



The World Bank

Nigeria COVID-19 Preparedness and Response Project Additional Financing (P177076)

Additional Financing Appraisal Environmental and Social Review Summary

Appraisal Stage

(AF ESRS Appraisal Stage)

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**BASIC INFORMATION****A. Basic Project Data**

Country	Region	Borrower(s)	Implementing Agency(ies)
Nigeria	AFRICA WEST	Federal Republic Of Nigeria	Nigeria Center for Disease Control (NCDC), National Primary Health Care Development Agency
Project ID	Project Name		
P177076	Nigeria COVID-19 Preparedness and Response Project Additional Financing		
Parent Project ID (if any)	Parent Project Name		
P173980	Nigeria COVID-19 Preparedness and Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	8/17/2021	9/28/2021

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
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]



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 Parent Project, the Nigeria COVID-19 Preparedness and Response Project (CoPREP) – P173980, was prepared under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the Board on April 2, 2020. The Parent project became effective on March 15, 2021, however due to delays resulting from the approval of Country Borrowing Plan for all recently approved projects in the Nigeria Portfolio implementation of projects activities and disbursement of project funds are yet to commence. The Project is implemented by the Nigeria Centre for Disease Control (NCDC), an agency under the Ministry of Health (MOH). The PEF grant of the project supported procurement of equipment for the National Reference Laboratory and six regional laboratories to increase diagnostic and to improve case management capabilities of COVID-19 and other infectious diseases in 12 States, also the procurement of vehicles for disease surveillance and response activities. All equipment procured are all stored in the warehouse as the laboratories are still under construction. The Government of Nigeria (GoN) is currently seeking an Additional Financing (AF) in the tune of US\$ 400 million equivalent and a restructuring of the Nigeria CoPREP. The primary objectives of the AF and the parent project restructuring is to provide upfront financing to help the government purchase and deploy COVID-19 vaccines that meet Bank's vaccine approval criteria (VAC) and strengthen relevant health systems that are necessary for a successful deployment and to prepare for the future.

Nigeria has a total population of 211,639,374. Administratively, the country is divided into 6 geopolitical zones, comprising 36 states and a Federal Capital Territory (FCT). These are divided into 774 local government areas (LGAs). Similar to the Parent project, the AF and the restructured project will have national coverage and be implemented in the 36 states (including the Local Government Areas [LGA] and their Ward/administrative levels) and the Federal Capital Territory (FCT) of Nigeria. The proposed AF and the restructuring of the parent project will augment governments' effort by directing activities that would support the deployment of vaccines to 51.6 percent of the country's population while the AF will finance the acquisition of vaccines to cover 18.4 percent of the population based on Nigeria's signed commitment undertaking to source about 39.8 million doses of Johnson and Johnson vaccines from the African-Union-established African Vaccine Acquisition Task Team (AVATT).

It is worth noting that the GoN prepared a National COVID-19 Deployment and Vaccination Plan (NDVP) that is being revised as new information becomes available. The country's goal is to introduce the COVID-19 vaccine in a phased and equitable manner, ultimately vaccinating 70% of Nigeria's total population by the fourth quarter of 2022. The NDVP outlines a comprehensive plan that details the end-to-end vaccination of these groups which includes the following specific objectives:



- ü To vaccinate at least 40% of the total population comprising high risk populations such as health workers, persons aged 50 years and above, those with co-morbidities and other at-risk groups by the end of 2021.
- ü To vaccinate in 2022 an additional 30% of the total population comprising of other at-risk groups not previously covered.
- ü To ensure effective handling and administration of the COVID-19 vaccines to guarantee their safety and the safety of recipients during the introduction process.

To generate demand and empower communities to be mobilized for the uptake of COVID-19 vaccines and use the opportunity to improve acceptance of vaccines and its benefits in the population. To leverage the COVID-19 introduction to strengthen the overall health system and the Expanded Program on Immunization.

Definition and selection of target groups: Nigeria, through the National COVID-19 Technical Working Group (NGITAG), has prioritized 40% of its population for vaccination against the COVID-19 virus by 2021. These groups were identified using the WHO vaccine allocation framework and prioritization roadmap as well as COVID-19 disease burden data from the NCDC. They are:

- ü The healthcare workers, support staff alongside contingencies (Point of Entry workers, Rapid Response Teams, Contact tracing teams, COVID-19 vaccination teams, etc.)
- ü People 50 years and above
- ü People below 50 years with significant co-morbidities and additional at-risk groups.

Phasing for the COVID-19 vaccine introduction was based on availability. The priority groups will be vaccinated in four (4) phases. The order of priority begins with the following:

- ü Phase 1 - Health workers and strategic leaders (Feb/Mar 2021);
- ü Phase 2 – The remaining health workers not covered in phase 1 and those aged 50 years and above (in Q2 2021);
- ü Phase 3 – Those with co morbidities (underlying medical conditions), but less than 50 years (in Q3 2021); and
- ü Phase 4 – Other target population based on disease burden (Q4 2021)

Nigeria received 4,024,000 doses of the AstraZeneca vaccine. This is made up of 3,924,000 doses through COVAX, a program co-led by Gavi, the Vaccine Alliance, the World Health Organization (WHO), and the Coalition for Epidemic Preparedness and Innovations (CEPI) to ensure equitable vaccine access and 100,000 doses from the Government of India. The NDVP indicated that the COVAX facility will provide COVID-19 vaccines for 20% (42,298,665 persons) of the country's total population, and 300,000 doses of vaccine from telecommunication giant MTN. According to data from National Primary Health Care Development Agency (NPHCDA), as at July 12, 2021, the GoN utilized 3,938,945 doses of AstraZeneca vaccines across 36 States and FCT, representing 98% utilization of the 4,024,000 doses of Oxford/AstraZeneca vaccine it received from the COVAX facility in March 2021. This comprises 2,534,205 people who have been vaccinated with the first dose, and 1,404,205 who have received their second dose of the vaccine under Phase 1.

