



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 23-Jul-2020 | Report No: PIDA29228



BASIC INFORMATION

A. Basic Project Data

Country Nigeria	Project ID P173980	Project Name Nigeria COVID-19 Preparedness and Response Project	Parent Project ID (if any)
Region AFRICA WEST	Estimated Appraisal Date 01-Jun-2020	Estimated Board Date 06-Aug-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Federal Republic Of Nigeria	Implementing Agency Nigeria Center for Disease Control (NCDC)	

Proposed Development Objective(s)

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	114.28
Total Financing	114.28
of which IBRD/IDA	100.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	100.00
IDA Credit	100.00



Non-World Bank Group Financing

Trust Funds	14.28
Pandemic Emergency Financing Facility	14.28

Environmental and Social Risk Classification

Substantial

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

None

B. Introduction and Context

Country Context

1. In 2019, Nigeria continued recovering from the 2016 recession, with annual 2019 growth strengthening marginally to 2.2 percent. The collapse of global oil prices during 2014–2016, combined with lower domestic oil production, led to a sudden slowdown in economic activity. Nigeria’s annual real gross domestic product (GDP) growth rate, which averaged 7 percent from 2000 to 2014, fell to 2.7 percent in 2015 and –1.6 percent in 2016. Growth slowly rebounded in 2017, leveling at about 2 percent in 2018–2019. Growth was primarily driven by the services sector (50 percent of the economy) especially telecoms, with positive contributions from agriculture, which, however, remains affected by ongoing conflicts and is weather-dependent. Non-oil industry growth is slow, constrained by lack of private sector credit growth, high cost of financing, weak domestic demand, and insufficient/unreliable power supply.¹ Policy and regulatory uncertainty are impeding domestic and foreign investments. The oil sector (10 percent of GDP) remained the key source of export earnings and government revenues. In the absence of structural reforms to build a competitive and diversified economy, growth was expected to hover just above 2 percent over the medium term, but highly vulnerable to oil sector shocks.

2. 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

¹ World Bank Enterprise Surveys, World Bank Doing Business, and Central Bank of Nigeria. 2020. *January 2020 Business Expectations Survey Report*.

² Source: World Bank (PovCalNet).



force being underemployed. Following the COVID-19 economic shock, unemployment and poverty are expected to increase.

3. 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).

4. 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.

5. The COVID-19 pandemic will lead to a contraction of Nigeria’s economy in 2020. Nigeria’s economy will likely be severely affected by the global economic disruption caused by COVID-19, particularly from the pronounced decline in oil prices and spikes in risk aversion in global capital markets. The magnitude of the impact is sensitive to the duration and the domestic spread of the outbreak. The primary transmission channel to the Nigerian economy is the oil price as oil accounts for over 90 percent of exports, one-third of banking sector credit, and half of government revenues. Non-oil industry and services’ growth is highly elastic to oil prices, with additional pressures arising from foreign portfolio investors’ reassessment of risks and domestic liquidity management. With the oil price outlook of US\$30 per barrel, the economy is projected to contract by 3 percent in 2020 and government oil revenues are projected to fall by over 70 percent and reduce general government revenue toward approximately 5 percent of GDP. Coupled with constrained—particularly commercial external—borrowing and additional health expenditure pressures, this may result in public spending cuts, thinning already low investment, and limiting service delivery, including at the subnational level. Federal Government liquidity may be severely challenged with interest-payments to revenue increasing from the current 60 percent. The human and economic (disruption) costs would be amplified with a moderate or severe outbreak in Nigeria, leading to greater health-related cost and a much deeper recession because unlike the situation Nigeria faced in 2015–2016 when oil prices fell sharply, this time Nigeria has fewer fiscal buffers (for example, the excess crude account is depleted) and other policy instruments to cushion the adverse effects of any shocks.



6. In a recession, the revenue of state governments will significantly decline, which will have a significant negative impact on service delivery. Subnational entities (states and local government authorities [LGAs]) mostly rely on federally collected revenues. In 2015, for example, apart from seven states (Lagos, Rivers, Enugu, Ogun, Oyo, Kano, and Abia), all the other 29 states and the Federal Capital Territory (FCT) generated less than 30 percent of their revenue outside of federal collections that include statutory allocation, distribution from excess crude oil, exchange gain/Nigeria National Petroleum Company refund, Nigeria liquefied natural gas distribution, and value added tax. Only 26 percent of state revenues were internally generated while 1 percent came from grants. During the 2016 recession, most states experienced a significant drop in revenue resulting in backlogs in the payment of salaries, increasing debt to contractors, and massive cuts in the funding and provision of basic services in health and education. Another recession in the presence of increased health needs because of the COVID-19 pandemic and less fiscal buffers at both federal and state levels will potentially result in worse outcomes at the states.

7. Realizing the potential impact of the COVID-19 pandemic on Nigeria’s future, the Government has been implementing stringent measures to curb the spread of the virus. In the absence of a COVID-19 vaccine, Nigeria, like other affected countries, is implementing several public health measures—so-called Non-Pharmaceutical Interventions (NPIs)—aimed at reducing contact rates in the population and thereby reducing transmission of the virus. These developments require a combination of social distancing of the entire population, isolation of confirmed cases, and household quarantine of their family members and contacts. This is supplemented by school and university closures, closure of international airports and travel bans, prohibition of public gatherings, and promotion of face masks and frequent handwashing. Government responses have become more stringent over the course of the outbreak. The President of Nigeria on April 13 and 27, 2020, extended a lockdown initially announced on March 30 for two weeks to May 4. The measures instituted during the initial lock down have proven insufficient in stemming the outbreak. The country has seen a rapidly evolving epidemic that now covers the entire 36 plus federal capital territory in Nigeria. The challenges in inadequate implementation of the appropriate health interventions and population response as a result of poor surveillance and less-than-sufficient testing initially obfuscated the true extent of locally driven transmission. As was projected, extreme population-wide social distancing and travel restrictions, sustained over a long period, has been very harmful for a fragile and export-dependent economy such as Nigeria. This has stretched livelihoods beyond people’s coping ability, in turn disincentivizing adherence to control measures. Implementing and enforcing the NPIs is further challenging in densely populated urban areas particularly if households or neighborhoods lack in-home access to water and toilets.

Sectoral and Institutional Context

8. Human Capital accumulation. Nigeria ranks 152 out of 157 countries on the Human Capital Index, with one of the highest maternal mortality, under-five mortality, and stunting rates in the region. 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.

9. 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 is seen in the poor health outcomes and the low level of preparedness for pandemics such as COVID-19.

10. 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 with COVID-19, cholera, meningitis, and monkeypox. For example, while responding to COVID-19, Nigeria is also trying to contain the largest Lassa fever outbreak in the country. As of April 27, 2020, a total of 987 confirmed cases of Lassa fever have been reported in 27 states with 188 deaths (case fatality rate of 19 percent). 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.

