Public Disclosure Authorized

Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 19-Aug-2021 | Report No: PIDA32462

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Nigeria	P177076	Nigeria COVID-19 Preparedness and Response Project Additional Financing	P173980
Parent Project Name	**Region**	**Estimated Appraisal Date**	**Estimated Board Date**
Nigeria COVID-19 Preparedness and Response Project	AFRICA WEST	17-Aug-2021	28-Sep-2021
Practice Area (Lead)	**Financing Instrument**	**Borrower(s)**	**Implementing Agency**
Health, Nutrition & Population	Investment Project Financing	Federal Republic Of Nigeria	Nigeria Center for Disease Control (NCDC), National Primary Health Care Development Agency

Proposed Development Objective(s) Parent

The Project Development Objective (PDO) is to prevent, detect, and respond to the threat posed by COVID-19 at state level in Nigeria.

Components

Component 1: Emergency COVID-19 Response
Component 2: Project Management, Coordination, Monitoring and Evaluation

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	400.00
Total Financing	400.00
of which IBRD/IDA	400.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	400.00

IDA Credit	400.00

Environmental and Social Risk Classification

Substantial

B. Introduction and Context

Country Context

1. **This Project Paper seeks the approval of the World Bank's Board of Executive Directors to provide an IDA credit in the amount of US$ 400 million equivalent for an Additional Financing (AF). It further notifies the Board and seeks approval of the Regional Vice President (RVP) to restructure the Nigeria COVID-19 Preparedness and Response Project (CoPREP, P173980, IDA Credit No. 6766-NG).** The AF would support the cost of expanding activities of the Nigeria CoPREP under the COVID-19 Strategic Preparedness and Response Program (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, 2020.[1] The primary objectives of the AF are to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in Nigeria through vaccination system strengthening, and to further strengthen preparedness and response activities under the parent project. The parent project in an amount of IDA credit US$ 100 million equivalent and a Pandemic Emergency Financing (PEF) Facility (Grant No. TF0B3550) of US$ 14.28 million prepared under the SPRP was approved on August 6, 2020 and became effective on March 15, 2021.

2. **The purpose of the proposed AF is to provide upfront financing to help the Government of Nigeria (GoN) purchase and deploy COVID-19 vaccines that meet the World Bank's vaccine approval criteria (VAC) and strengthen relevant health systems that are necessary for a successful deployment and to prepare for the future. The purpose of the restructuring of the original project is to specifically support the cost of vaccine deployment activities.** The GoN's target is to vaccinate 51.4 percent of its population in two years (see details of priority groups in Table 1 below), of which 0.95 percent has been fully vaccinated. The project (parent and proposed AF) will jointly help purchase vaccines for 18.4 percent of the population and support vaccine deployment for 50.4 percent of the country's population. This is detailed as follows: (i) US$357.5 million of the AF will support vaccine purchase and related cost for 18.4 percent of the country's population; (ii) US$42.5 million of the AF will support vaccine deployment for 28.2 percent of the population, mostly for vaccines sourced from AVAT and future acquisitions; and (iii) US$ 33.5 million of the parent's project financing will be reallocated to support vaccine deployment that will help vaccinate 22.2 percent of the population mostly for vaccines sourced from COVAX and donations from the Governments of India and United Sates.

[1] The World 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 vaccines as well as strengthening the related immunization and health care delivery system.

Vaccines for the 51.4 percent target population set in the National COVID-19 Deployment and Vaccination Plan (NDVP) will be sourced from (i) AVAT using the AF to purchase about 39.8 million doses of Johnson and Johnson vaccines for 18.4 percent of the population; (ii) COVAX AMC Facility grant to acquire vaccines for 20 percent of the population; (iii) donations from the Governments of India (AstraZeneca) for 0.024 percent and United States (Moderna through COVAX) for 0.95 percent, of the population; and (iv) other sources including COVAX, AVAT, directly from manufacturers or through donations at a later stage to cover the remaining 12.03 percent of the population.(details of vaccine acquisition plan for Nigeria is seen in Table 2 below). World Bank financing for the COVID-19 vaccines and deployment will follow World Bank's VAC. As of April 16, 2021, the World Bank accepts as threshold for eligibility of IBRD/IDA resources in COVID-19 vaccine acquisition and/or deployment under all World Bank-financed projects: (i) the vaccine has received regular or emergency licensure or authorization from at least one of the SRAs identified by WHO for vaccines procured and/or supplied under the COVAX Facility, as may be amended from time to time by WHO; or (ii) the vaccine has received WHO Prequalification (PQ) or WHO Emergency Use Listing (EUL). All vaccines being expected in the country meet World Bank's VAC, and the country's regulatory agency - The National Agency for Drug Administration and Control (NAFDAC). The NAFDAC has granted approval for the emergency use of AstraZeneca (Serum Institute of India and SK Bio - Republic of Korea), Johnson and Johnson, Pfizer and Moderna vaccines. While the NAFDAC has given a conditional approval for Sputnik V vaccines, which is yet to meet the World Bank's VAC, there is currently no active discussion by the GoN to purchase this vaccine. The GoN will provide free of cost vaccination to the country's population.

Table 1: Overview of Priority Groups for Vaccination in Nigeria

Ranking of vulnerable group	Population group	Number of people (Million)	% of population
First	All frontline Health Workers, support staff, first responders, frontline worker Other health workers, strategic leaders	2,114,933	1
Second	Older adults aged 50 years and above (with or without an underlying disease) Starting with those 60 years and above plus health workers not covered in phase 1	21,149,332	10
Third	Those 18-49 years with underlying disease (such as hypertension, diabetes, lung disease, cancers, other heart conditions)	35,953,865	17
Fourth	Those 18-49 years without an underlying disease condition	49,489,438	23.4
	Total population to be vaccinated	**111,776,503****	**51.4**

3. **The need for additional resources to expand the COVID-19 response was formally conveyed by the GoN on July 2, 2021 requesting for AF of US$ 400 million to support its efforts to contain the spread of COVID-19.** Prior to this, the GoN had on April 23, 2021 sent a formal request to the World Bank to restructure the CoPREP and use part of the existing project funds to finance deployment of vaccines acquired from COVAX and donations from the Governments of India and United States. The GoN had

initially explored using domestic resources to finance vaccine purchase as well as national and state level deployment activities. However, increasing fiscal constraints in the face of economic slowdown has meant that the Federal Government could not fund all of these interventions from its domestic resources and requested the World Bank for support to purchase vaccines and fund subnational level deployment activities. The proposed 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 Nigeria.

