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

Appraisal Stage | Date Prepared/Updated: 04-Apr-2018 | Report No: PIDISDSA23382

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Nigeria	P165247	Nigeria Polio Eradication Support Project Additional Financing	P130865
Parent Project Name	**Region**	**Estimated Appraisal Date**	**Estimated Board Date**
Polio Eradication Support Project	AFRICA	08-Feb-2018	14-May-2018
Practice Area (Lead)	**Financing Instrument**	**Borrower(s)**	**Implementing Agency**
Health, Nutrition & Population	Investment Project Financing	Federal Ministry of Finance, Federal Ministry of Finance	National Primary Health Care Development Agency

Proposed Development Objective(s) Parent

The development objective of the proposed Project is to assist, as part of a global polio eradication effort, the Government of Nigeria to achieve and sustain at least 80% coverage with OPV immunization in every state in the country

Proposed Development Objective(s) Additional Financing

To assist the Recipient, as part of a global polio eradication effort, to achieve and sustain at least 80 percent coverage with oral polio vaccine immunization in every state in the Recipient's territory, and improve routine immunization coverage.

Components

Polio Eradication Support
Routine Immunization Support
Routine Immunization System Strengthening

Financing (in US$, millions)

SUMMARY

Total Project Cost	150.00
Total Financing	150.00
Financing Gap	0.00

DETAILS

Total World Bank Group Financing	150.00
World Bank Lending	150.00

Environmental Assessment Category

Partial Assessment (B)

Decision

The review did authorize the preparation to continue

B. Introduction and Context

Country Context

1. Extreme poverty fell moderately from 54 percent to an estimated 49 percent during 2009-2017. About 94 million persons live below the PPP-corrected US$1.90 poverty line. These estimates are based on the Government's official household survey, the Nigeria Living Standards Survey (NLSS) 2009/10. The World Bank projects that poverty will remain stagnant in 2018 and on a very gradual upward trend for the remainder of the decade. Nigeria's poverty rate is high compared to the average of lower-middle income countries (LMICs) of 16 percent in 2013. Poverty in only weakly responsive to economic growth in Nigeria—unlike in many other countries. Poverty reduction in Nigeria compared to the rest of the Sub-Saharan African and other LMICs has been less responsive to economic growth. The weak progress in poverty reduction is due to multiple factors including (i) the high population growth rate, (ii) weak employment creation, and (iii) growing income inequality.

2. The 2015 elections marked, for the first time in Nigeria's history, a peaceful democratic transfer of power between two political parties, but the new administration faced a fast-deteriorating macroeconomic environment. Gross domestic product (GDP) growth fell from 6.3 percent in 2014 to 2.7 percent in 2015, and to −1.6 percent in 2016, bringing Nigeria's first full year of recession in 25 years. In 2016, global oil prices reached a 13-year low and oil production was severely constrained by vandalism and militant attacks in the Niger Delta. While the oil sector represents only 8.3 percent of the total GDP, it provides the majority of foreign exchange (FX) earnings and three-quarters of government revenues. The decline in FX earnings from oil exports, compounded by the introduction of several FX allocation/utilization rules that restricted access to FX at the official market rate, by the Central Bank of Nigeria (CBN), had significant negative spillover effects on non-oil sectors dependent on FX for the import of inputs and raw materials.

Table 1. Selected Economic Indicators, 2014–2017

	2014	2015	2016	2017 f
Real GDP growth, at constant market prices (percent)	6.3	2.7	−1.6	1.0
Private consumption (percent)	0.6	1.5	−5.7	−1.7
Government consumption (percent)	−7.0	−11.9	−15.1	−4.6
Gross fixed capital investment (percent)	13.4	−1.3	−5.0	0.5
Exports, goods, and services (percent)	24.1	0.1	11.5	5.8
Imports, goods, and services (percent)	6.0	−25.7	−10.4	-14.8
Real GDP growth, at constant factor prices (percent)	6.2	2.8	−1.6	1.0
Agriculture (percent)	4.3	3.7	4.1	4.0
Industry (including oil) (percent)	6.8	−2.2	−8.9	2.2
Services (percent)	6.8	4.8	−0.8	−0.9
Inflation (Consumer Price Index) (percent)	8.0	9.0	15.7	16.3
Fiscal balance (consolidated government, percent of GDP)	−1.8	−3.5	−4.8	−4.7
Debt (consolidated government, percent of GDP)	12.5	13.2	17.3	21.4
Poverty rate (US$1.9/day purchasing power parity terms)	46.8	46.8	48.4	49.0
Poverty rate (US$3.1/day purchasing power parity terms)	72.9	72.9	73.9	74.4

Source: National Bureau of Statistics, World Bank, and International Monetary Fund staff projections.