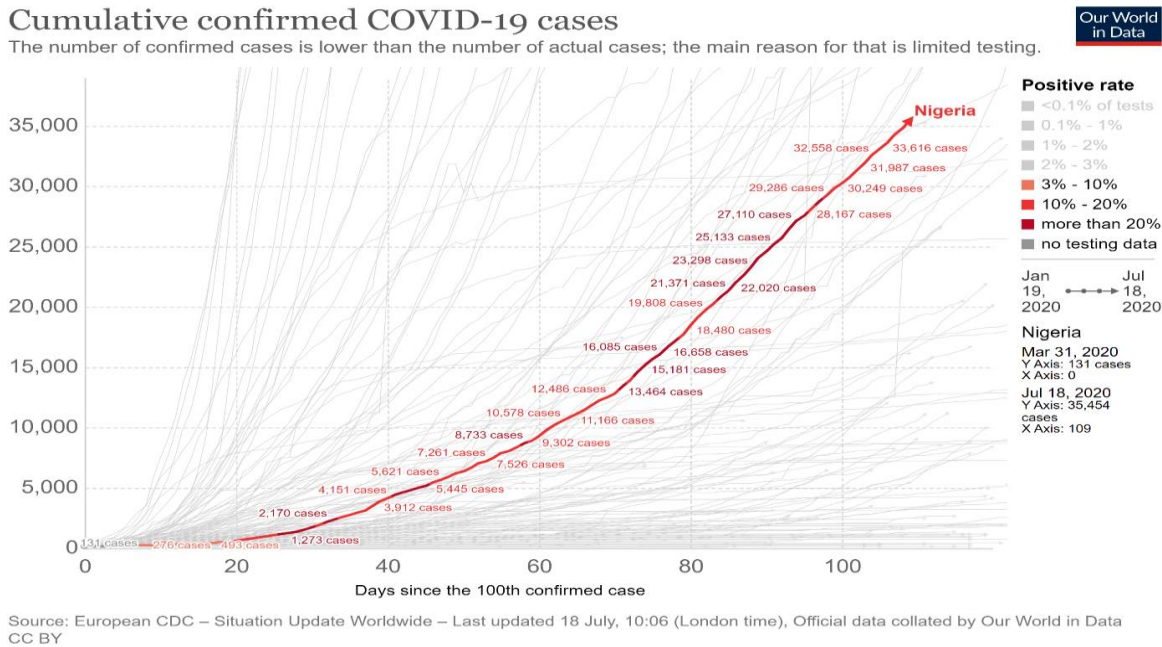
11. Status of COVID-19 outbreak in Nigeria: On February 27, 2020, the Federal Ministry of Health (FMOH) announced the confirmation of the first case of COVID-19 in Lagos State.³ Since then, Nigeria has confirmed 35,454 cases with 772 deaths as of July 17, 2020 (See figure 2 for trends in confirmed cases). While Lagos and FCT are the epicenters of the pandemic in Nigeria, all the states of the Federation except Cross Rivers have confirmed COVID-19 cases—Lagos, FCT, Oyo, and Edo have reported 13 226, 2 879, 2 076 and 1 885 confirmed cases in total respectively (July 17, 2020)⁴. In the absence of vigorous response measures and rapid emergency financing, there is a high potential for the number of COVID-19 cases to rise significantly, overwhelming the health and public support systems, which may prove devastating to the country's human capital.

³ In the same communication, the Honorable Minister of Health announced that the NCDC has immediately activated its National Emergency Operations Center (EOC). *Source:* <https://covid19.ncdc.gov.ng>

⁴ *Source:* <https://covid19.ncdc.gov.ng/>. Retrieved July 18, 2020



Figure 2. Trends in Confirmed COVID-19 Cases (Cumulative), Nigeria



12. The GON has enacted two laws which address health care and public health and specifically facilitate the implementation of the International Health Regulations (IHR 2005). Nigeria enacted the National Health Act of 2014 and the Nigeria Center for Disease Control (NCDC) Act of 2018 to provide key public health institutions the legal mandate needed to accomplish these national goals. The NCDC’s mandate is to lead the preparedness, detection, and response to infectious disease outbreaks and public health emergencies in the country.

13. The NCDC has been leading Nigeria’s efforts to prepare, rapidly detect, and respond to disease outbreaks when they occur. The NCDC has continued to strengthen the country’s capacity for surveillance, laboratory diagnosis, preparedness, and response and works closely with states, other federal ministries, departments, and agencies (MDAs) and development partners to implement disease outbreak response. Milestones achieved by the NCDC in enhancing Nigeria’s preparedness and response to COVID-19 include (a) creation of a multisectoral technical working group which metamorphoses into an incident management team once emergency declaration is made; (b) activation of an Emergency Operations Center (EOC); (c) development of an incident action plan (IAP); (d) prepositioning of response commodities; (e) development of guidelines (case management, infection prevention control, contact tracing, and so on); (f) deployment of a rapid response team (RRT) to states; (g) forecasting and stockpiling of response commodities; (h) deployment of electronic surveillance tools; (i) active case search and contact tracing; and (j) logistics and supply chain management in close collaboration with states and other federal agencies.



14. Despite the GON's commitment to strengthen pandemic preparedness and response, capacity is limited. A 2017 Joint External Evaluation (JEE) of Nigeria's IHR core capacities⁵ identified several technical areas where capacity strengthening was required, including, among others, in preparedness, emergency response operations, risk communication, workforce development, reporting, and medical countermeasures and personnel deployment in times of emergency. The midterm JEE that was conducted in 2019 showed that the country made a modest seven-point improvement from the JEE score of 39 (not ready category) in 2017 to 46 (have work to do). There are significant gaps in the country's capacity to prevent, detect, and respond to pandemics such as COVID-19. Another assessment, the Global Health Security Index (GHSI),⁶ ranked Nigeria 96 out of 195 countries (37.8 percent) scoring particularly low under its capacities to prevent and for its health system to respond to pandemics such as COVID-19.

15. Given the above, the World Bank has been supporting Nigeria to strengthen its pandemic preparedness and response through the Second Regional Disease Surveillance Systems Enhancement Project (REDISSE II) since 2017. REDISSE II, managed by the NCDC, is designed to strengthen disease preparedness and rapidly contain epidemics (that is, mounting of active surveillance, scaling laboratory capacity, deploying RRTs, contact tracing, procurement of response commodities and supplies, engaging surge staff, risk communication, IPC training, and so on). REDISSE II has served as financing for COVID-19 response and will continue to provide support for all federal-led activities. To date, US\$15.3 million from the uncommitted REDISSE II funds of US\$82.4 million has already been disbursed and an additional 18.7 million committed for COVID-19 response. REDISSE II project is providing each eligible state N100M as part of state support to respond to COVID-19 a total of \$10.5M equivalent. As at now, uncommitted resource following the many interventions through REDISSE stand at close to \$39.0M. This resource remains for supporting COVID-19 federal led response.

16. Nigeria's pandemic preparedness and response capacity has also benefited from investments made through the World Bank-supported Polio Project. With intensified support from the World Bank and other partners in the last five years, Nigeria was able to completely interrupt the transmission of wild poliovirus this year, with a record three years of no reported case of the wild poliovirus. Nigeria is now currently undergoing certification as being a polio-free country. Once completed, this will make Africa completely polio-free⁷. In addition to the successful lessons learned from polio eradication on coordination, community contact tracing, risk communication, and disease surveillance being institutionalized and implemented for pandemic response, the existing community-based polio workers have also been mobilized for COVID-19 response.⁸

17. The Presidential Task Force (PTF) has led the development of a multisectoral pandemic response plan (COVID-19 National Plan). The COVID-19 National Plan includes the NCDC's IAP focused on public health response. As of March 22, 2020, the PTF response plan was allocated a budget of NGN 89.3 billion (approximately US\$231 million). An estimated NGN 70.6 billion (approximately US\$183 million) is allocated to the health response, which is less than US\$1 per capita. The health allocation comprises NGN

⁵ WHO (World Health Organization). 2018. *Joint External Evaluation of IHR Core Capacities of the Government of Nigeria*. Geneva: World Health Organization (WHO/WHE/CPI/REP/2017.46).

