has over the years implemented several World Bank supported interventions, at Federal and State levels, including the REDISSE II Project through the National Center for Disease Control (NCDC). However, this project will be the first one to apply the ESF as the REDISSE II project was prepared using safeguard policies.



The NCDC will serve as the PIU for the Project at the federal level and will assist the Presidential Task Force (PTF) in addressing the COVID-19 pandemic. The NCDC will oversee the implementation of the State response plans.

The existing REDISSE II PIU which is situated in the NCDC will be expanded to form the new PIU for the COVID-19 response. REDISSE II has two safeguards officers (an environmental and a social safeguard officer). However, given the coverage and the complexity of the NCPRP operation, the current staff level at REDISSE II will not be enough to support the likely increased workload that would be added as a result of NCPRP operation. In order to cope with the additional workload, the capacity of the existing REDISSE II PIU will be strengthened through additional Environmental, Social and Communication Specialists, as well as training, and support from third-party entities. A dedicated Environmental Specialist and a Social Specialist and communications specialist will be assigned to the project within 30 days following project effectiveness and maintained throughout project implementation. The Environmental and Social specialists will be responsible for implementing the ESF requirements while the communications specialist will support implementation of component 1.4 on communications and risk management. Current PIU E&S staff implementing the REDISSE II project will support the implementation of the E&S activities in the interim.

The State Epidemiological unit of the State Ministry of Health will be the focal point for implementing and coordinating the project at the State level. The project would build upon the existing systems, infrastructure and institutional arrangements of the REDISSE II PIU. Given that the capacity of PIU staff differ from State to State. Therefore, similar to the federal structure, three additional suitably qualified Environmental, Social and Communication Specialists, in each state, will be engaged at the State PIUs in a manner that will be satisfactory to the Bank.

Public Disclosure

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

A. Environmental and Social Risk Classification (ESRC) Substantial

Environmental Risk Rating Substantial

The potential environmental risks and adverse impacts are considered Substantial. Although the main long-term impacts are likely to be positive, there are some short-term risks that need to be taken into account. The main environmental risks include: (i) environmental and community health related risks resulting from inadequate segregation, storage, transportation and final disposal of infected medical waste; (ii) occupational health and safety issues associated with the availability, supply and access to personal protective equipment (PPE) for healthcare workers and the associated logistical challenges in transporting PPE across the country in a timely manner to where they are needed; (iii) community health and safety risks given close social contact and limited sanitary and hygiene products (clean water, soap, disinfectants); (iv) isolation capabilities at HFs across the country; and (v) limited facilities for the final disposal of medical wastes (high temperature incinerators, autoclaves and/or sanitary landfill sites). In addition, rehabilitation and refurbishment or extension of existing buildings, including laboratories that will be financed through the project has some potential risks and impacts due to civil works or construction activities. The



adverse impacts during rehabilitation would include dust and noise emissions, generation of construction wastes, disturbance of traffic, and discharge of untreated sewage. Others include generation of construction wastes such as waste wood, concrete rubble and tiles, roofing materials, paints, excavated soil piles and demolition debris, planks, and plastic bags, etc. These adverse impacts will be mitigated by preparing and implementing an ESMF and site specific ESMPs including inserting in the construction contract a clause regarding observation of standards for good construction and debris handling practices.

Social Risk Rating

Substantial

The social risks for this operation are considered substantial. The main risks include (i) misinformation and rumors regarding COVID-19 which may lead to social tension, stigmatization of COVID-19 survivors and health workers; (ii) exclusion of vulnerable people (poor, disabled, elderly, people in isolated and hard to reach communities, prisoners, IDPs, refugees and migrant labor) to COVID-19 response facilities which could undermine the objectives of the project; (iii) elite capture of services targeted at affected populations; (iv) handling of quarantining interventions (including dignified treatment of patients; attention to specific, culturally determined concerns of vulnerable groups; and prevention of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) as well as meeting minimum accommodation and servicing requirements); (v) social unrest due to measures regarding physical distancing; (vi) risks associated with civil works and use of labor for rehabilitation works (e.g., unreasonable overtime); and (vii) increase in grievances and complaints from health workers and beneficiary communities during Project implementation and if not handled promptly and properly, it could result in implementation challenges and, in some cases, in reputational risk; and (viii) security risks associated with the potential use of military or security forces by the Government during Project implementation.