4. **Critically, the AF seeks to enable the acquisition of vaccines from a range of sources to support Nigeria's objective to have a portfolio of options to access vaccines under the right conditions (of value-for-money, regulatory approvals, and delivery time among other key features).** The COVAX facility has put in place a framework that will anchor Nigeria's strategy and access to vaccines: on March 18, 2021, GoN entered into an agreement with COVAX to provide approved vaccines, syringes, technical assistance (TA), and cold-chain equipment as well as deployment up to the port of entry. The availability and terms of vaccines remain fluid and prevent precise planning of the sequence of vaccine deployment; therefore, the proposed financing enables a portfolio approach that will adjust during implementation in response to developments in the country pandemic situation and the global market for vaccines.

5. **This AF is consistent with the Country Partnership Framework (CPF) for the Federal Republic of Nigeria for the period FY 21- FY25 (CPF, Report No 153873-NG).** The need to invest in health systems to ensure the productive capabilities of the population is recognized, as is the challenge of overcoming a legacy of limited investment in human capital and social resilience systems. By building the strength of the health system and its resilience to shocks, it is aligned with the focus of the CPF pillar 2 on investing in Human Capital and its core objective 3 which focuses on improving primary health. The AF, like the parent project, is also aligned with both global health priorities and IBRD/IDA priorities on improving pandemic preparedness.

6. **The GoN has entered into a commitment undertaking with AVAT to purchase eligible vaccines.** The African Union (AU) beginning in late 2020 embarked on an ambitious effort to vaccinate at least 60% of Africa's population as quickly as possible through a continental approach. The effort to acquire more vaccines has been led by the AU Vaccine Acquisition Task Team (AVATT) – the AU Special Envoys for COVID-19, Africa CDC, the African Export-Import Bank (Afreximbank) and United Nations Economic Commission for Africa (UNECA). The AU sees this effort as complementary to COVAX and the World Bank has worked alongside AVATT since January 2021 to inform the design of the AVAT (African Vaccine Acquisition Trust) mechanism and to ensure that World Bank financing can be used by participating member countries to purchase vaccine doses. On June 21, 2021, the AU and the World Bank held a joint meeting with African Ministers of Finance to officially launch the partnership to accelerate vaccination in Africa. AVAT has already successfully negotiated 220 million doses of Johnson & Johnson's Janssen (J&J/Janssen) COVID-19 vaccine for use by African countries, with an option for 180 million more based on demand. AVAT is negotiating with other suppliers and expected to secure more doses. World Bank financing and technical assistance is available to help countries obtain vaccines from eligible suppliers through AVAT and to effectively deploy them. The GoN has

signed a commitment undertaking, and contracts are in place between UNICEF, as the appointed procurement and logistics agent, and the manufacturers. UNICEF will conclude contract with the National Primary Health Care Development Agency (NPHCDA) on behalf of the GoN for the supply of the vaccines. This contract will be reviewed, and a no-objection given by the World Bank to ensure that they comply with all operational policies and provide value-for-money in terms of both price and delivery times before financing from this credit can be made available for the purchase through direct payment to UNICEF on behalf of the GoN. Upon the GoN's request, the World Bank has agreed to offer Hands-on Expanded Implementation Support (HEIS).

7. **Nigeria is Africa's largest country with over 200 million people and has the largest economy (nominal gross domestic product (GDP) of around US$450 billion in 2019).** With an abundance of resources and a young population, it has the potential to be a giant on the global stage. At the same time, 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. Economic growth, at 2.2 percent in 2019, has been below the rate of population growth since 2016, when Nigeria experienced its first recession in two decades. Fragility, conflict and insecurity affect many parts of the country, in particular the northeast. Corruption and weak capacity plague the public sector, and on many human development indicators, Nigeria ranks amongst the lowest in the world. To realize its considerable potential, and to fulfill the government's ambition to lift 100 million Nigerians out of poverty by 2030, Nigeria has to make tangible progress on several fronts, at both the federal and state levels**.**

8. **In 2020 the Nigerian economy shrank by 1.8 percent, its deepest decline since 1983.** The COVID-19 crisis drove the economic slowdown. The external context was marked by capital outflows, intensified risk aversion, low oil prices, and shrinking remittances. In March 2020, the federal government imposed a lockdown on Lagos and Ogun States and the Federal Capital Territory, and state governments set similar restrictions. These measures, combined with precautionary firm and consumer behavior, put the brakes on manufacturing and services activity; essential sectors like food, agriculture, and financial services continued to operate, but at diminished levels. However, growth resumed in the fourth quarter as pandemic restrictions were eased, oil prices recovered, and the authorities implemented policies to counter the economic shock. As a result, the Nigerian economy experienced a shallower contraction (-1.8 percent) than had been projected at the beginning of the pandemic (-3.2 percent). However, despite the current favorable external environment, with recovering oil prices and growth in advanced economies, incomplete reforms or reform slippages threatens Nigeria's nascent recovery and its renewed economic expansion and would inherently undermine progress toward Nigeria's development goals.

9. **Under a risk scenario, in which the authorities fail to sustain recent macroeconomic and structural reforms, the pace of economic recovery would slow, with the GDP growth rate reaching just 1.1 percent in 2021.** Gasoline subsidies have re-emerged, and a reversal of revenue-side fiscal consolidation efforts is an especially significant risk. A failure to sustain the reform momentum would threaten both macroeconomic sustainability and the government's policy credibility and would further limit the government's ability to address gaps in human and physical capital, all of which would discourage private investment. Slow growth would further strain the financial sector: the nonperforming loan (NPL) ratio, which has yet to reflect the impact of the adverse COVID-19 shocks due to regulatory forbearance granted by the Central Bank of Nigeria (CBN), would likely rise as

forbearance is withdrawn. Nigeria is experiencing a rise in insecurity. A weak or uneven recovery could exacerbate social tensions, which would further dampen investor sentiment and could lead to political instability and more conflict.

10. **With population growth (estimated at 2.6 percent) outpacing economic growth in the context of weak job creation, per capita incomes are falling.** Today, an estimated 100 million Nigerians (50 percent of the population) live on less than US$1.90 per day.[2] With Nigeria having a high rate of poverty and being the most populous country in Africa, its poor comprise a significant share—16 percent—of the global poor (World Bank, 2019). Unemployment is high (23 percent), with a further 20 percent of the labor force being underemployed. Following the COVID-19 economic shock, unemployment and poverty are expected to increase. Limited employment opportunities pose serious economic and security challenges. As in other developing countries with high informality, Nigeria's official unemployment rate is a weak indicator of labor-market outcomes, as unemployed workers receive little public support and face compelling incentives to remain employed, even in marginal activities that generate low returns.

