FEDERAL GOVERNMENT OF NIGERIA
FEDERAL MINISTRY OF HEALTH
NIGERIA CENTER FOR DISEASE CONTROL

ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK

(FINAL REPORT)

NIGERIA COVID-19 PREPAREDNESS AND RESPONSE PROJECT - CoPREP (P173980) AND ADDITIONAL FINANCING AND RESTRUCTURING OF CoPREP (P177076) UNDER THE COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM (SPRP)

AUGUST 2021

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Abbreviations

AU	African Union
COVID-19	Corona Virus Disease 2019
DSNO	Disease Surveillance Notification Officer
ECOWAS	Economic Community of West African States
EA	Environmental Assessment
EIA	Environmental Impact Assessment
EOC	Emergency Operation Centre
ESCP	Environmental and Social Commitment Plan
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental Social Standards
EVD	Ebola Virus Disease
FAO	Food and Agriculture Organization
FCT	Federal Capital Territory
FEPA	Federal Environmental Protection Agency
FMARD	Federal Ministry of Agriculture and Rural Development
FMEnv	Federal Ministry of Environment
GON	Government of Nigeria
HCW	Health Care Waste
HCWMP	Health Care Waste Management Plan
IAP	Incident Action Plan
ICWMP	Infection Control and Waste Management Plan
IPMP	Integrated Pest Management Plan
LUTH	Lagos University Teaching Hospital
NCDC	Nigeria Centre for Disease Control
NESREA	National Environmental Standards and Regulations Enforcement Agency
NAFDAC	National Agency for Food and Drug Administration Control
NVDP	National Vaccination and Deployment Plan
NRL	NCDC Reference Laboratory
Nigeria CoPREP	Nigeria COVID-19 Preparedness and Response Project
NPHCDA	National Primary Healthcare Development Agency
OP	Operation Policy
OHS	Occupational Health and Safety
PAD	Project Appraisal Document
PCU	Project Coordinating Unit
PDO	Project Development Objective
PHEOC	Public Health Emergency Operation Centre
PPE	Personal Protective Equipment
SEP	Stakeholders Engagement Plan
SEPA	State Environmental Protection Agency or Authorities
SMP	Security Management Plan
SPCU	State Project Coordinating Unit
SOP	Series of Interdependent Projects (SOP).
SSO	State Surveillance Officer
WHO	World Health Organization

Executive Summary

ES 1: Introduction

The Government of Nigeria (GoN), through the Ministry of Health and Nigeria Centre for Disease Control, with support from the World Bank, is implementing the Nigeria COVID-19 Preparedness and Response Project (CoPREP) – P173980 (refered to as the Parent Project). The Parent project became effective on March 15, 2021, although field implementation is yet to commence. The GoN is currently seeking an Additional Financing (AF) of US$ 400 million equivalent and a restructuring of the parent project to provide upfront financing to help the government purchase and deploy COVID-19 vaccines that meet the 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 project development objective of the CoPREP Projects, Parent Project, Additional Financing and the Restructured Project is to prevent, detect, and respond to the threat posed by COVID-19 at the state level in Nigeria.

The CoPREP Projects are implemented by the Nigeria Centre for Disease Control (NCDC) with support from the National Primary Health Care Development Agency (NPHCDA) for the vaccine component. The CoPREP Projects would be implemented in the 36 states in Nigeria and the Federal Capital Territory (FCT).

Rationale of the ESMF

The exact locations where the CoPREP Project activities would be carried out are not yet known during project preparation but will be identified via screening, review and approval during project implementation. Consequently, the appropriate E&S instrument to be prepared prior to appraisal is an ESMF which will provide a framework for addressing potential risks and impacts of the proposed project, inform design and decision making, and provide guidelines and procedures to be followed in undertaking site specific Environmental and Social Management Plans (ESMPs) during project implementation phase.

Purpose and Objectives of the ESMF

The purpose of this framework is to guide the Nigeria Centre for Disease Control, Ministry of Health and the NPHCDA (and its state counterpart) on environmental and social (E&S) screening and subsequent assessments during implementation, including site-specific plans in accordance with the Environmental and Social Framework (ESF). Consequently, this ESMF establishes a unified process for addressing all environmental and social safeguard issues throughout project implementation. Effective implementation of an ESMF will ensure that both substantive concerns of the required World Bank ESF and national environmental policies are satisfactorily addressed.

Scope of the Environmental and Social Management Framework

The scope of this framework includes procedures of appropriate prevention and mitigation measures for adverse impacts that might result from project activities, including how to conduct screening of activities/sub-projects to assess the environmental and social risks and impacts and identify mitigation measures as part of subproject-specific assessments and plans. This ESMF includes a broad description of the project, existing policy and legal frameworks, relevant WHO, World Bank, Center for Disease Control (CDC) guidelines, and the National Vaccination and Deployment Plan (NVDP). ESMF also includes templates for Environmental and Social Management Plans (ESMPs), checklist and Infection Control and Medical Waste Management Plans (ICMWMPs).

Methodology

Step One: Initial Consultation and Project Planning
Step Two: Desktop/Literature Review
Step Three: Stakeholder Consultation

Step Four: Environmental and Social Baseline Data
Step Five: Identification of Potential E&S Risks and Mitigation Measures

Health Care Waste Management Plan

The standalone Health Care Waste Management Plan prepared under the Regional Disease Surveillance System Enhancement (REDISSEII) Project (P159040) has been updated to outline the Infection Control and Waste Management Plan (ICWMP) resulting from Nigeria's COVID-19 Preparedness and Response activities. The measures for mitigating the identified potential adverse impacts including ensuring better development outcomes and implementation arrangement are also provided in the HCWMP. A monitoring program was also included to address potential negative impacts of the medical waste and to ensure that unforeseen impacts are detected, and the mitigation measures implemented efficiently. The monitoring plan includes indicators for the storage, segregation, transportation, and disposal of the medical waste. A budgetary provision of Two Hundred and Twenty- Seven Thousand, One Hundred Dollars only ($227,100) included in the project was estimated for implementing the measures identified in the HCWMP.

ES 2: Project Description

This includes information on the Parent, Additional Financing (AF) and Restructured Project component and sub-components. The parent project (Nigeria CoPREP P173980) consists of two components and four sub-components as seen below:

Component 1: Emergency COVID-19 Response (USD$104.28 million)

- Subcomponent 1.1) on Federal Support and Procurement for COVID-19 Emergency Preparedness and Response
- Subcomponent 1.2: Direct Support to States for COVID-19 Emergency Preparedness and Response
- Subcomponent 1.3: Health System Strengthening. This subcomponent will support activities geared toward:
    - Sub-component 1.3.1: Strengthening Laboratory detection, Surveillance, Coordination for COVID-19;
    - Sub-component 1.3.2: Case Management and clinical care; and
    - Sub-component 1.3.3: Water Sanitation and Hygiene (WASH).
- Subcomponent 1.4. Communication Preparedness: Community Mobilization and Risk Communication and advocacy.

Component 2: Project Management, Coordination, Monitoring and Evaluation (US$10 million)

- Subcomponent 2.1: Project Management and Coordination.
- Subcomponent 2.2: Monitoring and Evaluation.

Additional Financing and Restructuring Component:

Component 1: Emergency COVID-19 Response US$514.28 million equivalent		
Subcomponent 1.1	Federal Support and Procurement for COVID-19 Emergency Preparedness and Response	US$14.28 million
Sub-component 1.2	Direct Support to States for COVID-19 Emergency Preparedness and Response	US$56.5 million

Sub-component 1.3	COVID-19 Acquisition from AVATT through UNICEF	US$357.5 million
Sub-component 1.4	COVID-19 Vaccine Deployment	US$76 million
Component 2: Project Management, Coordination, Monitoring and Evaluation US$10.00 million		
Sub-component 2.1	Project Management and Coordination	US$5.00 million
Sub-component 2.2	Monitoring and Evaluation	US$5.00 million

Nigeria CoPREP Scope of Work

The Nigeria CoPREP will be implemented in the 36 states and the FCT with respect to the project components. However, in the context of Environmental and Social Management Framework about 12 states (Adamawa, Anambra, Bauchi, Cross River, Enugu, Imo, Kwara, Lagos, Kano, Katsina, Kebbi, Rivers) would be selected for the rehabilitation of Isolation and treatment centres, equipping and refurbishment of medical laboratories, provision of emergency water supply (boreholes) and provision of personal protective equipment. The project is dynamic and may evolve during the project lifecycle as the COVID-19 is novel and also dynamic.

ES 3: Policy, Legal and Institutional Framework

This chapter identifies and provides an overview of Nigerian national environmental legislation and policies linking these with other institutional framework policies (health) and highlighting the World Bank Environmental and Social Framework that apply to the Nigeria CoPREP respectively. The legislation outlined in the foregoing sections of this chapter are derived from Nigerian Government laws and regulations, State and local government laws as well as international conventions and other instruments that Nigeria is signatory to.

ES 4: Environmental and Social Baseline

The activities of the project cut across participating states which are not particularly certain at this stage. Therefore, this chapter highlights a baseline overview of the prevailing conditions of the healthcare system in the country, infrastructure, delivery quality, its preparedness and response plan to infectious diseases within its environment and the social interaction.

Environmental Baseline

Overview of the Study Area

Nigeria is the most populous nation in Africa with a 2018 projected growing population of about 195,857,000 and accounts for 47% of West Africa's population. The country lies between latitudes 40 00' N and 140 00' N, and longitudes 20 50' E and 140 45' E, bordered by Chad to the northeast, Cameroon to the east, Benin Republic to the west, Niger to the northwest and the Atlantic Ocean to the south. The country's total area is 923,768 sq. km., of which 910,768 sq. km is land and 13,000 sq. km. is water. The country has 36 states and the Federal Capital Territory, consisting of 774 local government areas spread across the six geo-political zones. Table 2 highlights the country's key specifications.

Healthcare Waste Management

In general, healthcare waste (HCW) is poorly managed in Nigeria. Normally, it is estimated that between 10% and 25% of healthcare waste generated by medical institutions are hazardous in nature. However, this is much higher in Nigeria due to the poor HCWM practices (poor segregation at source of generation, poor transportation mechanisms, poor storage).