⁶ The GHSI is the first comprehensive assessment of global health security capabilities in 195 countries.

⁷ Note that ongoing surveillance and interventions however need to continue to address the vaccine-derived polio virus.

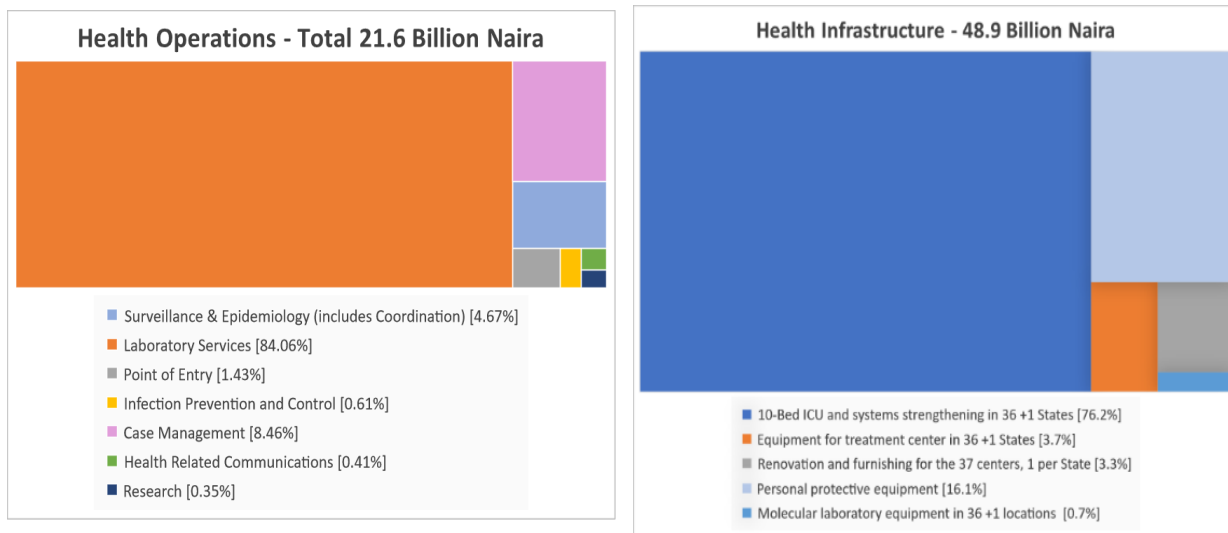
⁸ Source : <https://www.afro.who.int/news/nigerias-polio-infrastructure-bolster-covid-19-response>.



21.6 billion (26 percent of the total pandemic response plan) for public health activities, including detection and surveillance (health operations) and NGN 48.9 billion (58 percent of the total pandemic response plan) for health system infrastructure and commodity needs for COVID-19 response and case management (health infrastructure). Figure 3 illustrates the subcomponents of health operations and infrastructure. Approximately NGN 14.4 billion (approximately US\$37.3 million) (29 percent of health infrastructure allocation) has been made available from the federal budget. The private sector too has committed more than NGN 26 billion (approximately US\$72 million) to the multisectoral pandemic response.

18. The COVID-19 National Plan includes key pillars and activities from the WHO’s Strategic Guidance for COVID-19. These include Epidemiology and surveillance; Laboratory services; Point of entry (POE); Infection prevention and control; Case management; Risk communication and community engagement; Security, logistics, and mass care; Coordination and resource mobilization, and Research. Furthermore, the plan is mostly in alignment with the WHO’s operational recommendations for case management⁹ in countries with community transmission, which emphasizes efforts for screening, triaging, and isolation of patients; testing and contact tracing as per need and capacity; developing a patient referral system; and building surge capacities in the health system with new/temporary structures for care delivery, including rapid extension of designated hospitals.

Figure 1. Breakdown of Health Operations and Health infrastructure Components in Nigeria's COVID-19 National Plan



Source: National COVID-19 Workplan

19. Despite close alignment with WHO guidance, Nigeria’s COVID-19 National Plan has a few gaps. The plan does not explicitly include NPI implementation measures such as closures or physical distancing implementation or shielding and its impact on education or social protection. Although the plan includes provisions for states, it does not consider the gaps among states in terms of capacity, resource constraints, and needs to support operationalization of COVID-19 response. Further, the initial estimates of critical

⁹ WHO. 2020. *WHO Operational Considerations for Case Management of COVID-19 in Health Facility and Community.*



commodities such as personal protective equipment (PPE) and testing kits underestimate potential needs to mitigate community-wide spread of COVID-19. The plan also needs to include measures to ensure continuity of essential health services, address gender-based violence (GBV) risks and ensure water, sanitation, and hygiene (WASH) interventions. The Government will continuously revise (a) estimates for tests, PPEs, and other commodities and (b) the State IAPs to address the gaps above in collaboration with technical partners. The Government has through the PTF produced a revised plan as of May 18, 2020. The plan has maintained the budget with a revision in the range of activities. In line with the with new emergent needs and the evolving nature of the pandemic.

20. Nigeria faces significant challenges in responding to the COVID-19 pandemic. Nigeria's size, population, socioeconomic, and federal administrative structure all pose unique challenges to the Government's public health response. Key health response challenges include the following:

- Inadequate surveillance capacity. Nigeria has improved its capacity to conduct ongoing event-based surveillance and analysis for infectious disease and collect ongoing or real-time laboratory data which supports its ability to carry out contact tracing.
- Inadequate service readiness. Nigeria's capacity to provide care for severe acute respiratory cases akin to COVID-19 complications is limited.
- Limited testing capacity and suboptimal laboratory performance. Nigeria has relied on the use of reverse transcription-polymerase chain reaction (RT-PCR) for testing of SARS-CoV-2. 19.
- Limited access to health facilities, including infectious diseases treatment facilities. There is a critical need to strengthen patient referral system across Nigeria. Apart from Lagos State, no other state in Nigeria has an infectious disease treatment facility.
- Strengthening health systems and maintaining essential health and nutrition services. It is critical to mitigate potential excess deaths that can be caused by supply- or demand-side disruptions in service delivery or care-seeking during the pandemic and build a resilient health system.
- Limited access to WASH. Nigeria's WASH sector is unprepared to meet the needs of this emergency, as services are scarce throughout the country. In 2018, a total of 47 million Nigerians were living without access to improved drinking water, 78 million without access to improved sanitation facilities, and 150 million without access to basic handwashing facilities.¹⁰

¹⁰ Calculated using 2018 population and access percentages from 2018 WASH National Outcome Routine Mapping (NORM) Survey. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include piped water, boreholes or tube wells, protected dug wells, protected springs, rainwater, and packaged or delivered water. Improved sanitation facilities are those designed to hygienically separate excreta from human contact and include flush/pour flush to piped sewer system, septic tanks, or pit latrines or to ventilated improved pit latrines, composting toilets or pit latrines with slabs. Basic handwashing facilities are those located on premises with soap and water.



- Limited community mobilization and population awareness of COVID-19 risks and health-promoting behavior. Effective population-level risk communication and ensuing behavior change is critical to mitigate misinformation and fear-based aversion as well as to promote awareness and healthy behavior.