3. Economic growth is expected to recover slightly, to above 1 percent in 2017, but this is subject to significant risks, leaving the fiscal sector outcomes uncertain. Economic recovery in 2017 depends primarily on the restoration of oil production, supported by continued strong growth in agriculture and recovery of the non-oil and service industries. Nigeria's GDP returned to growth in Q2 and reached 1.4 percent (year on year) in Q3 of 2017. This has been driven by the recovery of oil production as well as a more stable oil price. The non-oil industry also returned to growth in Q2 but contracted by 0.8 percent (year on year) in Q3. Inflation remains sticky at just below 16 percent despite monetary tightening from the CBN. The parallel exchange rate premium as against the official exchange rate remains stable at just under 20 percent. With higher oil prices and production and economic growth, fiscal revenues are expected to increase slightly, although they will remain below pre-crisis levels. However, there is a high degree of fragility and risk to economic recovery.

4. In March 2017, the Federal Government of Nigeria (FGN) launched the national Economic Recovery and Growth Plan (ERGP) for the period 2017–2020. The ERGP sets out a plan to restore macroeconomic stability in the short term, as well as structural reforms, infrastructure investments, and social sector programs to diversify the economy and places it on a path of sustained inclusive growth over the medium to the long term. It sets an ambitious target of 7 percent real GDP growth by 2020.

Sectoral and Institutional Context

5. Nigeria has recorded some progress in Polio Eradication. This success can be attributed in part to the establishment of the Polio Emergency Operations Centre (EOC). The Polio EOC has strengthened the management of polio in Nigeria through its reliance on routinely collected data (both programmatic and surveillance). The Polio EOC has a huge capacity and all the knowledge about effective response in the country context for polio eradication. Programmatically, Nigeria is well equipped, monitoring the epidemic and developing innovative approaches to complete eradication of polio, despite the challenge of insecurity in polio high-risk states. To avoid cross-border transmission of polio, there is strong coordination with the Lake Chad countries. This involves the conduct of Immunization Plus Days (IPDs) in conjunction with the Lake Chad countries. This synergy of efforts has prevented the transmission of poliovirus across borders.

6. In security compromised and poorly compliant LGAs, different innovative approaches are deployed to reaching children in these areas. These include: (i) involvement of religious and traditional leaders; (ii) the use of performance approaches to incentivize and motivate vaccinators and immunization officers; (iii) strategies like ‘hit and run’; firewalling; transient health camps along borders, markets, motor parks; and house to house vaccination; and (iv) the use of military personnel and Joint Task Force (JTF) to serve as security escorts and vaccinators in inaccessible LGAs. These approaches have resulted in no recorded case of Wild Poliovirus (WPV) in the last 18 months.

7. Progress on Polio Eradication Requires Stronger RI: Nigeria needs to maintain its current efforts if it wants to eradicate polio. Both as a means of helping eradicate polio and as a way of ensuring children receive the powerful vaccines that are now available, Nigeria needs to re-double its efforts to improve routine immunization coverage. Achieving polio eradication and significantly increasing routine immunization coverage requires continuing support from all stakeholders. After more than two years of wild polio virus (WPV) transmission interruption, four new cases were reported in Borno state in August 2016– a security-compromised area whose population has been inaccessible because of the Boko Haram insurgency. Since then, Nigeria has now gone 18 months without any case of wild polio virus and stands on the cusp of eradication (see Figure1 below).

