@#&OPS~Doctype~OPS^blank@pidaprpfrcoverpage#doctemplate

Program Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 16-Aug-2024 | Report No: PIDPA00146

BASIC INFORMATION

A. Basic Program Data

Project Beneficiary(ies)	Region	Operation ID	Operation Name
Nigeria	WESTERN AND CENTRAL AFRICA	P504693	Nigeria: Primary Healthcare Provision Strengthening Program
Financing Instrument	**Estimated Appraisal Date**	**Estimated Approval Date**	**Practice Area (Lead)**
Program-for-Results Financing (PforR)	02-Aug-2024	26-Sept-2024	Health, Nutrition & Population
Borrower(s)	**Implementing Agency**		
FEDERAL REPUBLIC OF NIGERIA	FEDERAL MINISTRY OF HEALTH		

Proposed Program Development Objective(s)

The Program Development Objective is to improve utilization of quality essential health care services and health system resilience in the Federal Republic of Nigeria.

COST & FINANCING (US$, Millions)

Maximizing Finance for Development

Is this an MFD-Enabling Project (MFD-EP)?	No
Is this project Private Capital Enabling (PCE)?	No

SUMMARY

Government program Cost	**3,665.30**
Total Operation Cost	**570.00**
Total Program Cost	525.00
IPF Component	45.00
Total Financing	**570.00**
Financing Gap	**0.00**

FINANCING

Total World Bank Group Financing	**500.00**
World Bank Lending	500.00
Total Non-World Bank Group Financing	**70.00**
Trust Funds	70.00

Decision

The review did authorize the team to appraise and negotiate

A. Country Context

1. **Nigeria, Africa's most populous country, possesses substantial untapped economic potential.** It has the fastest growing youth cohort in the world, but its long-term growth outlook is hampered by major human capital deficits (including under-five and maternal mortality rates that are among the top three in the world). As a diverse federation of 36 autonomous states and the Federal Capital Territory (FCT) and the continent's largest country with a population exceeding 218 million, it boasts the largest economy in Africa, reaching a gross domestic product (GDP) of approximately US$472 billion in 2022. Fueled by abundant natural resources, a youthful and entrepreneurial populace, and a vibrant private sector, Nigeria has the capacity to become a prominent player on the global stage. However, despite these prospects, the country faces significant challenges, with over 40 percent of its population living in poverty. Moreover, Nigeria houses the world's second-largest number of people living in extreme poverty and ranks 161 out of 193 countries on the most recent Human Development Index (HDI) report, highlighting its status as one of the least developed nations globally, economic inequalities and gender disparities playing significant roles. Investing in human capital will be critical for future development and shared economic prosperity.

2. **Recognizing the need to change course, the new administration that took office in May 2023 has undertaken bold reforms to restore the economic fundamentals in support of inclusive growth.** The Nigerian Government eliminated an increasingly costly, opaque, and regressive gasoline subsidy that amounted to 2.2 percent of GDP in 2022; unified multiple foreign exchange windows that distorted relative prices; partly liberalized the exchange rate to better reflect market conditions; and lifted the restriction on purchasing FX at the official market to import 936 product lines. Recognizing the short-term adjustment costs of these reforms—particularly through rising inflation—the Federal Government of Nigeria ("the Government") has also rolled out temporary, targeted cash transfers of NGN 25,000 per month, directly benefiting over 60 million people for three months.

B. Sectoral (or Multi-Sectoral) and Institutional Context

3. **Nigeria ranks among the bottom five or ten countries globally on most key health outcome indicators.** Life expectancy, at 54 years, is the third lowest in the world. Under-five mortality is the second highest globally, at 114 per 1,000 live births, while maternal mortality is third highest in the world, at over 1,000 per 100,000 live births[5]. These numbers translate to over 800,000 deaths among children under-five and about 80,000 maternal deaths each year. Nigeria

therefore accounts for one out of six child deaths globally, and one out of four maternal deaths[6]. The prevalence of stunting among children under-five is 37 percent, among one of the 10 highest rates in the world, with long-term implications for human development. The same is true of the total fertility rate at 5.3 births per woman, down only slightly from its 1990 level of 6.0. Nigeria is in the early stages of the epidemiological transition, with non-communicable diseases (NCDs) accounting for 24 percent of total deaths, possessing a growing burden[5].