The parent project identified several geographical, social, and healthcare contexts which is still relevant under the AF and restructured project.

Health care waste management is a concern. Implementation of waste management at State and hospital levels vary. The parent project indicated the need to strengthen health care waste management and disposal systems in the health facilities where the project will provide personal protective equipment (PPEs), segregation, labelling,



evacuation, and disposal of the health care waste resulting from the implementation of this operation. These measures will be implemented by the Parent Project in the AF and restructured project including the management of sharps, and vaccine storage containers. Nigeria has an existing National Health Care Waste Management Plan (NHCWMP), which was updated under the existing Regional Disease Surveillance System Enhancement (REDISSE) II Project (P159040) to address the anticipated severe outbreak of the COVID-19. Additional waste generated from the CoPREP Operations will require robust services in healthcare waste disposal. The Client updated the NHCWMP to address issues associated with waste generation activities supported under the CoPREP operation - Parent Project, AF, and the project restructuring. The document is planned for in-country and Bank disclosure by Appraisal.

Vaccine hesitancy due to poor advocacy means that communication remains critical to ensure the success of the vaccination programmes. With the lessons learned from implementing the Polio Eradication Support Project (P130865), efforts must be taken to ensure that community members are well sensitized and understand the benefits and risks associated with the COVID vaccinations.

The ongoing insecurity crisis in Nigeria may impact the plans for national vaccination coverage. Areas in the rural settlements, riverine locations and border locations can be difficult to access and most time cut off from development support. Additionally, the frail public health systems have buckled further under the weight of the pandemic, with the most recent impact being a national doctor's strike in April 2021.

D. 2. Borrower's Institutional Capacity

The Nigeria Centre for Disease Control (NCDC), an agency under the Ministry of Health (MOH), is the implementing agency for the project. The Project Coordinating Unit (PCU) is responsible for the day to day management of the project and it is situated within NCDC. It is the same PCU for the REDISSE II project, though expanded and strengthened to take on the additional responsibility of implementing the Nigeria CoPREP operations. This arrangement is mirrored at the state level with the State steering Committees, chaired by the State Commissioners of Health and the State Coordinating Units headed by the State Epidemiologist.

The efforts of the NPCU would be supported by staff (vaccine officer) from the National Primary Health Care Development Agency (NPHCDA) to ensure approved state Incident Action Plans (IAPs) comply with national guidelines and to monitor vaccine implementation compliance of states. The NPHCDA is the lead agency for primary health care and is thus responsible for the immunization program in Nigeria. Relying on the existing structure of NPHCDA to ensure effective governance and coordination, NPHCDA leads the technical coordination for the COVID-19 vaccine introduction. To this end, the agency has established the COVID-19 Technical Working Group, an inter-sectoral group to oversee the technical preparations for the introduction of COVID-19 vaccine in the country. In addition, the Agency has established functional Command Centers for COVID-19 at the national level and the 36 states and FCT to monitor and directly drive the Primary Health Care (PHC) response to the COVID-19 pandemic. This will also leverage the relevant structures of the National Immunization Program within the NPHCDA, and corresponding structures at the State, Local Government Authority, ward, and community levels. There is a robust regulatory process for the COVID-19 vaccines under the direct supervision of the National Agency for Food and Drug Administration and Control (NAFDAC). This includes the provision of marketing authorization and lot release of COVID-19 vaccines in response to the pandemic. NAFDAC has and will use its authority to grant import permits in the instances of emergencies such as the COVID-19 pandemic.



Over the years, the Ministry of Health has implemented several World Bank-supported interventions at Federal and State levels, including the current REDISSE II Project, the Nigeria Cutting U5MR in a Decade MPA (P167156), and the Polio Eradication Support Project (P130865), among others. However, the CoPREP is the first health operation to apply the ESF. The existing REDISSE II PCU has expanded to form the CoPREP PIU for the COVID-19 response and the AF. The REDISSE II National level Environmental and Social Safeguard Specialists have been quickly onboarded to begin supporting activities under the CoPREP. The National level E&S Specialists participated in a Government ESF training organized by the World Bank ESF-ISU team in December 2020 for Nigeria Government staff and their Consultant. Notwithstanding, the capacity of the implementing agency would be further strengthened to ensure compliance with the E&S requirements. The E&S Specialist are also supported by two officers.