The project will not finance any investment that will result in land acquisition and resettlement. Activities entailing land acquisition, physical or economic displacement will not be eligible for support under the project. Civil works will be limited to improvement, expansion, establishments and repurposing of health facilities and laboratories and this will be confined to existing government facilities that are free of squatters and other encumbrances. Where isolation centers are required, the Project would use the existing government-owned facilities. All WASH investments would be implemented in existing government owned facilities while community level WASH intervention would be limited to provision of water supplies through mobiles tankers into plastic storage tanks located in these identified communities.

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:

The project will have overall positive environmental and social impacts as it will contribute to epidemic preparedness, monitoring, surveillance and response, specifically with regards to combatting COVID-19. Nonetheless there are considerable environmental and social risks and impacts that will need to be assessed and managed through a risk-based approach.

To mitigate the project’s risks, the PIU will update the existing Environmental and Social Management Framework (ESMF) and National Health Care Waste Management Plan (NHCWMP) prepared for the WBG-funded West Africa



Regional Disease Surveillance Systems Enhancement Project (REDISSE) that were approved in May 2016 and updated in April 2020 to cover COVID-19 specific risks, impacts and mitigation protocols. The revised ESMF and NHCWMP will contain updates on provisions for segregating, storing, transporting, and disposing of contaminated medical waste and outline guidance in line with good international industry practice (GIIP) and WHO standards on COVID-19 response on limiting viral contagion in healthcare facilities. The relevant parts of the WHO COVID-19 quarantine guidelines and COVID-19 biosafety guidelines will be reviewed so that all relevant occupational and community health and safety risks and mitigation measures will be incorporated in the ESMF. In addition to the ESMF and the NHCWMP, the client will implement the activities listed in the Environmental and Social Commitment Plan (ESCP). The project will also support the PIU in coordination with FMOH, WHO, UNICEF, NCDC, and other partners in overcoming logistical constraints in the timely provision of technical expertise, supplies, equipment and systems across the country.

The updated ESMF will outline the principles, steps, timing, procedures and processes that will be followed when the specific health facilities are identified during implementation. The updated ESMF will have checklists for screening proposed activities—such as rehabilitation of EOCs, and WASH activities—to identify applicable ESSs, potential risks and mitigation measures. The ESMF/ESMPs will identify project impacts and prescribe adequate mitigation measures and appropriate good practice protocols. The updated ESMF will also have a negative list of activities that can be classified as High risk; for example, the Acquisition, Restrictions on Land Use and Involuntary Resettlement will not be eligible for financing under this project.

To manage the potential for social exclusion, the project design takes into account aspects of service access in preparing for and responding to any COVID-19 outbreak, drawing on lessons learned from the response to the Ebola Virus Disease (EVD) epidemic in ensuring the poorest and most marginalized have equal access to health services. To minimize Community Health and Safety impacts, the project will implement a comprehensive behavior change and risk communication intervention to support the reduction of the spread of COVID-19 through consultations and messaging.

SEA/SH risks related to the implementation of the COVID 19 operation will be assessed and addressed in implementation, including screening and identifying corresponding measures to prevent and mitigate the SEA/SH risks. Mitigation measures will be put in place such as Staff at PIU level will sign a code of conduct related to prevention of SEA/SH. Information about the prohibition of SEA/SH will be disseminated. Information about where to seek help (service providers) will be communicated to health workers and beneficiaries. Feedback mechanisms will be established to ensure that broad community concerns regarding SEA/SH can be heard.