4. **Shortcomings in access to essential health services and quality of care are major drivers of poor health outcomes.** For example, skilled birth attendance coverage has increased only marginally, from 39 percent in 2008 to 43 percent in 2018.[1] Childhood immunization coverage remains a significant challenge, with diphtheria, pertussis, and tetanus pentavalent vaccine (DPT-3/Penta-3) coverage estimated at 57 percent. As of 2020, Nigeria had the largest number of zero-dose children in the world,[2] with the estimated number of zero- or missed-dose children increasing to 3.1 million from 3.0 million the previous year. The quality of health care services in Nigeria remains suboptimal and compares poorly with peers. A national assessment of maternal deaths and near misses at hospitals reported that over 90 percent of mothers arrived in critical condition, but still the median time between diagnosis and critical intervention was 60 minutes,[3] in 21.9 percent of cases, it was over four hours. Shortages in human resources for health and health infrastructure, along with a chronically weak supply chain and poor referral systems, underpin these service delivery challenges.[4]

5. **The Government's health spending ranks the lowest in the world when measured as a share of GDP, at 0.5 percent.** This translates to about US$14 per capita, of which less than 20 percent (US$2.62 per capita) is allocated to primary care. Low levels of health financing severely limit the country's ambitions for universal health coverage (UHC). For example, this allocation is a fraction of global estimates on the cost of providing an essential health service package in countries at Nigeria's income level, with two recent estimates falling between US$70 and US$80 per capita. It is also far less than the estimated cost of a basic primary care package in Nigeria (about US$14 per capita). A major constraint on health spending is the overall low level of Government revenue, about 7 percent of GDP, further exacerbated by the low prioritization of health within the budget which stands at 4 per cent. The low priority placed on public health spending is particularly evident at the state level, in part due to low rates of budget execution. As a result of low Government health spending, household out-of-pocket expenditures account for almost 75 percent of total health spending in Nigeria, the fourth-highest share in the world.[5]

6. **Nigeria's poor health outcomes and weak health financing environment are linked to its complex federal arrangements.** Nigeria's constitution provides for a vertical revenue-sharing formula across federal, state, and local governments and centrally controlled special funds. This has resulted in federal fiscal dominance and financially weak states. Furthermore, the constitutional allocation of roles and responsibilities in health care is unclear across all levels of government, with all orders of government playing a role in delivery of essential primary healthcare services. Consequently, there are accountability challenges especially amongst lower orders of government. Also, in the face of limited fiscal space, subnational entities in Nigeria face difficult policy choices critical for improving health outcomes such as prioritizing expansion of priority basic services and population coverage. In turn, the Federal Government has used conditional fiscal transfers in the health sector as a vehicle to transfer resources and influence policy.

[1] *Nigeria Demographic and Health Survey, 2018*
[2] WHO / UNICEF Estimate of National Immunization Coverage (WUENIC)
[3] https://obgyn.onlinelibrary.wiley.com/doi/10.1111/1471-0528.13450
[4] *ibid*
[5] *https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS?locations=NG*

7. **Nigeria's key UHC initiative in recent years was the Basic Health Care Provision Fund (BHCPF), a specific-purpose intergovernmental fiscal transfer for health established by the National Health Act of 2014.** The BHCPF is earmarked fund for health to be financed with no less than 1 percent of the Government's Consolidated Revenue Fund.[6] In 2018, BHCPF implementation commenced through a grant from the Global Financing Facility (GFF) muti-donor trust fund (MDTF), administered by the World Bank. The original design was only partly pursued and while implementation has since restarted, there are constraints on effective implementation. *First,* the quantum of resources from the BHCPF translates to less than US$0.25 per capita in most years and has been inadequate to make a major impact. *Second*, there are governance challenges with respect to implementation and accountability mechanisms for funds at the national and subnational levels. *Third,* effective utilization of funds at the state level is hampered by weak coordination and limited capacity to plan and implement the Basic Health Care Provision Program (BHCPP). Under new leadership, the BHCPF will be redesigned as part of the broader Nigeria Health Sector Renewal Investment Initiative (NHSRII) and be a key financing vehicle for the broader BHCPP.