11. **Before the COVID-19 shock, low revenues, rising debt service, and large public subsidies limited the fiscal space for productive investments in infrastructure and human capital.** At 8 percent of GDP in 2018−2019, Nigeria's general government revenues were very low by the standards of comparable countries. Consequently, general government expenditures were very small relative to the size of the economy (12 percent of GDP, about half the level expected for its level of development), and unable to meet the needs of its growing population. Oil revenues were volatile and reduced by sizable deductions (including for the unbudgeted petrol subsidy), while growth in non-oil revenues (about 4 percent of GDP) was constrained by slow tax policy and administration reforms. Public debt was relatively modest as a share of GDP (around 20–25 percent) but had been rising due to sustained fiscal deficits. With low revenues and high domestic interest rates, the Federal Government was spending a significant share of its revenues to service its debt (since 2016, the Federal Government has been spending an estimated 60 percent of its revenues to pay interests on its debt).

12. **Before the COVID-19 pandemic, the Federal Government began implementing an Economic Recovery and Growth Plan (ERGP).** The ERGP (2017−2020) set out to restore macroeconomic stability in the short term and to undertake structural reforms, infrastructure as well as human capital investments to diversify the economy and set it on a path of sustained inclusive growth over the medium to long term. It had an ambitious target of achieving 7 percent real annual GDP growth by 2020, to be initially driven by the oil sector and then increasingly by strong non-oil sector growth. Among other things, the ERGP recognizes that to grow and develop Nigeria's economy sustainably, it is imperative to invest in the Nigerian people, especially its youth. This means improving access to good and affordable health care and education, fostering social inclusion, promoting job creation, and protecting the environment. The ERGP aims to enhance opportunities for all Nigerians irrespective of gender, age, and physical ability

13. **Nigerian public health authorities moved proactively to contain the spread, mitigate adverse impacts of the crisis and lay the groundwork for a robust recovery.** Federal and state governments both adopted amended budgets to reprioritize spending and protect social expenditures. The GoN

[2] *Source:* World Bank (PovCalNet).

launched the Economic Sustainability Plan (ESP) in July 2020, featuring an ambitious package of policy measures and programs over the next twelve to eighteen months, from fiscal and monetary measures to mobilize revenues and maintain macro-financial stability to scaling up of social assistance and subsidized credit programs to support households and micro and small enterprises. It also includes large-scale initiatives to stimulate activity and create jobs through investments in agriculture, roads, renewables, housing and social services including healthcare. Nigeria's earlier multi-year plan, the 2017-2020 Economic Recovery and Growth Plan (ERGP), was formulated in the aftermath of the 2016-2017 recession. While the successor multi-year plan for 2021-2024 is being developed, and in the context of the COVID-19 crisis, the ESP serves as a bridge.

Sectoral and Institutional Context

14. **Nigeria's poor human capital outcomes reflect the low levels of public expenditure and weaknesses in service delivery.** In terms of the Human Capital Index (HCI), Nigeria, in 2020, was the 7th lowest in the world—168th out of 174 countries with one of the highest maternal mortality, under-five mortality, and stunting rates in the region. A baby born in Nigeria today, will, if the levels, quality and coverage of human capital investments and service delivery remain unchanged, enter the labor force 18 years from now only 36 percent as productive as she would be if she were to enjoy the benefits of a complete quality education and full health. To address this crisis, the Government of Nigeria (GON) has committed itself to improve its human capital by providing equitable access to affordable and quality health care for every Nigerian and aims to reduce childhood stunting, under-five mortality, and the maternal mortality rate by half in a decade.

15. **Yet, government investments in health in Nigeria is one of the lowest in the world.** In 2017, government health spending was US$ 10 per capita or 0.5 percent as a share of GDP, among the lowest in the world. Government investments make up only 14 percent of total health financing; thus, health spending in Nigeria is dominated by out-of-pocket expenditures. Out-of-pocket expenditures account for 77 percent of the total health expenditures in Nigeria which is much higher than the regional average. The consequences of this low level of public spending are seen in the poor health outcomes and the low level of preparedness for pandemics such as COVID-19.

16. **Nigeria constantly faces threats of public health emergencies from infectious diseases that are endemic, in addition to being susceptible to infectious diseases that originate elsewhere**. Some of these diseases regularly cause massive outbreaks with significant morbidity and mortality. This includes diseases such as Lassa fever which has been a concurrent emergency while dealing with outbreaks of COVID-19, cholera, meningitis, and monkeypox. For example, while responding to COVID-19, Nigeria is also containing the outbreaks of Lassa fever, cholera and monkey pox. Nigeria was also affected by Ebola virus disease (EVD) but managed to respond swiftly through active surveillance, contact tracing, and appropriate case management. The role of the polio surveillance network and private sector in facilitating Nigeria's response is often emphasized as critical in Nigeria's successful response to EVD. Given the high levels of epidemic risks and myriad infectious diseases prevalent in the country, it is important that Nigeria not only develops domestic capacity for emergency preparedness and response but also strengthens facility-based care management that arise from epidemics such as COVID-19. Given the challenges that already exist in the health system and the extremely low health expenditures, the COVID-19 pandemic can rapidly overwhelm Nigeria's entire health system.

17. **The GoN's response to the COVID-19 pandemic is hinged principally on prevention with vaccination as the cornerstone.** However, due to the global shortage in the availability of vaccines, the country has only been able to vaccinate about 0.95 percent of its population. With the recent increase in COVID-19 cases, the GoN on August 2, 2021 declared that the country is currently experiencing a third wave of transmission. Though the country has fared well since the confirmation of the first case of COVID-19 in Ogun State on February 27, 2020, the outcome of the third wave cannot be predicted particularly given the existence of the more virulent Delta variant of the SARS-CoV-2 which was first detected in Nigeria on July 8, 2021. As of the 15th of August 2021, a total of 182,503 cases have been confirmed out of about 2.65 million tests conducted, with 167,132 cases discharged and 2,219 deaths across all the 36 States and the Federal Capital Territory (FCT). Active cases stand at 2,531 with case fatality rate at 1.2%. Notwithstanding, a seroprevalence study of households in four states of Nigeria conducted between September and October 2020 by the Nigeria Centre for Disease Control (NCDC) and Nigeria Institute for Medical Research reveal that far more people may have been exposed to the virus than was confirmed through testing. Survey findings revealed that the prevalence of SARS-CoV-2 antibodies was 23% in Lagos and Enugu States, 19% in Nasarawa State, and 9% in Gombe State.