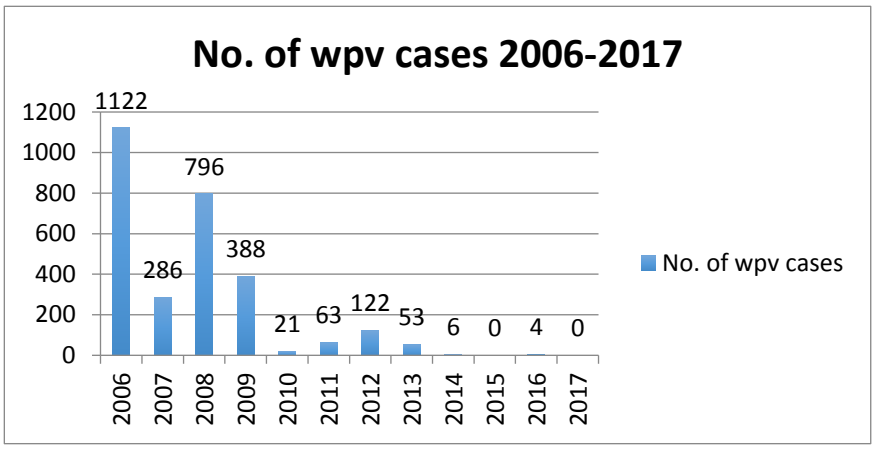


Figure 1: Trends in Wild Polio Virus in Nigeria – 2006-2017

Source: National Polio Emergency Operation Center (EOC)

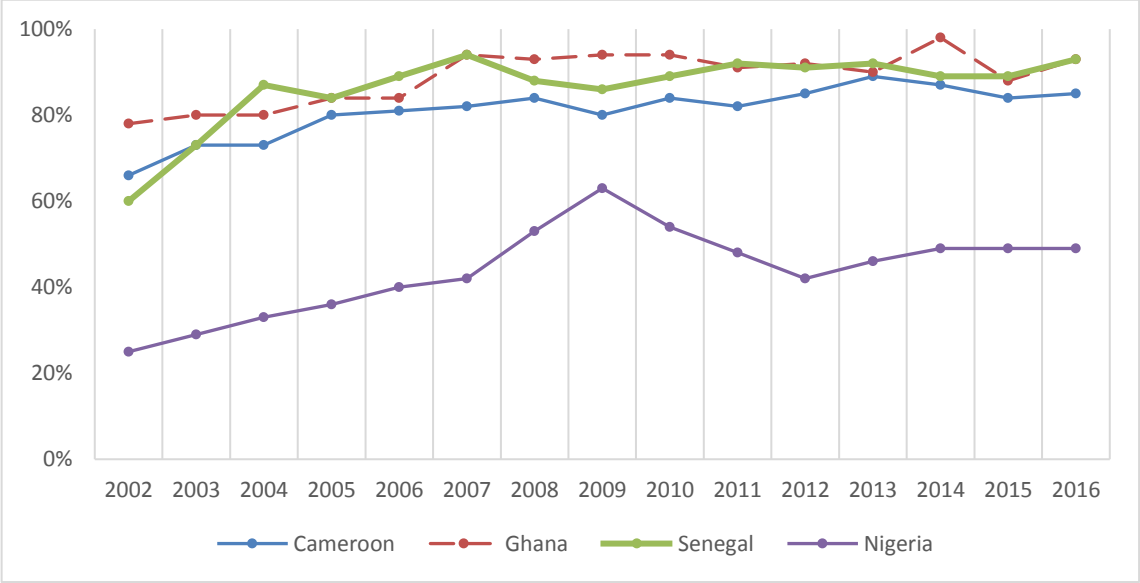
8. Limited Progress on RI: The latest Multiple Indicator Cluster Survey (MICS) 2016 shows poor coverage for routine immunization with 33 percent coverage for the third dose of Pentavalent vaccine (Penta3). This represents a decline of 5 percentage points from the 2013 National Health and Demographic Survey (NDHS) and is almost the same as it was in 1990. One of the greatest threats to polio eradication is poor routine immunization coverage. Hence, there is a pressing need to boldly address the low routine immunization coverage found particularly in the very low coverage states. More than a quarter of states have less than 20% Penta3 coverage rates signifying the urgency of the challenge. This proposed AF and restructuring will test innovative management approaches and build on lessons learned from Polio eradication efforts, as well as from the Nigeria State Health Investment Project (NSHIP) and the Saving One Million Lives (SOML) operation, that could dramatically increase RI coverage rates.

