



Additional Financing Appraisal Environmental and
Social Review Summary
Appraisal Stage
(AF ESRS Appraisal Stage)

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BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Niger	AFRICA WEST	Republic of Niger	Ministry of Public Health, Population and Social Affairs
Project ID	Project Name		
P178894	Niger COVID-19 Emergency Response Project- Second Additional Financing		
Parent Project ID (if any)	Parent Project Name		
P173846	Niger COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	5/12/2022	6/15/2022

Proposed Development Objective

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

Financing (in USD Million)	Amount
Current Financing	13.95
Proposed Additional Financing	26.70
Total Proposed Financing	40.65

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

Yes

C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]



The Niger proposed project is aligned to the country COVID-19 preparedness and response plan that amounts to US\$175 million, out of which the World Bank is financing US\$13.9 million. The World Bank support will focus on strategic activities that will provide a platform for all donors and interventions. The World Bank’s support will aim to align the many actors responding to the COVID-19 pandemic in Niger to promote synergies, complementarity and efficiency. The proposed project will consist of three components: Component 1: Emergency COVID-19 Response; Component 2: Communication campaign, community engagement and Behavior change; Component 3: Implementation Management and Monitoring and Evaluation.

D. Environmental and Social Overview

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

The project covers all eight regions of Niger. Climatically, Niger is characterized by a tropical Sahelian climate that alternates between two seasons, a long dry season from October to May and a short rainy season from June to September. It is one of the hottest regions in the world. In 2020, Niger population was about twenty million six hundred and fifty one thousand and seventy (22,752,385), which is a density of 17.95 inhabitants/Km² (INS, 2020). This population is extremely young (more than 45% are under 20 years old), with a slight predominance of women (11,444,184 women compared to 11,308,201 men) and a predominantly rural population (85%).

On the health side, the combination of numerous efforts has resulted, between 2016 and 2017, by an increase number of institutions providing care (referral centers, public and private health facilities), from 3921 health facilities in 2016 to 4025 in 2017. However, health coverage is still low even though it has increased slightly from 47.4% in 2015 to 50.1% in 2017 which means population that are located within five (5) kilometers of a health center.

Overall, the health system in Niger remains weak and insufficiently equipped (infrastructures, materials, staff) to meet the needs of the population, with inequitable coverage marked by a strong disparity between urban and rural areas. This lack of infrastructure at the decentralized level is compounded by an inequitable distribution of health workers. Doctors and nurses density is well below the needs and well below the SSA average. The COVID-19 pandemic have increased the demand for health services, which need critical inputs, including essential drugs, beds, and equipment, as well as personal protective equipment (PPE) and infection control supplies (IPC).

D. 2. Borrower’s Institutional Capacity

Under the parent project, the Ministry of Public Health, Population and Social Affairs (MOPHPSA) is the implementing agency for the parent project and the Fonds Commun pour la santé (FCS– Donors pooled funds for the health sector) is the project implementation Unit (PIU) under the MOPHPSA. However, for the 2nd AF, a new specific Project management unit (PMU) for WB financed projects will be established and used for this project. Key personnel from the old PIU will transition to this new PMU, including E&S specialists; a gender based violence specialist and a new coordinator will be recruited. The MoPHPSA will remain the implementation agency of the second AF. The multi-sectoral Committee will continue to provide strategic leadership, and the REDISSE Steering Committee established under the Regional Disease Surveillance Enhancement III Project will provide project implementation strategic guidance, and approve the Annual Work Plans and Budgets. In terms of environmental and social capacity, staff have worked on ESF requirements throughout the implementation of parent project and AF 1, improving their skills and knowledge, including on biomedical waste management; the performance is deemed satisfactory based on recent supervision. Relying on existing staff will ensure continuity for the second AF project implementation.

