

Nigeria: Primary Healthcare Provision Strengthening Program (P504693)

# Concept Environmental and Social Review Summary Concept Stage

(ESRS Concept Stage)

Date Prepared/Updated: 04/12/2024 | Report No: ESRSC04240

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# I. BASIC INFORMATION

#### A. Basic Operation Data

Operation ID	Product	Operation Acronym	Approval Fiscal Year
P504693	Program-for-Results Financing (PforR)	NGR BHCPP	2025
Operation Name	Nigeria: Primary Healthcare Provision Strengthening Program		
Country/Region Code	Beneficiary country/countries (borrower, recipient)	Region	Practice Area (Lead)
Nigeria	Nigeria	WESTERN AND CENTRAL AFRICA	Health, Nutrition & Population
Borrower(s)	Implementing Agency(ies)	Estimated Appraisal Date	Estimated Board Date
FEDERAL REPUBLIC OF NIGERIA	FEDERAL MINISTRY OF HEALTH	31-May-2024	30-Jul-2024
Estimated Concept Review Date	Total Project Cost		
28-Mar-2024	500,000,000.00		

Proposed Development Objective

To support the Government of Nigeria improve access to, and utilization of quality primary health care services.

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

No

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# **C. Summary Description of Proposed Project Activities**

[Description imported from the Concept Data Sheet in the Portal providing information about the key aspects and components/sub-components of the project]

Nigeria is Africa's largest country (over 200 million people) and largest economy (nominal gross domestic product (GDP) of around USD405 billion in 2020). With an abundance of resources and a young and dynamic society, it has the potential to be a giant on the global stage. But with over 40 percent of its population (over 80 million people) in poverty, Nigeria is also among the countries with the largest number of people living below the poverty line. The HOPE Program aims to support the Governments program to achieve results in human capital development in Nigeria. The

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operation will be open to all the 36 states in Nigeria and the Federal Capital Territory (FCT). The planned operation will be managed through a sector-wide program with real or notional pooling of all available funds (Govt + DPs) and are expected to include the following: (i) a revamped approach to state allocation of funds, balancing equity and performance considerations; (ii) upgradation of public primary care facilities to ensure that 2 per ward (about 17,600 total) are ready to provide an essential package of mainly reproductive, maternal, neonatal, child and adolescent health (RMNCAH) services, with some NCD screening; the use of CHWs to improve knowledge, attitudes, and practices to increase enhanced home-based practices and increase demand for routine and skilled health care; (iii) an expansion of the existing decentralized facility financing (DFF) of certain variable costs; (iv) enhanced measurement of the quality of care, linked to performance incentives; (v) a significant expansion of the frontline/community health workforce to provide basic services at the community level and promote demand for facility services; (vi) revival of a conditional cash transfer program to boost demand for institutional deliveries and other priority services; (vii) strengthened referral services for key maternal and newborn health services in secondary facilities, including emergency transport; (viii) purchasing of CEMONC services from one public secondary facility per LGA (about 770 total) and eligible private facilities through a special intervention fund of NHIA; (ix) an enhanced emphasis on fiduciary oversight and program supervision, through the deployment of performance and financial management officers (PFMOs); and (x) strengthened data systems and deploying Digital in health technologies to strengthen health systems by improving quality of healthcare provision and data collation. Interventions at the broader health system level will aim to strengthen the supply chain for essential drugs in PHCs. The IPF Component will include activities such as engagement of Independent Verification Agent; TA for Quality of Care for Standards for Quality Improvement Program; TA for Drug Quality Assurance in empaneled providers and TA for Public Financial Management. Also for program coordination, implementation, policy development, and M&E (impact evaluation).

### D. Environmental and Social Overview

# **D.1 Overview of Environmental and Social Project Settings**

[Description of key features relevant to the operation's environmental and social risks and opportunities (e.g., whether the project is nationwide or regional in scope, urban/rural, in an FCV context, presence of Indigenous Peoples or other minorities, involves associated facilities, high-biodiversity settings, etc.) – Max. character limit 2,000]

The Nigeria Primary Healthcare Provision Strengthening Program (BHCPP) aims to improve access to and utilization of quality essential health care services in Nigeria. The program will be open to all 36 states in Nigeria and the Federal Capital Territory (FCT). Nigeria has the highest population in Africa, and the seventh highest in the world, with an estimated population size of 211,639,374. The country is divided into six geopolitical zones, which include 36 states and a Federal Capital Territory (FCT). There are 774 local government areas (LGAs) in Nigeria. The country has abundant human and natural resources, significant arable landmass, and other endowments, including mineral and natural resources. The Operation will be implemented in both urban and rural areas of Nigeria. Poverty in Nigeria exhibits significant geographic disparities. For instance, the poverty rate in the North East region (70.2%) is more than seven times higher than in the South West (9.7%). Additionally, the urban poverty rate (18%) is about a third of the rural poverty rate (52%). Education and health indices are low by all metrics. The health interventions of phase 2 operation will prioritize support at Primary Healthcare facilities, which are predominantly in rural area but also present in urban areas.