8. **Climate change further threatens Nigeria's health system and jeopardizes health outcomes. Evidence suggests that climate change is already having an impact on health in the country**.[7] Deaths of children under five years due to acute diarrhea are projected to be about 9.8 percent, with over 76,000 diarrheal deaths projected in 2030, attributable to climate-change-induced variations in precipitation patterns, including flooding.[8] Transmission of malaria, the leading cause of under-five mortality in Nigeria,[9] is linked to rising temperatures and changes in precipitation due to climate change.[10] Drought has affected food production, with 31.5 million people estimated to be severely food insecure in 2023.[11] Food insecurity due to climate change is contributing to burgeoning rates of stunting and wasting in children under-five, at 37 percent[12] and 7 percent,[13] respectively. Climate change, particularly increased flooding, also debilitates the country's health system. For example, severe floods in 2022 destroyed 30 medical facilities in the hardest-hit state of Jigawa alone.[14] It is estimated that, by 2050, the health impacts of climate change in Nigeria will total US$399 billion in economic costs.[15]

C. PforR Program Scope

9. **The proposed PforR Program is grounded in the Nigeria Health Sector Renewal Investment Initiative (NHSRII) launched in December 2023 — an ambitious and transformative initiative aiming to improve both health outcomes and economic potential by drastically reducing Nigeria's maternal and under-five mortality rates.** By investing in service readiness, frontline health workers (FHWs), and evidence-based interventions, the BHCPP of the NHSRII aims to unlock Nigeria's human capital potential. In addition, to exploit the economic potential embedded in the health care value chain,

[6] National Health Act, 2014

[7] Adebanke L. Adebayo. 2022. "*Mitigating Climate Change Effects on Maternal and Prenatal Health in Nigeria." In* The Nature, Causes, Effects and Mitigation of Climate Change on the Environment*, edited by Stuart A. Harris.* IntechOpen; Godpower C. Michael, and Musa Dankyau. 2022. "*Climate Change and Primary Health Care in Sahelian Kano, Nigeria*." *Afr J Prim Health Care Fam Med* 14 (1):3745; Oluwatimilehin, Isaac Ayo et al. 2022. "*Assessment of the Impact of Climate Change on the Occurrences of Malaria, Pneumonia, Meningitis, and Cholera in Lokoja City, Nigeria."* Regional Sustainability *3 (4): 309–18.*

[8] World Bank Climate Change Knowledge Portal (CCKP): Nigeria.

[9] O.O. Ayoola, et al. 2005. "*A five-year review of childhood mortality at the UCH, Ibadan."* West Afr. J. Med. 24(2): 175–79

[10] Badaru, Yahaya Usman, et al. 2014. "*Rainfall Variations as the Determinant of Malaria in the Federal Capital Territory Abuja, Nigeria*." *J. Environ Earth Sci*. 4 (20): 149–59; Oluwatimilehin, Isaac Ayo, et al. 2022. "*Assessment of the Impact of Climate Change on the Occurrences of Malaria, Pneumonia, Meningitis, and Cholera in Lokoja City, Nigeria*." Regional Sustainability *3 (4): 309–18*.

[11] Cadre Harmonise for Identification of Risk Areas and Vulnerable Population in the Sahel and West Africa March 2024: Nigeria

[12] UNICEF. *The Challenge: Malnutrition is a direct or underlying cause of 45 percent of all deaths of under-five children.*

[13] USAID. 2021. *Nigeria Nutrition Profile*

[14] Abdulrakib Abdulrahim et al. A catastrophic flood in Nigeria, its impact on health facilities and exacerbations of infectious diseases. PAMJ - One Health. 2022;9(21). 10.11604/pamj-oh.2022.9.21.38023

[15] World Bank. 2024. Climate and Health Economic Valuation (CHEV) tool: Nigeria. This figure is drawn on the SSP3 scenario

the Presidential Initiative for Unlocking Health care Value Chain (Nigeria Health Care Industrialization Program), will be delivered through a dedicated pool of funds and private sector partnerships to fast-track Nigeria's ambitions in tertiary health care and local manufacturing. Overall, the NHSRII presents a critical window of opportunity for Nigeria and a call to action for the international development community and all levels of government to build a robust partnership coalition to help Nigeria save lives, boost its human capital, build a platform for medical industrialization, and improve the efficiency and impact of its public and development financing.