9. Lessons learned from other HNP operations in Nigeria over the past decade center around a greater focus on results, innovations, partnerships and stakeholder engagement. Specifically, results monitoring of key health indicators, such as RI coverage, is based on household and health facility surveys instead of operational data from health facilities alone. The use of performance and accountability frameworks for management at national and sub-national levels has also proven effective in engendering better outcomes. Innovations enabled Nigeria to increase access to and quality of service delivery to vulnerable and marginalized populations. For example, in the North East, the Government has introduced several strategies, such as the use of mobile clinics, shorter “hit and run” immunization campaigns, boarder approaches (e.g., Lake Chad initiative), and third-party monitoring using local NGOs and communities. Lastly, building strong partnerships with Government at all levels, development partners, and other stakeholders has enhanced coordination and effectiveness of implementation support.

10. Much of the resources provided under the AF will support vaccine procurement, as has been the case for the parent project and previous AFs. While this is input financing, it is justified for a few reasons:

(i) as described below the vaccine financing challenge is large at least partly due to the ambition to widely introduce new and potent vaccines such as Rotavirus and Pneumococcal vaccines; (ii) when Nigeria has experienced interruptions of stock outs in the past, vaccination coverage has suffered significantly (see Figure 2 below); and (iii) while routine coverage is low compared to other LMICs, it could get worse if vaccines are unavailable.

Figure 2: WHO-UNICEF Estimates of DPT3 Coverage (%) for Select West African Countries



Source: http://apps.who.int/immunization_monitoring/globalsummary (October 2017)

Note: DPT3 = 3 doses of diphtheria, pertussis, and tetanus.

These estimates are based on reported data, routinely collected information, and household survey results.

11. Vaccine Financing: Nigeria is now out of recession and the 2018 appropriation bill allocates US$33 million for vaccine procurement. However, the high cost of new vaccines, which are co-financed between Global Alliance for Vaccine and Immunization (Gavi) and FGN, makes it difficult for the government to meet the cost of vaccines like rotavirus, Meningitis A, Measles and Human Papilloma virus vaccines.

12. The impending transition from Gavi and Global Polio Eradication Initiative (GPEI). The Gavi transition has been made flexible for Nigeria and depending on June meeting of the Gavi board the transition may be extended till 2023. On the other hand, GPEI is already reducing its support to Nigeria. The immunization program is dependent on both these programs for the financing of vaccines and immunization and with the transition of these programs, the government will face a financing gap.

13. Management Strengthening: The 2016 MICS demonstrates wide variation in the RI coverage rates between states. Sokoto achieved 3% Penta3 coverage, compared to 76% in Anambra and 75% in Edo. The wide variation between states is, at least partly, a function of the quality of management. RI managers at state level have not been held accountable for results and used falsely optimistic and inaccurate data from the routine health information system to avoid accountability for poor coverage. New leadership of the National Primary Health Care Development Agency (NPHCDA) is trying to increase the use of household surveys instead of routine data and wants to increase the accountability of state and LGA level RI managers. These managers, in the past, have mostly been selected based on seniority and have not been held accountable for RI program performance.

14. Vaccine supply chain systems are an important component of a country's immunization program in terms of vaccine availability, coverage and program costs. Nigeria operates a 5-tier vaccine supply chain system. Vaccines are shipped from the manufacturer to the National Strategic Cold Store (NSCS) in Abuja. From the NSCS, vaccines are delivered directly (push) to the six zonal cold stores and from the zonal stores to the states stores quarterly using third party logistics. Vaccines are delivered from the LGA cold stores to the health facilities either through a push (delivered directly) or pull (collected by the facilities when needed) system. There are challenges in the cold chain supply and logistics especially storage at the national hubs and inadequate storage capacity at the 3 national hubs in Lagos, Abuja and Kano - only 50% of required vaccine storage space available at the NSCS and 60% more storage space required for planned new vaccines. The Lagos cold store has inadequate cold rooms to accommodate the large volume of vaccines received from the NSCS and there is no dry store for vaccine devices (Lagos serves as the national storage for all devices due to proximity to sea port). With the lack of storage capacity, there is frequent shipment of vaccines to the country and distribution to subnational stores, resulting in high cost of logistics. Furthermore, with the introduction of new vaccines starting in 2018, the large volume of these vaccines will further compound the issue of lack of cold storage capacity in the country.

15. To alleviate the inadequate storage capacity, the 2017 Effective Vaccine Management Assessment (EVMA) recommended the installation of cold houses in Abuja, Kano and Lagos to make a three (3)-hub system. To address the lack of cold chain equipment (CCE) at subnational levels, the European Union (EU) and Gavi are supporting the Government to procure Solar Direct Drive (SDD) refrigerators.