The project will include comprehensive behavior change and risk communication components to inform general public about the disease, personal health and hygiene issues, provision of correct and updated information to reduce social risks from the spread of misinformation. In addition, a Stakeholder Engagement Plan (SEP) has been prepared and will be revised and updated as necessary in the course of implementation.

The SEP is a critical tool to help identify intervention points to reinforce the behaviors that limit transmission. The updated SEP also includes a more elaborate Grievance Redress Mechanism.



Relevant capacity building measures will be included in the ESMF as well to provide the Borrower with the needed support to properly address the project's E&S risks. The PIU will appoint E&S Specialists and Communication specialists to provide technical assistance to the project's overall E&S aspects. These specialists will be hired within 30 days of effectiveness.

ESS10 Stakeholder Engagement and Information Disclosure

ESS 10 requires that the project provide stakeholders with timely, relevant, understandable and accessible information and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

A preliminary SEP has been prepared for the project and outlines the ways in which the project team will engage with stakeholders including a grievance redress mechanism by which people can raise concerns, provide feedback or make complaints about project and any activities related to the project. The project includes considerable resources to implement the actions included in the SEP. A more detailed account of these actions will be prepared as part of the update of this SEP, which is expected to take place within one month after the project effectiveness date. The SEP will be updated throughout the project implementation period, as required.

The SEP is designed to complement the communication preparedness, community mobilization, risk communication and advocacy activities that are designed as part of the project. These activities include supporting a comprehensive behavior change and risk communication intervention to support the reduction of the spread of COVID-19 by working with private, public and civil society actors to support the development of messaging and materials.

For the purposes of effective and tailored engagement, the SEP identifies affected parties, other interested parties and, vulnerable groups that will have interest in and could influence the project. The SEP acknowledged the challenges with engaging marginalized and vulnerable social groups, especially those living in remote or inaccessible areas, while keeping a clear focus on those who are most susceptible to the transmission of the novel coronavirus, such as the elderly and those with compromised immune systems due to pre-existing conditions. Stakeholder engagement strategies will point out ways to minimize close contact and follow the recommended proper hygiene procedures with confirmed COVID-19 or persons under investigation for COVID-19 in healthcare settings. The SEP acknowledges that recently announced government restrictions on movement of people and confinement of residents to their homes essentially creates a de facto ban on any kind of group stakeholder meetings or in-person group consultations to explain the project or seek feedback.

As a result, the SEP describes more appropriate methods of engagement which includes: i) summary of consultations done or to be done during the project implementation, ii) summary of stakeholder needs and methods, tools and techniques for engagement, iii) strategy for information disclosure, iv) and a strategy to incorporate the views of vulnerable people in the project.

The strengthened REDISSE II PIU will oversee implementing the stakeholder engagement activities in partnership with other relevant public agencies, international organizations, private entities, NGOs and CBOs.



People affected by or otherwise involved in project-supported activities, including different types of health care workers, will be provided with accessible and inclusive means to raise concerns or lodge complaints via the Grievance Redress Mechanism (GRM) included in the SEP. The SEP describes the project's grievance redress mechanism (GRM) for instances where members of the public require information or would like to address questions or grievances related to the project. The GRM, proportionate to the potential risks and impacts of the project, will be finalized with contact names and numbers in the final updated SEP. The GRM will integrate SEA/SH sensitive measures, including multiple channels to initiate a complaint and specific procedures for SEA/SH, such as confidential and/or anonymous reporting with safe and ethical documenting of SEA/SH cases. The GRM will also provide for workers to quickly inform management of labor issues, such as a lack of PPE etc.

Progress on the SEP will be periodically monitored, and the SEP will be revised and updated as necessary in the course of implementation. The PIU is required to report on stakeholder engagement activities through quarterly progress reports, to be shared with the World Bank. The current preliminary SEP, as per the ESCP, will be updated and disclosed within one month of project effectiveness.