21. Inadequate resourcing of COVID-19 response plans at state level, and the need to ensure preparation, containment, and response measures are in place in all states. While the NCDC provides leadership and coordination for the public health response generally, the State Ministry of Health (SMoH) and other relevant state agencies of government are responsible for actual response. **There is substantial DP and private sector support to the Government’s COVID-19 National Plan, with improvements being made in coordinating this support:** Africa Center for Disease Control (CDC), through the Africa Coronavirus Taskforce, is providing technical support particularly through trainings in IPC, laboratory testing, risk communications, and case management in the country, and has launched a regional private sector engagement initiative to improve testing and contact tracing. The Jack Ma Foundation, the private sector-led coalition against COVID-19 and the United Nations (UN) have provided in-kind support of ventilators, PPEs, and tests. The United States Agency for International Development (USAID)/United States Center for Disease Control, and United Kingdom Department for International Development are providing both technical assistance and resources at federal and state level, and the European Union has pledged financial support for the response. The WHO is also providing a strong technical support to the NCDC as well as guidance to the EOC. The United Nations Children’s Fund (UNICEF), World Food Programme, and United Nations Population Fund have pledged to support the UN-led procurement process. The Bill and Melinda Gates Foundation is providing technical support in coordination at the federal level, and the Global Alliance for Vaccines Initiative is providing financial resources to support primary health care and community-level response to COVID-19. Additionally, all the above agencies continue to support their programs in the health sector to ensure continuity of care, especially in reproductive, maternal, newborn, child, adolescent, health, and nutrition and disease control programs. The Development Partners’ Group (DPG) that meets every week is the key platform for DPG coordination, with now formal and scheduled partnership coordination groups and meetings between DPGs and the Government led by the NCDC and the PTF serving as key platforms of the Government coordinating partner support.

Bank’s response to Nigeria’s emergency

22. The World Bank has been proactive in Nigeria’s response to COVID-19 and has already mobilized resources through REDISSE II. REDISSE II as described earlier has been designed to provide emergency preparedness and response and respond to such national emergencies. The project has also been providing support for the Lassa fever outbreak response. REDISSE can further strengthen testing and treatment facilities, support states through technical assistance, and build capacity of the RRTs deployed to states. However, the COVID-19 pandemic has highlighted the need for increased state engagement and the need to further strengthen state capacity to respond to such emergencies.

23. The proposed project will complement REDISSE II. The undisbursed funds from REDISSE II will continue to support the federal component of the COVID-19 National Plan and will provide initial financing to states to ensure that states are able to meet the immediate need for adequate state response, pending when the proposed project becomes effective. Complementary to REDISSE II, the proposed project will finance the state-level systems strengthening and response for COVID-19 with expenditures largely in



support of the State IAP activities that are not fully covered by the COVID-19 National Plan and will finance critical federal-level gaps in large procurements and activities. The NCDC, which is also the Project Coordinating Unit (PCU) for REDISSE II, will be further strengthened to manage the Nigeria CoPREP. See table 2 for a breakdown of World Bank financing for immediate COVID-19 response inclusive of this project. The recently approved IMPACT Project (US\$650 million) also has a Contingent Emergency Response Component (CERC) that can be triggered to bolster the COVID-19 response support.

24. The Nigeria CoPREP’s objectives and design are in line with the request from the Federal Ministry of Finance Budget and National Planning (FMoFBNP). The budget for the project is intended to be used within 24 months to support prioritized interventions to enhance preparedness and response activities for COVID-19 and contribute to state system strengthening, as requested by the Government. It is important to note that despite the resource mobilized through the proposed project, critical gaps will remain as the pandemic evolves. The World Bank will continue to engage and coordinate with partners both at the country and global levels to identify opportunities to fill these gaps. Finally, immediate financing has been made available by the Federal Government, private sector, and DPs, to states that are currently the epicenters of the pandemic. The project will support in ensuring essential preparation, containment, and response measures are in place in all states of the country as necessitated by the dynamic nature of the pandemic.

Table 1. Breakdown of World Bank Financing for Immediate COVID-19 Response (US\$, millions)

	REDISSE II (Uncommitted Funds)	Nigeria CoPREP		Total
		MPA FCTF	PEF	
Direct state support	10.50	90.00	—	100.50
Implementation of federal-level activities	71.93	10.00	14.28	96.21
Total	82.43	100.00	14.28	196.71

25. This project benefits from lessons learned from REDISSE II implementation and experience in addressing previous epidemics (including polio, EVD in 2014, and recent outbreaks of Lassa fever and monkeypox). The Nigeria CoPREP is also informed by an analytical study on lessons learned from financing emergency response in West and Central Africa.¹¹ These include the following:

- Lack of multisectoral coordination and lack of transparency undermines the country’s response efforts and results in the duplication of resources.¹²
- Need to fill the financing gaps and weak capacity for response at the state levels.
- Strong disease detection and surveillance systems are the first line of defense for epidemic response and the presence of a disease surveillance and response systems strengthening project such as REDISSE II helped in slowing the pandemic in Nigeria.

¹¹ World Bank. 2019. *Lessons Learned in Financing Emergency Response to Epidemics in West and Central Africa*.

¹² Ad hoc funding contributions and the lack of reporting from donors during the EVD West Africa made it difficult for national governments to determine the level and type of support that they could expect from external stakeholders, leading to the duplication of resources.



- Leveraging the private sector can both increase domestic resource mobilization and enhance the agility of emergency financing
- Leveraging infrastructure and capacities from previous epidemics.
- Lessons from REDISSE II's CERC activation emphasize that prepositioned contracts with institutions or vendors likely to be called upon in an emergency can facilitate response.
- Need to prevent disruptions in essential services. .

26. In addition, this project benefits from early global lessons in COVID-19 response and management¹³. Some key lessons include the following:

- Need for an adaptive response.
- Ability of Sub-Saharan African nations to manage community transmission hinges on strong detection, surveillance, and response system.
- Need to protect health care workers.
- Need for compassionate and sustainable social distancing strategies ('lockdowns') with smart, gradual lockdown release strategies.
- Need to protect the elderly and those with comorbidities/underlying conditions, especially respiratory conditions and focus particularly on those living together in elderly care facilities.
- Need to integrate the COVID-19 response and preparedness into the wider health system strengthening efforts particularly at the state level.
- Need to improve medical care and prepare for surge response.
- Need to safeguard livelihoods.
- Need to ensure strong risk communication, community mobilization, and dynamic rumor management. 40. WASH efforts are essential and should be carefully coordinated.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

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

¹³ These include lessons from other countries in COVID-19 response as well as some early lessons from Nigeria as captured through literature and white paper.



Key Results

- Number of states that have an established EOC and activated IMS for COVID-19
- Number of states with at least three Isolation/ treatment/community support centers with holding area for the management of COVID-19 patients
- Number of states with at least one state-owned laboratory with capacity to perform diagnosis of COVID-19 according to national guidelines
- Percentage of contacts of confirmed cases reached and followed up
- Number of diagnosed cases treated at the designated isolation or treatment centers per national protocols

D. Project Description

28. The scope and the components of the proposed project are fully aligned with the WBG's approved World - COVID-19 Strategic Preparedness and Response Project (P173789)¹⁴. This project has triggered paragraph 12 of the Investment Project Financing (IPF) Policy. Activities have been carefully selected in discussion with the Government of Nigeria as well as development partners, drawing on the list of eligible activities outlined in Annex 2 of the Board Paper and the additional World Bank Executive Board responses to COVID-19¹⁵, COVID-19 National Plan¹⁶, and NCDC Incident Action Plan¹⁷ (included in the National Plan), and the WHO guidelines in Strategic Response Plan. The project design also considers good practices from other projects in the region responding to the COVID-19 pandemic.

