



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 18-May-2022 | Report No: PIDA34000

**BASIC INFORMATION****A. Basic Project Data**

Country Niger	Project ID P178894	Project Name Niger COVID-19 Emergency Response Project- Second Additional Financing	Parent Project ID (if any) P173846
Parent Project Name Niger COVID-19 Emergency Response Project	Region Western and Central Africa	Estimated Appraisal Date 10-May-2022	Estimated Board Date 15-Jun-2022
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Republic of Niger	Implementing Agency Ministry of Public Health, Population and Social Affairs

Proposed Development Objective(s) Parent

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

Components

Component 1: Emergency COVID-19 Response

Component 2: Communication campaign, community engagement and Behavior change

Component 3: Implementation Management and Monitoring and Evaluation

PROJECT FINANCING DATA (US\$, Millions)**SUMMARY**

Total Project Cost	26.70
Total Financing	26.70
of which IBRD/IDA	26.70
Financing Gap	0.00

DETAILS**World Bank Group Financing**

International Development Association (IDA)	26.70
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IDA Credit	13.35
IDA Grant	13.35

Environmental and Social Risk Classification

Substantial

Other Decision (as needed)

B. Introduction and Context

Country Context

1. **This Project Paper seeks the approval of the World Bank’s Regional Vice President to provide an International Development Association (IDA) to provide a Second Additional Financing (AF2) in the amount of US\$26.7 million (US\$13.35 million equivalent- IDA credit; US\$13.35 million equivalent – IDA grant).** The AF2 will support the costs of expanding activities of the Niger COVID-19 Emergency Response Project (ERP) - (P173846) under the COVID-19 Strategic Preparedness and Response Plan (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the Board on April 2, 2020, and the vaccines AF to the SPRP approved on October 13, 2020¹. The primary objectives of the AF are to ensure effective vaccine deployment in the Niger through vaccination system strengthening and to further strengthen the health system while focusing on pandemic preparedness and the COVID-19 emergency response. The Niger COVID-19 ERP in the amount of US\$13.95 million was approved on April 13, 2020, under the SRP.

2. **The need for additional resources to expand the COVID-19 response was formally conveyed by the Government of Niger (GoN) in the letter Ref. N° 000629/MP/DGPD/DP dated November 3, 2021.** The proposed second AF will form part of an expanded health response to the pandemic, which is being supported by development partners under the coordination of the GoN. Additional World Bank financing will provide essential resources to enable the expansion of a sustained and comprehensive pandemic response that will appropriately include vaccination in Niger. In particular, AF2 will help facilitate the deployment of available COVID-19 vaccines acquired through the COVID-19 Vaccines Global Access Facility (COVAX) and other mechanisms, by improving storage, distribution, and cold-chain capacity. It will also support efforts to generate further demand for COVID-19 vaccination, focusing especially on communication and community engagement, as well as improving vaccination service delivery by

¹ The Bank approved a US\$12 billion WBG Fast Track COVID-19 Facility (FTCF or “the Facility”) to assist IBRD and IDA countries in addressing the global pandemic and its impacts. Of this amount, US\$6 billion came from IBRD/IDA (“the Bank”) and US\$6 billion from the International Finance Corporation (IFC). The IFC subsequently increased its contribution to US\$8 billion, bringing the FTCF total to US\$14 billion. The Additional Financing of US\$12 billion (IBRD/IDA) was approved on October 13, 2020 to support the purchase and deployment of COVID-19 vaccines as well as strengthening the related immunization and health care delivery system.



rehabilitating and/or further equipping both fixed and mobile vaccination sites. The proposed AF2 will also expand infection prevention and control (IPC) activities and medical waste management services and ensure essential health services are maintained and that the quality of care is improved through health facility rehabilitation, equipment and installation of medical oxygen production units. The country is providing free of cost vaccination to the population.

3. **Latest COVID-19 situation in the country.** Niger registered its first COVID-19 case on March 19, 2020, and as of April 24, 2022, there were 8,914 cases and 309 cumulative deaths (see figure 1 below). At the beginning of the pandemic, Niger moved quickly to contain the spread of the disease. to the country provided financial support to impacted households and businesses and prepare a national vaccination strategy. Niger is currently on the downslope of its third wave (due to omicron), which reached a peak of more than 126 daily cases at the end of December 2021. While the peak in cases was higher than in the previous waves, hospitalization numbers were lower, and the interval of the peak was narrower. On the vaccination side, response measures must be reinforced as the rate is still low. Although the Covid-19 pandemic is generally under control, the low vaccination rate remains a significant challenge for controlling the disease. Niger is off track on its vaccination plan, only 6 percent of the total populations is fully vaccinated (1,540,747 people) against the national target of 42.8 percent of the total population vaccinated (18 years of age and older) by end June 2022. The NDPV, which is currently being revised to include children from 12, plans to target 14,833,403 people (58.41% of the total population).