18. **The parent project, Nigeria COVID-19 Emergency Preparedness and Response Project (COPREP, P173980), in an amount of IDA credit US$ 100 million equivalent and a Pandemic Emergency Financing (PEF) Facility grant of US$ 14.28 million was approved on August 6, 2020 and became effective on March 15, 2021 under the Fast-Track COVID-19 Facility.** As of July 16, 2021, 99.8 percent of the PEF grant of US$ 14.28 million has been disbursed (representing 12.1 percent of the total commitment), documented and the PEF grant closed on March 31, 2021. Though the project became effective on March 15, 2021 after a protracted country process typical of most new World Bank-funded projects in Nigeria, it is unable to disburse from the project's IDA resources because the World Bank has been advised by the Federal Ministry of Finance (FMOF) not to disburse the IDA resources until all parliamentary approvals of the Nigeria's borrowing plan are finalized. The expectation is that the parliamentary approvals will be finalized in the coming weeks (September 2021) before the AF is approved by the World Bank Board. In January 2021, the parent project was restructured to allow disbursement of the PEF grant component of the project by: (i) extending the closing date of the PEF grant from January 31, 2021 to March 31, 2021 to give time to utilize the PEF grant; and (ii) delinking the effectiveness of the grant agreement from that of the financing agreement of the project with the aim of commencing utilization of the grant early. The undisbursed IDA resources of US$ 100 million from the parent project will be partly reallocated (US$ 33.5m) to support the deployment of vaccines and the rest of the fund will be retained (US$ 66.5m) to implement the parent project with some scale-down of activities under subcomponent 1.2. The scale down of activities under subcomponent 1.2 will not impact on achievement of the PDO. The PCU was unable to update and disclose the existing REDISSE II Environmental and Social Management Framework (ESMF) and the Health Care Waste Management Plan (HCWMP) as stipulated in the parent project's Environmental and Social Commitment Plan (ESCP). Both documents are now updated to address the Environmental and Social (E&S), and healthcare waste management concerns of the parent project and AF with restructuring. The final ESMF (which includes a Labour Management Plan section) and HCWMP have now been cleared by the Bank and will be disclosed before appraisal. The PCU recorded minor progress in implementing activities under the Stakeholder Engagement Plan (SEP). However most recently, the National PCU organized a stakeholder event with all the participating State Epidemiologist and State Commissioners of Health and Finance, where issues on E&S requirements of the AF and parent project

were elaborated.

19. **The PCU has been coordinating project planning and procurement**. While awaiting parliamentary approval for disbursement of IDA funds, progress has been made on implementation preparedness. This progress has been possible because the project shares the same PCU with the REDISSE II project which as part of its response has an emergency COVID-19 plan to help the GoN better respond to the pandemic. The preparedness progress include: (a) expanded and strengthened PCU to take on the additional responsibility of implementing the CoPREP; (b) designated account and client connection fully set up; (c) project implementation manual developed and approved; (d) grant agreement between the Federal Government and States revised and approved incorporating lessons on grants from REDISSE II project; (e) federal work plan and procurement plan being finalized; (f) template to guide the development of State incidence action plan has been developed, approved and deployed to States; (g) states have also been sensitized to strengthen the State Project Coordinating Unit and constitute the State Steering Committee; and (h) National Technical Committee and National Steering Committee meetings have also been held. The project is also actively engaging the Nigeria Governors Forum in enhancing the readiness of the States. Some of these preparedness structures such as the strengthening of the PCU and the client connection set up with designated account were instrumental for the full disbursement of PEF grant through which the project supported: (a) equipping the National Reference Laboratory and six regional laboratories to increase diagnostic capacity; (b) equipping of 12 purpose-build infectious disease treatment centers to improve case management capabilities of COVID-19 and other infectious diseases in 12 States; (c) procurement of laboratory reagents and consumables to increase diagnostic capacity at the National Reference Laboratory and six regional laboratories; and (d) procurement of vehicles for disease surveillance and response activities. The project is not yet qualified for financial management audit and the post-procurement review conducted following implementation of PEF grant indicated substantial compliance with the procurement regulations. However, to address the non-compliance of the requirements of the ESCP and the E&S instruments of the parent project, the client will conduct an E&S audit of the PEF activities. The E&S audit will be included as an activity in the updated ESCP.

20. **The Nigeria Centre for Disease Control (NCDC), an agency under the Federal Ministry of Health (FMOH) is the implementing agency for the parent project**. The Presidential Task Force on COVID-19 (now Presidential Steering Committee), situated in the Office of the Secretary to the Government of the Federation leads the multi-sector response to COVID-19. It includes heads of relevant Ministries, Departments and Agencies including Ministers and Directors Generals. The project has a National Steering Committee that is chaired by the Minister of Health with oversight responsibilities. In addition, there is a National Technical Committee (NTC) that is chaired by the Director General of the NCDC. The NTC is responsible for overseeing the planning, management and monitoring of project activities, including focusing on policy issues related to the project. The Project Coordinating Unit (PCU) is responsible for the day-to-day management of the project and it is situated within NCDC. It is the same PCU for REDISSE II project (P159040), though expanded and strengthened to take on the additional responsibility of implementing the CoPREP. The implementation arrangement is mirrored

at the state level with the State steering Committees chaired by the State Commissioners of Health and the State Coordinating Units headed by the State Epidemiologist.

21. **The NPHCDA is the lead agency for Primary Health Care and is thus responsible for the immunization program in Nigeria. NPHCDA will be newly added to the project as an implementing agency responsible for COVID-19 vaccination**. Relying on the existing structure of NPHCDA to ensure effective governance and coordination framework, NPHCDA leads the technical coordination for the COVID-19 vaccine introduction in the country. To this end, the NPHCDA has established the COVID-19 Technical Working Group; an inter-sectoral group to oversee the technical preparations for the introduction of COVID-19 vaccine in the country. In addition, the NPHCDA has established functional Command Centers for COVID-19 at national level and the 36 states and FCT to monitor, and directly drive the Primary Health Care (PHC) response to the COVID-19 pandemic. This will also leverage on the relevant structures of the National Immunization Program within the NPHCDA, and corresponding structures at the State, Local Government Authority, ward and community levels. There is a robust regulatory process for the COVID-19 vaccines under the direct supervision of the National Agency for Food and Drug Administration and Control (NAFDAC). This includes the provision of marketing authorization and lot release of COVID-19 vaccines in response to the pandemic. NAFDAC has and will use its authority to grant import permits in the instances of emergencies such as the COVID-19 pandemic

22. **This AF is being proposed at a crucial juncture in the GoN response to COVID-19.** The GoN has provided funds in support of the various pillars of the COVID-19 response plan. Government funds have been used for various activities including on disease surveillance, procurement of PPE and test kits, risk communication and case management. Critically important change in medical advances state of science since the early stages of the pandemic has been the emergence of new therapies and also the successful development and expanding production of COVID-19 vaccines. A key rationale for the proposed AF is to provide upfront financing for safe and effective vaccine acquisition and deployment in Nigeria, thus enabling the country to acquire the vaccine at the earliest, recognizing that there is currently excess demand for vaccines from both high-income and lower-income countries. The AF will mostly focus on supporting vaccine acquisition and deployment activities as well as long-term health system strengthening interventions such as enhancing capacity of health workers, cold chain equipment, disease surveillance, data management and use, and laboratory testing. While some of these health systems strengthening interventions are supported by both the parent and AF projects, there are other World Bank projects (Regional Disease Surveillance Systems Enhancement project (REDISSE II, P159040); and Immunization Plus and Malaria Progress by Accelerating Coverage and Transforming Services project (IMPACT, P167156) that further focus on the long-term interventions.