Current HCW Management
Existing waste management facilities differ among hospitals, it consists mostly of: Incinerators built with primary and secondary burners, and in some cases, drum incinerators, which do not have air pollution abatement facilities; Autoclaving; Chemical disinfection; Controlled Open Burning; Open ditches; Dumpsites; Landfills; Pit latrines and Septic tanks. Waste assessment tracking was conducted in August, 2020 for some selected HCFs responding to COVID-19 outbreak, see table 4 for highlighted gaps.

Management Response to Disease Surveillance
The National health system has a generic Modus Operandi (MO) for responding to outbreak of infectious diseases with few alterations for selected cases. The MO is guided by the Incident Management System that coordinates response and emergency situations both at the national and subnational levels. The response starts at the lowest administrative level of the affected healthcare facility, which leads to immediate response by the Local Government Area (LGA) Disease Surveillance and Notification Officer (DSNO) and then the Public Health Emergency Operation Centres (PHEOCs) also called State EOC. The State Emergency Operation Centre (EOC) is the coordinating hub for treatment, standardization and administrative control and its usually coordinated by the State Epidemiologist with support from the state Incident Manger. The PHEOC reports to the National Health EOC Response Team at NCDC led by an Incident Manager. The Incident Manager oversees the preparation, planning, resource management and overall operation of an emergency response at national level. All these response levels are guided by the Incident Management System

All PHEOC is coordinated by the following pillars

- Logistics
- Surveillance
- Laboratory
- Infection Prevention and Control
- Risk Communication
- Research
- Case Management
- Monitoring and Evaluation

Country's Response to COVID-19
Efforts to contain the spread of the COVID-19 virus is led by the Presidential Steering Committee-PSC (formerly known as Presidential Taskforce on COVID-19) located in the Office of the Secretary to the Government of the Federation. The PSC leads the multi-sector response to COVID-19 and consists of heads of relevant MDAs 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 Nigeria Centre for Disease Control (NCDC). The NTC is responsible for overseeing the planning, management and monitoring of project activities, including focusing on policy issues related to the project.

COVID-19 Status
As of July 30, 2021, 173,411 total cases have been confirmed in Nigeria with 164,978 recovered and 2,149 deaths (Source: NCDC daily updates).

COVID-19 Vaccination Efforts
Nigeria received 4,024,000 doses of the AstraZeneca vaccine. This is made up of 3,924,000 doses through COVAX, a program co-led by Global Alliance for Vaccine and Immunization (GAVI), the Vaccine Alliance, the World Health Organization (WHO), and the Coalition for Epidemic Preparedness and Innovations (CEPI) to ensure equitable vaccine access; and 100,000 does from the Government of India. The National Vaccination and Deployment Plan

(NVDP) indicated that the COVAX facility will provide COVID-19 vaccines for 20% (42,298,665 persons) of the country's total population, and 300,000 doses of vaccine from telecommunication giant MTN. According to data from NPHCDA, as at July 12, 2021, the GoN utilized 3,938,945 doses of AstraZeneca vaccines across 36 States and FCT, representing 98% utilization of the 4,024,000 doses of Oxford/AstraZeneca vaccine it received from the COVAX facility in March 2021. This comprises 2,534,205 people who have been vaccinated with the first dose, and 1,404,205 who have received their second dose of the vaccine under Phase 1.

ES 5: Potential Environmental & Social Risks/Impacts

Potential Positive Impacts

It is expected that the activities supported by the project will enhance the nations disease surveillance systems and provide resources to control and contain the spread of COVID-19 and similar infectious diseases. Specific anticipated benefits of the project include:

- Improved access to better medical and emergency facilities and service providers at project-funded healthcare and laboratory facilities,
- Improved access to reliable information on COVID-19 and other infectious disease,
- Prevention and minimization of the spread of infectious disease through better resourced national disease surveillance system (including the capacity of the country's health services to identify, trace, test, isolate and treat COVID-19 cases),
- Improved protection of the population against COVID-19 through immunization, and
- Improved capacity of the Nigeria to prevent and control disease epidemics.
- Availability of vaccines for the population
- Risk communication and sensitization approaches to reduce issues on miscommunication, vaccine hesitancy and misinformation.
- Use of energy saving equipment which is a positive impact for the project and contribute to climate change co-benefit.

Potential Negative Environmental & Social Risks

Major Potential Environmental Risks Associated with the Project are highlighted in table 01 below :

Table 01: Summary of Potential E&S Risks with Mitigation Measures

Project Sub-Activities	Potential E&S Risks	Impact Rating	Mitigation Measures
Rehabilitation of Healthcare Facilities	Dust emission, noise and disruption to healthcare activities	**Moderate**	▪ Use of PPEs ▪ Work should be done during off-peak periods ▪ Contractor should obtain permission from necessary MDA prior to works
	OHS related risks	**Moderate**	▪ Use of PPE ▪ Train, supervise and regular PEP talks with personnel ▪ Ensure machinery and equipment are always in good working conditions and comply with the ESS-2 guidelines ▪ Remove any know hazards within the work environment and implement Job Hazard Analysis Plan
	Increased waste generation	**Substantial**	▪ Implement site specific waste management plan ▪ Reduce material usage when feasible
	Insecurity and theft at project sites	**Moderate**	▪ Contractor should cooperate with hospital management to appoint security personnel and install CCTV where needed ▪ Body-search the workers to avoid getting weapons on site, to ensure nothing is stolen ▪ Ensure only authorized personnel get to site
	Potential risk of COVID-19 infections amongst workers	**Substantial**	Use PPEs and implement COVID-19 protocols as stipulated by NDCD guidelines
Procurement, transport, storage and deployment of vaccines	Damage to vaccines in transit Potential for diversion of vaccines Potential failure of refrigerators during storage OHS risks to vaccination teams Inaccurate assessment of cold chain capacity and other requirements Possible contamination of surface of vaccine related materials	**Substantial**	▪ Use trained and experienced staff ▪ Install car trackers . ▪ Train operators on safe operation of equipment and vehicles and the national road safety regulations ▪ Monitor cold-chain temperature using an electronic temperature monitoring device (fridge tag) with capability for manual extraction of data. ▪ All personnel involved must always wear the appropriate PPEs during deployment ▪ Alcohol-based hand rub should be provided where handwashing facilities cannot be accessed easily and regularly
Temporary locations for installation of vaccination booths including the temporary use of public and	Security threats The potential to choose locations which are not accessible to remote locations.	**Moderate**	▪ Consider central and accessible locations to remote population. ▪ The Project would utilize Security Force as part of vaccination team ▪ Identify and engage with authorities of public facilities including schools, community centers and market associations

private properties such as schools, town halls, markets and community Centres.	Medical waste management and disposal issues		▪ Liaise with the relevant waste management boards. ▪ Incorporate waste segregation, treatment, and appropriate disposal. ▪ Include information on location of vaccination booths in public disclosure sessions, traditional media houses and communication materials. ▪ Identify, engage, and inform local community, vulnerable groups on the locations of vaccination centers and vaccination arrangements.
Procurement of PPE	Potential for procuring sub-standard or inadequate use of PPEs which may compromise infection control measures; Potential for improper disposal of used PPEs.	**Moderate**	▪ Purchase only standard PPEs with ISO quality. ▪ Train workers on the proper use of PPEs, disinfection, reuse, and disposal of PPEs using WHO Guidance on rational use of PPEs). ▪ Institute quality control measures for all PPE that are procured. ▪ Institute and train workers on mandatory use of PPEs in active work areas.
	COVID contaminated PPEs.	**Substantial**	▪ Healthcare waste produced during the care of COVID-19 patients should be collected safely in designated containers and bags, labelled, treated, and then safely disposed off ▪ Autoclave contaminated waste before using incineration
Diagnosis and treatment of COVID-19 patients	OHS concerns to frontline healthcare workers and staff especially on specimen collection and handling, exposure to infectious diseases. Possible increase in incidents of violence/harassment due to stigmatization related to COVID-19 of health workers, patients. Discomfort concerning the rules that are imposed for COVID-19 and conflict with the spiritual and cultural practices Social unrest due to disruption of cultural and communal activities due to distancing and other restrictions Covid-19 waste can pose direct health	**Substantial**	▪ Determine the need for design changes in the facility or its operation such as ICUs, isolation facilities, structural and equipment safety, universal access, nosocomial infection control, and medical waste disposal. ▪ Religious leaders and civil society/ community groups should be engaged early in the process to facilitate adherence and dispel rumuors and misinformation. ▪ Updated and sensitize stakeholders on GRM and public information dissemination activities to prevent mismanagement and social unrest. ▪ Deploy security personnel to protect vaccination teams, and in line with ESS4 and UN principles on security and human rights. ▪ Implementation of the recommendations from the Security Management Plan.