16. Under the proposed AF, the Bank will support the strengthening of the cold chain and supply logistics for immunization by addressing the insufficient cold and dry storage capacity in Lagos and cold chain storage capacity in Kano state. By supporting the cold chain and logistics system, every Nigerian child will have access to vaccines of assured quality, delivered at the right time through efficient logistics, proper vaccine management and a functioning cold chain. This will also help reduce vaccine wastage resulting from poor cold chain supply and logistics.

17. Strong partnerships are in in place: The activities under the proposed AF build on a very strong network of Development Partners (DPs) that are supporting Nigeria in its efforts to eradicate polio. Most of the funds under the proposed AF will be channeled through the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) through UN contracts for polio operations support and procurement of vaccines. These are the financing arrangements that the FGN itself uses and which have

proven to be very successful. In addition, to WHO and UNICEF, many other partners have supported RI in Nigeria, including Gavi, CDC Atlanta, Bill and Melinda Gate Foundation, USAID, JICA, Kreditanstalt für Wiederaufbau (KfW) and the EU.

(b) Parent and Previous Additional Financings

18. The original Project Development Objective (PDO) of the project was to assist the Government of Nigeria, as part of a global polio eradication effort, to achieve and sustain at least 80 percent coverage with OPV immunization in every state of in the country. The PDO was modified under the first AF to incorporate changes to the components under the AFs. Thus, the modified PDO was "To assist the Recipient, as part of a global polio eradication effort, to achieve and sustain at least 80 percent coverage with oral polio vaccine immunization in every state in the Recipient's territory, and sustain national routine immunization coverage". The parent project had one component i.e., the supply of oral polio vaccine to national strategic cold stores in Abuja. As part of the subsequent AFs, the components were revised to include: 1) Supply of OPV to national strategic cold stores; and Polio Eradication Operations Support; and 2) Routine Immunization (RI) support.

19. Fully satisfactory implementation. According to the recent Lot Quality Assurance Sampling (LQAS) surveys, every state has surpassed the 80 percent benchmark for the coverage of OPV3. More impressive is that 98 percent of high risk LGAs have met that standard despite persistent insecurity. Given the progress on improving coverage and the 18 months since the last confirmed case of wild poliovirus has been detected, the project is rated satisfactory for both PDO and Implementation Progress ratings. The fiduciary ratings are satisfactory. Legal covenants were compiled with and there are no outstanding audits, fiduciary, environmental or social issues.

20. Key challenges to the project. One of the major setbacks to polio eradication in Nigeria is the insurgency in the northeastern part of the country. This has led to inaccessibility to some LGAs with reduced vaccination of children in these areas and reduced surveillance activities. The observed drop in routine immunization coverage as shown in Penta 3 coverage from 38 percent in 2013 DHS to 33% in 2016 (MICS) is likely due to the deteriorating primary health care services, lack of management skills and demand side issues which include lack of knowledge, cost of transportation and 'religious' opposition to vaccines.

21. The parent project and the AFs have no fiduciary nor audit issues from inception till date. UNICEF does the procurement of the vaccines and there have been signed agreements between the Government of Nigeria and UNICEF for this purpose. The environment safeguards category for the original project was C and was upgraded to B for AF1 and AF2 because of the concerns about health care waste management with the introduction of RI.

(c) Higher level objectives to which the project contributes

22. The proposed operation is aligned with the Country Partnership Strategy FY 2014–2017 and the update PLR. Particularly within the second cluster, which aims to improve the 'effectiveness and efficiency of social services at state level for greater social inclusion'. Immunization is a public good, but evidence has shown that the upper wealth quintiles in Nigeria have better access to immunization services. This operation will contribute to bridging the gap and make this public good available to all. In this sense, the proposed AF is also contributing to the twin goal of eliminating extreme poverty and boosting shared prosperity. The AF also aligns with the FGN Economic Recovery and Growth Plan (ERGP) and the PHC Revitalization Plan.

B. Rationale For Additional Financing

23. Over the past 13 years, the Bank has been providing financial support through IDA credits for the procurement of OPV. These credits have ensured a constant supply of OPV to all states in the country resulting in increased herd immunity against wild polio virus. This is evident with no recorded cases in the last 18 months. To assist the GoN to finish the last mile in polio eradication, the proposed AF will continue to provide financial support to the government's efforts in eradicating polio. At this critical juncture in polio eradication, any lack of funding could erase hard-earned successes that required a huge national effort and very large investments.