Sectoral and Institutional Context

4. **The PDO of the parent project and this second AF is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.** The parent project includes the components as listed below and summarized in Annex 4 (detailed description of the parent project can be found [here](#)². The parent project includes the following components: (i) Component 1. Emergency COVID-19 Response, (ii) Component 2. Communication campaign, community engagement and Behavior change, and (iii) Component 3: Implementation Management and Monitoring and Evaluation. This project is a scale-up of these components and will not add any new activities or components.
5. **The Ministry of Public Health, Population and Social Affairs (MOPHPSA) is the implementing agency for the parent project.** There are no new changes in implementation agency arrangements.

C. Proposed Development Objective(s)

Original PDO

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

Current PDO

² <https://documents1.worldbank.org/curated/en/933211625728715228/pdf/Niger-COVID-19-Emergency-Response-Project-Additional-Financing.pdf>



Key Results

D. Project Description

6. **The changes proposed for the AF2 entail expanding the scope of activities in the parent project Niger COVID-19 ERP (P173846) and first AF (P176345).** As the proposed activities to be funded under the AF2 for Niger are aligned with the original PDO, the PDO would remain unchanged.
7. The content of the components and the Results Framework of the parent project and first AF are adjusted to reflect the expanded scope under the second AF. The total project amount will be increased from US\$43.15 million to US\$69.85 million. The project closing date remains the same as December 31, 2024. The implementation arrangements will be changed by establishing a new PIU.

(i) Proposed Changes to Components

8. Through **Component 1 (total US\$61.35 million equivalent, of which AF2 23.80 million equivalent)**, the proposed second AF will continue to support the reinforcement of the health system to prevent, detect, and treat COVID-19 cases.
9. **Subcomponent 1.1: Early case detection, laboratory confirmation, contact tracing, Recording and Reporting (parent project: US\$ 4.60 million, AF1: US\$ 0.50 million, AF2: US\$2.00 million).** Building on the parent project and AF1 that supported strengthening diagnostic testing in Niger, the **proposed AF2 will continue to support the lab capacity strengthening activities for COVID-19 and other diseases, including climate sensitive diseases.** The AF will continue to support vaccine surveillance and expand testing acquisition and distribution of lab testing equipment and supplies, and testing and case management, for selected health facilities and laboratories. This support will also complement activities already funded through the REDISSE III Project (P161163) to strengthen the national laboratory system.
10. **Subcomponent 1.2: Essential Health Services supplies (parent project: US\$ 5.45 million, AF1: US\$ 2.00 million, AF2: US\$13.80 million)** will continue to support strengthening the public health system to provide optimal medical care, maintain essential community services, and minimize risks for patients and health personnel, including training health facilities staff and frontline workers on risk mitigation measures and providing them with the appropriate protective equipment and hygiene materials. The parent project and AF1 supported the procurement and installation of a PSA plant and oxygen supply system at a central hospital and the supply of oxygen cylinders to neighboring district hospitals.



