



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

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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	02-Aug-2024	26-Sept-2024
Estimated Decision Review Date	Total Project Cost		
30-Jul-2024	570,000,000.00		

Proposed Development Objective

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

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

C. Summary Description of Proposed Project Activities

Nigeria is Africa's largest country (over 200 million people) and largest economy (nominal gross domestic product (GDP) of around US\$405 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 operation will be open to all the 36 states in Nigeria and the Federal Capital Territory (FCT). The planned Program will be managed through a sector-wide program pooling funds (Government and Development Partners) and aims to providing cost effective essential benefit package of services focusing on reproductive health, maternal care and nutrition, childhood illnesses, and non-communicable disease screening. A discrete package of promotive, preventive, and simple curative interventions will be delivered at the community level, complementing facility-based primary health care services. The estimated cost of achieving full coverage of 57 primary care services under the Basic Health Care Provision Program (BHCPP) is US\$14 per capita annually, more than currently available government resources. Achieving this goal will therefore require careful consideration of the pace of the planned scale-up and of service priorities. To consolidate investments, the BHCPP proposes to: (i) expand Primary Health Centers (PHCs) from one per ward to a population-responsive distribution of two per ward, on average, with a total of over 17,000 nationwide; and (ii) support the implementation of Basic and Comprehensive Emergency Obstetric and Newborn Care (BEmONC and CEmONC), including one CEmONC per Local Government Area (LGA), for a total of 774, and an equitable distribution of Tier 2 BEmONC facilities linked to each of the CEmONC facilities. The BHCPP leverages the opportunity to strengthen emergency medical response in rural areas by addressing transportation barriers. In addition, the BHCPP includes plans for workforce strengthening, including investments in training curricula, to address personnel gaps and improve competency and skills. The BHCPP will leverage digital health to create an integrated ecosystem and supports the development of a digital backbone, ensuring interoperability and data exchange. The IPF Component will mainly finance technical assistance (TA) that support the achievement of Program results, including: maternal mortality reduction innovation initiative to support pilot interventions to address maternal mortality in high-burden states; the hiring of an Independent Verification Agency; the design, procurement, and deployment of a federated digital-in-health enterprise architecture; operationalization of the public health fellows' program; and a platform for coordinated TA to support Program implementation. The IPF component will provide support to both national and subnational entities.

D. Environmental and Social Overview

D.1 Overview of Environmental and Social Project Settings

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 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

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.

A National Program Coordinating Unit (NPCU) will be established at the Federal level. The NPCU will be responsible for the day-to-day functioning of the operation, is yet to fully formed. However, when established, the NPCU will employ one Environmental and one Social specialist who will support the operation in managing Environmental and Social (E&S) aspects. The Program implementation at the state level will be domiciled with the BHCPF through a State Oversight Committees (BCPPF-SOCs). Each SOC will also engage Environmental and Social Officers. The World Bank E&S specialists will provide additional ESF capacity support to the NPCU/SOC to address ESF gaps during implementation.

II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC) Low

A.1 Environmental Risk Rating Low

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 and solar 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



The activities covered by the TA component include Operationalization of the Maternal Mortality Action Fund (MAMA Fund) which will support interventions critical to ending preventable maternal, newborn, and infant deaths including midwifery; emergency obstetric and newborn care; maternal and perinatal death surveillance and response; obstetric fistula and other obstetric morbidities; digital capabilities and technologies. The MAMA innovation fund will be managed through a competitive process to be established by the NPCU. Other activities include strengthening the capacities of federal and state governments for program implementation, human resource management, hiring of IVAs, deployment of digitalized architecture to improve health systems management, coordination activities to strengthen the SWAp platform. Currently, the social risk is rated as Low. The potential risks are associated with misuse or misallocation of the MAMA funds, issues associated with labor and working conditions, and data protection issues. Nigeria's public sectors are governed by Public Service Rules (2008), which address issues of labour and working conditions. However, public service rules do not cover Private entities that may be engaged to provide services. Thus, the Implementing Agency will identify guidance to ensure compliance with labour management procedures.