23. **The GoN has prepared a National COVID-19 Deployment and Vaccination Plan (NDVP), which draws on the findings of the VIRAT/VRAF 2.0 assessment and gap.** The NDVP which was first adopted by the GoN in January 2021 and later updated in July 2021 has the objective of providing safe and effective COVID-19 vaccines to an eligible population of 111,776,503 (18 years and above) Nigerians over a two-year period (2021 – 2022). This translates to 51.4 percent of the total population of the country. The deployment of COVID-19 vaccines will be done using three strategies: fixed post, temporary fixed post, and special teams (mobile), over 4 phases. The mobile teams are assigned to reach population groups with special needs, such as nomads, internally displaced persons camps, security compromised/threatened areas and hard to reach rural settlements. The phases of vaccine

roll-out target the 4 priority population groups. While there are still some uncertainties on the NDVP and it is a document being constantly revised because of the evolving nature of the pandemic and vaccine availability, Phase 1 targets all health workers, frontline workers and strategic leaders[3] (1% of the population); Phase 2 will vaccinate older adults aged 50 years and above (10% of the population); Phase 3 targets those aged 18-49 years with co-morbidities (17% of the population); and Phase 4 targets adults 18-49 years of age without co-morbidities (23.4% of the population). While the phasing of the vaccination campaign has a clear and defined population group, the reality of vaccine availability and uptake due to hesitancy, has meant that adjustments are made as implementation progresses. For example, during Phase 1 roll-out between March and July 2021, NPHCDA expanded the pool of target groups to include Phase 2 population group when high vaccine hesitancy was experienced amongst health care workers and the available vaccines had very limited expiry period. The adjustments during implementation resulted in a revision in population coverage to 0.95 percent for Phase 1 and 10.05 percent for Phase 2 with an expansion of Phase 2 target population to include health workers not covered in Phase 1 vaccination campaign (of the over 930,000 health care workers targeted in Phase 1 of the vaccination program, only 47 percent of them were vaccinated)[4].

[3] This is a term used in the NDVP to mean political, traditional, religious, and administrative leaders who are capable of influencing citizens to increase uptake of vaccines

[4] Factors such as safety concerns, low risk perception and misinformation are some of the reasons for low vaccine uptake among health workers. However, given the increasing cases and non-occurrence of major adverse effect among those vaccinated in phase 1, vaccine hesitancy is expected to reduce considerably in phase 2 and subsequently.

Table 2: Overview of Nigeria's vaccine procurement plan

Source of financing (IBRD, IDA, TF, Govt, Other)	Population Targeted (out of 211,493,324 total population)		Vaccines				Number of doses needed	Estimated total U$ (million)	World Bank's VAC Status of the vaccine	Contract Status	Vaccines already arrived in the country	
	%	Number	Source	Name	Price ($/dose)	Shipping ($/dose)					Name	Doses
Phase 1: All frontline Health Workers, support staff, first responders, frontline worker, other health workers and strategic leaders												
COVAX grant	0.93	1,962,000	COVAX facility	AstraZeneca	3.00	0.20	3,924,000	12.56	Meets WBG VAC	Contract signed. 1st tranche of vaccines delivered on March 2, 2021	AstraZeneca	3,924,000
Government of India donations	0.024	50,000	Serum Institute of India	AstraZeneca	3.00	0.20	100,000	0.32	Meets WBG VAC	Delivered in March 2021	AstraZeneca	100,000
Phase 1 total	**0.95**	2,012,000					4,024,000	12.88				
Phases 2-4 Phase 2: Older adults aged 50 years and above, starting with those 60 years and above plus health workers not covered in phase 1 Phase 3: Those 18-49 years with underlying disease (such as hypertension, diabetes, lung disease, cancers, other heart conditions) Phase 4: Those 18-49 years without an underlying disease condition												
COVAX grant	0.93	1,962,000	COVAX Facility	AstraZeneca	3.00	0.20	3,924,000	12.56	Meets WBG VAC	To be delivered in Q3 (August 2021)	No	No
	0.85	1,788,930	COVAX Facility	Pfizer/ BioNTech	19.50	0.20	3,577,860	70.48	Meets WBG VAC	To be delivered in Q3 (August 2021)	No	No
	17.29	38,134,493		**TBD	3.00	0.20	76,268,986	244.06				

			COVAX Facility						Meets WBG VAC	Contract signed but delivery date likely in Q4 2021 and 2022	No	No
COVAX grant subtotal for phases 2-4	19.07	41,885,423	COVAX Facility				83,770,846	327.10				
IDA-financed	18.4	39,800,000	African Union-AVAT	Johnson & Johnson	7.50	0.93*	39,800,000	335.51	Meets WBG VAC	Commitment undertaking signed and 1st tranche of 1.1 million doses expected in August 2021	No	No
United States Government donations	0.95	2,000,040	Routed through COVAX, outside of the 20% grant	Moderna mRNA	15.00	0.20	4,000,080	60.80	Meets WBG VAC	To be delivered in Q3 (August 2021)	No	No
TBD	12.03	26,079,040	**TBD	**TBD	3.00	0.20	52,158,080	166.91	TBD	TBD	No	No
Phase 2-4 total	**50.45**	109,764,503					179,729,006	563.22				
NATIONAL TOTAL	**51.4**	**111,776,503**					**183,753,006**	**576.10**				

24. The proposed AF will form part of an expanded health response to the pandemic. The activities will build on COVID-19 MPA-Program (Nigeria CoPREP, P173980), as well as on the World Bank's existing health portfolio in the country (including, REDISSE II and IMPACT), and support of other development partners in the context of the overall GoN's COVID-19 response**.** REDISSE II emphasizes on strengthening of disease surveillance and health systems to enable greater resilience to health emergencies. Thus, REDISSE II has been strengthening the health securities agenda for Nigeria as well as providing support against the threat posed by emergencies such as COVID-19 including some support to the federal component of the COVID-19 National Plan and initial financing to states to ensure that states are able to meet the immediate need for adequate state response to COVID-19, pending when CoPREP is able to disburse funds. On the other hand, IMPACT is designed to strengthen primary health care systems, with a focus on building immunization systems and reducing the burden of malaria. The activities' scope is aligned with the June 2020 *World Bank Group (WBG) COVID-19 Crisis Response Approach Paper: Saving Lives, Saving-Up Impact, and Getting Back on Track.*[5] They contribute directly to Pillar 1 by saving lives threatened by the virus. The activities also contribute to Pillar 4 on strengthening investments for building better by incorporating energy efficiency and climate resilience into the cold chain improvements

C. Proposed Development Objective(s)

Original PDO

The Project Development Objective (PDO) is to prevent, detect, and respond to the threat posed by COVID-19 at state level in Nigeria.

