



# Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 02-Apr-2020 | Report No: PIDC29115

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

Country Niger	Project ID P173846	Project Name Niger COVID-19 Emergency Response Project	Parent Project ID (if any)
Region AFRICA	Estimated Appraisal Date 31-Mar-2020	Estimated Board Date 10-Apr-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Republic of Niger	Implementing Agency Ministry of Health	

## Proposed Development Objective(s)

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

## Components

Component 1: Emergency COVID-19 Response

Component 2: Communication campaign, community engagement and Behavior change

Component 3: Implementation Management and Monitoring and Evaluation

**PROJECT FINANCING DATA (US\$, Millions)****SUMMARY**

<b>Total Project Cost</b>	13.90
<b>Total Financing</b>	13.90
<b>of which IBRD/IDA</b>	13.90
<b>Financing Gap</b>	0.00

**DETAILS****World Bank Group Financing**

International Development Association (IDA)	13.90
IDA Credit	4.60



IDA Grant	9.30
Environmental and Social Risk Classification	
Substantial	
Decision	

Other Decision (as needed)

## B. Introduction and Context

### Country Context

- Niger is a large, landlocked and poor country in the arid Sahel region of West Africa.** Most of the country's territory is sparsely populated or uninhabitable desert with a low population density (18 inhabitants per sq. km) and a very low rate of urbanization (more than 81 percent of the population in Niger lives in rural areas<sup>1</sup>). The country's population is young and growing rapidly. Around 50 percent of Niger's estimated 22.4 million inhabitants are younger than 15 years old and 75 percent are under 25. The current population growth rate is over 4 percent with a particularly high rate of births to young mothers. This young population is predominantly under-employed with a literacy rate of only 29 percent (15 percent among young women).
- Niger is exposed to multiple challenges adversely impacting its development:** (i) regional insecurity and violent extremist groups threaten stability, fuel pre-existing tensions and cause population displacement including refugees; (ii) high population growth and a large population of youth with few economic opportunities; (iii) an economy which, despite an improved macro-fiscal situation, remains exposed to multiple external shocks due to dependency on agriculture and extractives; (iv) increasing poverty, especially in rural areas; (v) deep inequalities, particularly gender inequalities.
- Although poverty rates have fallen, this drop has been outweighed by rapid population growth rates, resulting in a large increase in the absolute number of poor people in Niger.** Per capita Gross domestic product (GDP) was US\$895 in 2015 (constant 2011 US\$), making Niger one of the poorest nations in the world. Between 2005 and 2014, the incidence of income poverty fell from approximately 54 percent to approximately 45 percent. However, the absolute number of people living in poverty rose from 6.8 million in 2005 to 8.2 million in 2014.
- With these harsh conditions, Niger remains a low-income country with a very poor human development indicator.** Niger ranks 155 out 157 countries in the Human Capital Index (HCI) which shows that Nigeriens born today will only reach 32 percent of their productivity potential, due to serious deficiencies in health and education services. Equally worrying is the fact that 47 out of 100 children are

<sup>1</sup> World Bank Development Indicators (2017)



stunted, at risk of cognitive and physical limitations that can last a lifetime.

## Sectoral and Institutional Context

### ***Niger Health System***

5. **Niger has high maternal, child and infant mortality and very high fertility rates.** Niger is experiencing a rapid drop in mortality and some improvement in child survival. Although under-5 mortality declined steadily from 127 per 1,000 live births in 2012 to 95 in 2016, it remains above the regional sub-Saharan African (SSA) average. Similarly, infant mortality has dropped from 51 per 1,000 live births in 2012 to reach levels below the SSA average. Maternal mortality remains very high, with 520 maternal deaths per 100,000 live births in 2012. However, much of the progress on these indicators is hindered by rapid population growth and low utilization of health services.

6. **The overall health system in Niger remains weak.** The health system is insufficiently equipped to meet the needs of the population with inequitable coverage marked by a strong disparity between urban and rural areas. Health facilities have insufficient financial resources, the average availability of essential medicines is low and insufficient levels of infrastructure at the decentralized level are aggravated by inequitable distribution of health workers. The density of doctors and nurses is far below what is needed, and substantially lower than the SSA average. Spatial distribution shows regional disparities, particularly in favor of Niamey, which has 8 percent of the total population but about 50 percent of health staff (doctors, nurses, and midwives), including one-third of all doctors. Absenteeism is a concern as 1 in 3 providers is absent on any given day (SDI, 2017).

7. **High out-of-pocket expenditures in Niger are one of the main barriers for accessing health services.** Niger's current health expenditure (CHE) per capita is US\$30.5. This makes the country lag far behind when compared with neighbors like Burkina Faso, Benin, Mali, Senegal, and Cote d'Ivoire. The proportion of out-of-pocket expenditure compared to total domestic health expenditure in Niger is 48 percent, which is relatively high given Niger's income level. The limited financial protection for households means that during the COVID-19 outbreak, many people may be pushed into poverty due to catastrophic health expenditures related to care seeking.