D.2 Overview of Borrower's Institutional Capacity for Managing Environmental and Social Risks and Impacts

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[Description of Borrower's capacity (i.e., prior performance under the Safeguard Policies or ESF, experience applying E&S policies of IFIs, Environmental and social unit/staff already in place) and willingness to manage risks and impacts and of provisions planned or required to have capabilities in place, along with the needs for enhanced support to the Borrower – Max. character limit 2,000]

The program will be implemented through the Ministry of Health (MoH). The MoH and its agencies; the National Primary Healthcare Development Agency (NPHCDA) at the Federal, State Primary Healthcare Development Agency (SPHCDA), and the National Health Insurance Authority (NHIA) have experience implementing World Bank-financed operations. Several health operations such as National State Health Investment Project (NSHIP) P120798, its Additional Financing P149966, Saving One Million Lives (SOML) P146583, Immunization Plus and Malaria Progress by Accelerating Coverage and Transforming Services (IMPACT) Project P167156, and the COVID-19 Preparedness and Response Project (P173980) and its AF (P177076) have been transformational in improving the primary health care services in Nigeria. Under these projects, the client's environmental and social systems were strengthened through capacity building on the Safeguards Policies and the ESF. The majority of the health projects have been implemented using the Safeguards Policies, except for P173980 and its AF P177076. Under the NSHIP operation, a healthcare waste management plan (HCWMP) was developed, and it is currently being implemented in the health sector in Nigeria. The Program Implementation Unit (PIU), responsible for the day-to-day functioning of the operation, is yet to be formed. However, when established, the PIU will employ an Environmental and Social specialists who will support the operation in managing Environmental and Social (E&S) aspects. The World Bank E&S specialist will provide additional ESF capacity support to the PIU to address ESF gaps during implementation.

#### II. SCREENING OF POTENTIAL ENVIRONMENTAL AND SOCIAL RISKS AND IMPACTS

# A. Environmental and Social Risk Classification (ESRC)

Low

#### A.1 Environmental Risk Rating

Low

[Summary of key factors contributing to risk rating, in accordance with the ES Directive and the Technical Note on Screening and Risk Classification under the ESF – Max. character limit 2,000]

Since the TA component focuses on institutional strengthening, minor procurements, and capacity building, the potential risks and impacts of these activities on the human population and the environment are likely going to be minimal or negligible. However, the activities may likely generate very low occupational health and safety risks from the transportation of goods and project personnel, e-wastes from procurement of electronic equipment and minor labour-related risks. To address these risks, the project will prepare labour management procedure (LMP) which will include an occupational health and safety (OHS) plan as an annex and adopt green procurement approaches. The environmental risk associated with the component can therefore be classified as low.

A.2 Social Risk Rating Low

[Summary of key factors contributing to risk rating, in accordance with the ES Directive and the Technical Note on Screening and Risk Classification under the ESF – Max. character limit 2,000]

At this concept stage, the activities covered by the TA component include strengthening the capacities of federal and state governments for program implementation, coordination, policy development, human resource management, hiring of IVAs, engagement of CSOs to support social accountability, minor procurements for consultancy services and monitoring and evaluation. Currently, the social risk is rated as Low, as the potential risks are associated with labour

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and working conditions. Nigeria's public sectors are governed by Public Service Rules (of 2008), which address labour and working conditions issues. However, Private entities that may be engaged to provide services are not covered by the public service rules. Thus, the Implementing Agency will identify guidance to ensure compliance with labour management procedures.

[Summary of key factors contributing to risk rating. This attribute is only for the internal version of the download document and not a part of the disclosable version – Max. character limit 2,000]

# B. Relevance of Standards and Policies at Concept Stage

## **B.1** Relevance of Environmental and Social Standards

ESS1 - Assessment and Management of Environmental and Social Risks and Impacts

Relevant

[Optional Explanation - Max. character limit 1,000]

The activities under this component are limited to strengthening the capacities of federal and state governments for program implementation, coordination, policy development, human resource management, and monitoring and evaluation. No civil works activities will be carried out under this TA component, which means that the risks and impacts on human populations and the environment are negligible. Potential E&S risks include Occupational Health Safety (OHS) travel-related risks and labour and working conditions risks, which will be addressed by preparing an LMP. The Bank team will provide the needed capacity building on the ESF implementation to the relevant Implementing Agency staff.