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

This standard is relevant. Various workers ranging from direct workers (health workers, civil servants) and contracted workers (construction contractors and their workforces, subcontractors), will be required during the implementation of the project. This standard is also relevant to workers and activities associated with the WASH component. The health service delivery component of this project will support activities that encompass treatment of patients as well as assessment of samples. The key risk is contamination with COVID-19 (or other contagious illnesses as patients taken seriously ill with COVID-19 are likely to suffer from illnesses which compromise the immune system). The project will ensure the application of OHS measures as outlined in WHO guidelines which will be captured in labor management procedures (LMP) in the updated ESMF. This encompasses procedures for entry into health care facilities, including minimizing visitors and undergoing strict checks before entering; procedures for protection of workers in relation to infection control precautions; provision of immediate and ongoing training on the procedures to all categories of workers, and posting signage in all public spaces mandating hand hygiene and personal protective equipment (PPE); ensuring adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap and sanitizer); and overall ensuring adequate OHS protections in accordance with general environmental, health and safety guidelines (EHSGs) and industry specific EHSGs and follow evolving international good practice in relation to protection from COVID-19. The project will regularly integrate the latest guidance by WHO as it develops over time and experience addressing COVID-19 globally.

The project may outsource the potential civil works to contractors. The envisaged works will be of moderate scale and thus pose limited risks. Also, no large-scale labor influx is expected due to the same circumstance. In line with ESS2, the use of forced labor or conscripted labor in the project is prohibited for construction and operation of health care facilities. The project GRM will be accessible to workers to quickly inform management of labor issues, such as a lack of PPE and unreasonable overtime etc. This will be documented in the LMP and SEP.



ESS3 Resource Efficiency and Pollution Prevention and Management

This standard is relevant. Pollution prevention and management – specifically medical waste management – will be an important activity under the project. Medical waste, including chemicals, contaminated PPE and equipment, and lab testing kits from healthcare facilities will need to be safely stored, transported and disposed of. While the project generates contaminated medical waste, waste management in general is a binding constraint in Nigeria due to inadequate capacity for handling and disposal especially at subnational level. That said, a few healthcare facilities operate their own incinerators to ensure safe disposal, although these are unevenly dispersed across Nigeria. The extant ESMF and NHCWMP which include Medical Waste Management procedures, will be updated accordingly to reflect WHO COVID-19 guidance and other international good practice, to prevent or minimize contamination from inadequate medical waste handling, transport and disposal.

ESS4 Community Health and Safety

This standard is relevant. In accordance with safety provisions in ESS4, it is important to ensure the safety of communities from project activities that may further escalate environmental and social risks.

Medical and general waste generated from the laboratories, health centers, and quarantine and isolation centers can be highly infectious, and this necessitates the need for safe disposal of these waste products to avoid community spread of diseases. In addition, there might be potential exposure in COVID testing centers/laboratories and EOCs, if appropriate prevention measures are not in place. The project will update the existing REDISSE II ESMF and NHCWMP to ensure all potential risks from the proposed project are identified and addressed. The updated ESMF will identify additional measures on safe medical waste management such as:

- how the project activities will be carried out safely with (low) incidences of accidents and incidents in line with Good International Industry Practice (WHO guidelines);
- measures in place to prevent or minimize the spread of infectious diseases; and
- emergency preparedness measures.

Laboratories, quarantine and isolation centers, and screening posts, will have to follow procedures that focus on appropriate waste management of contaminated materials as well as protocols, in line with WHO Guidance, on the safe transportation of test samples. The operation of quarantine and isolation centers will need to be implemented in a way that both the public as well as the quarantined patients are treated in line with good international industry practice as outlined in WHO guidelines referenced under ESS1. The PIUs will ensure that proponent procure adequate, appropriate and consistent use of PPEs by all cadre of health care personnel and cleaners or medical waste collectors.