Project Components

29. The proposed project will be a stand-alone operation for Nigeria to address immediate critical country needs for preparedness and response for COVID-19. The project will comprise the following components.

Component 1: Emergency COVID-19 Response (US\$104.28 million equivalent)

30. 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. It will support COVID-19 emergency operations nationally, with a focus on states. It will support enhancement of institutional and operational capacity for disease detection capacities through provision of technical expertise, and supporting coordination, detection, and case management efforts of Nigeria's

¹⁴ World Bank. 2020. World - COVID-19 Strategic Preparedness and Response Project. Washington, D.C.: World Bank Group.

<https://hubs.worldbank.org/docs/imagebank/Pages/docProfile.aspx?nodeid=31924988>

¹⁵ Proposal for A World Bank Covid-19 Response Under the Fast Track COVID-19 Facility March 11, 2020; WBG Additional Response to the COVID-19 Crisis: Addressing the Economic and Social Implications

¹⁶ Dated March 22, 2020

¹⁷ Dated March 27, 2020



COVID-19 response, consistent with the WHO guidelines in the Strategic Response Plan. It will enable Nigeria to mobilize surge response capacity through trained and well-equipped frontline health workers. As requested by the Government, the proposed project will have a strong focus on state-level response to COVID-19 pandemic. This will entail financing of the implementation of the action plans. This financing will complement both domestic and DP financing. The Nigeria CoPREP will also have a strong complement of surge federal support needed for coordination and management. In addition, the federal-level subcomponent will finance the large budget procurements that will go to states, to leverage on economies of scale and take advantage of the different procurement opportunities being provided through UN agencies, the Bank-facilitated procurement (BFP) and through use of emergency procurement procedures. The states may undertake low level procurements in line with unique state needs.

Subcomponent 1.1: Federal Support and Procurement for COVID-19 Emergency Preparedness and Response (US\$14.28 million)

31. This subcomponent will provide immediate support to Nigeria at the federal level for the COVID-19 preparedness and response. This subcomponent will finance federal procurements of COVID-19-related commodities including medical equipment, laboratory tests, and medicines for COVID-19 emergency response to be distributed to the states based on the need to ensure there is no wastage, keeping in mind the emergent global supply chain challenges.¹⁸ Additionally, this subcomponent will complement REDISSE II's strengthening of disease surveillance and response systems, and short-term emergency support to national IAP to fill surge financing gaps for POE surveillance, case detection, confirmation, contact tracing, recording, and case management, including handwashing and sanitation activities.

Subcomponent 1.2: Direct Support to States for COVID-19 Emergency Preparedness and Response (US\$90.00 million)

32. This subcomponent will support establishment, activation, and operationalization of EOCs in states and provide financing support to all states and the FCT through the NCDC for the implementation of State COVID-19 IAPs. The developed State IAPs will be reviewed and approved by the Nigeria CoPREP National Technical Committee for technical quality and to ensure there are no duplication of efforts. Once the response plans are deemed acceptable by the National Technical Committee, a standard Subsidiary Agreement¹⁹ will be signed between the NCDC and the state²⁰ to allow for financing required to implement the approved plan to flow through the NCDC to the SMoH. This subcomponent, through the approved IAPs, will 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, IPC, and so on; (b) establishment and operationalization of state EOCs as needed; (c) epidemiological investigations and contact tracing; (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)

¹⁸ Central-level procurement of commodities maximizes economies of scale and increases the likelihood of getting supplies with huge bulk procurements given the unreliable global supply chain overwhelmed by numerous countries competing for the same goods.

¹⁹ Please note that the Subsidiary Agreement could take the form of a Memorandum of Understanding.

²⁰ Detail of funds flow in annex 2.



provision of additional support to laboratories for early detection and confirmation; (h) identification of training needs; (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 and training as needed. The component may also finance laboratory consumables less test kits and equipment that will be procured at the federal level. The capacity building of state epidemiology units will also be supported herewith. Finally, this subcomponent will also finance emergency WASH measures, community mobilization, risk communication, and advocacy measures, including social distancing measures as highlighted in detail in the following paragraphs.

Emergency Water Supply, Sanitation, and Hygiene (WASH)

33. Given the critical role that hand hygiene, particularly handwashing with soap plays as a core preventive measure to halt transmission of COVID-19, the project will support emergency measures to ensure the provision of safe water and hygiene services within affected communities, with a particular emphasis on poor and vulnerable populations. Further, this subcomponent will focus on meeting the immediate COVID-19 WASH response needs. Systemic WASH development need will be covered by a major WASH project in the pipeline. The project will work in synergy with the Water Global Practice to finance safe water and basic sanitation in health facilities to ensure safe water supply and sanitation and hygiene services in health care facilities and temporary isolation centers. The project will finance rapid assessments which will be conducted by local officials as these facilities are identified or established to document existing service gaps and promptly escalate any WASH needs such that they can be addressed through the project. It will finance activities such as (a) emergency support to water supply and sanitation utilities to ensure continuity of water supplies, (b) emergency provision of safe water and hygiene materials to poor and vulnerable populations, and (c) the pursuit of strategies and partnerships with the private sector to incentivize increased production and provision of hygiene materials. This will also ensure that private service providers can continue to do their jobs freely during lockdowns, as it is an essential service. Pandemic Emergency Response Plans will also be developed for water and sanitation utilities at the federal and state levels to ensure continuity of services. The project will also support civic authorities in strengthening the availability of WASH stations in busy business areas and areas of public need such as stations, schools, libraries, and markets. This activity will be implemented both at the federal and state levels.

Community Mobilization, Risk Communication, and Advocacy

34. This project will finance comprehensive behavior change and risk communication for COVID-19 in collaboration with private, public, and civil society actors. At the federal level, the subcomponent will finance activities such as (a) a study to understand peoples knowledge, attitudes, and practices about the virus and its prevention; (b) development and testing of a risk communication strategy and training materials; (c) production and dissemination of messages and materials at the community level based on informed engagement and locally appropriate solutions and preventive measures such as ‘dos’ and ‘don’ts’ for the general public; (d) development and optimization of information website as the main platform to disseminate COVID-19 related information; and (e) development and implementation of a strategy to prevent GBV during epidemics and information dissemination on GBV at community level and in multiple ways to reach those who are most vulnerable or without access to technology. The component will also support provision of psychosocial and mental health services to those affected directly or indirectly by COVID-19. This component will also support (a) increasing access to these facilities for



women, (b) provision of appropriate support to those impacted by sexual exploitation and abuse (SEA) by establishing hotlines and mechanisms to report cases to relevant authorities, and (c) including engagement of women's civil society organizations to promote female participation in decision-making in preparedness and response. At the state level, the states will be able to adopt and adapt those intervention that will fit their peculiar environment to ensure that their interventions are evidence based.

Social Distancing

35. An effective preventive strategy to minimize the spread of COVID-19 is 'social distancing'. Lockdowns, curfews, closing of businesses and schools, and so on, constitute social distancing measures. A data-driven escalation and de-escalation rationale complimented with a well-designed communication strategy can reduce community transmission. The project will finance development of national guidelines on social distancing and protocols to operationalize the same in coordination with relevant MDAs. Specific measures will be elaborated targeting the most vulnerable including the elderly, those with depressed immune systems, and large numbers of internally displaced persons concentrated in an area where the implementation of social distancing and personal hygiene measure present specific challenges (for example, provision of safe water and basic sanitation including food support).