	risks to all hospital employees. Risk of infections and spread of diseases through vectors.		
Operation of Rehabilitated and Equipped Healthcare Facilities	▪ Potential injuries resulting from handling sharps, improper use of PPEs, and poor handling of waste. ▪ Risks of COVID-19 infection among health workers resulting from sample handling and testing. ▪ Potential for marginalizing vulnerable groups and persons with disabilities from accessing health services, isolation and quarantine services. ▪ Rise in tensions at isolation and quarantine centers due to lack of basic facilities, such as food, water and lodging and infection prevention and control measures ▪ Rise in social tensions due to the establishment of mandatory isolation and quarantine centers proximity to a residential area, school, public spaces, and park. ▪ Community health and safety issues due to improper handling and disposal of medical waste, including syringes and other medical waste used in the	**Substantial**	▪ Classify and quantify the HCW (infectious waste, pathological waste, sharps, liquid, and general waste) following WBG EHS Guidelines for Healthcare Facilities. ▪ Review onsite waste management and disposal regularly and provide weekly training on protocols contained in the updated National Health Waste Management Plan. ▪ PCU in coordination with Safeguard unit and the relevant health risk team of CoPREP will audit any off-site waste disposal every month and institute remedial measures required to ensure compliance ▪ Ensure quarantine facilities are located with considerations for access to basic needs and facilities such as food and water ▪ Describe applicable performance levels and/or standards and monitor the compliance of the existing management system. ▪ The project will take all measures to ensure proper disposal of medical waste that will be generated during the operation of health facilities to avoid community health and safety issues. ▪ HCF will apply the National Health Care Waste Management, Standards and Operating Procedures in disposing of used vials, syringes, and other vaccine related waste. ▪ Conducting monitoring of waste handling, storage and disposal to ensure proper implementation of waste management system. ▪ Site-specific Waste Management Plans shall be prepared ▪ Take necessary measures to ensure the safety of health workers as prescribed by WHO and several directives issued by the government such as Pandemic Health Services and Use of PPE. ▪ Implement and sstrengthen GRM services to collect, address complaints, and prevent social unrest and mismanagement ▪ Early and regular communication with community leaders, civil society, and community groups to determine location for quarantine facilities, pre-empt and address community issues and dispel any misinformation. ▪ Different channels of communication should be used to optimize impact. Refer to WHO's Risk Communication and Community Engagement RCCE protocols <

	vaccination program ▪ Covid-19 waste can pose direct health risks to all hospital employees.		https://www.who.int/publications/i/item/risk-communication-and-community-engagement-(rcce)-action-plan-guidance>.
	Air quality deterioration due to burning of HCW	**Substantial**	▪ Use only iincinerators specifically designed for HCW. ▪ Regular training of waste disposal staff on proper operation of incinerators according to standard operating procedures. ▪ Flue gases are properly treated (e.g. with the help of water scrubbers) before their release to the atmosphere; and v) there is no leakage of gases from the first chamber of the incinerator to avoid any release of dioxins before they can be destroyed in the second chamber. ▪ Regular air emission analysis. ▪ Incinerator usage should comply with the N/PEQS for gaseous emissions and ambient air quality
Vaccine prioritization and distribution	Inequitable access to COVID vaccine for vulnerable groups (women and religious minorities). Vaccine scepticism and misconceptions about the benefits and risks of the COVID-19 vaccine, affecting uptake Potential for attacks on vaccine deployment teams due to perceived discrimination	**Substantial**	▪ The GoN through NPHCDA should disclose, sensitize and implement the National Vaccination Deployment Plan (NVDP), amongst key stakeholders. ▪ The CoPREP Advisory Committee will undertake consultations with key development partners (i.e. WHO, UNICEF and the World Bank Group) as well as health and other essential workers as part of COVID-19 vaccine preparedness and roll out. ▪ A communication strategy would be developed to include strategies and plans for creating awareness about COVID-19 vaccines and to help generate vaccine acceptability by reversing rumours and addressing fears. ▪ Messages that discourages attacks against health workers and will clarify that no forced vaccination is supported by the project.
	OHS related risks	**Moderate**	▪ SOPs should be strictly followed by staff.(see annex 2 on SOP for Vaccination Deployment) ▪ PPE Stockpiling Calculators or related technology shall be utilized for assessing the need and amount of PPE. ▪ Appropriate PPE, in accordance with international standards should be provided to all workers ▪ Technical specifications for procuring equipment should require good hygiene practices in line with WHO technical guidance to be observed when preparing the procured goods. Check national and WHO technical guidance for latest information

			regarding transmission of COVID on packaging prior to finalization of working protocols at facilities receiving procured goods and update working methods as necessary. ▪ Good hygiene and cleaning protocols should be applied. During the transport, truck drivers should be required to wash hands frequently and /or be provided with hand sanitizer, and taught how to use it. Measures to minimize impacts during transportation, including hazardous materials can be found in the EHSGs
Use of security personnel to protect vaccine facilities and vaccination personnel	Potential for excess or arbitrary use of force by security personnel, and other risks associated with using security personnel such as sexual exploitation and abuse (SEA) and sexual harassment (SH)	**Moderate**	▪ Implement the recommendations from the security risk assessment for the project (see annex 12) ▪ Sensitize security personnel on World Bank's Technical Note on the use of security personnel ▪ Ensure standards, protocols and codes of conduct are followed for the selection and use of security personnel, and ensure that such personnel have not engaged in past unlawful or abusive behavior, including sexual exploitation and abuse (SEA), sexual harassment (SH) or excessive use of force ▪ Ensure that such Security Personnel is adequately instructed and trained, prior to deployment and on a regular basis, on the use of force and appropriate conduct (including civilian-military engagement, SEA and SH, and other relevant areas) ▪ Ensure that any concerns or grievances regarding the conduct of Security Personnel are received, monitored, documented, and resolved through the Project's GRM for security personnel. The Project will prepare a Security Management Plan prior to commencement of field activities which would identify mitigation measures, and strengthen existing measures, where necessary.

ES 6: Procedure to Address Environmental & Social Issues

A number of activities will be undertaken to ensure that the environmental and social impacts/risks of sub projects are duly identified, assessed and managed; and reporting requirements of ESS1 and national laws are complied with. These are discussed in the following sub sections.

- Screening Potential Sub-projects
- Develop Terms of Reference
- Conducting E&S assessment for each Sub-project
- Integrating Environmental and Social Mitigation Measures in Project Design and Tender Documents
- Review and Approval of E&S Plans and Instruments
- Consultation and disclosure of E&S plans and instruments
- Implementation and Monitoring of E&S Plans and Instruments

The monitoring roles and responsibilities would be carried out by the following:

- National PCU Safeguard Consultants will provide oversight monitoring of all E&S impacts and submit monitoring reports to the PCU

- The State PCU Environmental and Social Officers – who will effectively monitor the contractors engaged to ensure adherence to the environmental and social clauses and principles for all the activities, not readily identified now. The monitoring results from the executing agencies are reported to the Ministry of Environment for necessary action.
- Federal and State Level Ministry of Environment - will play the leading oversight role as it relates to environmental and OHS issues, will carry out its own compliance monitoring to satisfy itself that the permit conditions and relevant standards and mitigation measures are being fulfilled by operators in the sub-projects.
- Relevant MDAs - would participate in the monitoring considering specific components as they relate to their areas of statutory responsibility.
- Local Government - would participate in the monitoring to ensure and verify adequacy of implementation of various measures.
- Communities as well as the CBOs/NGOs will be useful agents in collection of data that will be vital in monitoring and realigning the project to the part of sustainability as such they will play a role in the monitoring framework.
- World Bank will continually assess the implementation of the ESMF and other E&S instruments and suggest additional measures as the need may be for effectiveness and efficiency.

Labour Management Procedures

The project has developed Labour Management Procedures (LMP) as Annex 22 which identifies labour requirements and sets out the procedures for addressing labour conditions and risks. Contractors must prepare and sign all levels of CoCs requested and present a Contractor's-ESMP (C-ESMP) that specifically addresses the aforementioned. The submission and acceptance of the C-ESMP is a mandatory process, essential prior to the commencement of any form of civil works. The State PCU is responsible for monitoring compliance to the E&S requirements. The LMP is enshrined within the context of the World Bank ESS 2: Labour and Working Conditions. The risks and impact associated with workers as well as community health and safety, and the risk associated with Labour impact are moderate due to the nature of minimal rehabilitation activities which are well understood and expected to have limited impacts as they can largely be avoided, minimized or managed through procedures set out in the LMP including:

- Adequate documentation of terms and conditions of employment
- Safe work environment, fair pay and rights of association and collective bargaining
- Non-discrimination and equal opportunity
- Prohibition of child Labour and forced Labour
- Training of all workers on Code of Conduct
- Compliance with National and international occupational health and safety standards Procedures to lodge complaints and receive responses, which should be known and explained to the employees by the contractor and the SPCUs.

Detailed information can be viewed in Annex 22.

ES 7: Stakeholders Consultation

At this stage, only few of the affected key stakeholders were consulted. Given the emergency nature of this operation and the transmission dynamics of COVID-19, consultations have been limited to telephone and virtual meetings with relevant government officials. Consultations were done in-house for ten days from 13-23 July 2021 with members of the PCU while virtual consultations were carried out on 30th, July 2021 with State Epidemiologists. Letters were sent on the 30th of July 2021 to the key MDAs: Ministry of Health, NPHCDA and NAFDAC. As at the

time of compiling this report, only Ministry of Health, Public Health Department responded to consultation others were yet to confirm their availability.

Summary of Consultation

Name of Stakeholder	Key Issues	Response
CoPREP Liaison Officer	• The State Ministry of Health Reporting line is not in tandem with the proposed reporting structure for the project, such would cause unnecessary delay. • The project needs full support of the Governors from inception. • Delay in disbursement	It was advised and agreed that the proposed State Steering Committee meeting should explain the Bank's requirement. The Bank procedures should also be communicated through the ESMF and PIM to the Governors during the proposed meeting with the Nigerian Governors' Forum
CoPREP M&E	Continuous delay in internal disbursement of funds for contractors for REDISSE II which is likely to reoccur in Nigeria CoPREP.	The PCU has designated different persons to handle the account for CoPREP
Ministry of Health, Public Health Department	The baseline structure with respect to waste, water supply, vulnerable people, points of entry. It was advised that the project should contact the Medical Services, Hospital Services, Focal Persons for Vulnerable Groups and Ports Units within the Ministry. As these units are responsible for these sectors (waste, water, vulnerable people) and can provide the necessary gaps.	A meeting would be organized to bring the needed units together and discuss the prevailing issues and how the project can cover such gaps.
Benue State Epidemiologist	• Points of Entry are not adequately equipped • Laboratories for COVID 19 test are only visible in the State Capital and few towns • Waste management is poor as Makurdi is the main centre for burning waste using a makeshift facility • Internal displaced persons are over 1 million • Social issues are resolved through traditional means • Numerous urgent needs for HCF	All these issues should be captured in the State Incident Action Plan The ESMF and Updated HCWMP would outline the necessary mitigation steps with regards to waste management and social issues
Ebonyi State Epidemiologist	• Most of their HCF do not have direct water supply as they have to rely on boreholes • Vehicles are hired to move HCW from collection centres to disposal area. This takes time and increases potential rate of infection	All these issues should be captured in the State Incident Action Plan
Ekiti State Surveillance Officer representing the State Epidemiologist	• HCW is disposed on dumpsite after collection from holding areas for days.	The project would consider looking into this, as the position of DSNO is critical in reporting disease outbreak