Current PDO

The project objective remains unchanged: To prevent, detect and respond to the threat posed by the COVID-19 at state level in Nigeria.

Key Results

25. Progress towards achieving the PDO will be monitored through the following PDO indicators:

a. Number of states that have an established EOC and activated IMS for COVID-19
b. Number of states with at least one functional Isolation/ treatment/ community support center with holding area for the management of COVID -19 patients
c. Number of states with at least one state-owned laboratory with capacity to perform diagnosis of COVID-19 according to national guidelines
d. Number of diagnosed cases treated at the designated isolation or treatment center
e. Percentage of population vaccinated, which is included in the priority population targets defined in national plan [Percentage, disaggregated by sex]
f. Number of States that administered at least 80% of allocated doses of vaccines from the Federal Government.

[5] World Bank Group COVID-19 Crisis Response Approach Paper, "Saving Lives, Scaling-up Impact and Getting Back on Track," June 2020.

26. Intermediate Results Indicators:

a. Number of health workers trained in infection prevention and control per national protocols
b. Number of states with functional transfer systems for COVID-19 patients
c. Number of states with at least fifty health facility with triage capacity for suspect COVID-19 cases
d. Number of states adopting IEC /BCC guidelines according to national protocol for COVID-19 response
e. Number of states reporting designated isolation/treatment facilities with no stock out of basic IPC and WASH commodities in the previous quarter
f. Number of states with platforms for reporting SEA and gender related complaints according to guiding national protocol.
g. Number of states adopting health strategy measures to address climate risks
h. Number of states reporting both treatment and laboratory data using SORMAS
i. Percentage of testing labs with at least 90% of samples with turn-around-time of 48 hours between sample collection and delivery of result
j. Number of States that are implementing a community engagement plan for increasing demand for the COVID-19 vaccination
k. Percentage of administrative wards with at least one vaccination post
l. Gender-specific risk communications materials prepared and distributed
m. Percentage of communities in project areas providing feedback on access to service delivery including COVID-19 vaccine and health services that meets their need

D. Project Description

27. **The PDO of the parent project and this AF is to prevent, detect, and respond to the threat posed by COVID-19 at state level in Nigeria**. The parent project includes two components as summarized below in Table 3. Component 1: Emergency COVID-19 Response (US$ 104.28m) provides immediate support to break the chain of COVID-19 local transmission and limit the spread of COVID-19 in Nigeria through containment and mitigation strategies. It is further divided into two subcomponents. Subcomponent 1.1: Federal Support and Procurement for COVID-19 Emergency Preparedness and Response (US$14.28 million) which provides immediate support to Nigeria at the federal level for the COVID-19 preparedness and response and Subcomponent 1.2: Direct Support to States for COVID-19 Emergency Preparedness and Response (US$90 million) which supports establishment, activation, and operationalization of emergency operations centers (EOCs) in states and provides financing support to all states for the implementation of State COVID-19 incident action plans (IAPs). Two new subcomponents will be added under Component 1 to support vaccine purchase and deployment: Subcomponent 1.3 (COVID-19 Vaccine acquisition - US$ 357.5 million) and Subcomponent 1.4 (COVID-19 Vaccine deployment - US$ 76 million, of which US$42.5 will be from the AF and US$33.5 will be from the original project). Component 2 of the parent project is to finance Project Management, Coordination, Monitoring and Evaluation (US$10 million equivalent), and it remains unchanged. It also

has two subcomponents. Subcomponent 2.1: Project Management and Coordination (US$5 million) and Subcomponent 2.2: Monitoring and Evaluation (US$5 million).

Table 3: Summary of Parent Project Components

Project Components	Description	Amount (in US$M)
Component 1	Emergency COVID 19 Response	
Subcomponent 1.1	Federal Support and Procurement for COVID 19 Emergency Preparedness and Response	14.28
Subcomponent 1.2	Direct Support to States for COVID 19 Emergency and Preparedness Response	90.00
Component 2	Project Management, Coordination, Monitoring and Evaluation	
Subcomponent 2.1	***Project Management and Coordination***	5.0
Subcomponent 2.2	***Monitoring and Evaluation***	5.0
	TOTAL	**114.28**

(i) Proposed New Activities

28. **The changes proposed for the AF entail expanding the scope of activities in the parent project (Nigeria CoPREP, P173980) to support the deployment of vaccines, and providing further support to purchase and deploy vaccines through the AF, adjusting its overall design**. Two new subcomponents (1.3 and 1.4) will be added to Component 1 (Emergency COVID-19 Response) of the parent project to accommodate the newly added vaccine purchase and vaccine deployment activities. The scale and allocation to subcomponent 1.2 (Direct Support to States for COVID-19 Emergency Preparedness and Response) will be reduced from an allocation of US$90 million to US$ 56.5 million, while subcomponent 1.1 (Federal Support and Procurement for COVID-19 Emergency Preparedness and Response - US$14.28 million) will be retained as was originally designed. Component 2 (Project Management, Coordination, Monitoring and Evaluation -US$10.00 million), including its subcomponents and allocations, will be retained as originally designed under the parent project. The description of disbursement categories will be revised to accommodate financing of activities under the newly added subcomponents 1.3 and 1.4 on vaccine acquisition and deployment.

29. **As the proposed activities to be funded under the AF for Nigeria COPREP are aligned with the original PDO, the PDO would remain unchanged.** The content of the components and the Results Framework of the parent project are adjusted to reflect the expanded scope and new activities proposed under the AF as well as the revised scale of activities under the parent project. Given the role of NPHCDA as the lead Agency for COVID-19 vaccination in Nigeria, the NPHCDA will be added as an implementing agency for the newly added subcomponents 1.3 and 1.4 working closely with the sole PCU that is domiciled within NCDC - additional details are provided in the implementation arrangements section below. An 18-month extension of the parent project closing date from August

31, 2022 to February 29, 2024 is being proposed. This will allow for sufficient time to implement activities of the parent project as well as the newly introduced activities financed from the AF.

30. **Component 1: Emergency COVID-19 Response (US$504.28 million).** This component would provide immediate support to break the chain of COVID-19 local transmission and limit the spread of COVID-19 in Nigeria through containment and mitigation strategies. The allocation for this component will be increased from US$ 104.28 to US$ 504.28 to accommodate the newly introduced subcomponents 1.3 and 1.4 on vaccine acquisition and deployment.