The Parent Project has experienced several delays in the engagement of Environmental, Social and Communication Officers at the State levels. The Parent Project, in the ESCP, disclosed in May 2020, committed to engaging state-level Environmental and Social Officers, responsible for implementing the ESF requirements, and Communications Officers who will support implementing activities on advocacy communication and social mobilization on vaccine deployment within 30 days of Effectiveness. As of July 29th, 2021, only two states, Kogi and Niger, have engaged Environmental and Social Officers, respectively, with 34 States still lagging on this activity. The Task Team flagged this non-compliance with the Client. However, the Client indicated that lagging states are making efforts to conclude this activity and indicated September 3rd, 2021 as the last date to engage the remaining Officers. The Task Team will continue to monitor this activity to ensure adherence with the ESCP and avoid any further delays. It is worth noting that Nigeria has State Ministries of Environment, State Ministries of Women Affairs and Social Development and State Ministry of Information and Culture. These ministries have long engaged with the Bank and can deploy their Environmental, Social and Communication Officers to Projects, which has been the practice with several other Bank-supported operations in Nigeria. The deployment of the Officers will be carried in a satisfactory manner with the Bank and in line with ESF requirements.

Upon deployment of all State level E&S officers, the Bank E&S Specialist will assess their capacity and provide training accordingly.

The Parent project became effective on March 15, 2021, due to delays resulting from the approval of Country Borrowing Plan for all recently approved projects in the Nigeria Portfolio which also delayed implementation 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 Environmental risk remains substantial as with the parent project. There is a number of substantial short-term environmental risks that need to be considered. The main environmental risks of new activities under the AF and restructured project include: (i) potential environmental pollution and community health and safety issues related to handling, transportation and disposal of healthcare wastes, Improper disposal of empty vials, sharps, needles, packaging, and unused and expired vaccine of immunization campaign can be harmful to humans, environment, and wildlife. (ii) Occupational Health and Safety (OHS) issues associated with potential infection of the health care



workers to COVID-19 through the project activities, including procurement of expired vaccines, testing, handling of relevant supplies and vaccination and cold chain facility installation; (iii) isolation capabilities at Healthcare facilities (HFs) across the country may lead to exposure to ambient and indoor air pollution which increases the risk of cardiovascular, respiratory and developmental diseases; and (iv) limited facilities for the final disposal of medical wastes (high-temperature incinerators, autoclaves and/or sanitary landfill sites). (v) Potential adverse health effects from procurement and deployment of unsafe vaccines and inadequate vaccine storage, handling and transportation practices may lead to vaccine quality deterioration. (vi) If unused, expired, and unsafe vaccines are discarded in waterways and drinking water, this will cause serious and multifaceted human and environmental issues. (vii) There are also risks of COVID-19 infection among workers and the public due to mobilization of groups for mass vaccination and the associated infectious waste materials generation and management. All of these require special attention, handling, and awareness as it may pose a risk to health care workers from occupational infections and to the communities if not disposed properly. (viii) Minor construction or rehabilitation of cold-chain infrastructure may be anticipated in this project, adverse impacts during rehabilitation would include dust and noise emissions, generation of construction wastes, disturbance of traffic, and discharge of untreated sewage. All of these require special handling and awareness as it may pose a risk to health care workers from occupational infections and to the communities if not disposed properly. The Client will employ measures identified in the updated REDISSE II Environmental and Social Management Framework (ESMF) to mitigate these risks. It is worth noting that the Client significantly delayed updating the ESMF under the Parent Project. However, a draft updated version was provided to the Bank for review on July 31st, 2021. The updated ESMF is now expanded to also include assessment of the E&S risks and mitigation measures associated with the AF and restructuring project funded activities. A draft final ESMF will be disclosed by appraisal.

Social Risk Rating

Substantial

The social risks remain substantial as with the Parent Project. Given the nature of new activities introduced, the major social risks include: i. misinformation, fake information, and rumours regarding COVID-19 vaccine efficacy, which may lead to vaccine hesitancy from citizens. Experience on the ground from the ongoing vaccine rollout indicates a low turnout for vaccination. The AF and the restructured Project would implement advocacy communication and social mobilization. Additionally, the parent project would employ a Risk Communication intervention. These activities would manage issues on misinformation, conspiracy theories about vaccine efficacy, build trust, and promote public willingness to participate in vaccination programmes. ii. social exclusion of vulnerable groups such as the aged, women, youth, persons with disabilities, people in isolated and hard to reach communities, prisoners, IDPs, refugees and migrant labor from the vaccine programmes. The GoN NDVP plans to mitigate this risk by deploying Special Teams (Mobile) constituting one (1) Supervisor, one (1) Vaccinator, one (1) Recorder, and one (1) Community mobilizer/crowd controller (a total of 4 persons) who would be assigned to reach special populations such as nomads, fishermen, internally-displaced person (IDP) camps, security-compromised dwellers, and border habitants residing in hard to reach /security threats areas. The Project will also engage in continuous stakeholders' engagements and employ a Communication plan to ensure that issues on social exclusion are limited and addressed adequately. iii. the ongoing insecurity in various parts of the country may diminish the efforts of health workers in rolling out the vaccine programmes. The borrower also indicated that the vaccination teams will be complemented by members of the Nigeria Police Force (NPF) and Nigeria Security & Civil Defense Corps (NSCDC) in maintaining law and order at vaccination sites and providing escort services for transportation of vaccines. The borrower will adopt measures to ensure that the engagement of security personnel is carried out according to the Environmental and Social Standard 4 on Community Health and Safety. This is also provided in the section on ESS4 and the AF's revised Environmental and Social Commitment Plan. Additionally, the Agro-Climatic