Disclosure

The PCU/SPCUs will make copies of this ESMF and other Safeguard Instruments (such as ESMP/SEP/HCWMP) available to the public and relevant MDAs through media advert (radio, television), community forums and the government official website in line with the National EIA procedures as stipulated by FMEnv. Specifically, the publication will be launched for 21 days:

- In 2 National Newspapers
- Local newspapers in the participating states

- Radio announcements
- Designated centers at the Federal Ministry of Health, NCDC, NPHCDA, NAFDAC, Federal Ministry of Environment, State levels including PHEOC, Ministry of Health, Ministry of Environment
- Websites of relevant MDAs
- World Bank external website

ES 8: Grievance Redress Mechanism

The CoPREP Grievance Redress Mechanism (C-GRM) is designed to manage all potential conflicts related to the project activities. The GRM will be implemented to ensure that all complaints from local communities are dealt with appropriately, with corrective actions being implemented, and the complainant being informed of the outcome. It will be applied to all complaints from affected parties. The SPCU will maintain a Complaints Database, which will contain all the information on complaints or grievances received from the communities or other stakeholders. This would include: the type of complaint, location, time, actions to address these complaints, and final outcome. The mechanism for implementing the GRM will include:

- Setting up Grievance Redress Committees (GRCs) at the community/HCF/State PCU/Federal PCU level and court redress system as a final option
- Complaints boxes located within the HCF and the community
- Grievance Log to document grievances received and how they were resolved
- Dedicated phone numbers for access to reporting grievances

The project shall ensure that all complaints are listened to in a fair and honest manner and the best course of action identified. Chapter eight defines the GRM framework and procedures to be adopted by the project.

ES 9: Institutional Arrangement, Responsibilities and Capacity Building

To ensure smooth and effective implementation, the project will have a Project Coordinating Unit (PCU) at the Federal Level supported by the Immunization Unit of NPHCDA and State Project Coordinating Unit (SPCU)at the State level for the participating States. Within the Federal PCU and each sub-national PCU, there shall be skilled staff in the areas of environmental and social management, specifically, environmental and social officers. Their roles and responsibilities are provided in Chapter9

Estimated Budget for ESMF/ESMP Implementation
The indicative budget for implementing the ESMF/ESMP is $158,112.32 (₦64,826,049.07)for estimated 7 states in the first year of project effectiveness. It includes the cost of mitigation and management, capacity building, strengthening for safeguards, GRM and GBV prevention and management. The details are presented in the table below

S/No	Activity	Description	Estimated Amount (US$)
1.	ESMP Mitigation Costs	Implementation of Mitigation measures for E&S risks and impacts	79,012
2	ESMP Monitoring Costs	Implementation of monitoring for mitigation measures	15,000
3.	Disclosure of E&S documents	Public disclosure of ESMF, ESMP, SEP, ESCP, HCWMP annually or as the case maybe depending on the dynamism of the project	5,237.47

S/No	Activity	Description	Estimated Amount (US$)
4.	Awareness creation and Sensitization	Meetings, Workshops and Stakeholder Engagement Meetings on GRM Operations ,GBV ESMF, SEP and LMP	2,475
5.	Monitoring & Compliance for E&S	Monitoring of implementation of mitigation measures by PCU-Safeguard (assume quarterly monitoring) SPCU including project sites visits Hiring of Consultants to prepare site specific ESMPs per state@ N4,734,500	As part of ESMP Mitigation costs 9,469
6.	Capacity Building	Training workshops and hiring of training consultants	19,113
7.	GRM Implementation Cost	Establishing and operationalizing GRM, GRCs incentives: Purchase and manage complaint boxes, training of GRCs, stipend for GRC members for monitoring and reporting activities, designated phone access, project monitoring of grievance log/compliant boxes (twice weekly) etc. Average of N2,000,000 per state for all sites	6,432
8	GBV Prevention and Management	GBV Assessment and implementation of GBV Action Plan:	7,000
Sub-total			**143,738.47**
Contingency		10% of Sub-total	14,373.85
Overall Total			**158,112.32**

Exchange rate: $1 USD equivalent to ₦ 410:00, CBN Rate August 5, 2021.

ES 10: Summary and Recommendations

The ESMF has provided a general view of the environmental and social conditions which would be followed to ensure that implementation of project activities satisfy the requirements of the existing relevant environmental assessment in Nigeria and that of World Bank Environmental and Social Standards' (ESSs) requirements. It addresses the project need to monitor and mitigate negative environmental and social risks and impacts of the project and promote sustainability.

This ESMF did not attempt to address any site-specific impacts related to individual undertakings (in any specific form) as the locations and extent of impacts or activities are not known at this preparatory stage. The ESMF outline the procedure to identify, mitigate the Environmental and Social Risks and Impacts associated with the project activities in addition to other chapters explaining the Infection Control and Medical Waste Management Plan ICMWMP, Implementation Budget and Stakeholder Engagement Requirements and approach.

This report is necessary at this point of project preparation to aid decision making on project design and modalities for implementation in such a way as to minimize identified risks and negative impacts. The effective use of this ESMF would be regularly reviewed as part of the project's Monitoring & Evaluation (M&E) system and adherence to the principles set out in this ESMF by all parties would ensure proposed investment activities are profitable and sustainably in every sense.

1. Introduction

The Government of Nigeria (GoN), through the Ministry of Health and support from the World Bank, is implementing the Nigeria COVID-19 Preparedness and Response Project (CoPREP) – P173980 (refered to as the Parent Project). The Parent Project of CoPREP will address immediate critical country needs for preparedness and response for COVID-19. The Parent Project became effective in March 15, 2021, although field implementation is yet to commence due to delay in approval of the Project in the Country's Borrowing Plan. Nonetheless, the GoN is currently seeking an Additional Financing (AF) of US$ 400 million equivalent and the restructuring of the Parent project to provide upfront financing to help the government purchase and deploy COVID-19 vaccines that meet the 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 project development objective of the CoPREP Projects, Parent Project, Additional Financing and the Restructured Project is to prevent, detect, and respond to the threat posed by COVID-19 at state level in Nigeria.

The CoPREP Project is implemented by the Nigeria Centre for Disease Control (NCDC) with support from the National Primary Health Care Development Agency (NPHCDA) for the vaccine component. The CoPREP Projects would be implemented in the 36 states in Nigeria and the Federal Capital Territory (FCT).

The NCDC is the implementing agency for the project and serves as the Project Coordinating Unit (PCU),[1] responsible for the day to day management of the project. This 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.

The CoPREP Project, the Parent Project, Additional Financing and the Restructured Project will implement activities such as rehabilitation and renovation of facilities including refurbishments of medical centers, minor renovation of isolation and treatment centers including community support centers, provision of WASH stations in public locations, equipping laboratories, acquisition and deployment of vaccines to populations, use of security as members of the vaccination teams all of which would result in environmental, social, health and occupational health and safety impacts. Site-specific locations where these activities would be carried out are not yet known. For such situations, an Environmental and Social Management Framework is required to identify the types of environmental and social assessments that will be carried out to. This ESMF assessed the Environmental and Social impacts/risks associated with the Parent Project, Additional Financing, and the Restructuring Project.

The GoN is updating the existing Regional Disease Surveillance System Enhancement (REDISSE II) Project (P159040) ESMF[2] and the Health Care Waste Management Plan to address the environmental and social risks and impact of the CoPREP activities.

The standalone Health Care Waste Management Plan prepared under the Regional Disease Surveillance System Enhancement (REDISSEII) Project (P159040) has been updated to

[1] This is the same PCU for the REDISSE II project, though expanded and strengthened to take on the additional responsibility of implementing the Nigeria CoPREP operations.

[2] The existing Regional Disease Surveillance System Enhancement (REDISSEII) Project (P159040) ESMF and the National Health Care Waste Management was updated in March 2020 to address and contain the anticipated severe outbreak of the COVID-19.

outline the Infection Control and Waste Management Plan (ICWMP) resulting from Nigeria's COVID-19 Preparedness and Response activities. The measures for mitigating the identified potential adverse impacts including ensuring better development outcomes and implementation arrangement are also provided in the HCWMP. A monitoring program was also included to address potential negative impacts of the medical waste and to ensure that unforeseen impacts are detected, and the mitigation measures implemented efficiently. The monitoring plan includes indicators for the storage, segregation, transportation, and disposal of the medical waste. A budgetary provision of Two Hundred and Twenty- Seven Thousand, One Hundred Dollars only ($227,100) included in the project was estimated for implementing the measures identified in the HCWMP.

1.1 Rational for Environmental and Social Management Framework

The exact locations where the CoPREP Project activities would be carried out are not yet known. For such situations, the ESMF is the required instrument to be prepared, which will provide a framework for addressing potential risks and impacts of the proposed project, inform design and decision making, provides guidelines and procedures to be followed in undertaking site specific Environmental and Social Management Plans (ESMPs) during project implementation phase.

1.2 Purpose of the Environmental and Social Management Framework

The purpose of this framework is to guide the Nigeria Centre for Disease Control, Ministry of Health and the NPHCDA (and its state counterpart) on environmental and social (E&S) screening and subsequent assessments during implementation, including site-specific plans in accordance with the Environmental and Social Framework (ESF).

1.3 Scope of the Environmental and Social Management Framework

The scope of this framework includes procedures relevant to the development of the project activities, including how to conduct screening of activities/sub-projects to assess the environmental and social risks and impacts and identify mitigation measures, as part of subproject-specific assessments and plans. This ESMF covers a broad description of the project, existing policy and legal frameworks, relevant WHO, World Bank, Center for Disease Control (CDC) guidelines, the National Deployment Vaccination Plan (NVDP) and other in-country relevant guidelines for COVID-19, baseline condition broad environmental and social impacts and accompanying mitigation measures, procedures for environmental and social assessment, stakeholder engagement, and institutional arrangement and responsibilities. This ESMF has been developed specifically to avoid, reduce, or mitigate adverse social and environmental risks and impacts.