Component 2: Project Management, Coordination, Monitoring and Evaluation (US\$10.00 million equivalent)

36. This component will 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.

Subcomponent 2.1: Coordination and Project Management (US\$5.00 million)

37. The component will support coordination of public structures for concerted COVID-19 response. The coordination will involve DPs and relevant federal- and state-level institutions in planning, implementation, and monitoring of the response. The component will also support fiduciary due diligence in terms of procurement and financial management (FM) (streamlined fund flow, reporting, and audits). Additional staff deployment, recruitment of consultants to support administration, procurement, and FM will also be financed by this component. This subcomponent will be responsible for financing the project's operational cost.

Subcomponent 2.2: Monitoring and Evaluation Including the Learning Agenda (US\$5.00 million)

38. This subcomponent will finance monitoring and evaluation (M&E) of emergency preparedness and response and contribute to the MPA Learning Agenda. Particularly, it will finance development of an M&E strategy and action plan, and participatory monitoring of clinical and public health research to inform replication/intensification of successful strategies/actions. Baseline assessments, benchmarking, and multicounty analysis will inform tactical adaptations of the IAPs in states. A COVID-specific research agenda will be deployed through the research consortium led by the NCDC. Simulation exercises and after-action reviews will contribute in the monitoring efforts. The post-epidemic learning phase will focus on (a) strategic relevance of the near-term support for disease outbreak detection and response, with clarity of



pathways from World Bank Group contributions to the expected outcomes; (b) client responsiveness; (c) client capacity to sustain efforts to prevent future outbreaks of emerging infectious diseases; and (d) timeliness and agility of co-convening functions with country policymakers and strategic partners who complement the World Bank Group’s comparative advantages.

Project Beneficiaries

39. The Government’s Strategic Pandemic Preparedness and Response Plan is expected to benefit the entire population of Nigeria by directing efforts toward the prevention, control, and slowing down the spread of the outbreak, and provision of critical health care services. The project is especially expected to benefit COVID-19 infected people, specific at-risk populations (for example, the elderly and people with chronic conditions), women, medical and emergency personnel, medical and testing facilities, and public health agencies engaged in the response in participating countries. This project also strengthens the public health care network for future health emergencies and care provision, which is expected to benefit the poor and vulnerable populations.

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

(i) Environmental Risk Rating

40. The potential environmental risks and impacts are considered Substantial. Although the main long-term impacts are likely to be positive, there are few short-term risks that need to be considered. The main environmental risks include: (i) environmental and community health related risks resulting from inadequate segregation, storage, transportation and final disposal of infected medical waste; (ii) occupational health and safety issues associated to the availability and supply and access to personal protective equipment (PPE) for healthcare workers and the linked logistical challenges in transporting PPE across the country in a timely manner to where they are needed; (iii) community health and safety risks given close social contact and limited sanitary and hygiene services (clean water, soap, disinfectants); (iv) isolation capabilities at HFs across the country; and (v) Limited facilities for the final disposal of medical wastes (High temperature Incinerators and Landfill sites). To mitigate these risks the proponent (PIU) with support from NCDC, will update the existing Environmental and Social Management Framework (ESMF) and National Health Care Waste Management Plan (NHCWMP) prepared for the WBG-funded West Africa Regional Disease Surveillance Systems Enhancement Project (REDISSE) that were approved in May 2016 and updated in April 2020 to cover COVID 19 specific risks, impacts and mitigation protocols. The revised ESMF and NHCWMP contains updates on provisions for segregating, storing, transporting, and



disposing of contaminated medical waste and outline guidance in line with international good industry practice and WHO standards on COVID-19 response on limiting viral contagion in healthcare facilities. The relevant parts of the WHO COVID-19 quarantine guidelines and COVID-19 biosafety guidelines, including the protocol for handling and burial of the corpses of patients who died from COVID-19, will be adapted so that all relevant occupational and community health and safety risks and mitigation measures will be incorporated. In addition to the ESMF and the NHCWMP, the client will implement the activities listed in the Environmental and Social Commitment Plan (ESCP). The Project will also support proponent (PIU) in coordination with FMOH, WHO, UNICEF, NCDC, and other partners in overcoming logistical constraints in the timely provision of technical expertise, supplies, equipment and systems across the country.

(ii) Social Risk Rating

41. The social risks for this operation are considered Substantial. The main risks include (i) misinformation and rumors regarding COVID-19 which may lead to social tension, stigmatization of COVID-19 survivors and health workers; (ii) occupational health and safety and labor related risks to frontline health and laboratory workers working on the COVID response (iii) exclusion of vulnerable people (poor, disabled, elderly, people in isolated and hard to reach communities, prisoners, IDPs, refugees and migrant labor) to COVID-19 facilities which could undermine the objectives of the project; (iv) elite capture of products and services targeted at affected populations; (v) handling of quarantining interventions (including dignified treatment of patients; attention to specific, culturally determined concerns of vulnerable groups; and prevention of SEA and Sexual Harassment (SH) as well as meeting minimum accommodation and servicing requirements) are issues that would require close attention while managing the social risks of the Project; (vi) social unrest due to measures regarding social distancing; and (vii) risks associated with civil works and labor; (viii) grievances and complaints during Project implementation; and (ix) security risks associated with the potential use of military or security forces by the Government during Project implementation

42. To mitigate these social risks, the ESCP will commit to the provision of services and supplies based on the urgency of the need. The ESMF will identify, mitigate and respond to the Project level social risks and impacts associated with labor, grievances, social exclusion, potential use of security forces, among others. SEA/SH risks related to the implementation of the Nigeria CoPREP operation will be assessed and addressed in implementation, including screening and putting in the corresponding measures to prevent and mitigate the SEA/SH risks. Given the urgent need of this Project, specific SEA/SH risk assessments have not been required for the Nigeria CoPREP operations. The Health Nutrition and Population GP conducted initial assessments of SEA/SH risks has been conducted by the HNP GP and risk mitigation measures have been identified which will be reflected in the ESMF and site specific ESMPs. The revised ESMF will incorporate responses to broader social risks and impacts including mitigation measures to address SEA/SH mitigation measures, including the use of Code of Conducts, grievance redress mechanism utilizing the systems available by the PIU.

43. The project will include comprehensive behavior change and risk communication interventions intervention to inform general public about the disease, personal health and hygiene issues, provision of correct and updated information to reduce social risks from the spread of misinformation. In addition, a Stakeholder Engagement Plan (SEP) has been prepared and will be revised and updated as necessary in the course of implementation. The PIU is required to report on stakeholder engagement activities through



quarterly progress reports, to be shared with the World Bank. The current preliminary SEP, as per the ESCP, will be updated and disclosed within one month of project effectiveness.

E. Implementation

Institutional and Implementation Arrangements

Institutional and Implementation Arrangements

44. Results Monitoring and The Presidential Task Force-COVID-19 (PTF) was established by the Presidency to lead the multi-sector response to COVID-19. The PTF is situated in the Office of the Secretary to the Government of the Federation and includes heads of relevant MDAs including Ministers and Directors General. PTF has a mandate of six-months in the first instance and is responsible for coordinating the GON's overall multi-sectoral response to the COVID-19 pandemic. The task force meets as frequently as the urgency requires, but no less than twice a week, to advise and support activities in a systematic manner and take evidence-based decisions related to response and impact mitigation of the pandemic.