Resilience in Semi-Arid Landscapes (ACReSAL) - P175237 is considering developing a nationwide security strategy, which on completion will benefit all other projects implemented across Nigeria in terms of adopting risk mitigation measures for security risk management. The CoPREP project team, in collaboration with federal and local authorities, will monitor security risks and continue to take adaptive measures during project implementation as needed. iv. increasing cases of strikes by medical workers due to the frail public health care system may frustrate the effort of vaccine rollout. The Bank will continue to engage with the Ministry of Health to address any concerns such impact would have on the project. v. elite capture of services targeted at affected populations. The Project would endeavour to address this issue by implementing a community engagement plan which would describe how to mobilize community members for vaccination at ward levels the states. vi. increase in waste generation from the vaccines deployment, where if not managed can result in risk of community health and safety concerns for health workers and citizens. The Project will implement recommendations from the updated NHCWMP.

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 AF and the restructured project will have overall positive environmental and social impacts. It would support the efforts of the Government of Nigeria at the federal and state levels to acquire and deploy safe and effective COVID-19 vaccines.

The main environmental risks and impacts of new activities under the AF and restructured project include: (i) potential environmental pollution and community health and safety issues related to handling, transportation and disposal of healthcare wastes, Improper disposal of empty vials, sharps, needles, packaging, and unused and expired vaccine of immunization campaign can be harmful to humans, environment, and wildlife. (ii)Occupational Health and Safety (OHS) issues associated with testing, vaccinating, potential infection of the health care workers to COVID-19 through the project activities, including procurement of expired vaccines, testing, handling of relevant supplies vaccination and cold chain facility installation; (iii)isolation capabilities at Healthcare facilities (HFs) across the country may lead to exposure to ambient and indoor air pollution which increases the risk of cardiovascular, respiratory and developmental diseases ; and (iv)limited facilities for the final disposal of medical wastes (high-temperature incinerators, autoclaves and/or sanitary landfill sites). (v)Potentially adverse health effects from deployment of unsafe vaccines and inadequate vaccine storage, handling and transportation practices may lead to vaccine quality deterioration. (vi)If unused, expired, and unsafe vaccines are discarded in waterways and drinking water, this will cause serious and multifaceted human and environmental issues. (vii) There is also risks of COVID-19 infection among workers and the public due to mobilization of groups for mass vaccination and the associated infectious waste materials generation and management. (viii) Minor construction or rehabilitation of cold-chain infrastructure may be anticipated in this project, adverse impacts during rehabilitation would include dust and noise emissions, generation of construction wastes, disturbance of traffic, and discharge of untreated sewage. The WHO guidelines on vaccines efficacy throughout the supply chain for storage and transportation of vaccines are also incorporated in the deployment plan. Under its governance and coordination arrangements, the NDVP has identified various vaccines, cold chain and logistics arrangements including but not limited to: i) mapping the potential port(s) of entry, points of storage (stores), and fallback facilities in the country with their respective cold chain storage (2-8C, -20C, -60/70C) and transportation capacity for vaccines and ancillary products; ii) assessing dry storage and cold chain capacity at all



levels with regards to the COVID-19 vaccines characteristics, and fill the identified supply and logistics gaps; iii) Establishing contractual agreements to prepare for vaccine introduction (e.g., vaccine warehousing, transport, waste management, cold chain capacity, etc.), where applicable and iv) updating vaccine stock management tools and operating procedures to reflect the characteristics of COVID-19 vaccines.

The main social risks and impacts of new activities under the AF and restructured project include issues of misinformation about the vaccines, which has created hesitancy among several population to get vaccinated. The ongoing insecurity in various parts of the country may impact the efforts of health workers in rolling out the vaccine programs, and impacts associated with the use of security officers to complement vaccination team. Inequity in vaccine distribution is likely to rise among willing population groups such as the aged, women, youths and persons with disabilities, people in isolated and hard to reach communities, prisoners, IDPs, refugees and migrant labour. These groups are most times excluded from benefitting from project support. A Stakeholder Engagement Plan (SEP) was prepared and disclosed in July 2020 under the parent project. The SEP is now updated to include Government's strategy with the introduction of the NDVP. The NDVP addresses the level of work done by implementing partners in creating awareness on vaccine uptake, how to address rumours, misconceptions and disinformation by conveying accurate information about the COVID-19 vaccine and enforcing community sanctions against stigmatization and spreading rumours. The project will support the Government to ensure plans are continuously subjected to timely and meaningful consultations in line with ESS10.

Since the AF & restructured Project intends to use members of the Police Force and the NSCDS, the risks associated with the use of the security forces include potential adverse impacts to community health and safety, including in matters relating to GBV and SEA/SH risks. The project will ensure that the security personnel follow a strict code of conduct and avoid any escalation of situation, taking into consideration the protocols included in the updated ESMF, GBV Action Plan and the guidance provided in the World Bank technical note, "Use of Military Forces to assist in COVID-19 Operations Suggestions on how to mitigate risks. The Client conducted a Security Risk Assessment (SRA) towards developing Security Management Plan (SMP) as part of the updated ESMF to assess the security risks. The SMP would identify mitigation measures, and strengthen existing measures, where necessary. The SMP shall be prepared and adopted before deploying security personnel under the Project and thereafter implemented throughout Project implementation.