1.4 Methodology

The general methodology applied in the preparation of this ESMF followed a holistic step-wise approach based on the cleared Terms of Reference (Annex 01).

Step One: Initial Consultation and Project Planning

Upon approval and clearance of the Terms of Reference, the in-house E&S Consultants were tasked to develop this ESMF. Various meetings were conducted for a period of ten days (13-22 July, 2021) with the Project Coordinator, Project liaison officer, Monitoring and Evaluation Officer and other members of the expanded REDISSE PCU. Other tasks included:

identification of other key stakeholders at national and subnational levels; screening and scoping; transmission of letters to the relevant MDAs, drafting of concept notes and internal memorandum.

Step Two: Desktop/Literature Review

Relevant project documents were shared and reviewed such as the Project Implementation Manual, Project Appraisal Document, Stakeholders Engagement Plan, Environmental and Social Commitment Plan, Updated REDISSE ESMF and Healthcare Waste Management Plan, World Bank Project Paper for AF and restructuring, Policy documents, Project Concepts Notes and other related NCDC documents. Key information was noted, and further research were done.

Step Three: Stakeholders Consultation

Consultations at this stage involved key stakeholders at the national level: Director, Public Health in the Federal Ministry of Health; Director, Disease Control and Immunization in NPHCDA and Director, Drug Evaluation and Research in National Agency for Food and Drug Administration Control (NAFDAC). At the sub-national levels, five state Epidemiologists were consulted from Benue, Bayelsa, Ekiti, Taraba and Ebonyi representative of the geo-political zones of the country. All consultations were done virtually on 26th July and 2nd August 2021 respectively. Details of consultation reports are contained in Chapter Eight. These consultations were useful in articulating stakeholders' perception and concerns about the project and how these concerns can be addressed.

Step Four: Environmental and Social Baseline Data

Riding on the experience of the REDISSE project which involves construction, rehabilitation and equipping of healthcare facilities similar to the Nigeria CoPREP, focus group consultations at the project site (Ilorin and Port Harcourt) were conducted in March, 2020. Thus, the description of the baseline are as follows:

- Physical environment: Federal University Teaching Hospitals environment including Laboratory, cold chain infrastructure, waste management practices, ICU, sanitation and hygiene facilities, Emergency Operation Centre, Point of Entry, Supply and Logistics, security structures, and vaccination points
- Social environment: legislations, training, cultural practices and norms, gender concerns and contemporary issues such as GBV/SEA/SH, population, vulnerable groups, inflation, income and employment matters, labour management, security, etc.

Step Five: Identification of Potential E&S Risks and Mitigation Measures

The potential impacts were identified through a review of the proposed project components the anticipated changes that could result in light of the socio-environmental conditions (project-environment interactions). The ESMF presents mitigation measures to either eliminate or minimize adverse environmental and social impacts of specific actions, projects or programs while also enhancing positive effects using the mitigation hierarchy.

Figure 1 below depicts the overall methodology for this consultancy.

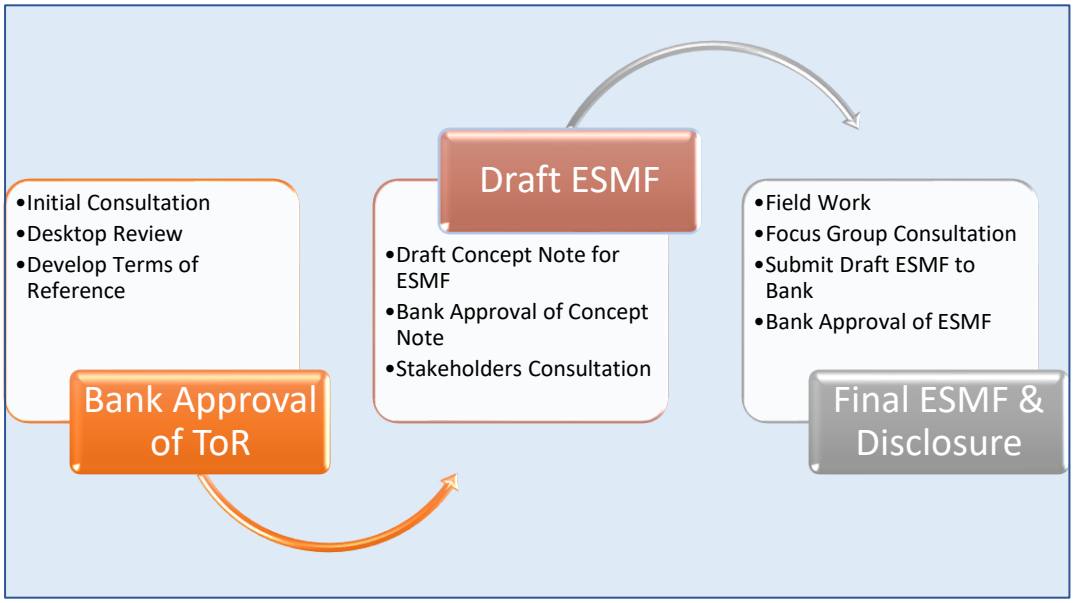

Figure 1: Overall Methodology of the ESMF

2. Project Description

This section provides information on the Parent, Additional Financing (AF) and Restructured Project component and sub-components.

2.1 Parent Project Components

The parent project (Nigeria CoPREP P173980) consists of two components and four sub-components as seen below:

Component 1: Emergency COVID-19 Response (USD$104.28 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. 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 COVID-19 response, consistent with the WHO guidelines in the Strategic Response Plan. The Nigeria CoPREP will have a strong complement of surge federal support needed for coordination and management. In addition, the federal-level subcomponent will finance high-value 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 World 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) on Federal Support and Procurement for COVID-19 Emergency Preparedness and Response*

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 challenge Additionally, this subcomponent will complement REDISSE II's strengthening of disease surveillance and response systems, and short-term emergency support to the national Incident Action Plan (IAP) to fill surge financing gaps for POE surveillance, case detection, confirmation, contact tracing, recording, and case management, including handwashing and sanitation activities.

This subcomponent will also support national level activities aimed at COVID-19 vaccine deployment, such as development of micro-plans for vaccination, training and retraining of health workers on microplanning and vaccine implementation, advocacy communication and social mobilization, monitoring and supervision of vaccination, payment to personnel involved in deployment of vaccines, procurement of devices such as syringes, cold boxes and carriers and transport and logistics costs.

- *Subcomponent 1.2: Direct Support to States for COVID-19 Emergency Preparedness and Response*

This subcomponent will support establishment, activation, and operationalization of EOCs in states, state vaccination deployment and provide financing support to all states and the FCT through the NCDC for the implementation of State COVID-19 IAPs. 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) RDT testing at Points of Entry (POE); (h) provision of additional support to Laboratories for early detection and confirmation; (i) identification of training needs; (j) equipping, furnishing, and renovation of isolation and treatment centers including community support centers and equipping and setting up of holding area at Points of Entry (POE); and (k) improvement in patient transfer systems through financing of ambulances and training as needed; and subnational level activities in support of COVID-19 vaccine deployment.

- Subcomponent 1.3: Health System Strengthening. This subcomponent will support activities geared toward:

Sub-component 1.3.1: Strengthening laboratory detection, surveillance, coordination for COVID-19: this activity will be support by (i) strengthening disease surveillance systems, public health Laboratories, and epidemiological capacity for early detection and confirmation of COVID-19 cases and other epidemic threats; (ii) strengthening of the sample transfer system at a national and county level; (iii) EOC operations and monitoring of pandemic; (iv) establishment of two satellite laboratories in prioritized counties to support the National Reference Laboratory (NRL), and ensure that the links between NRL and satellite laboratories are strengthened; (v) training of laboratory staff and support laboratory surge capacity; (vi) procurement of laboratory equipment, consumables and laboratory tests (including COVID-19 testing kits and reagents); (vii) active contact tracing; (viii) epidemiological investigations; (ix) monitoring of outbreak trends; (x) training on case investigations; (xi) calling cards and communication needs for contact tracing and epidemiological investigations; (xii) operational cost of EOC; and (xii) on-time data and information for guiding decision-making and response and mitigation activities. Additional support could be provided to strengthen health management information systems to facilitate recording and on-time virtual sharing of information. This will also cover Point of Entry (PoE) activities, including but not limited to: (i) commodities and infection prevention and control (IPC) materials needed at PoEs; (ii) surge staff and personnel for surveillance at PoEs; (iii) training; (iv) temporary holding areas (portacabins) at domestic airports and ground crossings for screening; and (v) logistics and operational support such as fuelling of ambulances, etc.

Sub-component 1.3.2: Case management and clinical care. The Project would also finance (i) procurement of COVID-19 specific medical supplies and commodities, medical equipment, infection prevention and control (IPC) materials, PPEs for healthcare personnel; (ii) assessments and development of guidelines and protocols; (iii) training and capacity building of health care workers and support personnel on case management, and personal protection, WASH, and infection control; (iv) scaling up of triage capacity triage at all points of access to the health system, including primary health centers, clinics, hospital emergency units, and ad hoc community settings; (v) deployment and equipping of satellite and mobile clinics; (vi) repurposing of structures for provision of surge response; (vii) rehabilitation, renovation, and equipping of select health care facilities for scaling up ICU capacity; (viii) support to operational expenses such as those related to mobilization of health teams and salaries, hazard/indemnity pay consistent with the Government's applicable policies; (ix) strengthening of cold chain capacities; (x) coordination and training activities with private sector, including private sector consortium, private health sector and laboratories; (xi) provision of GBV training, including psychosocial first aid, for frontline workers; and (xii) provision of psychosocial services to family members and patients among others. The project will work in synergy with the Nigeria Electrification Project (NEP) to ensure provision of energy for critical treatment centers, Laboratories for COVID-19 response..