Some project activities may give rise to the risk of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH). Mitigation measures will be put in place like staff at PIU to be required to sign a code of conduct related to prevention of SEA/SH. Information about the prohibition on SEA/SH will be disseminated. Information about where to seek help (service providers) will be communicated to health workers and beneficiaries. Feedback mechanisms will be established to ensure that broad community concerns regarding SEA/SH can be heard. The project will promote the avoidance of SEA by relying on the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and enough light in quarantine and isolation centers. Additional SEA/SH risks related to the implementation of the COVID 19



operation will be assessed and addressed during implementation, including screening and putting in the corresponding measures to prevent and mitigate the SEA/SH risks.

This project activities are not envisaged to result in the large-scale use of security personnel. However, there is the potential or possibility that (i) quarantine, health and isolation centers are to be protected by security personnel; and (ii) security personnel (particularly in the North East) might be used to support transporting of medical equipment and supplies to remote inaccessible rural health facilities and for protection of isolation facilities, there is possibility that these security personnel might have formal or informal interaction with communities, which might constitute a social risk. Therefore, a Security Risk Assessment will be prepared as part of the updated ESMF to assess the security personnel and military rules of engagement with civilian authorities and identify the specific risks to the project. That said, in the event that the security personnel are engaged and armed, no proceeds of the project will be used to support the procurement of firearms. In addition, their deployment will follow the requirements of ESS4 and adopt the World Bank’s Technical Note on Use of Military Forces to Assist in COVID-19 Operations (issued on March 25, 2020) which indicates that, “Prior to deploying military or security personnel, the PIU shall take measures to ensure that security personnel are: (i) screened to confirm that they have not engaged in past unlawful or abusive behavior, including sexual exploitation and abuse (SEA), sexual harassment (SH) or excessive use of force; (ii) adequately instructed and trained, on a regular basis, on the use of force and appropriate behavior and conduct (including in relation to SEA and SH) and will adopt the Voluntary Principles on Security and Human Rights as the relevant good international industry practice to meet the requirements of ESS4 (these will be provided in the revised ESMF); and (iii) deployed in a manner consistent with applicable national law.” The PIU shall promptly review all allegations of unlawful or abusive acts of any military/security personnel, take action (or request appropriate parties to take action) to prevent recurrence and, where necessary, report unlawful and abusive acts to the relevant authorities. In addition, accessible grievance arrangements shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the project, consistent with ESS10 and described in the SEP.

Public Disclosure

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not currently relevant. No new land would be required as all project related civil works would be limited to government owned facilities that are free from squatters and other encumbrances. Investments requiring land acquisition will not be financed by the project. Similarly, the WASH investments will not result in land acquisition and resettlement since all WASH intervention would be implemented in existing health care facilities and temporary isolation centers within government owned land. At the community level, Government Water Utilities will provide emergency water supplies through mobile tankers into plastic storage tanks located in these identified communities.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This Standard is not currently relevant. The Project is not expected to support any large or greenfield construction activities that might jeopardize the integrity of biodiversity or living natural resources.

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

This standard is not considered relevant as there are no groups in the project area meeting the criteria set out in ESS7.



ESS8 Cultural Heritage

This Standard is not currently relevant. Concerning tangible heritage, there are no large or greenfield construction activities anticipated, and any physical works will be limited to rehabilitation or upgrading of existing facilities, entirely within their existing footprint. A Chance Finds procedure will be included in the ESMF, and any construction that would impact tangible or intangible cultural heritage will not be supported under the project.