To manage the potential for social exclusion, under its NDVP, the GoN will adopt a differentiated strategy for vaccine administration based on each target groups' peculiar characteristics. The target group will be vaccinated at the closest health facility. Vaccination sites are designated per state capital LGA. Special mobile teams would also be specifically assigned to groups such as nomads, fishers, IDP camps, security compromised dwellers, border habitants residing in hard to reach/security threats areas. The public would also be sensitized to the fact that the vaccines are free of charge.

The parent project identified approaches to mitigate the E&S risks, which are also relevant to the AF and the restructured project with the addition of the acquisition and deployment activities. The updated ESMF and NHCWMP will be disclosed by appraisal.

The updated ESMF and HCWMP includes 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 as provided in the parent project—also identify impacts/mitigation measures associated with the vaccine acquisition and deployment plan, the logistics requirements, issues on use of security forces and waste management issues associated with the procurement of syringes, cold boxes and carriers.



In addition to the REDISSE II updated ESMF and the HCWMP, the Client will implement the revised ESCP. The project will also support the PCU in coordination with FMOH, WHO, UNICEF, NCDC, NPHPCA, and other partners in overcoming logistical constraints in the timely provision of technical expertise, supplies, equipment, and systems across the country. Relevant capacity building measures are included in the REDISSE II updated ESMF which addresses the needed support to adequately address the project's E&S risks.

A Labour Management Procedure (LMP) was identified as one of the documents to be developed as a part of the updated REDISSE II ESMF. As previously noted, the Client delayed substantially in updating the ESMF under the Parent project. An updated ESMF with a LMP section is being disclosed by appraisal.

The Project will not lead to land acquisition or involuntary resettlement.

Nigeria will follow the WHO Strategic Advisory Group of Experts recommendations, as documented in the NDVP, which underpins the framework for vaccine allocation and prioritization of high-risk groups using prevailing epidemiological evidence COVID-19 vaccine supply situation and programmatic consideration. The population prioritized for the initial phase includes health workers, older people, and those with underlying health conditions. Delivery of the vaccines will be brought as close to the population as possible to prevent possible access challenges. Mobile teams will be used to access beneficiaries unable to reach the vaccination sites.

The NDVP has also provided procedures, protocols, and other measures to ensure voluntary consent for vaccination. While advancing the efforts to ensure voluntary consent for vaccine, the project will: i) aid GoN for the "establishment of policies' related to ensuring that there is no forced vaccination, ii) support advocacy communication and social mobilization activities to mitigate misinformation associated with vaccine hesitancy and risk communication to the public.

The Project will promote clear messaging on measures to prohibit SEA/SH during the provision of vaccine services by healthcare providers. SEA/SH risks related to implementing 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. Information about where to seek help (service providers) will be communicated to health workers and beneficiaries.

CoPREP operations will adopt the existing GRM structures that have been established under REDISSE II. CoPREP will be responsible for the functioning, including the budgetary requirement for all GRM operationalized for the Projects. A CoPREP GRM Manual, which itemizes the procedure for GRM operationalization for CoPREP has been prepared. The GRM also includes a provision for addressing SEA/SH risk.

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 free of manipulation, interference, coercion, discrimination, and intimidation. A Stakeholder Engagement Plan (SEP) was prepared and disclosed under the Parent Project. The SEP prepared under the parent project has been updated, considering the newly introduced risks and new stakeholders under AF. The Parent Project focuses on activities that will include supporting a comprehensive behaviour change and risk communication intervention to support the reduction of COVID-19 by working with private, public, and civil society actors to support the development of messaging and materials. The Project Coordinating Unit recorded minor progress in implementing activities under the Parent Project SEP. However most recently, the National PCU organized a stakeholder event with all the participating State Epidemiological Officer in the 36 states, State Honorable Commissioners of Health and Finance Ministries, where issues on E&S requirements of the AF and Parent Project were elaborated.



Under the AF and restructured Project, some significant risks based on the planned activities include issues on misinformation, fake information, rumours, and stigma regarding COVID-19 vaccines efficacy which may lead to vaccine hesitancy from the populace, exclusion from vulnerable groups, especially women, conflict-prone areas, inaccessible locations, and persons with disabilities. Notwithstanding, the AF and restructured Project will implement an advocacy communication and social mobilization, which will significantly address vaccine hesitancy and misinformation. The Government will also implement varied approaches in providing vaccination services to the populace. This will include the use of fixed, temporary fixed and special post.