10. **The BHCPP is encapsulated in the NHSRII 2024–28 roadmap**. Critical aspects of the Government program, the BHCPP, are described in the National Health Act 2014 and the National Health Insurance Authority (NHIA) Act of 2022. The NHSRII will leverage the BHCPP to strengthen primary health care services, improve quality of care, and expand service delivery. The BHCPP's essential benefit package prioritizes cost-effective services, focusing on reproductive health, maternal care, childhood illness management, maternal nutrition interventions, and NCD screening.

11. **HOPE-PHC supports key activities of all sub-components of the BHCPP spanning community-based health services, primary healthcare delivery, vulnerable group/special intervention financing for select secondary services and medical and public health emergency preparedness and response systems, operationalizing a service delivery model that mirrors the "hub-and-spoke" structure of Nigeria's health care system**. All results incentivized by the PforR are part of the BHCPP. The HOPE-PHC Program will include: (a) primary health care service readiness, availability, and quality in the National Primary Health Care Development Agency (NPHCDA) and its counterpart State Primary Health Care Development Agencies (SHPDAs) to enable receipt of Decentralized Facility Financing from the BHCPF; (b) strategic purchasing for maternal and child health, administered by the NHIA and the State Social Health Insurance Agencies (SSHIAs) through general hospitals managed by the State Ministries of Health; (c) health security functions delivered by the Nigeria Center for Disease Control and Prevention (NCDC); (d) a National Emergency Services and Ambulance Scheme (NEMSAS); (e) digital-in-health to strengthen information systems and HRH; (f) medical industrialization; and (g) citizen engagement.

12. **HOPE-PHC Program is set to facilitate the operationalization of a service delivery model that mirrors the "hub-and-spoke" structure of Nigeria's health care delivery system.** This model will underpin BHCPP's support for investments to fortify community-based service delivery, enhance the capacity of primary health care facilities to dispense an essential package of health services and ensure the availability of good-quality BEmONC and CEmONC services in every Local Government Area. Furthermore, the HOPE-PHC is consistent with Nigeria's updated (2021) Nationally Determined Contributions (NDCs)[16] and the National Adaptation Strategy and Plan of Action.[17]

13. **The Program for Results (PforR) instrument is considered appropriate for HOPE-PHC.** This is due to (a) the explicit interest in shifting the focus from inputs to results and addressing the weak accountability mechanisms in a complex institutional federal system that requires stronger focus on accountability for results; and (b) the need to incentivize government ownership and accelerate implementation of critical reforms and policies in the health sector, all of which support the NHSRII's goal of serving as an anchor for a SWAp aimed at aligning external assistance for health around the reform. Furthermore, the PforR design recognizes the need to make more efficient use of existing limited resources in a context where improvements in performance will require leveraging state autonomies and increased accountability and alignment of development assistance for health. A standalone IPF operation on the other hand would be extremely transaction-intensive, as the proposed HOPE-PHC is national in scope. However, HOPE-PHC adopts a PforR and IPF hybrid approach.

[16] UNFCCC. 2021.Updated *Nationally Determined Contribution (NDC) for Nigeria*
[17] Nigeria National Adaptation Strategy and Plan of Action, 2011

D. Proposed Program Development Objective(s)

14. The Program Development Objective is to improve utilization of quality essential health care services and health system resilience in the Federal Republic of Nigeria

15. **HOPE-PHC is set to facilitate the operationalization of a service delivery model that mirrors the "hub-and-spoke" structure of Nigeria's health care delivery system.** This model will underpin BHCPP's support for investments to fortify community-based service delivery, enhance the capacity of primary health care facilities to dispense an essential package of health services and ensure the availability of good-quality BEmONC and CEmONC services in every LGA.

16. **The HOPE-PHC program is built around three key result areas.** Those are: (a) improving the quality of health services; (b) improving the utilization of essential health services by expanding the delivery of an effective continuum of high-quality, patient-centered maternal and newborn care services; and ensuring access for all women and newborns to high-quality CEmONC services; and (c) improving the resilience of Nigeria's health system.

16. ***Results Area 1: Improving Quality of Services***

DLI 1: "**Improved service readiness"** aims to improve service delivery by expanding the availability of PHC and CEmONC facilities who meet the minimum service criteria to deliver essential primary healthcare services and secondary obstetric and infant care.

DLI 2: "Increased availability of essential commodities" will increase the availability of lifesaving commodities, including family planning supplies.