Sub-component 1.3.3: Water Sanitation and Hygiene (WASH). The Project will work with the Water global practice of the World Bank to support 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. Rapid assessments 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 such activities as: (1) emergency support to water supply and sanitation utilities to ensure continuity of water supplies; (2) emergency provision of safe water and hygiene materials to poor and vulnerable populations; and (3) the pursuit of strategies and partnerships with the private sector to incentivize increased production and provision of hygiene materials. Emergency support will be provided to water and sanitation utilities who are the mandated service providers to develop and implement Pandemic Emergency Response Plans that ensure continuity of water supplies. Given that the majority of Nigerians lack access to water on premises, most poor and vulnerable communities will require additional assistance in accessing water supply for use and handwashing given increasing financial constraints and social distancing and mobility restrictions, either through improvement and strengthening of existing water supply systems or provision of new water services and storage.

Subcomponent 1.4. Communication Preparedness: Community Mobilization and Risk Communication and Advocacy. This sub-component will support a comprehensive behavior change and risk communication intervention to support the reduction of the spread of COVID-19 by working with private, public and civil society actors to support the development of messaging and materials including support to development and implementation of a strategy to prevent gender based violence during epidemics and information dissemination on GBV at community level and in multiple ways in order to reach those who are most vulnerable or without access to technology. This subcomponent will be linked to and implemented with coordination with the Stakeholder Engagement Plan (SEP) of the project.

The subcomponent will also support social distancing measures to prevent contracting a respiratory virus such as COVID-19. These measures would be to limit, as possible, contact with the public such as: school closings, escalating and de-escalating rationale, backed up by a well-designed communication strategy.

Component 2: Project Management, Coordination, Monitoring and Evaluation (US$10 million)

This component will support program coordination, management and monitoring, operational support and logistics, and project management. This will include support for the COVID-19 Incident Management System Coordination Structure; operational reviews to assess implementation progress and adjust operational plans; and provide logistical support. To this end, the project will also support technical assistance, rapid surveys as needed, and operating costs.

- Subcomponent 2.1: Project Management and Coordination. This subcomponent will support the strengthening of public structures for the coordination and management of the individual COVID-19 project which will be provided, including central and local (decentralized) arrangements for coordination of activities, financial management and procurement. The relevant structures will be strengthened by the recruitment of additional staff/consultants responsible for overall administration, procurement, and financial management under country specific projects. To this end, project will support costs associated with project coordination.

- Subcomponent 2.2: Monitoring and Evaluation. This component would support monitoring and evaluation of emergency preparedness and response, building capacity for clinical and public health research, including veterinary, and joint learning across and within countries. This sub-component would support training in participatory monitoring and evaluation at all administrative levels, evaluation workshops, and development of an action plan for M&E and replication of successful models. The sub-component could also finance among other things: (i) support to COVID-related research; and (ii) simulation exercises and after-action review and post-epidemic learning phase of the national plan to adapt approaches for future epidemics.

2.2 Proposed New Activities (P 177076)

Based on the request for restructuring and additional financing from the parent project, few activities have been adjusted increasing the sub-components to six from four with the PDO retaining its status quo.

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 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.

Subcomponent 1.2: Direct Support to States for COVID-19 Emergency Preparedness and Response. The scale of activities and allocation will be reduced from US$ 90 million to US$ 56.5 million. The scale down in activities under this subcomponent is in recognition of the fact that some of the initially conceived activities have been implemented using 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.

Subcomponent 1.3 (COVID-19 Vaccine acquisition US$ 357.5 million) will fund the acquisition of COVID-19 vaccines and related costs from AVATT to cover an additional 18.4 percent of the population on top of the COVAX grant of 20 percent population coverage. The related cost includes UNICEF handling charges as procurement agency, legal fees, provision for No Fault Compensation Scheme, Commission charged on guarantee provided by Afrexim Bank to Johnson & Johnson, Afrexim Bank Down Payment Advance and Freight to point of Entry. This subcomponent will be funded purely from new resources from the AF.

Subcomponent 1.4 (COVID-19 Vaccine deployment US$ 76 million) will fund 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 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. Vaccination teams include members of the Nigeria Police Force and Nigeria Civil Defence Corps for their role in maintaining law and order at vaccination sites and providing escort services for movement of vaccines. 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.

Sub-component 1.3 and 1.4 will be managed by the National Primary Healthcare Development Agency (NPHCDA) but still under the same disbursement category as Component 1.2 to allow some flexibility in the states' reallocation of funds for more traditional response activities (subcomponent 1.2) such as surveillance, testing, case management, etc., and the newly introduced vaccine deployment activities (subcomponent 1.4) during implementation without restructuring.

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.

2.3 Nigeria CoPREP Activities and Scope of Work

The Nigeria CoPREP will be implemented in the 36 states and the FCT with respect to the project components. However, in the context of Environmental and Social Management Framework about 12 states (Adamawa, Anambra, Bauchi, Cross River, Enugu, Imo, Kwara, Lagos, Kano, Katsina, Kebbi, Rivers) would be selected for the rehabilitation of Isolation and treatment centres, equipping and refurbishment of medical laboratories, provision of emergency water supply (boreholes) and provision of personal protective equipment. The project is dynamic and may evolve during the project lifecycle as the COVID 19 is novel and also dynamic.

Other proposed scope of works include:

- Establishment of two satellite laboratories in prioritized counties to support the National Reference Laboratory (NRL);
- Provision of temporary holding areas (portacabins) at domestic airports and ground crossings for screening;
- Rehabilitation, renovation, and equipping of selected health care facilities for scaling up ICU capacity;
- Rehabilitation of cold chain infrastructures
- Provision of SEA/SH training, including psychosocial first aid;
- Support 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;
- Emergency provision of safe water and hygiene materials to poor and vulnerable populations;
- Support a comprehensive behavioural change and risk communication intervention to support the reduction of the spread of COVID-19 by working with private, public and civil society actors to support the development of messaging and materials including support to development and implementation of a strategy to prevent gender based;
- Vaccine acquisition such as medical equipment, laboratory tests and medicines;
- Support for vaccination acquisition and deployment at state and national levels will include: development of micro-plans for vaccination, training and retraining of health workers on microplanning and vaccine implementation, advocacy communication and social mobilization, monitoring and supervision of vaccination, payment to personnel involved in deployment of vaccines, procurement of devices such as syringes, cold boxes and carriers, PPEs and transport and logistics costs; and
- Vaccination teams will include members of the Nigeria Police Force and Nigeria Civil Defense Corps for their role in maintaining law and order at vaccination sites and providing escort services for movement of vaccines.

3. Policy, Legal and Institutional Framework

This chapter seeks to provide an overview of Nigerian national environmental legislations and policies linking these with other institutional framework policies (Health),and highlighting the World Bank Environmental and Social Framework that apply to the Nigeria CoPREP respectively. The legislation outlined in the foregoing sections of this chapter are derived from Nigerian Government laws and regulations, relevant State and Local Government laws as well as international conventions and other instruments that Nigeria is signatory to.

3.1 Federal Administrative Framework

The relevant administrative structures are presented here below:

1. *National Policy on Environment*
2. *The Federal Ministry of Environment*
3. *Federal Ministry of Health*
4. *Nigeria Centre for Disease Control*
5. *National Primary Healthcare Development Agency*
6. *Federal Ministry of Water Resources*
7. *Federal Ministry of Labour & Employment*
8. *Federal Ministry of Women Affairs*

3.1.1 National Policy on Environment (Revised 2016)

The National Policy on the Environment aims to achieve sustainable development in Nigeria. The policy identifies key sectors requiring integration of environmental concerns and sustainability with development and presents their specific guidelines, and in particular to:

- Securing quality of environment adequate for good health and well-being;
- Promoting sustainable use of natural resources and the restoration and maintenance of the biological diversity of ecosystems;
- Promoting an understanding of the essential linkages between the environment, social and economic development issues;
- Encouraging individual and community participation in environmental improvement initiatives;
- Raising public awareness and engendering a national culture of environmental preservation; and Building partnership among all stakeholders, including government at all levels, international institutions and governments, non-governmental agencies and communities on environmental matters.

3.1.2 The Federal Ministry of Environment

The Ministry of Environment is the highest policy making body responsible for addressing environmental issues in Nigeria. The act establishing the Ministry places on it the responsibility of ensuring that all development and industry activities, operations and emissions are within limits prescribed in National Guidelines and Standards and comply with relevant regulations for environmental protection management in Nigeria as these may be released by the Ministry. To fulfil this mandate, a number of regulations/instruments are available, however, the main instruments in ensuring that environmental and social issues are mainstreamed into development projects is the Environmental Impact Assessment (EIA) Act No. 86 of 1992). With this Act, the FMEnv prohibits public and private sectors from embarking on major projects or activities without due consideration, at an early stage, of environmental and social impacts that may arise from the project implementation. The act makes an EIA mandatory for all new major public or private sector projects, including large-scale agricultural projects, and prescribes the procedures for conducting and reporting EIA studies.

The Ministry Is Empowered with regulation of all environmental matters, protecting, enhancing and preserving the Nigerian environment

- Carries out the Federal Executive Council decisions on environmental matters. Mandated to co-ordinate the environmental protection and conservation of natural resources for sustainable development in Nigeria some of which are:
- Monitor and enforce environmental protection measures;
- Enforce international laws, conventions, protocols and treaties on the environment;
- Prescribe standards and make regulations on air quality, water quality, pollution and effluent limitations, the atmosphere and ozone layer protection, control of toxic and hazardous substances; and
- Promote cooperation with similar bodies in other countries and international agencies connected with environmental protection.

3.1.2.1 *National Environmental Standards and Regulations Enforcement Agency (*NESREA)

The Federal Government in line with Section 20 of the 1999 constitution of the Federal Republic of Nigeria established the National Environmental Standards and Regulations Enforcement Agency {NESREA} as a parastatal of the Federal Ministry of Environment. The bill for an act establishing the agency was signed and published in the Federal Republic of Nigeria Official Gazette No.92, Vol. 94 of 31st July, 2007. By the NESREA Act, the Federal Environmental Protection Agency Act Cap F 10 LFN 2004 was repealed. NESREA has responsibility for the protection and development of the environment, biodiversity conservation and sustainable development of Nigeria's natural resources in general and environmental technology including coordination, and liaison with, relevant stakeholders within and outside Nigeria on matters of enforcement of environmental standards, regulations, rules, laws policies and guidelines. Its role in impact mitigation monitoring cannot be over emphasized in the project.