Key project stakeholders include health workers, local communities, community members and other parties that may be directly impacts by the project, groups such as NCDC, REDISSE Project staff, NPHCDA, SPHCDA, NAFDAC; other interested parties such as CSOs, NGOs, relevant MDAs; and disadvantage/vulnerable individuals or groups such as the elderly, persons with disabilities, women and girls, people living in remote communities and several other groups which have been captured in the update SEP. Concerning disadvantage and vulnerable groups, engagement often requires applying specific measures and assistance to facilitate their participation in the project-related decision-making so that their awareness of and input to the overall process is commensurate to those of the other stakeholders. Vulnerable or disadvantaged groups may include and are not limited to the elderly, individuals with chronic diseases and pre-existing medical conditions, persons with disabilities, forest dwellers, women, girls and female-headed households, children, daily wage earners, unemployed and the homeless, communities in remote and inaccessible areas, refugees and internally displaced people, migrant workers and immigrant workers, and prisoners.

Some of the barriers in accessing information are the absence of alternative communication methods for vulnerable groups, absence of android phones, lack of mobility; poverty, absence of ramps in public infrastructures, cultural and religious beliefs, insufficient information, indifference and the notion that government only cares for the rich within the society, disability, poor understanding due to dialectical and language differences, stigmatization, inaccessibility to remote areas, insecurity, etc.

Vulnerable groups within the communities affected by the Project will be further confirmed and consulted through dedicated means, as appropriate. The SEP will include targeted, culturally appropriate, and meaningful consultations for disadvantaged and vulnerable groups before any vaccination efforts begin.

Implementing Agency capacity assessment. The Implementing Agency, NCDC, is well-positioned to implement the E&S requirements of the Project. In addition to implementing CoPREP, the Agency is also implementing the Regional Disease Surveillance System Enhancement (REDISSE) II Project. As previously stated, the efforts of the Implementing Agency would be supported by Environmental, Social, Communication Officers and also, staff (vaccine officer) from the National Primary Health Care Development Agency (NPHCDA) to ensure approved state Incident Action Plans (IAPs) comply with national guidelines and to monitor vaccine implementation compliance of states. Nigeria health agencies can implement health intervention and work with other sectors such as the Ministry of Environment, Ministry of Women Affairs, Ministry of Humanitarian Affairs Disaster Management and Social Development, Ministry of Labour and Employment, Ministry of Information and Culture, etc., to ensure adequate compliance to the World Bank ESF requirement. The support provided at the national levels would also be complemented at the state levels, where they have similar structures.



The SEP will be updated throughout project implementation. This would ensure continuous and meaningful, and safe consultations on the project (including grievances) with all stakeholders throughout the project life cycle. All CoPREP operations will adopt the existing GRM structures that have been established under REDISSE II. CoPREP will be responsible for the functioning, including the budgetary requirement for all GRM operationalized for the Projects. A CoPREP GRM Manual, which itemizes the procedure for GRM operationalization for CoPREP has been prepared. The GRM is in place in the Parent Project also includes a provision for addressing SEA/SH risks.

The CoPREP will 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.

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 still relevant. The exact number of workers engaged under the AF and restructured Project is not yet known. The project will be implemented in the 36 states of Nigeria, including the FCT, which would amass a large workforce. Nigeria has a total population of 211,639,374. The NVDP indicates that the population of the Health Workforce and support staff plus contingencies is estimated to be 1.0% of the total population. The number of doctors, nurses/midwives per 100,000 people is 36 and 88 respectively.

Various workers ranging from direct workers (health workers, civil servants), contracted workers (construction contractors and their workforces, subcontractors), security personnel (including members of the the Nigeria Police Force and NSCDC), community workers (specifically Volunteer community mobilisers to support in vaccination activities similar to the structure implemented under Polio immunization) and primary supply workers will be required.

A Labour Management Procedure (LMP) was identified as one of the documents to be developed in addition to the updated REDISSE II ESMF upon Project effectiveness for the Parent project. As previously noted, the Client delayed substantially in updating the ESMF under the Parent project. Presently, the Client has updated the ESMF which has a LMP section. A draft version was shared with the Bank in July 30, 2021. A draft final version of the ESMF with a LMP section will be disclosed by appraisal of the AF Project.

The Draft ESMF with a LMP section assessed the relevant requirements of the Nigeria laws, the ESS2 requirements of specific requirements and interventions for management of labour, labour influx and Gender Based Violence (GBV). The LMP (section of the ESMF) will be used as the basis to develop a labour management plan for each specific site, which will be included in the site specific ESMPs. The LMP section also includes a Grievance Redress Mechanism (GRM) for workers to raise workplace concerns. The contractors and other parties to be supported will inform the workers of the grievance mechanism available to them at the time of recruitment and make it easily accessible to them.



The critical risk to workers under the project could be potential infection to COVID-19 (or other contagious illnesses as patients taken seriously ill with COVID-19 are likely to suffer from illnesses that compromise the immune system). The project will ensure the application of occupational health and safety (OHS) measures outlined in WHO guidelines which are captured in the updated ESMF and other relevant SOPs, guidelines, etc. OHS measures include procedures for entry into health care facilities, including minimising visitors and undergoing strict checks before entering; procedures for the protection of workers concerning 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 sanitiser); and overall ensuring adequate OHS protections following general environmental, health and safety guidelines (EHSGs) and industry-specific EHSGs and follow evolving good international practice about 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 REDISSE II updated ESMF includes training of staff to be aware of all hazards they might encounter in the COVID-19 response and provides for the application of international best practices in COVID-19 diagnostic testing and handling of medical supplies, disposing of the generated waste, and road safety. Other measures include posting of signages in all public spaces mandating hand hygiene and use of PPEs (particularly face mask, gowns, gloves, hand washing soap and sanitizers and detergents).