17. ***Results Area 2: Improving Utilization of Essential Services***

DLI 3: "Increased enrollment of poor and vulnerable populations" will support the NHIA to facilitate enrolment of beneficiary populations by State Social Health Insurance Agencies (SSHIAs).

DLI 4: Enhanced community delivery of health services. Global experience has highlighted the strategic role of Community Health Workers (CHWs) to deliver health services between communities and health systems, especially in contexts where mistrust exists between service users and the formal health system.

DLI 5: "Increased utilization of priority secondary care services" supports critical intervention to address maternal and neo-natal mortality by ensuring free hospital admissions for emergency obstetric and neonatal care for pregnant women and newborns.

DLI 6: "Increased utilization of priority services in primary health care centers" supports improvement in health outcomes through availability of quality maternal and child health services at the level of primary health care centers.

DLI 7: "Increased Utilization of EMS" aims to improve access to ambulatory health services during emergency complications for pregnant women and newborn children. Delays associated with accessing appropriate healthcare have been linked to high maternal mortality burden, as a significant number of women die of complications because of poorly managed deliveries and complications such as post-partum hemorrhage.

18. **Results *Area 3: Improving Resilience of the Health System***

DLI 8: "Improved allocation and disbursement of BHCPF funds" aims to increase the equitable allocation and disbursement of the BHCPF. In Nigeria, utilization of health services is associated with region of residence, with notable disparities between urban and rural areas.

DLI 9: "Enhanced pandemic preparedness and response (PPR)" supports the deployment of multiyear Emergency Preparedness and Response (EPR) plans. It aims to improve PPR as part of the overall strategy for enhancing resilience of

the health system against shocks. Disease outbreaks, climate emergencies, and other humanitarian crisis are examples of inevitable health systems shocks linked to the disruption of essential health services and reversal of progress made.
DLI 10: "Improved Climate Resilience". Nigeria is recognized as highly vulnerable to climate change with impacts on health and the health system. This DLI will support the development and implementation of a costed National climate and health adaptation plan which will be adapted by subnational entities. The DLI will also incentivize implementation by states and the national level.
DLI 11: "Stronger Digital Foundation" will support the development of an integrated, interoperable health data ecosystem to support evidence-based improvements in value (efficiency, quality, access, and health outcomes) for patients and providers.

IPF Component

19. **The PforR Program includes an IPF component (US$45 million) which will largely finance technical assistance designed to enhance states' performance.** The IPF component will finance technical assistance activities that are critical to the achievement of the PforR results, including the following: the design, procurement, and deployment of a federated digital-in-health enterprise architecture including technical assistance on enhanced digital capacity, including[18] consultancies on defining regulatory frameworks, enterprise architecture design, and acquisition; technical assistance for strengthening the strategic purchasing and regulatory functions of NHIA including institutional building blocks for provider empanelment, tariffs, claims management, medical audit, provider payment, beneficiary feedback and engagement of third-party administrators, and support for standards adoption by SSHIAs; operationalization of the public health fellows' program[19]; effective peer learning support through the Nigeria Governor's Forum and Association of Local Governments of Nigeria for intensive engagement with leaders at the subnational level to maintain strong political support and commitment. The component will also enhance service delivery capacity in high-burden and climate-vulnerable states who may face institutional, financial and/or delivery capacity constraints through innovations deployed in partnership with public or private sector actors under the umbrella of Maternal Mortality Reduction Innovations Initiative (MaMII).

Program Development Objective(s)

20. The Program Development Objective is to improve utilization of quality essential health care services and health system resilience in the Federal Republic of Nigeria

E. Environmental and Social Effects

21. **The overall environmental and social (E&S) risks have been assessed and deemed Moderate.** In line with the six core principles, the relevant risks associated with the HOPE-PHC Program and within the proposed Result Areas (RAs) under the PforR cover environmental and social issues and include:

a) Refurbishment and rehabilitation of facilities to meet 75 percent score on the health facility readiness assessment could result in negative environmental and social impacts associated with rehabilitation such as the generation of solid waste, noise, and air pollution.
b) Discrimination could also exist in the recruitment of health care workers, such as skilled birth attendants, to meet the readiness assessment criteria.
c) Increased e-waste generation due to the digitization of the health system for digital health enterprises in health architecture.