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



A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

The 2nd AF project will have net positive environmental and social impacts, as it will help contain the disease via the procurement and delivery of vaccines in project intervention areas, risk communication, mass communication for vaccine uptake, the capacity development of health professionals involved in vaccine delivery and management, the administration of vaccines to target populations, and monitoring and evaluation. Activities under the AF2 should have positive impacts as it will increase the country's vaccine supply capacity and strengthen the capacity of health facilities and staff to manage COVID-19 cases through the control of COVID-19 vaccination. However, the availability of products and the capacity of health facilities and staff to use them in treatment will increase the production of biomedical waste, which, when not well managed, could constitute a risk to the environment and public health due to the dangerous nature of this waste as well as the equipment used in the activities supported by the project. These risks will be mitigated with occupational health and safety standards and specific infectious-control strategies, guidelines and requirements, as recommended by the World Health Organization (WHO) and Centers for Disease Control and Prevention. Effective administrative and infection and engineering controls will be put in place to minimize these risks. Climate can affect the trajectory of the COVID-19 pandemic and impact groups that are most susceptible to the virus, including healthcare workers, the elderly, those with pre-existing conditions, people with disabilities and other disadvantaged groups. These vulnerabilities will be addressed through targeting and improving the health care interventions described above, as well as the surveillance monitoring.

Social Risk Rating

Substantial

Social risk for the 2nd AF remains substantial due to the possibility of exclusion from vaccination due to discrimination in vaccine distribution, vaccine hesitancy and/or elite capture which, in turn, could result from broader misinformation and public distrust. Additional risk of exclusion of vulnerable groups such as the elderly, illiterate or remote communities exists. This could be further aggravated by the volatile security situation. Other potential social risks include the potential for reprisals and retaliation, especially against healthcare workers and researchers related to both suspicion of the motives and legitimacy of the vaccinators and the vaccine itself, as well the SEA/SH risk, which has been determined to be substantial for the COVID-19 parent and the 1st AF, especially with regard to planned rehabilitation activities and vaccine deployment-related initiatives.

Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) Risk Rating

Substantial

An SEA/SH risk screening was conducted using the World Bank SEA/SH HEALTH Risk Screening Tool, and the risk is deemed to be substantial. The screening considered both context and project-specific risks; some contextual risk factors include the high prevalence of GBV in Niger, high score of poverty in the proposed areas of project implementation which may exacerbate the risks of transactionality, the humanitarian situation and COVID pandemic which increases risks of GBV and the scarcity of GBV response services, particularly in rural areas. Examples of project-driven risks include the risks associated with the vaccination campaigns: vaccine sites may pose gender-related security risks, particularly if there is a lack of gender balance in the vaccination team. The targeted populations include members from low-income households, migrant, refugee and IDPs populations; these social groups could be more vulnerable to the risks of sex transactionality to access vaccines/medicine or vaccination cards (the latter being particularly relevant for migrant populations who are often deprived of any official/civil documents). In addition to this, the project activities will be implemented in remote and hard-to-access areas, which present greater challenges for supervision and therefore a higher risk of potential abuse and under-reporting of problems. For

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instance, female healthcare workers involved in the vaccination access and campaigns in remote and unsupervised areas could be subjected to SH perpetrated by male co-workers and encounter challenges to report those cases. The PIU's limited expertise and capacity in designing and implementing adequate SEA/SH prevention and mitigating strategies constitutes an additional risk.

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

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

The parent project and the two AF projects will have positive environmental and social impacts as they are expected to improve surveillance, monitoring, containment, and response to COVID-19 in accordance with WHO and GIIP, as well as prepare the country for future health emergencies. However, the availability of the products and the ability of health care facilities and personnel to use them in treatment will increase the generation of biomedical waste that, when not properly managed, could pose an environmental and public health risk. The main environmental issues are related to: (a) OHS issues related to the testing and handling of supplies, transportation and storage of vaccines, etc., during treatment to a large extent; OHS issues are also related to the use of new trucks, ambulances and vehicles for supervision, but also to the availability and supply of PPE for health workers and the logistical challenges of transporting PPE across the country in a timely manner; (b) the generation and management of health care waste (particularly the handling of highly infectious medical waste such as COVID-19); and (c) community health and safety issues related to the handling, transportation, and disposal of hazardous and infectious medical waste, as well as the disposal of medical supplies and specimens and the rehabilitation of health centers. As no civil works are planned, the environmental risks associated with these works are expected to be minor and easily mitigated. The ESMF of the parent project, which will be updated by 2nd AF appraisal, as well as the Infection Control and Waste Management Plan (ICWMP) that was updated during the 1st AF, describe in a comprehensive way the measures to manage the different impacts that will be generated by the activities of the 2nd AF. Specific ESMP will also be carried out throughout the implementation of the AF to manage specific activities impacts such as incinerators and oxygen production plants acquisition, installation and operationalization, etc.