Subcomponent 1.1: Federal Support and Procurement for COVID-19 Emergency Preparedness and Response (US$14.28 million) will be retained as originally designed. Activities under this subcomponent will be primarily funded from the parent project but it is possible to also fund these activities from the AF; thus both subcomponents 1.1 and 1.3 are proposed under the same disbursement category to allow some flexibility in the reallocation of funds in the procurement of vaccines under subcomponents 1.3 (or vice versa) and more traditional COVID-19-related commodities and health strengthening interventions under subcomponent 1.1 such as enhancing diagnostic capacity of laboratories, disease surveillance, and procurement of medical equipment, laboratory tests and medicines during implementation without restructuring the project.

Subcomponent 1.2: Direct Support to States for COVID-19 Emergency Preparedness and Response. Activities under this subcomponent will be primarily funded from the parent project but it is also possible to fund these activities from the AF; thus both subcomponents 1.2 and 1.4 are proposed under the same disbursement category to allow some flexibility in the states' reallocation of funds for the newly introduced vaccine deployment activities (subcomponent 1.4) and the more traditional response activities (subcomponent 1.2) such as surveillance, testing, case management etc. during implementation without restructuring the project. The scale of activities and allocation will be reduced from US$ 90 million to US$ 56.5 million with the deducted US$ 33.5 million going to subcomponent 1.4. This scale down in activities is not expected to have any impact on the achievement of the PDO. It is in recognition of the fact that some of the initially conceived activities have been implemented using domestic resources and funds from other sources since the parent project is yet to start disbursing IDA resources, as well as a recalibration of the scale of some activities given implementation experience and newly available information. For instance, given that the spread of COVID-19 is now at a period of sustained community transmission, contact tracing is less of an effective containment measure that the project will not focus on it any longer. Earlier contact tracing done has also been funded from other sources. Additionally, the initial support for all 36 states and the FCT to each have at least three functional isolation / treatment centres for the management of COVID-19 cases has been scaled down to each state and FCT having at list one functional isolation / treatment centre.

Thus subcomponent 1.2 will through the approved Incident Action Plans finance implementation of state activities within the plan, including, among others, (a) the development and dissemination of plans and standard operating procedures for case management, infection prevention and control and so on; (b) establishment and operationalization of state EOCs as

needed; (c) epidemiological investigations; (d) strengthening of risk assessment; (e) strengthening of public health emergency management and community and event-based surveillance; (f) provision of on-time data and information for guiding decision-making and response and mitigation activities; (g) provision of additional support to laboratories for early detection and confirmation; (h) training; (i) equipping, furnishing, and renovation of isolation and treatment centers including community support centers; and (j) improvement in patient transfer systems through financing of ambulances. Finally, this subcomponent will also finance emergency Water, Sanitation and Hygiene (WASH) measures, community mobilization, risk communication, and advocacy measures, and social distancing measures.

A new Subcomponent 1.3 (COVID-19 Vaccine acquisition - US$ 357.5 million) will be added and will fund the purchase of COVID-19 vaccines and related costs from AVAT to cover 18.4 percent of the population as well as contain some uncommitted funds that could be used in a relatively flexible manner depending on how the pandemic unfolds. Specifically, of the US$357.5 under this subcomponent: US$ 300 million has been estimated for procurement of vaccines from AVAT; US$ 38.5 million for the related cost associated with procurement and freight of the vaccines from AVAT; and an uncommitted US$19 million that could be used for procurement of additional vaccines (for up to 1 percent of the population) or implement Federal level procurements in support of the overall COVID-19 response (i.e., disease surveillance and detection activities from Sub-component 1.1), if so needed, without requiring a restructuring during implementation. The related cost associated with the AVAT vaccine supplies includes UNICEF handling charges as procurement agency, legal fees, provision for No Fault Compensation Scheme, Commission charged on guarantee provided by Afreximbank to Johnson & Johnson, Afreximbank Down Payment Advance and Freight to point of Entry. This subcomponent will be financed by the AF. Though this subcomponent will be managed by NPHCDA, it is proposed under the same disbursement category as subcomponent 1.1 to allow some flexibility in the reallocation of funds by Federal Agencies (NCDC and NPHCDA) in the procurement of more traditional COVID-19-related commodities (subcomponent 1.1) such as medical equipment, laboratory tests and medicines and the newly introduced purchase of vaccines (subcomponent 1.3) during implementation without restructuring the project.

A new Subcomponent 1.4 (COVID-19 Vaccine deployment - US$ 76 million) will be added and will fund deployment of vaccines from all sources (COVAX, donations from Governments of India and United States, World Bank-financed purchases through AVAT and other sources of vaccines) to meet the 51.4 percent national vaccination target. The funding will support needed activities geared towards the deployment of COVID-19 vaccines at the subnational levels to ensure that the COVID-19 vaccines are available in the country and are deployed safely, timely, effectively and without wastages in all administrative wards in Nigeria. The activities include development of microplans for vaccination, training and retraining of health workers on microplanning and vaccine implementation, advocacy communication and social mobilization, monitoring and supervision of vaccination, pharmacovigilance, AEFI kits and data tools, payment of feeding and transport allowances to personnel involved in deployment of vaccines, procurement of cold boxes, carriers and PPE for vaccination teams and transport and logistics costs for vaccines within the states. Where possible, climate sensitive/ energy efficient waste management supplies will be procured, and fuel-efficient vehicles used. The AF project will also support the scale up of

advocacy and engagement activities at the state, local Government and ward levels across the country. The activities to be funded will be tailored by gender and socioeconomic status. Though members of the Nigeria Police Force and Nigeria Civil Defence Corps will be part of the vaccination team to maintain law and order at vaccination sites and provide escort services for movement of vaccines, they nor any other security forces will not be paid feeding and transportation allowances, nor any other allowances or stipends from the proceeds of this project. The Government will be responsible for any payments to security forces. This subcomponent will be partly funded from a reallocation of US$ 33.5 million of existing funds from Component 1.2 (Direct Support to States for COVID-19 Emergency Preparedness and Response) of the parent project and from an addition of US$ 42.5 million from new resources from the AF. Though this subcomponent will be managed by NPHCDA, it is proposed under the same disbursement category as subcomponent 1.2 to allow some flexibility in the states' reallocation of funds for more traditional response activities (subcomponent 1.2) such as surveillance, testing and case management, and the newly introduced vaccine deployment activities (subcomponent 1.4) during implementation without restructuring.

31. **Component 2: Project Management, Coordination, Monitoring and Evaluation (US$10.00 million) is retained as originally designed.** It will continue to support coordination, monitoring, operational support and logistics, and project management. This will include operational support to the national EOC; support to the COVID-19 Incident Management System (IMS) Coordination Structure; operational reviews, routine monitoring, and rapid surveys to assess implementation progress and inform adjustments to operational plans; and project management. Its Subcomponent 2.1: Project Management and Coordination (US$5.00 million) and Subcomponent 2.2: Monitoring and Evaluation (US$5.00 million) will also be retained.