24. Furthermore, investment in Polio eradication is a global public good because of the epidemic potential of polio and its devastating impact both on children and adults. Polio remains a lethal and crippling disease that is entirely preventable. Eradicating polio in Nigeria contributes to the Global Polio Eradication program and makes the world a safer place for all children. Nigeria has officially interrupted the transmission of polio virus, and by July 2019, if there are no new cases, Nigeria will be certified polio free - a significant milestone toward the global polio eradication.

25. Improving Routine Immunization coverage is critical. RI is a critical part of polio eradication, especially in the challenging security environments. RI is also in itself critical to improving child health and will become an even more potent weapon against childhood mortality with the advent of new vaccines. Immunization is also an important element of universal health coverage (UHC), which Nigeria is striving to achieve through the National Health Act. Immunization is also one of the best buys in public health, with recent studies citing a 16-fold return on investment.

26. Stock outs of routine vaccines are associated with declining coverage. With the current drop in immunization coverage, any stock out of vaccines could further worsen the situation as was observed in 2012 when stock outs of routine vaccines were associated with sharp declines in immunization coverage. This would have a deleterious effect on child health and could result in epidemics of vaccine-preventable diseases.

27. The majority of efforts will take place in the northeastern high-risk states. The last eight (8) polio endemic states were mostly in the North East (NE). Due to their security risk, the NE states pose the

highest risk to polio eradication. They will also receive the major benefits in the form of improved access to primary health care services through the extensive field level staff placed in these states and activities supported by NSHIP.

28. The proposed AF will enhance positive developments taking place in the health sector. For example, service delivery of immunization is expected to become more financially sustainable in the medium term for a few reasons. First, the Basic Health Care Provision Fund (BHCPF) within the National Health Act, of 2014, will soon be piloted through a separate project currently under preparation and financed by the Global Facility Financing (GFF). The BHCPF is expected to fundamentally change provision of primary health care by mandating provision of a minimum package of basic primary health services with joint financing from federal and state governments. When fully functional, the federal contribution will be a direct statutory transfer that represents significant additional funding for PHC. This financing mechanism will also ensure fiscal decentralization to the health facilities to ensure funds are available at the individual health facilities for essential activities like outreach, supervision and maintenance of equipment. Secondly, before the recession, the FGN has been increasing year by year its investments in immunization demonstrating national commitment to the program and has allocated US$33 million in its 2018 Federal Budget for procurement of vaccines and about US$10 million for immunization related activities. This is substantial but the Gavi transition and introduction of new, highly potent but expensive vaccines make it difficult for FGN to fully cover the cost. The projection is that FGN, on a sliding scale, will continue to increase its budgetary allocation on an annual basis. Other development partners such as Bill and Melinda Gates Foundation are interested in incentivizing the government based on performance of such incremental budgetary allocations, in sync with the Gavi transition. Finally, if the current trend continues, polio eradication can be fully achieved by 2019, activities and expenditures will decrease and be phased out in the medium term.

C. Proposed Development Objective(s)

Original PDO

The development objective of the proposed Project is to assist, as part of a global polio eradication effort, the Government of Nigeria to achieve and sustain at least 80% coverage with OPV immunization in every state in the country

Current PDO

To assist the Recipient, as part of a global polio eradication effort, to achieve and sustain at least 80 percent coverage with oral polio vaccine immunization in every state in the Recipient's territory, and improve routine immunization coverage.

Key Results

29. According to the recent Lot Quality Assurance Sampling (LQAS) surveys, every state has surpassed the 80 percent benchmark for the coverage of OPV3. More impressive is that 98 percent of high risk LGAs have met that standard despite persistent insecurity. Given the progress on improving coverage and the 18 months since the last confirmed case of wild poliovirus has been detected, the project is rated satisfactory for both PDO and Implementation Progress ratings. The fiduciary ratings are satisfactory.

Legal covenants were compiled with and there are no outstanding audits, fiduciary, environmental or social issues.