ESS10 Stakeholder Engagement and Information Disclosure

The proposed project will continue to support a communication, mobilization and community engagement campaign to raise public awareness and public knowledge on the prevention and control of COVID-19 in the general population and contribute to strengthening the capacities of community structures in promoting coronavirus prevention messages. The parent project's Stakeholder Engagement Plan (SEP), which applies to the 1st AF and the 2nd AF, has been updated to include information disclosure clauses with clear and accessible messaging on the safety of vaccines, principles of fair, equitable and inclusive vaccine access and allocation, and rationale for prioritizing certain groups. The SEP also identifies a number of vulnerable groups such as the elderly, illiterate and people in remote areas of the country who will continue to be targeted through special outreach efforts in the vaccination and accompanying communication campaigns. Niger's Ministry of Public Health has extensive experience in stakeholder engagement



and outreach, which has been strengthened further as part of the COVID-19 risk communication campaign. The GM for the parent project has been operational for several months. While the number of actual complaints have been low (the main activity so far has been the procurement of medical supplies and equipment), the numbers may increase during vaccination campaign. In this context, the GM has been expanded in the updated SEP to include specific procedures to ensure the ethical and confidential management and resolution of SEA/SH claims. The complaints received to-date have not been linked to the project activities.

B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

A labor management procedure (LMP) was developed for the parent project and updated to reflect the AF activities arising from activities linked to vaccination. The LMP includes provisions that respond to the specific health and safety issues posed by COVID-19 and protect workers' rights, as set out in ESS2. As such, the LMP identifies the main categories of project workers—primarily health care workers and construction personnel involved in the renovation of health facilities. They prohibit child and forced/conscripted labor and incorporate procedures to guarantee the protection of workers in relation to precautions for infection control. The LMP provides both immediate and ongoing training in these procedures to all categories of workers, and it stipulates adequate OHS protections be taken in accordance with general Environmental Health and Safety Guidelines (EHSGs) and industry-specific EHSGs, following evolving international best practice in relation to protection from COVID-19. Finally, the LMP includes a grievance mechanism (to allow workers to inform management of labor issues quickly), and it contains specific procedures to ensure the ethical and confidential management and resolution of SEA/SH claims, including the timely referral of survivors to appropriate support services. The LMP update strengthens mitigation measures against SEA/SH risks by including other actions, such as ensuring that workers and other personnel sign-off on training in community sensitization on SEA/SH and Codes of Conduct, in addition to installing sex-segregated facilities that are secure, lockable and well-lit on the work site for female and male personnel

ESS3 Resource Efficiency and Pollution Prevention and Management

This standard is relevant. The activities of the parent project and the 1st AF currently being implemented will be intensified with the 2nd AF, which will increase the generation of hazardous medical waste, such as sharps, syringes, vials, packaging, PPE, and other medical equipment, all of which are potentially contaminated with infections. These wastes, when not properly managed, pose risks of contamination of soil and water bodies. Health personnel, patients attending health facilities, and some neighboring populations may also be at risk of contamination from COVID-19 and other pathogens. With the 2nd AF, Niger will increase the immunization campaigns already underway, bringing it to the limits of its capacity. Gaps and shortcomings exist, particularly in the primary care sector where resources for health care waste management and health care worker awareness are not sufficiently adequate. Given the highly contagious nature of coronavirus infection, an Infection Control and Waste Management Plan (ICWMP) has been prepared under the 1st AF and validated by the Regional Safeguarding Advisor. The implementation of this plan will make it possible to control the risks related to health care waste, particularly in the centers that have received support from the covid projects. Training in Infection Prevention and Control (IPC) was provided to 1,300 agents in all integrated health centers in Niger. Incinerators of appropriate capacity for disinfection, safe transport and disposal of