B. Environment and Social Standards (ESS) that Apply to the Activities Being Considered

B.1 Relevance of Environmental and Social Standards

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

Relevant

The activities under this component are limited to Operationalization of the MAMA Fund which will support interventions critical to ending preventable maternal, newborn, and infant deaths, strengthening the capacities of the federal and state governments for program implementation and coordination. Other activities include the developing of digital platforms to improve health systems activities to be executed in the Program, and IVA monitoring activities. 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, data protection issues if identities are misused, which this can pose additional social risk. Other risks include those associated with misuse or misallocation of the MAMA funds. It is critical that the NPCU ensures that the allocated funds are distributed to the intended use in a secure and efficient manner, with proper oversight to prevent any misuse or misallocation. In line with the World Bank's Environmental and Social Framework (ESF), an Environmental and Social Commitment Plan (ESCP) has been prepared and will be disclosed before completion of appraisal. A Stakeholder Engagement Plan (SEP) has been developed and will be finalized, disclosed and adopted by Appraisal.

ESS10 - Stakeholder Engagement and Information Disclosure

Relevant

Stakeholder engagement is a critical tool for social and environmental risk management and project sustainability. The currently identified stakeholders include Federal/State Ministry of



Health, the NPHCDA, SPHCDA, national/State Health Insurance Agencies, BHCPF, the Ministry of Finance, State Governors, NGOs and CSOs. In consultation with the Bank, the client prepared and implement an inclusive Stakeholder Engagement Plan (SEP) proportional to the nature and scale of the project and associated risks and impacts. The SEP will be updated and disclosed by completion of Project appraisal. The client will seek stakeholder feedback and opportunities for proposed future engagement, ensuring that all consultations are inclusive and accessible (both in format and location) and through channels that are suitable in the local context. If major changes are made to the SEP, a revised SEP will be publicly disclosed as soon as possible. The objective is to establish a systematic approach for stakeholder engagement, maintain a constructive relationship with stakeholders, considering stakeholders' views, promote and provide means for effective and inclusive engagement with interested parties throughout the project life cycle, and ensure that appropriate project information is disclosed to stakeholders in a timely, understandable, accessible and appropriate manner. The project will ensure a Grievance Redress Mechanism (GRM) is in place for people to report concerns or complaints, if they feel unfairly treated or are affected by any of the Project's activities.

ESS2 - Labor and Working Conditions

Relevant

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 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

Not relevant

ESS4 - Community Health and Safety

Not Currently Relevant

Not relevant

ESS5 - Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

Not Currently Relevant

Not relevant

ESS6 - Biodiversity Conservation and Sustainable Management of Living Natural Resources

Not Currently Relevant



Not relevant

ESS7 - Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

Not Currently Relevant

Not relevant

ESS8 - Cultural Heritage

Not Currently Relevant

Not relevant

ESS9 - Financial Intermediaries

Not Currently Relevant

Not relevant

B.2 Legal Operational Policies that Apply

OP 7.50 Operations on International Waterways

No

OP 7.60 Operations in Disputed Areas

No

B.3 Other Salient Features

Use of Borrower Framework

In Part

The direct labour force (government staff) will be governed by the Civil Service Procedure of the country which are robust to address labour related issues. The contracted workers (e.g. IVAs) will be governed by mutually agreed terms of engagement/employment/contract, including all relevant codes of conduct and labour management procedures under the ESF.

Use of Common Approach

No

Not applicable

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 implementation?

- Preparation of Labor Management Procedures (LMP) during implementation
- Preparation of Annual Environmental and Social Risk Assessment
- Develop Environmental and Social Screening checklist to be utilized during implementation stage to screen Project activities and implement appropriate instruments. For low and moderate risk projects, an Environmental and Social Code of Practice will be developed.



III. CONTACT POINT

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