### ***Emergence of COVID-19 in Niger and Initial Response***

8. **Niger confirmed its first case of COVID-19 on March 19, 2020. As of March 22, Niger had 2 known cases of COVID-19 imported from abroad. The response team has followed more than 70 known contacts.** Niger is very vulnerable to a widespread outbreak as its land extension and very porous borders associated with intense socio-economic and cultural exchanges (by land or river) pose a great challenge for epidemiological surveillance. Niger shares its borders with seven countries, which six having reported cases of COVID-19 as of March 22, 2020.

9. **The government is taking unprecedented measures to limit the risks to the population of Niger.** On March 17, 2020, the President outlined the steps that will be taken to contain the virus. Most notably, since March 19, 2020, all flights have been suspended (with the exception of cargo ships and other means of freight transport), and all borders were closed. In terms of social gatherings, all meetings of more than 50 people in public or outside the home are prohibited; schools and universities have been closed for two



weeks as of March 20, 2020; and all sporting events, restaurants, and mourning halls are suspended or closed until further notice.

10. **The Government is working closely with technical partners to contain the virus.** Partners, such as WHO, UNICEF, Humanitarian Health Cluster partners, International Organization for Migration, High Commissioner for Refugees (HCR) and others are working to rapidly expand in-country preparedness and containment capacity, strengthen detection and surveillance capacity and train medical staff on case-management, risk communication and community engagement. The level of support in all key areas will need to be expanded rapidly to manage further spread of the disease. The Ministry of Public Health (MOPH) has established six committees<sup>2</sup> for the surveillance of COVID-19 at the national level and a COVID-19 Preparedness and Response Plan has been developed and its funding estimated to 31.5 million US \$ is currently being sought. Main areas of interventions include: (i) coordination, (ii) epidemiological surveillance, (iii) health system strengthening, (iv) risk communication and community engagement and (v) case management.

***Linkages between the COVID-19 Emergency Response Project and Existing World Bank Operations in Niger***

11. **The World Bank Group (WBG) is well positioned to support the government’s respond to this pandemic.** The WBG understands the country’s conditions and needs. It has prior experience in responding to crises (natural disasters, economic shocks) while building resilience and improving future preparedness and response capability. The proposed first instance response will follow a cross-sectoral One Health approach within the framework of the Fast Track COVID-19 Response Program, allowing a rapid response to short-term needs. Depending on how the outbreak progresses and its impact on economic activity, there may be need for a second phase with a greater focus on support for economic and social disruption resulting from the spread of the virus.

12. **The REDISSE 3 and COVID-19 Emergency Response Projects will operationally exploit opportunities of complementarity and synergy in supporting disease surveillance and response.** REDISSE 3’s key objective is to strengthen national and regional cross-sectoral capacity for collaborative disease surveillance and epidemic preparedness in West Africa. It primarily operates at a national level by strengthening national laboratory capacity and improving community-based surveillance. It primarily operates at a national level by strengthening national laboratory capacity and improving community-based surveillance. Also governed by the One Health approach, its funds interventions in both the human and animal health sector and seeks to improve analytical capacity and exchange of information. The COVID 19 project will cover REDISSE 3’s blind spots on prevention and case management. The two projects will work closely to minimize the chances of duplication and maximize their synergies and by using the same project implementation unit (PIU).

**C. Proposed Development Objective(s)**

Development Objective(s) (From PAD)

13. To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems

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<sup>2</sup> Response Coordination committee, Surveillance and response committee, infection prevention and control (IPC) committee, case management committee, logistic committee, communication committee.



for public health preparedness in Niger

**D. Project Description**

14. The Niger proposed project is aligned to the country COVID-19 preparedness and response plan that amounts to US\$175 million, out of which the World Bank is financing US\$13.9 million. The World Bank support will therefore focus on strategic and critical activities that will provide a platform for all donors and interventions to be better aligned while creating synergies and complementarity. The proposed project will consist of three components: Component 1: Emergency COVID-19 Response; Component 2: Communication campaign, community engagement and Behavior change; Component 3: Implementation Management and Monitoring and Evaluation.

Legal Operational Policies	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

Summary of Assessment of Environmental and Social Risks and Impacts

**Environmental**

15. **The project will have positive impacts on improving COVID-19 surveillance, monitoring and containment. However, the project could also cause significant environment, health and safety risks** due to the proposed activities to control COVID-19 and the use of reagents and other chemical, biological and other materials in the project-supported laboratories and quarantine facilities. Healthcare associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory workers. The laboratories and relevant health facilities which will be used for diagnostic testing and isolation of patients can generate biological waste, chemical waste, and other hazardous bioproducts. If improperly disposed, with all safety precautions, this waste could further contaminate health workers and the community at large.