3.1.3 Federal Ministry of Health

The Federal Ministry of Health (FMoH) has responsibility to manage health services for the prevention and control of communicable and non-communicable diseases. For the HPDP2 and under the implementation of ESMF the Ministry has the following responsibilities: coordinate the efforts of state, local government and private health care providers and development partners to ensure effective implementation; ensure the provision of adequate equipment in tertiary and specialized hospital services; provide technical assistance to state ministries of health in the development of plans, technical materials, policies and standards to properly perform their functions; issue and promote adherence to norms and standards, and provide guidelines on health matters, and any other matter that affects public health, promoting adherence to norms and standards for the training of human resources for health; and supervise the provision of health services for the management, prevention and control of communicable and non-communicable diseases, e.g., HIV/AIDS.

3.1.4 Nigeria Centre for Disease Control

The NCDC is the country's national public health institute with the mandate to lead the preparedness, detection and response to infectious disease outbreaks and public health emergencies. The institute was established in 2011 in response to the challenges of public health challenges and to enhance emergency Nigeria's preparedness and response to epidemics through prevention, detection and control of communicable diseases. The core mission is to protect the health of Nigerians through evidence-based prevention, integrated disease surveillance and response activities, using a one health approach, guided by research and led by a skilled workforce. The Bill for an Act to establish NCDC was signed into law in November 2018.

3.1.5 National Primary Health Care Development Agency

The National Primary Health Care Development Agency (NPHCDA) was established through Decree 29 of 1992 following the recommendation of a high level WHO review team. The agency was merged with the National Programme on Immunization (NPI) in 2007, the domestic development agency for health. Between 1986 and 1992, remarkable and innovative progress was made in the development of primary health care, focusing on the Local Government Areas (LGAs), resulting in Nigeria being placed in the front rank of countries in the world that have advanced the process of equitably improving the health and quality of life of its people through primary health care.

The core mandate of the agency includes:

- Providing support to the National Health Policy for the development of Primary Health Care.
- Providing technical support for planning, management and implementation of Primary Health Care.
- Mobilizing resources nationally and internationally for the development of Primary Health Care.
- Providing support for monitoring and evaluation of the National Health Policy.
- Promoting health manpower development needed for Primary Health Care through orientation and continuing education.
- Providing support to the Village Health System by training Village Health Workers.
- Promoting Health System Research by promoting and supporting problem-oriented health system research.
- Promoting technical collaboration by stimulating Universities, NGOs and International Agencies.
- Providing annual reports on the status of Primary Health Care implementation nationwide
- Coordinating the immunization program in Nigeria.

3.1.6 Federal Ministry of Water Resources

The Federal Ministry of Water Resources (FMWR), initially created in 1976, is responsible for formulating and coordinating national water policies, management of water resources including allocations between states, and approving developmental projects.
Specifically the functions of the FMWR include:

- Establishment and operation of National Water Quality Laboratories and Monitoring Network and water quality standards.
- Maintenance of database on water supply and sanitation facilities and performance.
- Mobilization of national and international funding and technical support. Promote and coordinate other collaborative activities by other government and Nongovernmental agencies in the sector.
- Provision of technical support and assistance to State and Local Government Water Supply and Sanitation Agencies and community water supply and sanitation committees.
- Creation of an enabling environment for meaningful private sector participation in the sector.
- Provision of a framework for regulation of private sector participation in water supply and sanitation.
- Assistance to individual agencies, and be responsible for the maintenance of the hydrological primary network.

Specifically, the ministry through the Nigeria Hydrological Service Agency (NIHSA) will provide the technical assistance on water resource (underground and surface water) assessment for the project in general. This will guide inform decision on water supply to the zone.

OCCUPATIONAL HEALTH AND SAFETY FRAMEWORK

3.1.7 Policy, Regulatory and Institutional Framework on Occupational Health and Safety

The framework for OHS in-country is managed by the Federal Ministry of Labour & Employment with Factory Inspectors under the department are responsible for the enforcement of Factories Act 1990, Cap 126 Law of the Federation of Nigeria. They also oversee the implementation of several other subsidiary legislations, which provide for the safety, health and welfare of workers in all workplaces nationwide. The enforcement of Factories Act is done through: registration of new factory premises, renewal of certificate of registration and amendment or revocation of certificate of registration; Special Inspection of workplaces; prosecution of recalcitrant occupiers; investigation of accidents, dangerous occurrences and occupational diseases; preparation of safety and health regulations, code of practice, guidelines and standards for various operations, processes and hazardous agents; provision of occupational safety and health education to workers and employers; recording and dissemination of information and statistics on all aspects of occupational safety and health through the national Occupational Safety Health Information Centres (CIC); and provision of technical assistance and advisory services to workplaces on HIV and AIDS interventions.

3.1.7.1 Labor Act, Chapter 198, Laws of the Federation of Nigeria (LFN) 2004

The Labour Act in the context of the project are summarized below:

- **Protection of Wages**: the wages of all project workers shall be made payable in legal tender or with prior consent of both parties in cheque and not otherwise. Wages shall become due and payable at the end of each period for which the contract is expressed (daily, weekly or at such other period as may be agreed upon), provided the period is not more than one month, the wages shall become due and payable at intervals not exceeding one month.
- **Contracts of Employment, Terms and Conditions of Employment**: no employer shall make any deduction or make any deductions from wages to be paid to project workers. An employer may with the consent of a project worker make deductions except with consent of the worker in terms of VAT, TAX, pension funds or other schemes as agreed by the worker and approved by the State Authority. Not later than three months after the beginning of a project worker's period of employment with an employer, the employer shall give to the worker a written statement specifying- (a) the name of the employer or group of employers, and where appropriate, of the undertaking by which the worker is employed; (b) the name and address of the worker and the place and date of his engagement; (c) the nature of the employment; (d) if the contract is for a fixed term, the date when the contract expires
- **Hours of work and overtime**: this shall be mutually agreed upon by both parties or by collective bargaining. However, the normal working hours shall not exceed eight hours at a time with one-hour rest-interval. Where the project worker is at work for six hours stretch or more a day, his work shall be interrupted by allowing one or more suitably spaced rest- intervals of not less than one hour on aggregate. Hours which a worker is required to work in excess of the normal hours fixed shall constitute overtime.
- **Benefits:** project workers shall be entitled to holiday with full payment of wages after twelve months of continuous service including sick leave. Other benefits are: sick leave

The Act covers general provisions including:

- Protection of wages
- Contracts of employment and terms and conditions of employment
- Fair treatment and equal opportunities of project workers.
- Hours of work and overtime

- Employment of women
- Labor health matters
- Prohibition of forced labor
- Labor complaints

3.1.7.2 Factories Act, 1990

The Factories decree 1990 Is a landmark In legislation In occupational health In Nigeria. It provides a substantial revision of the colonial legislation, Factories Act 1958, in which the definition of a factory was changed from an enterprise with 10 or more workers to a premise with one or more workers thereby providing oversight for the numerous small-scale enterprises that engage the majority of the workforce in Nigeria. It stipulates the enforcement of compliance on factories, industries and organizations that employ labor on the protection of the right of workers to friendly environment, health and safety.

3.1.7.3 Factories Act, Cap F1, LFN 2004

- Provides a legal framework for the regulation of safety standards for the operation of factories in Nigeria; and
- Sets out minimum standards for clean and conducive working environments.

3.1.8 Federal Ministry of Labour & Employment

The Nigeria Ministry of Labour and Employment is the country's designated authority for labor-related matters. The ministry has the authority and capacity to ensure appropriate labor management in the country. The Ministry is structured into six Zonal labor offices, nine departments consisting of six professional and three service departments. It operates 36 State Labor Offices and the FCT, 23 District Labor Offices, Labor Desk Office, Geneva, Switzerland. Recently nine (9) Labor Desk were approved for nine ministries, department, and agencies.

3.1.8.1 Worker's Compensation Act (2010)

The Act provides compensation to employees who suffer from occupational diseases or sustain injuries arising from accidents at workplace or in the course of employment. Payment of compensation (to the worker or to his dependents in case of death) by the employer is rooted in the accepted principle that the employer has a duty of care to protect the health, welfare, and safety of workers at work.

3.1.9 National Gender Policy (2007)

The National Gender Policy, 2007. Has an overall goal to promote the welfare and rights of Nigerian women and children in all aspects of life: political, social and economic. The goal includes the elimination of cultural/religious gender-based biases and harmful cultural and religious practices which rise to inequalities in gender-role relations in the Nigerian society. The policy seeks to plan, coordinate, implement, monitor and evaluate the development of women in the county. In concrete terms, the National Gender Policy in Nigeria focus on:

- Contribution towards women's empowerment and the eradication of unequal gender power relations in the workplace and economy, in trade unions and in broader society;
- Encouragement of the participation, support and co-operation of men in taking shared responsibility for the elimination of sexism and redefining of oppressive gender roles;
- Increase the participation of women in leadership and decision-making;
- Ensure that through labor legislation and collective bargaining, the particular circumstances of women are considered and that measures are promoted to eliminate discrimination on the basis of gender;
- Ensure that there is a gender perspective in all sectors of development.

3.1.9.1 Federal Ministry of Women Affairs and Social Development (FMWASD)

The FMWASD was established by Decree No. 30 of 1989. The broad mandate of the Ministry is to advise the government on gender and children issues and issues affecting persons with disabilities and the elderlies. The Ministry also initiates policy guidelines and leads the process of ensuring gender equality and mainstreaming at both the national and international levels.

3.1.9.2 The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1984)

Discourages the discrimination against women by any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.