11. The **AF2 will support:** (i) provision of oxygen plants (procurement and installation of oxygen supply systems), (ii) diagnostic, imaging equipment and resuscitation equipment; (iii) equipment to enhance case management³ ; (iv) fuel-efficient ambulances/vehicles, (v) procuring incinerators and equipment for waste handling and support institutional set up for their management and maintenance ; (vi) procurement of equipment for rehabilitation of health facilities; (vii) training of health care workers on rehabilitation of post COVID-19 disorders, and in cardio-pulmonary management of COVID-19 patients respectively and (viii) training of biomedical technicians/engineers to produce and manage the PSA plant, and health workers on the proper provision of oxygen therapy.;
12. **Subcomponent 1.3: Social Support Households (parent project: US\$ 0.50 million)** will not receive financing under this AF2.
13. **Subcomponent 1.4: Supporting COVID-19 vaccine acquisition, planning and distribution would be scaled up (parent project: US\$ 0.00 million, AF1: US\$ 24.50 million, AF2: US\$8.00 million).** This AF2 will not support procurement of eligible COVID-19 vaccines, as there is adequate financing available under AF1. The AF2 will continue to support the preparation and scaling up of COVID-19 vaccines deployment in the country. The AF2 will extensively support service delivery at the sub-national level, with a focus on : (i) district and sub-district levels microplanning; (ii) support set up of “vaccinodromes” sites that are geared towards increasing uptake; (iii) administration of COVID-19 vaccination, including payment of field allowances for volunteers and vaccination teams, fuel and transport; (iv) procurement of motorbikes and their maintenance; (vii) procurement of vaccination supplies⁴ and PPE; (viii) procurement of additional energy-efficient ultra-cold freezers to store COVID-19 vaccines that require storage up to -90 degrees Celsius; and (ix) rehabilitation of health facilities and construction of additional climate-sensitive cold rooms and procurement of the cold rooms’ energy-efficient transformers and inverters. (x) waste management; (xi) AEFIs monitoring; (xii) monitoring for vaccine safety; (xiii) COVID-19 vaccination data management.
14. **The Component 2: (total US\$ 3.00 million equivalent, of which AF2 US\$ 1.00 million equivalent),** To build overall confidence in vaccination to lead to greater utilization of COVID-19 and other vaccines, the AF2 will continue to expand and adapt the community-centered communication and outreach interventions. This will help to increase awareness and “vaccine literacy,” and build trust in the COVID-19 and other vaccines and dispel myths and misinformation. Activities will include expanding a combination of original project and AF1 activities.
15. **Activities under Component 3: Implementation management and monitoring and Evaluation (total US\$4.50 million equivalent, of which AF2 US\$1.90 million equivalent) will continue to support** (i) establishment of a digital vaccination platform for the management of the vaccination process and

³ Digital health and diagnostic equipment (CT scanner, Magnetic Resonance Imaging (MRI), digital X-ray machines, ultra sound machines) for improved COVID-19 case detection as well as overall improvement in disease detection and case management.

⁴ Ancillary supply kits that may include needles, syringes, and alcohol prep pads.



the management of surveillance and pharmaco-vigilance data and monitoring, which will improve data collection, analysis, reporting, use of data for action and decision making, and provide online access to vaccination cards for the population, (ii) training, and recruitment of personnel to provide technical assistance for the digital vaccination platform being established, (iii) standardization of COVID-19 medical records and training of health care workers in management and use of standardized records, and (iv) improved implementation of the ESCP and ongoing supervision and management of safeguard requirements by the district teams beyond the life of the project.

(ii) Financing Arrangements

16. **The increase in scope will be reflected in an increase in indicative component allocation from US\$43.15 million to US\$69.85 million**, with the full amount of the second AF being added under Components 1 and 3. Allocation to Component 1 (Emergency COVID-19 response) will be about 23.8 million to reflect the additional financing made available to reflect continued COVID-19 case detection, health system strengthening, as well as vaccine acquisition and deployment. Allocation to Component 2 (communication campaign, community engagement and behavior change) will be US\$ 1 million to support community engagement to debunk vaccine misinformation. Allocation to Component 3 (implementation management and monitoring and evaluation) will be US\$ 1.9 million with a focus on supporting the management and implementation of the vaccine deployment, the establishment of a digital vaccination platform for the management of the vaccination process and the management of surveillance and pharmaco-vigilance data.

(iii) Changes in the disbursements categories

17. There are no changes expected in the disbursement categories.

(iv) Result framework

18. To measure overall progress with the scale up of some activities and deployment of the COVID-19 vaccines, some indicators' targets from the parent project and AF1 will be revised.

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

Summary of Assessment of Environmental and Social Risks and Impacts



E. Implementation

Institutional and Implementation Arrangements

1. **There is a change in institutional arrangements with establishment of a new separate shared PIU (with REDISSE III project, Parent and AF1 COVID-19 ERP), with technical, managerial, and fiduciary capacities.** A separate PIU with technical, managerial and fiduciary capacities will be set up and hosted at the MoH, at the level of the Secretary General. The GoN and the World Bank agreed during the December 2021 implementation support mission to create a separate single PIU for World Bank funded projects. The decision is due to the current workload of handling the management of the fungible pooled funds and the management of specific projects (five projects in total, including one financed by GAVI, one by AFD, one by the European Investment Bank, three projects financed by the WB).
2. The MoH will remain the implementation agency of the second AF. The multisectoral 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.

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APPROVAL

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