16. **To mitigate against these risks, the project will develop an Environmental and Social Management Plan (ESMP) with a Medical Waste Management Plan (MWMP)**, which will adequately cover environmental and social infections control measures and procedures for the safe handling, storage, and processing of COVID-19 materials including the techniques for preventing, minimizing, and controlling environmental and social impacts during the operation of project supported laboratories and medical facilities. The Medical Waste Management Plan will further outline the exact process, including clear step by step guidance in the handling of this sort of infectious waste. The relevant parts of COVID-19 Quarantine Guideline and WHO COVID-19 biosafety guidelines will be incorporated into the ESMP with MWMP. These guidelines include provisions to address the needs of patients, including the most vulnerable. They also include provisions on the establishment of quarantine and isolation centers and their operation considering the dignity and needs of patients. Further, the project will pay for training to be given to hospital staff and others, in handling and



management of this type of waste.

**17. An Environmental and Social Commitment Plan (ESCP) which was developed during project preparation sets out material measures and actions, any specific documents or plans, as well as the timing for each of these.** The implementation of the material measures and actions set out in this ESCP will be monitored and reported to the WBG.

### Social

**18. The client will implement the activities indicated in the ESCP, including the SEP.** The SEP outlines a structured approach to engagement with stakeholders that is based upon meaningful consultations and disclosure of appropriate information, considering the specific challenges associated with COVID-19. Despite the implementation of a social distancing strategy, the restrictions on the movement of people (curfew), and the closure of borders, the implementation of the components of the project is likely to induce a massive influx of people from rural areas to the cities, to Niamey in search of better health treatment and livelihood conditions. This will contribute to exposing vulnerable people (elderly, people with health conditions, malnourished women and children). In these conditions, poor families may even be more exposed to the spread of other diseases such as cholera, malaria, tuberculosis etc. Therefore, the crisis may leave behind several orphans who will require targeted support. If COVID-19 is not properly managed in Niger, the impacts may render women more vulnerable as frontline caregivers, care workers, cross-border traders, market vendors, nurses, and mothers within the disease stricken-communities. Relevant GBV/PSEA risks will be addressed during implementation. Overall, because of the challenges of implementing a social distancing strategy in Niger, the novelty of COVID19, and the weak capacity of the health system of the country, the E&S risk is rated substantial.

**19. The social distancing will be implemented in line with WHO guidelines and the CDC Interim Infection Prevention and Control Recommendations for patients with confirmed COVID-19 or persons under investigation for COVID-19 in Healthcare Settings.** Therefore, the stakeholders' consultations and engagement, will be based on the activities outlined in Component 4 while focusing on the following: (i) avoidance of public gatherings (considering the government of Niger's restrictions), including group workshops and community meetings; (ii) diversification of means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups (whatsapp) appropriate for the purpose, based on the type and category of stakeholders; (iii) use of traditional channels of communications (TV, newspaper, local radios, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. These traditional channels like local radios can also be highly effective in conveying relevant information to stakeholders and allow them to provide their feedback and suggestions.

## E. Implementation

### Institutional and Implementation Arrangements

**20. Strategic leadership for the Project will be sought through the leadership of the Multisectoral Committee presided by the Prime Minister with the Ministry of Public Health as Permanent Secretariat.** The Ministry of Public Health is the government entity responsible for managing and implementing the



Project activities. The Multisectoral Committee has a Coordination Committee with six working groups monitoring the implementation of each pillar of the response, headed by the National Coordinator who is the Permanent Secretary of the MOPH. The Project Implementation Unit (PIU)/*Fonds commun pour la santé* (FCS) will be the same as the one currently coordinating and implementing the various Health, Nutrition, and Population projects, including Health and Population Project, Sahel Malaria and Neglected Tropical diseases and REDISSE 3. The FCS-PIU will be responsible for the day-to-day management of the project including the administrative and fiduciary management aspects. The Ministry of Public Health will be accountable for meeting project objectives, and providing oversight, monitoring and evaluation of project activities.

21. **While the COVID-19 pandemic is ongoing, the National Coordination COVID-19 Committee will be responsible for defining project implementation strategies and validating the Annual Work Plan and Budget of the project.** This will be aligned to the Niger National COVID-19 Response and Preparedness Planned validated by the Government and its partners in March 2020. Once the pandemic is declared over in Niger, the Ministry of Public Health will have overall responsibility for the project. It will be managed by the National Steering Committee on Health (*Comité National de Pilotage*) which manages other health projects. In this situation, the National Steering Committee on Health will be responsible for defining project implementation strategies and validating the Annual Work Plan and Budget of the project. The National Steering Committee will be chaired by the Minister of Health and made up of representatives from all project beneficiary ministries.

22. **Financial management and procurement will be assured by the FCS-PIU according to the existing procedures.** All procurement under the project will be undertaken by the FCS-PIU within the MOPH which is managing already three (3) HNP projects founded by the Bank. The Procurement comprises three procurement specialists familiar with old guidelines but not the Regulations. The Bank team will provide fast track review and clearance support. The FCS-PIU will (i) prepare the Annual Work Plans and Budgets for onward transmission to the National Coordination Committee; (ii) carry out disbursements and procurement in accordance with Bank procedures; (iii) prepare and consolidate periodic progress reports; (iv) monitor and evaluate project activities; and (v) liaise with stakeholders on issues related to implementation.

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## CONTACT POINT

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**APPROVAL**

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