45. The National Steering Committee (NSC): The COVID-19 project National Steering Committee will have oversight responsibilities over the Nigeria CoPREP project. The Honorable Minister of Health will be the chair of the National Steering committee. Other members of the committee shall include the Honorable Minister of Finance, a representative of the Governors, the National Coordinator (NC) of the PTF, Permanent Secretary (PS) FMoH, the Director General of the NCDC, the Chief Executive Officer (CEO) of the National Primary Health Care Development Agency (NPHCDA), Director International Economic Relations Department (IERD) FMoFBNP, and CEO of the National Health Insurance Service (NHIS). Select DPs will be invited by the Honorable Minister of Health to participate as observers when appropriate. The NSC is ultimately responsible for overall project direction and guidance and achieving the PDO and PDO indicators. The NSC which shall meet at least twice a year would also be responsible for approving the eligibility criteria for disbursement of project funds to states.

46. The Nigeria CoPREP National Technical Committee: This committee will be chaired by the Director General of the NCDC. Other members of the committee include NC PTF, the Chief Executives of NPHCDA and NHIS, Directors of Health Planning, Research and Statistics, Public Health, Hospital Services and Port Health Services at the FMoH, Directors of Laboratory, Surveillance and Epidemiology, and Health Emergency Preparedness and Response at the NCDC, a nominee of the Nigeria Governors' Forum, the Director IERD from the FMoFBNP, two representatives of the Commissioners of Health Forum (representing North and South) and invited DPs. The National Technical committee will be responsible for overseeing the planning, management and monitoring of Project activities, including focusing on policy issues related to the Project. The technical committee will meet frequently, but no later than once a month to review and approve State IAP, work plans and budget and ensure timely implementation of the project by the PCU, as well as review progress reports to be prepared by the PCU to ensure agreed performance targets and timelines for activities of the project are met. Once work plan is approved, the members of the technical committee will not be involved in the day-to-day implementation of the project which will be the responsibility of the PCU. The Project Coordinating Unit will serve as secretariat to both the national steering and national technical committees.



47. The PCU for the Nigeria CoPREP will be the same PCU for REDISSE II. The PCU for REDISSE II will be expanded and strengthened for it to take on the additional responsibility of also serving as the PCU for the Nigeria CoPREP. This expanded PCU will continue to be situated within the NCDC, being the mandated institution for National Health Security. The PCU for REDISSE II currently includes a Project Coordinator, two Sector Coordinators (Health and Animal), a Procurement Specialist, a Financial Management Specialist, an internal auditor, M&E Specialist, Environmental safeguard specialist and Social Safeguard specialist. Subject to approval of the work plan by the National Technical Committee, the Project Coordinating Unit headed by the Project Coordinator will be responsible for the coordination and management of the project funds and the carrying out of the procurement, monitoring, evaluation and reporting functions; including the transfer of the project funds and monitoring of the use of Credit proceeds by States and Federal implementing entities

48. The PCU will be strengthened to enable it deliver on its expanded mandate. In view of the additional responsibilities of the PCU which now has an expanded mandate to implement both REDISSE and Nigeria CoPREP, the PCU will be strengthened with additional technical staff including; a Case Management Specialist (from Department of Hospital Services at FMOH), Risk Communication Specialist, State liaison Officer (from Department of Health Emergency, Preparedness and Response at NCDC), a multi-sector Liaison Officers (from the PTF), WASH Specialist (from Federal Ministry of Water Resources) and Project Communication Specialist with the final number of staff in the PCU to be confirmed in the Project Implementation Manual. The PCU will also strengthen its fiduciary capacity through deployment of additional two project accountants and an internal auditor. The three procurement consultants engaged to support procurement activities of REDISSE will be deployed to support the PCU. Furthermore, the PCU will be supported to increase the number of specialists in Procurement and Financial Management as may be necessary. All members of the PCU will continue to work full time on the project. To provide technical support and monitor implementation at State-level, NCDC will deploy staff to States and provide additional support to the PCU in carrying out its technical and managerial responsibilities.

49. Expanding and strengthening the REDISSE II PCU to implement both REDISSE II and the proposed project was considered the best choice after several considerations. Other choices of PCU were considered. These included the FMOH and the PTF. The following considerations were taken in locating the PCU within NCDC: (i) Honorable Minister of Finance, Budget and National Planning request letter for the proposed project recognized REDISSE II project complementarity and the need for additional financing to support the response through REDISSE II; (ii) REDISSE II mechanism for project implementation is already in existence and functional; (iii) the project would be ready for implementation at effectiveness due to presence of an already existing structure; and (iv) incorporating Nigeria CoPREP in the existing structure would also reduce the lag time for implementation associated with Bank due diligence such as assessments, recruitment of PCU staff and clearances in Bank systems. This is important given the emergency nature of the project.

State Implementation Arrangement

50. The implementation of the project at the State-level will be overseen by the State Steering Committee chaired by the State Commissioner for Health. Members of the state steering committee include representative of the state task force, Permanent Secretary of the State Ministry of Health (SMOH), Commissioners for Finance, Budget and Planning, Water Resources and Information. Other members will include the Executive Secretaries (ES) of State Primary Health Care Development Agency



(SPHCDA) and State Social Health Insurance Agency (SSHIA), EOC incident manager and invited DPs supporting the State COVID-19 response. The State steering committee would function in similar manner to the technical committee at the federal level. While the State steering committee would have responsibility to review and approve the COVID-19 incidence action plan for the State, members of the committee will not be involved in the day to day implementation of the approved plan.

51. At the State level, implementation will be similar to the structure followed for World Bank Federal-led project. There will be a State COVID-19 PCU comprising of State Epidemiologist (as the State Coordinator), a program officer (who will have technical and M&E responsibilities), a project finance officer and a procurement officer to support on fiduciary matters. All state PCU members will be assigned by the State Ministry of Health or by the relevant state ministry such as State Ministry of Finance assigning a finance officer. There will be a dedicated project account for the activities of the State PCU which will receive funds from the federal PCU on imprest basis. A Subsidiary Agreement detailing the terms, use of the funds, monitoring and reporting requirements will be executed between the NCDC and State Ministry of Health. The State Epidemiologist will be the primary contact person with the federal PCU. The State Liaison Officers in the federal PCU will be responsible for following up and interfacing with the States.

52. The State coordinating unit will work closely with the state EOC incident manager, environmental and social safeguard officer, and WASH officer (from the State Ministry of Water Resources). The State Epidemiologist will ensure that the State Incident Action Plan for COVID-19 developed for implementation by the EOC and endorsed or approved by the State Steering Committee to be implemented as approved. The state EOC will also include partners supporting the state government to implement the COVID-19 Response efforts. The State coordinating unit will be able to initiate procurement for commodities, minor works and services as per procurement guidelines described in the Project Implementation Manual.