ESS9 Financial Intermediaries

This standard is not relevant for the suggested project interventions, as no financial intermediaries will be used.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

III. BORROWER’S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
Assess the environmental and social risks and impacts including SEA/SH risks of proposed Project activities, in accordance with the Environmental and Social Management Framework (ESMF) to be updated , disclosed, and adopted for the Project to ensure that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project.	12/2020
Prepare, disclose, adopt, and implement any environmental and social management plans or other instruments required for the respective Project activities based on the assessment process, in accordance with the ESSs, the ESMF, the EHSGs, and other relevant Good International Industry Practice (GIIP) including relevant WHO Guidelines on COVID-19 response, in a manner acceptable to the Association.	12/2020
Incorporate the relevant aspects of this ESCP, including, any environmental and social management plans or other instruments, ESS2 requirements, and any other required ESHS measures, into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. Thereafter ensure that the contractors and supervising firms comply with the ESHS specifications of their respective contracts.	12/2020

Public Disclosure



Update environmental and social management plans or other instruments based on updated guidance by WHO on COVID19.	12/2020
Prepare and submit to the Association regular monitoring reports on the environmental, social, health and safety (ESHS) performance of the Project, including but not limited to, stakeholder engagement activities and grievances log.	12/2020
The Federal MoH shall establish and maintain a project implementation unit (PIU) within the NCDC with qualified staff and resources to support the overall management of ESHS risks and impacts of the Project.	12/2020
Provide medical and emergency services and supplies based on the urgency of the need, in line with the latest data related to the prevalence of the cases.	12/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
Update, disclose and implement the SEP consistent with ESS10, and in line with WHO provisions “Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus in a manner acceptable to the Association.	12/2020
Accessible grievance arrangements shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the Association.	12/2020
Conduct training for personnel involved in Project implementation on relevant areas such as: OHS protocols, Emergency response Preparedness, Hazardous Waste Management, COVID-19 Infection Prevention and Control Recommendations etc.	12/2020
ESS 2 Labor and Working Conditions	
Labor Management Procedures (LMP) will be prepared, disclosed, adopted, and implemented consistent with ESS 2. The LMP shall be incorporated into the ESMF.	12/2020
The Recipient shall ensure a non-discriminatory, decent work environment; including by ensuring that all health workers adhere to the WHO Code of Ethics and Professional conduct.	12/2020
The Recipient will ensure that specific prohibitions will be enacted in the deployment of security personnel for the construction activities, including no child labor and no forced labor.	12/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Update the National Health Care Waste Management Plan (NHCWMP) for the REDISSE II Project which includes Medical Waste Management procedures.	12/2020
ESS 4 Community Health and Safety	

Public Disclosure



ESMF and site specific ESMPs shall be prepared, consulted upon, approved and disclosed to mitigate the risks from minor civil works in a manner consistent with ESS1 and WHO standards on COVID-19.	12/2020
SEA/SH risks related to the implementation of the COVID 19 operation shall be assessed and addressed during implementation, including screening and identifying corresponding measures to prevent and mitigate the SEA/SH risks.	12/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
Not required at the moment.	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
Not required at the moment.	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
Not required at the moment.	
ESS 8 Cultural Heritage	
Not required at the moment.	
ESS 9 Financial Intermediaries	
Not required at the moment.	

Public Disclosure

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:

None.

IV. CONTACT POINTS

World Bank

Contact:	Noel Chisaka	Title:	Senior Health Specialist
Telephone No:	+1-202-473-1317	Email:	nchisaka@worldbank.org
Contact:	Ayodeji Gafar Ajiboye	Title:	Economist (Health)
Telephone No:	5359+211	Email:	aajiboye@worldbank.org



Borrower/Client/Recipient

Borrower: Federal Republic Of Nigeria

Implementing Agency(ies)

Implementing Agency: Nigeria Center for Disease Control (NCDC)

V. FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: <http://www.worldbank.org/projects>

VI. APPROVAL

Task Team Leader(s):	Noel Chisaka, Ayodeji Gafar Ajiboye
Practice Manager (ENR/Social)	Valerie Hickey Cleared on 20-May-2020 at 08:47:10 EDT
Safeguards Advisor ESSA	Nathalie S. Munzberg (SAESSA) Concurred on 20-Jul-2020 at 09:51:3 EDT