D. Project Description

30. As with the previous two AFs, the proposed AF will continue to finance the existing two components: Component 1(a) procurement of Oral Polio Vaccines to national strategic cold stores, and Component 1(b) polio eradication operations support as well as, Component 2 RI Support. As part of the proposed AF, subcomponents 1(a) and 1(b) will be combined and renamed as Component 1 - Polio Eradication Support. In addition to Component 2 on Routine Immunization Support, a new, third component will be added, Component 3 Routine Immunization System Strengthening, which seeks to address critical issues impeding the immunization program. The new component aims at strengthening the routine immunization system by improving cold chain, supply and logistics, and management capacity at all levels.

31. Project components – with the introduction of a new component, the proposed AF has three components namely: (i) Component 1: Polio Eradication Support (US$65 million) – this component will support the procurement of OPV and operations for polio eradication efforts; (ii) Component 2: Routine Immunization Support - this component will support the procurement of vaccines for routine immunization (US$69 million), and; (iii) Component 3: Routine Immunization System Strengthening (US$16 million) - this component will be used for (a) strengthening management at state and LGA levels to address the weak management capacity of the RI program in 12 low performing states; (b) the expansion and renovation of a two cold chain hubs in Lagos and Kano States, and; (c) strengthening the supply and logistics system for all vaccines from the national to the subnational levels to ensure availability of vaccines. The table below provides a more detailed description of the project components with funds allocation per component.

32. The proposed changes under this AF include: (i) revision of the PDO; (ii) extension of the project closing date from December 31, 2018 to December 31, 2020 to allow for an adequate time period for the implementation of the project; (iii) introduction of a third component, Component 3 Routine Immunization System Strengthening, to improve immunization coverage which entails strengthening of the cold chain system (i.e., the expansion of two cold chain hubs), strengthening of supply and logistics for vaccines, and improving management at the national and subnational levels in twelve states; (iv) changes in the result framework – to incorporate indicators for monitoring and evaluation of improved RI coverage as well as correcting the end target for the number of children immunized from 6,561,446 to 60,561,446, replacing DTP3 with Pentavalent coverage, and deleting the duplicate indicator on the number of beneficiaries; and (v) consolidation of sub-components (a) and (b) under Component 1 into a single component renamed as Polio Eradication Support.

E. Implementation

Institutional and Implementation Arrangements

33. Institutional and implementation arrangements for Components 1 and 2 will remain the same as in the last two AFs. For Component 3, at the request of the Government, the NPHCDA will serve as the implementing agency. The NPHCDA's capacity will be strengthened to enable this agency to carry out supply and logistics management of vaccines, coordination and management of the immunization program in lagging states through its state-level arms, i.e., State Primary Health Care Development Agencies (SPHCDAs) and/or State Ministries of Health (SMOHs), and the renovation and expansion of the two hubs in Lagos and Kano. The NPHCDA will house a small Project Implementation Unit (PIU) consisting of a Project Coordinator, fiduciary specialists, environment safeguards specialist, social safeguards specialist, and a civil engineer for design and implementation support of public works.

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

The project will take place across the country.

G. Environmental and Social Safeguards Specialists on the Team

Joseph Ese Akpokodje, Environmental Safeguards Specialist
Michael Gboyega Ilesanmi, Social Safeguards Specialist
Ovede Benjamin Onigu - Otite, Environmental Safeguards Specialist

SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	Operational Policy (OP) 4.01 on Environmental Assessment is triggered in the proposed AF and classified as Environmental Category B resulting from proposed civil work activities which includes the expansion of the cold stores in the Lagos national hub and renovations of the Kano hub. There are also potential environmental concerns around the handing of Health care waste resulting from project related activities such as Vaccination and Routine Immunization that generate healthcare waste such as expired vaccines and sharps.

Natural Habitats OP/BP 4.04	No	n/a
Forests OP/BP 4.36	No	n/a
Pest Management OP 4.09	No	n/a
Physical Cultural Resources OP/BP 4.11	Yes	As part of the renovation/expansion of the two hubs in Lagos and Kano, the project activities may impact cultural physical resources. To mitigate these risks, specific procedures (such as chance finds procedures) will be prepared, if required.
Indigenous Peoples OP/BP 4.10	No	There are no Indigenous Peoples in the Project location.
Involuntary Resettlement OP/BP 4.12	No	The project will not involve land acquisition leading to involuntary resettlement or restriction of access to resources and livelihoods. Planned construction, expansion and renovation of two cold chain hubs in Lagos and Kano State will be limited to the premises of facilities owned by the Federal Government of Nigeria and held in trust by the Federal Medical Stores and the Nigeria Primary Healthcare Development Agency (NPHCDA) respectively. Both facilities are free of any encroachers.
Safety of Dams OP/BP 4.37	No	n/a
Projects on International Waterways OP/BP 7.50	No	n/a
Projects in Disputed Areas OP/BP 7.60	No	n/a

KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT

A. Summary of Key Safeguard Issues

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

The Project is not envisaged to cause any potential significant and/or irreversible environmental risks and the environmental category for the project continues to be B, as for the current project although the project will in this case finance civil work activities including the construction and expansion of cold stores in the Lagos national hub and renovations of the Kano hub. The government has prepared and disclosed an environmental social management framework (ESMF) on March 26, 2018 and will prepare environmental safeguards management plans (ESMPs) as soon as site specific activities are identified. In addition the National Healthcare Waste Management Plan was updated for the proposed AF and was also disclosed on March 26, 2018.

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

There are no potential indirect or long-term environmental and social impacts envisaged in the project area.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.
None

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.
An Environmental and Social Management Framework (ESMF) was prepared according to National and World Bank policies and the Healthcare Waste Management Plan was updated for the proposed AF. Both safeguards instruments were disclosed in-country in Nigeria and in the World Bank's InfoShop on March 26, 2018.

Environmental Assessment (OP/BP 4.01): Safeguards policy OP 4.01 has been triggered, as in the previous AFs, due to the civil works envisioned under Component 3 and healthcare waste management under Component 2. The ESMF ensures that the principles and procedures for the development of in-country capacity and compliance with local regulations are established and it serves as the basis for environmental assessment of all sub-projects to be carried out under the Polio AF 3. The ESMF also provides guidance for preparation of Environmental and Social Management Plans (ESMPs). It includes a screening process that is consistent with both World Bank operational policies and Nigeria Environmental regulations, and a chapter on project processing that describes the responsibilities.

Nigeria has demonstrated its commitment to mitigating adverse social and environmental impacts in the implementation of a range of World Bank projects. There are adequate legal and institutional frameworks in the country to ensure compliance with World Bank safeguards policies. On September 4, 2013, the Nigerian Federal Executive Council (FEC) approved a new National Strategic Healthcare Waste Management policy, including National Strategic Healthcare Waste Management Plan and Guideline for the country. The fact that Ministers of Environment and Health jointly presented the memo seeking Council's approval for the adoption of the National Healthcare Waste Management policy, underscores the high level of the commitment of the Government toward improving the situation of the sector. The PIU in the NPHCDA will include an environmental safeguards specialist and a social safeguards specialist.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.
Key stakeholders include: (i) poor and vulnerable groups in the country, and vulnerable groups such as women and children who face a disproportionate risk of mortality and morbidity due to avertable causes; (ii) states, including the State Primary Healthcare Development Agencies (SPHCDAs) and local governments; (iii) the government at the federal level, including the National Primary Healthcare Development Agency (NPHCDA); (iv) the development partner community, and (v) the private sector.

Public consultation will be an on-going activity taking place throughout the entire project cycle. Public participation and consultation would take place through meetings, radio programs, requests for written proposals/comments, filling in of questionnaires, explanations of project to the locals, making public documents available at the state and local levels.

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

Environmental Assessment/Audit/Management Plan/Other

Date of receipt by the Bank	Date of submission for disclosure	For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors
26-Jan-2018	21-Mar-2018	

"In country" Disclosure

Nigeria
26-Mar-2018

Comments

If the project triggers the Pest Management and/or Physical Cultural Resources policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.

If in-country disclosure of any of the above documents is not expected, please explain why:

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

OP/BP/GP 4.01 - Environment Assessment

Does the project require a stand-alone EA (including EMP) report?
Yes
If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?
Yes
Are the cost and the accountabilities for the EMP incorporated in the credit/loan?
Yes

OP/BP 4.11 - Physical Cultural Resources

Does the EA include adequate measures related to cultural property?

Does the credit/loan incorporate mechanisms to mitigate the potential adverse impacts on cultural property?

The World Bank Policy on Disclosure of Information

Have relevant safeguard policies documents been sent to the World Bank for disclosure?

Yes

Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?

Yes

All Safeguard Policies

Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?

Yes

Have costs related to safeguard policy measures been included in the project cost?

Yes

Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?

Yes

Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?

Yes

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APPROVAL

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