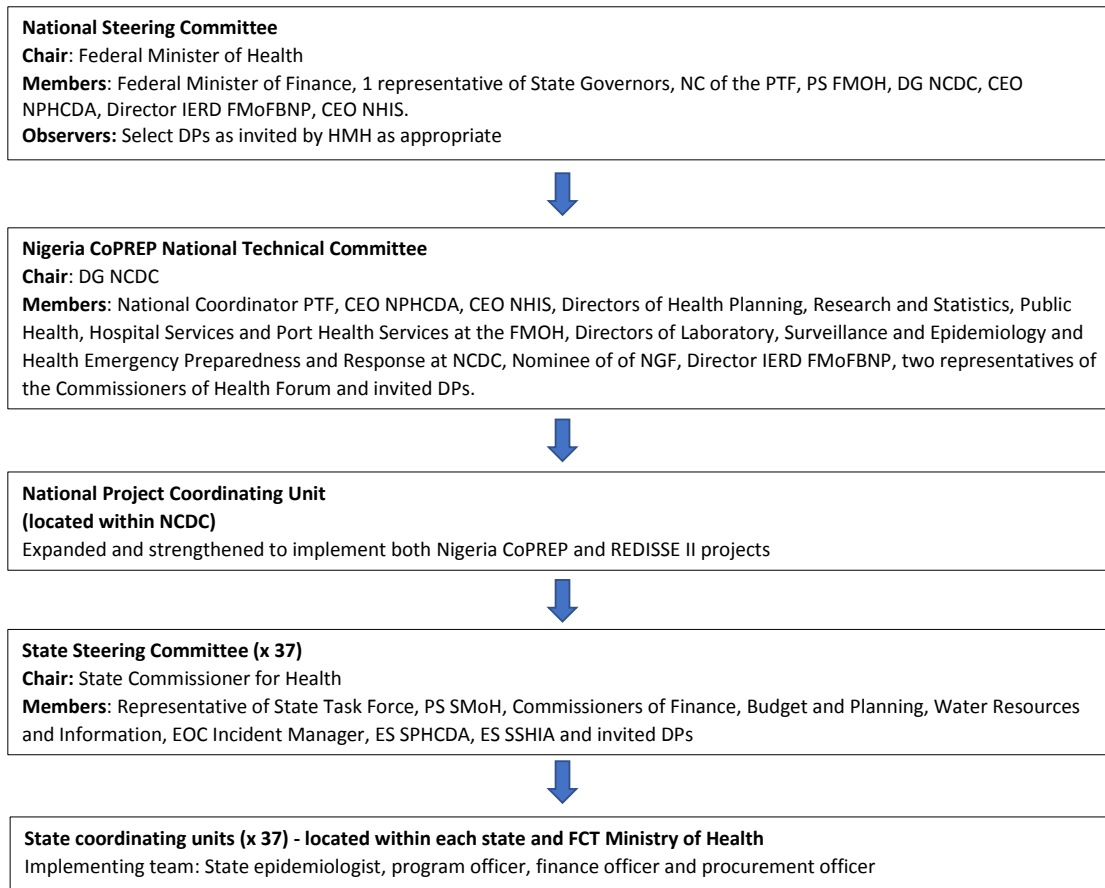
53. NCDC has provided technical assistance to States on the development of COVID-19 incident action plans. To ensure that the IAP developed by States is of an acceptable quality, NCDC has recently worked with a multi-stakeholder group to develop a robust set of priority activities for the COVID-19 response that can be implemented at States. The involvement of the multi-stakeholder group comprising of WHO, US CDC, Africa CDC, USAID, DFID, Public Health England, Bill and Melinda Gates Foundation, Resolve to Save Lives, African Field Epidemiology Network (AFENET), the World Bank and representatives of the Nigerian Governors Forum and State Epidemiologists ensured that the requisite buy-in of critical stakeholders and donors so as to harmonize support to State response. The agreed template of activities which has been approved by the national EOC for COVID-19 and also the Director General (DG) of NCDC has been shared with all the States to be used to revise their IAP and the template would serve as a checklist for the federal PCU as they review the revised State IAP before recommending to the **World Bank**.

54. Thus, to access funds from this project, each State will prepare an IAP in line with the agreed template that captures all areas that will contribute to effective COVID 19 response. The plan will be vetted and approved by the national technical committee at the national level through a broad-based process detailed in the Project Implementation Manual that will include relevant stakeholders and partners. Plans will be screened against established evaluation criteria and states must show that they have adopted COVID-responsive policies which are in line with the national response. The cleared plan will be presented to the World Bank for no objection which will then trigger funds release to States via



the designated account in NCDC. The States will sign a Subsidiary Agreement with NCDC that will define how the funds will be utilized and reported. The State will have an imprest account for the activities of the State PCU. Approved funds from Federal PCU will be paid into the state imprest account. Any subsequent disbursement will be conditional on implementation progress and retirement of earlier disbursed amounts. To ensure timely implementation, the State Epidemiologist will be responsible for approving expenditure from the state imprest account, provided the state plan has been approved by the state steering committee. As activities to be funded are derived from the approved State COVID-19 response plan prepared by the state EOC, all requests for implementation of approved activities will be initiated through the COVID-19 incident manager to ensure coordination.

Figure 5: Institutional Arrangements



Results Monitoring and Evaluation Arrangements

55. M&E activities will be the responsibility of the departments and units of the NCDC and FMOH as part of their data production and of the emergency response team through its reporting systems (including meeting summaries). The PCU will seek to collect pre-analyzed data wherever possible and will only do its own data analysis where the indicators are not already available. In such circumstances, it will agree in advance on indicator definitions to facilitate the validation process. The existing REDISSE II M&E process will be used given the complementarity of the Nigeria CoPREP and REDISSE II.



56. Data security. Large volumes of personal data, personally identifiable information and sensitive data are likely to be collected and used in connection with the management of this crisis under circumstances where measures to ensure the legitimate, appropriate, and proportionate use and processing of that data may not feature in national law or data governance regulations, or the data may be routinely collected and managed in health information systems. To guard against abuse of that data, World Bank operations will incorporate best international practices for dealing with such data in such circumstances. Such measures may include, by way of example, data minimization (collecting only data that is necessary for the purpose); data accuracy (correct or erase data that are not necessary or are inaccurate); data use limitations (data are only used for legitimate and related purposes); data retention (retain data only for as long as they are necessary); informing data subjects of use and processing of data; and allowing data subjects the opportunity to correct information about them, and so on. In practical terms, operations will ensure that these principles apply through assessments of existing or development of new data governance mechanisms and data standards for emergency and routine health care, data sharing protocols, rules or regulations, revision of relevant regulations, training, sharing of global experience, unique identifiers for health system clients, strengthening of health information systems, and so on.

B. Sustainability

57. Sustainability will be enhanced through coordination with existing operations financed by the World Bank and other DPs. The ongoing REDISSE II operation is already providing support for emergency preparedness and response and will continue to do so after the crisis phase has ended. Both bilateral and multilateral partners are already providing support including the Gates and Dangote Gates Foundation. The NCDC has been mandated by the Government as the statutory body providing long-term sustainability in strengthening of emergency preparedness and response in Nigeria and as such the Nigeria CoPREP will complement the various efforts and projects that are working to provide resilience and long-term sustainability in emergency preparedness and response. The strengthening of state capacity will further enhance sustainability at the state level especially with increased state commitment to financing of emergency preparedness and response.



CONTACT POINT

World Bank

Noel Chisaka
Senior Health Specialist

Ayodeji Gafar Ajiboye
Economist (Health)

Borrower/Client/Recipient

Federal Republic Of Nigeria
Fidel Odey
Director, IERD
fidel.odey@gmail.com

Implementing Agencies

Nigeria Center for Disease Control (NCDC)
Chikwe Ihekweazu
Chief Executive Officer
Chikwe.Ihekweazu@ncdc.gov.ng

FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: <http://www.worldbank.org/projects>

APPROVAL

Task Team Leader(s):	Noel Chisaka Ayodeji Gafar Ajiboye
----------------------	---------------------------------------



Approved By

Environmental and Social Standards Advisor:	Nathalie S. Munzberg	20-Jul-2020
Practice Manager/Manager:		
Country Director:	Kathleen Anne Whimp	24-Jul-2020