Table 4: Current and revised component allocations (in US$ million)

Component	Current allocation	AF	Revised allocation
Component 1: Emergency COVID-19 Response	104.28	400.00	504.28
Subcomponent 1.1: Federal Support and Procurement for COVID-19 Emergency Preparedness and Response	14.28	*0.00*	14.28
Subcomponent 1.2: Direct Support to States for COVID-19 Emergency Preparedness and Response	90.00	*56.50*	*146.5*
Subcomponent 1.3: COVID-19 Vaccine acquisition	0.00	*357.50*	*357.50*
Subcomponent 1.4: COVID-19 Vaccine deployment	0.00	*76.00*	*76.00*
Component 2: Project Management, Coordination, Monitoring and Evaluation	10.00	0.00	10.00
Subcomponent 2.1: Project Management and Coordination	5.00	*0.00*	*5.00*
Subcomponent 2.2: Monitoring and Evaluation	5.00	0.00	5.00
Total (US$ million equivalent)	**114.28**	**400.00**	**514.28**

32. **Results Framework:** The Results Framework will be modified to reflect the changes in project scope. Two PDO indicators and three intermediate results indicators (IRIs) will be added to the RF to monitor vaccine procurement and deployment, gender gaps, and citizen engagement.

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

33. **The anticipated overall environmental and social risks remain Substantial.** The measures to address social and environmental risks in the parent project remain relevant, including infection prevention and control and improvements in health facilities such as assessment and mitigation measures for medical waste management that will expand as inoculation sites expand. While experience indicates that Moderate risk ratings can be expected for Environment risks, for example, if medical waste and occupational health and safety risks are well-managed, the Social risks would still be Substantial. This is due to several factors, including the risk of inequity in access to vaccines and the potential for deviation from the vaccination roll out strategy due to security issues. The project activities will require the deployment of security personnel (Nigeria Police Force and Nigeria Security & Civil Defense Corps) as part of the vaccination team to aid in maintaining law and order at vaccination sites and providing escort services for the movement of vaccines. There is a possibility that these security personnel might have a formal or informal interaction with communities, which might constitute adverse impacts to community health and safety, including in matters relating to GBV and SEA/SH risks. The project will ensure that the security personnel follow a strict code of conduct and avoid any escalation of situation, taking into consideration the protocols included in the updated ESMF, the proposed GBV Action Plan to be developed and the guidance provided in the World Bank technical note, “Use of Military Forces to assist in COVID-19 Operations, suggestions on how to mitigate risks. The PCU has also conducted a Security Risk Assessment as part of the updated ESMF to assess the security risks. Based on the assessment conducted, the Project will prepare and adopt a Security Management Plan (SMP) satisfactory to the World Bank before deploying security personnel under the Project and thereafter implemented throughout implementation. The Security Management Plan will identify mitigation measures related to the issues associated with the use of security and strengthen existing measures, where necessary. The plan is expected to be completed within a month after the decision review meeting.

E. Implementation

Institutional and Implementation Arrangements

34. **The NPHCDA will be added as a new implementing agency on the project for implementation of subcomponents 1.3 and 1.4 in collaboration with the sole PCU domiciled within NCDC.** As originally designed, the same PCU will be maintained but strengthened by staff from the NPHCDA (COVID-19 vaccine coordinator) to coordinate activities related to vaccine acquisition and deployment. Similar to the support that will be provided by the NPHCDA at the national level to the PCU, the State Primary Health Care Development Agency (SPHCDA) will deploy a COVID-19 vaccine coordinator to the State Coordinating Unit (SCU) at the State level. This set-up is to ensure efficient use of resources, close oversight of state-level activities by the national agencies, and effective coordination of the overall COVID-19 response. The NPHCDA being the agency of government with primary responsibility for immunization will be responsible for the contracts for vaccine acquisitions, planning and monitoring of vaccine deployment activities and ensuring compliance with national guidelines (subcomponents 1.3 and 1.4), while working closely with the SPHCDAs who will carry out the actual vaccination at the subnational levels. Given that vaccine deployment activities will be centrally coordinated and synchronized across all states by NPHCDA (command-center approach), the vaccination workplan and budget for the vaccine deployment activities will be developed by each SPHCDA (with guidance and template from NPHCDA and based on vaccine allocation to the state for each round of vaccination), signed off by State Steering Committee or its chair within a week of submission and forwarded to the NPHCDA by the SPHCDA for clearance and onward collation across states for payment. The funds to support States for vaccine deployment activities will be channeled through the Naira-denominated NPHCDA Account to the Bank Accounts of SPHCDA (after all approvals), in line with the approved budget coordinated centrally by the NPHCDA for all States. The NPHCDA will be responsible for monitoring, reporting, as well as providing required documentation to the PCU including programmatic report, information on funds transferred to the SPHCDAs, funds spent, and funds documented at the end of each vaccination round. It is important that the report from the SPHCDAs is presented and signed-off by the State Steering Committees before it is sent to the NPHCDA. Furthermore, the NPHCDA will comply with, and ensure all states also comply with the eligibility criteria and ongoing implementation obligations as it relates to COVID-19 vaccination provisions contained in the grant agreement between the Federal Government and the states.

35. **Working relationship between NCDC and NPHCDA on the project.** While NCDC hosts the Project Coordinating Unit and is also responsible for the implementation of all other components/subcomponents of the project, NPHCDA has been added to implement vaccine acquisition and deployment (subcomponents 1.3 and 1.4). Both NCDC and NPHCDA are on the National Steering Committee (headed by the Minister of Health) and National Technical Committee (headed by the Director General of NCDC) of the project. The day to day running of the project across both institutions will be coordinated by the PCU domiciled at NCDC and strengthened with a vaccine coordinator from NPHCDA. For each round of vaccine deployment, the NPHCDA will submit a budget for all the 36 states and the FCT on vaccine deployment to the PCU to seek approval of the Bank. The PCU will prepare the procurement plan and handle all procurement processes including for vaccine acquisition (after the contract with UNICEF would have been signed by NPHCDA).

36. **As originally designed, the National Steering Committee of the project will continue to have oversight responsibility for the project while the National Technical Committee (NTC) is responsible**

for overseeing the planning, management and monitoring of project activities. The Nigeria COVID-19 Vaccine Introduction Technical Working Group (TWG), chaired by the Executive Director of NPHCDA, will provide technical oversight for the COVID-19 vaccine acquisition and deployment tasks. The TWG has membership from NPHCDA, NAFDAC, NCDC, WHO, UNICEF, World Bank, CDC and other relevant partners and stakeholders. As originally designed, all project-related activities will be approved by the National Technical Committee of the project following recommendations and necessary approvals at the State-level. The Project Coordinating Unit (domiciled within NCDC) will continue to coordinate the implementation of the project and with support from NPHCDA staff (COVID-19 vaccine coordinator).

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