The use of child labor will be forbidden in accordance with ESS2, i.e., due to the hazardous work situation, for any person under the age of 18.

In line with ESS2, forced labour or conscripted labour in the project is prohibited for the construction and operation of health care facilities. The project GRM will be accessible to workers to quickly inform management of labour issues, such as a lack of PPE and excessive overtime. This will be documented in the LMP section of the REDISSE II updated ESMF and SEP.

ESS3 Resource Efficiency and Pollution Prevention and Management

This standard is relevant. Pollution prevention and management of medical waste will be an essential activity under the AF and the parent project. Medical waste—including used vials, syringes, safety boxes, cold boxes, chemicals, contaminated PPE and equipment, and lab testing kits from healthcare facilities—will need to be safely stored, transported, and disposed of effectively. 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 the state level. Some healthcare facilities operate their incinerators to ensure safe disposal, although these are unevenly dispersed across Nigeria. The NDVP outlined that Nigeria has 88 incinerators: 40 are functional while 47 are not functional, with 1 unit uninstalled. The list and status of the functionality of the incinerators will be updated by each state and reported as part of NDVP requirements. The parent project intends to procure more incinerators and plan to rehabilitate the existing incinerators



The GoN NDVP includes a Standard Operational Policy for the COVID-19 vaccine, which include a Waste Management Plan. The plan also indicates that waste management and vial destruction committees would be established/reactivated in each State, LGA and Ward level. Members of the Committee will be sourced from the SPHCDA, National Agency for Food and Drug Administration and Control (NAFDAC), Ministry of Environment, Ministry of Information and partners and other relevant stakeholders.

Nigeria has demonstrated its commitment to mitigate adverse social and environmental impacts in the implementation of a range of World Bank health projects. There are adequate legal and institutional frameworks in the country to ensure compliance with World Bank safeguards policies.

The identified gap is of bad logistics planning that could result in wastage of vaccines, leading to increased waste generation, road accidents due to poor vehicle maintenance and compliance with journey management logistics, and delay in providing services. To address this gap, the client will deploy a cold chain and logistics management plan that is robust enough to produce and maintain both ultra-cold temperatures (-80°C to -60°C), (-25°C to -15°C) and traditional (+2°C to +8°C) cold chain for storing and transporting the COVID-19 vaccine. The ESMF will also have a section of journey management plan to address the issues of road accidents. Furthermore, the NVDP is one of the robust planning instruments in the health sector in Nigeria and can address those risks by implementing plans provided in the document.

The updated ESMF and NHCWMP, includes a Medical Waste Management procedure, and reflects WHO COVID-19 guidance, other international good practices, to prevent or minimize contamination from inadequate medical waste handling, transport, and disposal and the NVDP Waste Management procedures.

Energy-efficiency equipment and coolers will be used. The proposed coolants will not contain any ozone-depleting substances.

The NDVP also provides cold chain and PPE requirements, which will reduce the issues of wastage if implemented. The updated ESMF includes guidance related to transportation and management of vaccines, samples and medical supplies or expired chemical products at distribution centers and health care facilities.

ESS4 Community Health and Safety

This standard is still relevant. Following the safety provisions in ESS4, it is crucial to ensure the safety of communities from project activities that may lead to environmental and social risks. The National COVID-19 Deployment and Vaccination Plan provides Government's commitment to ensure risk communication and demand generation to prevent COVID-19 and create public awareness and interest in the vaccination as a critical preventive measure to stop community transmission of the virus.

In Nigeria, the vaccination programme prioritizes people most at risk based on evidence-based data. The country's goal is to introduce the COVID-19 vaccine in a phased and equitable manner, ultimately vaccinating 70% of Nigeria's total population by 2022. Phase 1 prioritizes the vaccination of health workers and strategic leaders. Phase 2 targets the vaccination of remaining health workers and those aged 50 years and above, while Phase 3 targets those with co-



morbidities (but less than 50 years). Phase 4 targets other/population, at-risk groups, with high disease burden (not covered in phase 1).

The project will not embark on forced vaccination. Regarding mandatory vaccination, the task team does not have information to determine whether the Client might impose mandatory vaccination on any groups.

Nonetheless, several community health and safety risks may be associated with the COVID-19 Vaccine Deployment, which includes:

- i. risk of spread of COVID-19 and other infectious diseases due to improper disposal methods for syringes, vials, cold boxes and carriers, safety boxes unsafe can pose additional risks to health workers and community members. Injuries from needle prick can easily occur and carry a high potential for infection, including hepatitis B and C, HIV. The safe disposal of used needles and syringes and the provision of safety boxes should form an essential aspect of the programs to prevent the risk of infection.
- ii. inadequate vaccine storage, handling and transportation practices may lead to vaccine quality deterioration.
- iii. social exclusion of vulnerable groups such as the aged, women, youths and persons with disabilities, people in isolated and hard to reach communities, prisoners, IDPs, refugees and migrant labour from receiving vaccines.
- iv. the ongoing insecurity in various parts of the country may diminish health workers' efforts in rolling out the vaccine programmes in communities.
- v. misinformation, fake information rumours, and stigma regarding COVID-19 vaccines efficacy may lead to vaccine hesitancy from the populace. Experience on the ground from the ongoing vaccine rollout indicates low turn out to the vaccination programme. The project would implement advocacy communication and social mobilization activities; additionally, the parent project would employ a Risk Communication intervention. These interventions would manage misinformation, conspiracy theories about vaccine efficacy, build trust, and promote public willingness to participate in vaccination programmes—additionally, the WHO provided guidelines on managing issues on stigma.
- vi. elite capture of services targeted at affected populations.
- vii. the potential risk of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) for women and girls may be forced into exchanging sexual favours for access to vaccines. Information about the prohibition on SEA SH will be disseminated during project implementation. Information about where to seek help (service providers) will be communicated to health workers and beneficiaries. The project will promote the avoidance of SEA by relying on the WHO Code of Ethics and Professional Conduct for all workers. Additional SEA SH risks related to implementing 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.

The updated REDISSE II ESMF identifies how these risks would be managed, and include guidelines provided by WHO and in the NVDP.

In terms of Emergency Preparedness and Response measures, the NVDP includes a crisis and emergency risk communication (CERC) strategy that public health professionals and public information officers will adequately apply to provide a clear and accurate communication messaging before, during, and after the COVID-19 vaccine is available. This will help communities understand the importance of vaccination, as well as the benefits and risks. The following strategies are being employed for effective crisis management during COVID-19 vaccination and its aftermath:



- i. Strengthening the linkages between risk communication and crisis communication, including Adverse Events Following Immunization (AEFIs), to ensure any AEFI arising from the COVID-19 vaccine in Nigeria are quickly addressed.
- ii. Review of existing AEFI tools to include a crisis communication component.
- iii. Outrage Management: Communicating with communities through appropriate communication channels (radio, TV stations, print media, community mobilizers and influencers) on the correct information about COVID-19 and vaccines. Of note are people who are anxious or in a state of despair due to rumours and misinformation about the vaccine.

The Project would use members of the Nigeria Police Force and Nigeria Security & Civil Defense Corps as part of the vaccination team to aid in maintaining law and order at vaccination sites and providing escort services for movement of vaccines. There is a possibility that these security personnel might have formal or informal interaction with communities, which might constitute a social risk. Therefore, the Client conducted a Security Risk Assessment as part of the updated ESMF to assess the security personnel rules of engagement with civilian authorities and identify the specific risks to the project. The Client will prepare a Security Management Plan to identify mitigation measures associated with use of security, and strengthen existing measures, where necessary. The Security Management Plan shall be prepared and adopted before deploying security personnel under the Project and thereafter implemented throughout Project implementation. Other specific provisions in addressing the use of security are provided in the ESCP. No proceeds of the project will be used to support the procurement of firearms. Also, 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 "Before 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 behaviour, including sexual exploitation and abuse (SEA), sexual harassment (SH) or excessive use of force.
- ii. adequately instructed and trained, regularly, on the use of force and appropriate behaviour and conduct (including 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 are provided in the revised ESMF); and
- iii. deployed in a manner consistent with applicable national law."

The Client shall promptly review all allegations of unlawful or abusive acts of any 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.

All CoPREP operations will rely on the existing GRM operationalized by the REDISSE II. A GRM Manual which itemizes the procedure for GRM operationalization for CoPREP has been prepared the Borrower. The GRM also includes a provision for addressing SEA/SH risks.

Project COVID-19 vaccines financed under the Project will satisfy the Vaccine Approval Criteria to ensure the safety of vaccines, which means—as of February 1, 2021—that the vaccine: (i) has been approved by three Stringent Regulatory Authorities (SRAs) in three regions; or (ii) has received World Health Organization (WHO) prequalification and has been approved by one SRA. As vaccine development is rapidly evolving, the World Bank Vaccine Approval Criteria may be reviewed.



Additionally, the Agro-Climatic Resilience in Semi-Arid Landscapes (ACReSAL) - P175237 is considering developing a nationwide Security Strategy, which on completion will benefit all other projects implemented across Nigeria in terms of adopting risk mitigation measure for security risk management. The CoPREP project team in collaboration with federal and local authorities will monitor security risks and continue to take adaptive measures during project implementation as needed.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This AF and the restructured project will not involve resettlement or land acquisition.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This Standard is not currently relevant. The AF and restructured project are 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 is 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

**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:

Not applicable

IV. CONTACT POINTS**World Bank**

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Borrower/Client/Recipient

Borrower: Federal Republic Of Nigeria

Implementing Agency(ies)

Implementing Agency: Nigeria Center for Disease Control (NCDC)

Implementing Agency: National Primary Health Care Development Agency

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VI. APPROVAL

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Practice Manager (ENR/Social) Senait Nigiru Assefa Cleared on 19-Aug-2021 at 09:04:0 GMT-04:00



The World Bank

Nigeria COVID-19 Preparedness and Response Project Additional Financing (P177076)

Safeguards Advisor ESSA

Nathalie S. Munzberg (SAESSA) Concurred on 23-Aug-2021 at 17:17:49 GMT-04:00