ESS10 - Stakeholder Engagement and Information Disclosure

Relevant

[Optional Explanation - Max. character limit 1,000]

The key stakeholders involved in the operation at this stage include the Federal/State Ministry of Health, the NPHCDA, SPHCDAs, national/State Health Insurance Agencies, the Ministry of Finance, State Governors, NGOs and CSOs. To address specific risks identified by stakeholders, such as the exclusion of specific beneficiaries in target areas, a Stakeholder Engagement Plan (SEP) will be established and made public. This plan will be updated as necessary. The Stakeholder Engagement Plan aims to establish a consistent approach to engage with stakeholders, take their feedback into account, provide practical tools for engagement, and ensure timely and transparent communication throughout the project lifecycle. Additionally, the project will provide a project-specific Grievance Redress and Feedback Mechanism for people to report concerns or complaints if they feel unfairly treated under the program.

**ESS2 - Labor and Working Conditions** 

Relevant

[Optional Explanation - Max. character limit 1,000]

Under the Technical Assistance (TA) program, two categories of workers are expected to be employed: direct workers and contracted workers. The direct workers, who will mostly be government employees, will be subject to the Public Service Rules. On the other hand, the contracted workers (e.g. IVAs) will be governed by mutually agreed terms of

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engagement/employment/contract, including all relevant codes of conduct and labour management procedures. This is to ensure that there is no potential risk of sexual harassment, sexual exploitation, or abuse. To address potential other risks related to labour and working conditions, an LMP will be developed and implemented. These procedures will include OHS procedures and a grievance mechanism for labour disputes.

ESS3 - Resource Efficiency and Pollution Prevention and Management

Not Currently Relevant

[Optional Explanation - Max. character limit 1,000]

ESS4 - Community Health and Safety

Not Currently Relevant

[Optional Explanation - Max. character limit 1,000]

ESS5 - Land Acquisition, Restrictions on Land Use and Involuntary Resettlement Not Currently Relevant

[Optional Explanation - Max. character limit 1,000]

ESS6 - Biodiversity Conservation and Sustainable Management of Living Natural Not Currently Relevant

Resources

[Optional Explanation - Max. character limit 1,000]

ESS7 - Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Not Currently Relevant

**Local Communities** 

[Optional Explanation - Max. character limit 1,000]

ESS8 - Cultural Heritage Not Currently Relevant

[Optional Explanation - Max. character limit 1,000]

ESS9 - Financial Intermediaries Not Currently Relevant

[Optional Explanation - Max. character limit 1,000]

**B.2 Legal Operational Policies that Apply** 

OP 7.50 Operations on International Waterways No

OP 7.60 Operations in Disputed Areas

### **B.3 Other Salient Features**

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Use of Borrower Framework In Part

[Optional explanation – Max. character limit 1,000]

Labour requirements

Use of Common Approach No

[Optional Explanation including list of possible financing partners – Max. character limit 1,000] Not applicable

# **B.4 Summary of Assessment of Environmental and Social Risks and Impacts**

[Description provided will not be disclosed but will flow as a one time flow to the Concept Stage PID – Max. character limit 5,000]

The environmental and social risks of the IPF component is rated Low since the anticipated risks and impacts are minimal due to the scope of the component. The Environmental and Social Commitment Plan (ESCP) will include activities to improve good labor management procedures, continuous stakeholder engagement throughout 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 to improve social accountability in the health sector intervention. Nigeria's public sectors in Education, Health, and Governance are governed by Public Service Rules, which address some labor and working conditions issues. However, private entities such as Consultants for IVAs or M&E that may be engaged to 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, Code of Conduct for preventing sexual exploitation, abuse, and sexual harassment, as well as grievance mechanisms.

## C. Overview of Required Environmental and Social Risk Management Activities

# C.1 What Borrower environmental and social analyses, instruments, plans and/or frameworks are planned or required by Appraisal?

[Description of expectations in terms of documents to be prepared to assess and manage the project's environmental and social risks and by when (i.e., prior to Effectiveness, or during implementation), highlighted features of ESA documents, other project documents where environmental and social measures are to be included, and the related due diligence process planned to be carried out by the World Bank, including sources of information for the due diligence - Max. character limit 3,000]

Preparation of an Environmental and Social Commitment Plan (ESCP) by Appraisal

Preparation, consultation and disclosure of a draft Stakeholder Engagement Plan (SEP), including information disclosure and GRM by appraisal

Preparation of Labor Management Procedures (LMP) during implementation

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# **III. CONTACT POINT**

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# IV. FOR MORE INFORMATION CONTACT

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V. APPROVAL

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