[18] Due attention will be paid to avoiding the fragmentation of IT-enabled platforms and encourage consolidation while developing digital innovations.
[19] https://statehouse.gov.ng/news/president-tinubu-approves-establishment-of-national-health-fellows-programme/

d) Potential increase in the generation of healthcare wastes due to increased spending on provision of facilities, expansion in the number and improved quality of health care and increased expenditure for provision of health products.
e) Potential discrimination of vulnerable groups, ethnic bias and sexual abuse or harassment of women in the provision of health insurance under the NHIA gateway in the revised Basic Health Care Provision Fund guideline and in the provision of essential health services by community health workers.
f) Rehabilitation of facilities with climate resilience and energy efficiency features under the National Climate and Health Implementation plan could lead to negative environmental and social impacts associated with rehabilitation, such as the generation of solid waste, noise, and air pollution. Also, there are negative environmental impacts associated with renewable energy, such as solar systems, especially electronic waste, old batteries and panels, and possible clearing of land/vegetation to install solar panels.
g) Rehabilitation work can also impact workers' health and safety.

22. The HOPE-PHC Program does not involve any major construction works, except minor rehabilitation works to strengthen health systems and build health systems resilience. A detailed environmental and social systems assessment has been conducted for the HOPE-PHC Program. Based on the assessment, it was determined that the HOPE-PHC Program is not likely to require significant changes to the borrower's overall environmental system; the risk was therefore assessed as moderate. Measures to address the identified risks are included in the Program Action Plan. The HOPE-PHC Program is supported by IPF component to provide capacity building and technical assistance (TA). The E&S risk of the IPF component is rated low as the anticipated risks and impacts are minimal due to the scope of the TA activities. An Environmental and Social Commitment Plan (ESCP) has been prepared for the IPF component, which includes actions regarding labor management procedures, continuous stakeholder engagement, grievance redress mechanisms (GRM). for direct and indirect workers, and the independent verification agency. Program level GRM is also in place, which will be incorporated into the Stakeholder Engagement Plan.

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

Summary of Screening of Environmental and Social Risks and Impacts of the IPF Component

The environmental and social risks of the IPF component are rated Low since the anticipated risks and impacts are minimal due to the scope of the component. The Environmental and Social Commitment Plan (ESCP) includes activities to improve good labour management procedures and continuous stakeholder engagement throughout the implementation period, including grievance mechanisms for direct and indirect workers, including IVAs. To further promote understanding of social accountability and build trust in government systems, the Program will ensure a grievance redress mechanism (GRM) is in place, which will be incorporated into the Stakeholder Engagement Plan. The TA component will also support CSOs in improving social accountability in the health sector. Nigeria's education, health, and governance sectors are governed by public service rules, which address some issues with labour and working conditions. However, private entities such as consultants for IVAs or M&E that may provide services for the operation are not covered by the public service rules. Therefore, the Implementing Agency will prepare a Labour Management Procedure (LMP) to address the risks

associated with such entities. The LMP will include information on OHS, the Code of Conduct for preventing sexual exploitation, abuse, and sexual harassment, as well as grievance mechanisms. The project activities will be screened further for any other potential environmental and social activities using an Environmental and Social Screening Checklist that will be developed during Project implementation.

E. Financing

Program Financing (Template)

Source	Amount (US$, Millions)	% of Total
International Development Association (IDA)	**500.00**	**100%**
IDA Credit	500.00	100%
GFF	**50.00**	
Expected funds from Development Partners through GFF	**20.00**	
Total Program Financing	570.00	

CONTACT POINT

World Bank

Olumide Olaolu Okunola
Senior Health Specialist

Ritgak Asabe Sarah Tilley Gyado
Senior Health Specialist

Owen K. Smith
Lead Economist

Borrower/Client/Recipient

FEDERAL REPUBLIC OF NIGERIA
LYDIA JAFIYA
MRS
ps@fmof.gov.ng

Implementing Agencies

FEDERAL MINISTRY OF HEALTH
DAJU KACHOLLOM
MRS
kachiedaju@gmail.com

FOR MORE INFORMATION CONTACT

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

APPROVAL

Task Team Leader(s):	Olumide Olaolu Okunola, Ritgak Asabe Sarah Tilley Gyado, Owen K. Smith

Approved By

Practice Manager/Manager:	Jozefien Kathleen Erica Van Damme	23-Jul-2024
Country Director:	Ndiame Diop	16-Aug-2024