health care waste are being procured to cover selected immunization centers/sites, with special attention to lower level and/or remote health care facilities, which may not be adequately equipped. The COVID-19 national response plan has already identified the national need for incinerators. Other partners such as the European Union are providing support in this regard. With the additional funding, complementarity will be established to fill the gaps. Based on the Infection Control and Waste Management Plan (ICWMP), each immunization center, or group of centers in a given geographic area, has prepared a site-specific medical and waste management plan in accordance with the guidelines provided in the updated CGES, as well as the WHO COVID-19 immunization guidance documents and the World Bank Group EHS for Waste Management Facilities and Other Good Industrial and International Practices (GIIP), in order to prevent or minimize accidental infections from environmental contamination. Also planned is the creation of three specific waste areas for better control of waste. The 2nd AF-funded activities that may present environmental and social risks will be addressed in the Environmental and Social Management Framework (ESMF), which will be updated accordingly, consulted and disclosed. The ESMF will include guidelines for the transportation and management of vaccines, medical samples and supplies, and expired chemicals in distribution centers and health facilities. Routine hospital infection control protocols will be reinforced, as appropriate, using the WHO guidelines on environmental infection control in medical facilities and any other COVID-specific guidelines under development.

ESS4 Community Health and Safety

Community safety from COVID-19 infection is a central component of the project. Medical and general waste from laboratories, health centers, and quarantine and isolation facilities is likely to carry microorganisms that could infect the entire community if not properly managed. The ESMF and the attached Infection Control and Waste Management Plan and SEA/SH Action Plan describe: (i) how project activities are to be conducted in a safe manner with a low incidence of accidents and incidents in accordance with GIIP (WHO guidelines); (ii) measures to prevent/minimize the risks of SEA/SH; (iii) emergency preparedness measures; and (iv) monitoring of negative impacts and side effects of vaccines on vaccine recipients. Vaccination against COVID-19 is voluntary, a fact that will be reflected in the National Vaccination and Deployment Plan (NVDP) and its associated protocols (under development). The Ministry of Public Health has the capacity to manage adverse events following vaccination (AEFI). ESMF prepared under the parent project and updated under the 1st AF includes good practice measures to ensure quality control of vaccines during storage and transport throughout the country. The Ministry of Health will closely monitor potential side effects of vaccines. Laboratories, quarantine and isolation centers, and testing stations will be required to follow respective procedures with an emphasis on proper management of waste contaminated materials, as well as protocols for transporting samples, and cleaning health facilities before leaving the workplace to return to their communities. Niger has adequate storage capacity to process routine vaccines at temperatures between 2°C and 8°C, and should not receive COVID vaccines requiring an ultra-cold chain.

Some project activities may result in SEA and SH risks. Because the project has been classified as having a substantial risk of SEA/SH, an SEA/SH Action Plan has been prepared and is attached to the ESMF that incorporates an accountability and response framework, which will include, among other things, a worker code of conduct, worker and community training and awareness, and adaptation of the project's GMP to ensure ethical and confidential management and resolution, including timely service referrals, of SEA/SH claims. The parent project and the 1st AF do not include the use of security forces and the same is envisaged for the 2nd AF. However, the MOH will conduct a prior review of security measures that may be in place throughout the supply chain and if security personnel are



contemplated at any point during the vaccine deployment, the ESMF will be updated with a risk assessment and relevant mitigation measures.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

n/a

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

n/a

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

n/a

ESS8 Cultural Heritage

n/a

ESS9 Financial Intermediaries

n/a

B.3 Other Relevant Project Risks

This project may be implemented in FCV contexts especially in the Tillaberi, Diffa and Tahaoua regions. These areas face on-going attacks by armed groups against government facilities, Niger Armed Forces (FAN), foreign military forces (Barkhan) and civilians. As a result, it should be noted that the contextual risks may outweigh the direct project risks and they cannot be entirely mitigated. It will be difficult to adequately supervise the activities that will be implemented in the insecure areas and there is a risk that project implementation could be interrupted by violence or conflict.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework? No

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Areas where “Use of Borrower Framework” is being considered:

n/a

IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: Republic of Niger

Implementing Agency(ies)

Implementing Agency: Ministry of Public Health, Population and Social Affairs

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Cedric Ndizeye
Practice Manager (ENR/Social)	Maria Sarraf Cleared on 25-Apr-2022 at 11:08:9 GMT-04:00

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