3.1.9.3 Child Rights Act (2003)

The act gives full protection to privacy, honor, reputation, health and prevention from indecent and inhuman treatment through sexual exploitation, drug abuse, child labor, torture, maltreatment and neglect to a Nigerian Child. It also declares that every child has a right to life, to be allowed to survive and develop. It also codifies the rights of children in Nigeria (a person below the age of 18 years), consolidates all laws relating to children into a single law and specifies the duties and obligations of government, parents and other authorities, organizations and bodies. More particularly, the Act gives full protection to privacy, honor, reputation, health and prevention from indecent and inhuman treatment through sexual exploitation, drug abuse, child labor, torture, maltreatment and neglect to a Nigerian Child.

3.1.10 Other Applicable National Legal and Regulatory Frameworks

S/No	Regulation	Description
1	National Environmental (Sanitation and Wastes Control) Regulations, 2009. S. I. No. 28	The purpose of the Regulation is the adoption of sustainable and environment friendly practices in environmental sanitation and waste management to minimize pollution. The Instrument amongst others makes provisions for the control of solid wastes, hazardous wastes and effluent discharges. It in addition, spells out roles and responsibilities of State and Local Government Authorities.
2	National Environmental (Ozone Layer Protection) Regulations, 2009. S. I. No. 32:	The purpose of these Regulations is to prohibit the import, manufacture, sale and the use of ozone-depleting substances.
3	National Environmental (Noise Standards and Control) Regulations, 2009. S. I. No. 35	The main objective of the provisions of this Regulation is to ensure tranquillity of the human environment or surrounding and their psychological well-being by regulating noise levels. This law will guide the noise level at all phases (pre-construction, construction, operation and decommissioning) by different activities.
4	National Environmental (Construction Sector) Regulations, 2010. S. I. No. 19	The purpose of these regulations is to prevent and minimize pollution from construction, decommissioning and demolition activities in the Nigerian environment. It stipulates that new projects in the construction sector shall apply cost-effective, up-to-date, efficient, best available technology, to minimize pollution to the barest degree practicable. In addition, every operator or facility shall carry out an EIA and submit an EMP for new projects or modification including expansion of existing ones before commencement of activity.
5	National Environmental (Surface and Groundwater Quality Control) Regulations, 2010. S. I. No. 22	The purpose of these Regulations is to restore, enhance and preserve the physical, chemical and biological integrity of the nation's surface waters and to maintain existing water uses. The Regulations also seek to protect groundwater sources by regulating the discharge of hazardous wastes, fossil fuels energy and any other substances having the potential to contaminate groundwater.
6	The Harmful Waste (Special Criminal Provision Etc.) Act 1988	The purpose of this Act is to prohibit the carrying, depositing and dumping of hazardous wastes on any land, territorial waters and matters relating thereto.
7	National Guidelines on Environmental Management Systems (1999	The guidelines establish the requirement for an Environmental Management System (EMS) in 'all organizations/facilities in Nigeria'. They also state that this EMS should be audited annually or as deemed necessary.

S/No	Regulation	Description
8	Natural Resources Conservation Council Act 286 of 1990	This Act is aimed at establishing the Natural Resources conservation council to be responsible for the conservation of natural resources of Nigeria and to formulate national policy for natural resources conservation.
9	National Healthcare Waste Management Policy, 2013	The goal of the Policy is to create an enabling environment that contributes to effective and efficient healthcare waste management practices with minimal harmful environmental impact.
10	National Healthcare Waste Management Strategic Plan (2013-2017)	The National Healthcare Waste Management Plan (NHCWMP) is a five-year implementation plan for healthcare waste management in the country designed to provide an approach to the management of healthcare waste that is safe for HCFs, waste handlers, the public and the environment as well as being cost effective and practical.
11	National HealthCare Waste Management Guidelines, 2013	The National HCWM Guidelines are intended to identify appropriate HCWM methods that can be applied to both public and private health care facilities in Nigeria. The guidelines are designed to provide better knowledge of the fundamentals of HCWM systems and planning, including a better understanding of the risks associated with health care waste.
12	Draft National Building Code, 2006	The Code which is seen as opening a new vista in the Building Industry is aimed at eliminating or reducing to the barest minimum the incidents of collapsed buildings in Nigeria.
13	Water Resources Act 101 of 1993	This provision vests all water and water resources in the Federal Government of Nigeria and regulates the exploitation of water resources. It also vests in the Federal Government the rights and control of water in any water course affecting more than one state for the purpose, inter alia, of ensuring the application of appropriate standards and techniques for the investigation, use, control, protection, management and administration of water resources.

3.2 State Level Institutions

State Environmental Protection Agency or Authority

Each state within Nigeria is empowered to make laws for the protection of its own environment, within its jurisdiction. State Environmental Protection Agency or Authorities (SEPAs) are responsible for the assessment of all public or private projects activities within the states. The roles of SEPAs in this project include;

- Conducting public enlightenment on environmental sanitation and management;
- Co-operating with the Federal and Local Governments, Statutory bodies and Research Agencies on matters relating to the project;
- Pollution control and environmental health in the states;
- Collaborating with FMEnv and other agencies to achieve effective prevention of abatement of trans-boundary movement of waste

3.2.1 Legal and Administrative Structures in the Local Government Area

The Local Government Councils in Nigeria, without any specific laws on environmental management are charged with the following responsibilities*, inter alia:*

- Coordinating the activities of Local Government Council;
- Maintenance of Law and Order in collaboration with Law Enforcement Agencies;
- Collection of taxes and fees;
- Establishment and maintenance of cemeteries, burial grounds and homes for the destitute or infirm
- Establishment, maintenance and regulation of markets, motor parks and public conveniences;
- Construction and maintenance of roads, streets, drains and other public highways, parks, and open spaces;
- Naming of roads and streets, and numbering of houses;
- Provision and maintenance of public transportation and refuse disposal; and
- Registration of births, deaths and marriages.

3.3 Applicable International Legal and Administrative Instrument

Several international regulations, protocols, treaties and conventions have been signed by the World aimed at halting environmental degradation and thus protecting human health against possible adverse effects. Nigeria subscribes to a number of this International Regulations and Conventions relating to Environmental Protection.

Some applicable guidelines/conventions/treaties applicable to which Nigeria is a signatory are below outlined:

- Basel convention on the prevention of trans-boundary movement of hazardous wastes and their disposal.
- Convention on climate change
- Stockholm Convention on Persistent Organic Pollutants
- WHO Laboratory biosafety guidance related to coronavirus disease 2019 (COVID-19)
- World Health Organization (WHO) Health and Safety Component
- WHO Infection prevention and control during health care when COVID-19 is suspected
- WHO Water, sanitation, hygiene, and waste management for the COVID-19 virus

3.3.1 World Bank Environmental and Social Framework

The Environmental and Social Framework demonstrate the World Bank's commitment to sustainable development, through a set of Environmental and Social Standards (ESSs) that are designed to support projects, with the aim of ending extreme poverty and promoting shared prosperity.

The ESSs set out the requirements relating to the identification and assessment of environmental and social risks and impacts associated with projects supported by the Bank through Investment Project Financing. Where country laws and regulations are inadequate or weak, the ESSs are provided to strengthen the policy gaps for environmental and social sustainability and risk management of World Bank funded projects. The application of these standards, by focusing on the identification and management of environmental and social risks, will support the project in a sustainable manner for the benefit of the environment and their citizens.

The framework sets out 10 ESSs with requirements for borrowers to identify, assess and address environmental and social risks and impacts associated with projects supported by the Bank through Investment Project Financing. Based on due diligence and assessment, the Environmental and Social Risk Classification (ESRC) for the project is substantial.

The five standards relevant to the project as follows:

- ESS 1: Assessment and Management of Environmental and Social Risks and Impacts;
- ESS 2: Labor and Working Conditions;
- ESS 3: Resource Efficiency and Pollution Prevention;
- ESS 4: Community Health and Safety;
- ESS 10: Information Disclosure and Stakeholder Engagement

The World Bank Group's EHS guidelines on health care facilities also apply to the Project. These guidelines can be accessed from the link provided<https://www.ifc.org/wps/wcm/connect/960ef524-1fa5-4696-8db3-82c60edf5367/Final%2B%2BHealth%2BCare%2BFacilities.pdf?MOD=AJPERES&CVID=jqeCW2Q&id=1323161961169>.

The relevance of the 5 standards to the project is discussed in table 1 below:

Table 1: Relevant ESS and justification

ESS	Relevance of Standard to the Project	Ways to Address
ESS 1: Assessment and Management of Environmental and Social Risks and Impacts	Proposed project activities under component 1 will include rehabilitation of healthcare facilities in 12 states, provision of hygiene & sanitation facilities, equipping of such facilities and provision of boreholes. Environmental concerns associated with such include waste generation, debris from rehabilitation activities, community health and safety, occupational health and safety of workers, noise, dust emissions etc. However, these impacts are limited, site specific and can be mitigated. The project also poses some social risks associated with labour influx, grievances, GBV, social conflicts and exclusion of vulnerable groups from operationalizing the project.	This standard requires environmental assessment (EA) of projects/investments proposed for Bank financing to help ensure that they are environmentally sound and sustainable, and thus improve decision making. Given that the exact project locations are not fully known at this stage, this ESMF, an Environmental and Social Commitment Plan (ESCP) outlining Government's commitment, and the Stakeholder Engagement Plan (SEP) was prepared prior to board appraisal. Site-specific Environmental and Social Management Plans (ESMPs) and other required site-specific plans like waste management plan, OHS plan etc. will be prepared when project locations are known.
ESS 2: Labour and Working Conditions	The project will make use of various categories of workers, direct and indirect workers who may face unfavourable terms and conditions of employment, discrimination, child labuor, forced labour, grievances and unsafe working conditions.	Annex 22 in the ESMF has been dedicated to Labour Management Procedures (LMP) consistent with ESS2 and National Labour Laws for all categories of workers. A generic OHS plan is also presented in annex, while specific OHS Plans will be prepared as part of the site-specific ESMPs.
ESS 3: Resource Efficiency and Pollution Prevention;	Proposed rehabilitation, provision of water supply, renovation and establishment of Laboratories may lead to air, water and land pollution from emissions, waste generation, use of resources etc. if not properly managed. Inefficient use of resources like water and energy, use of environmentally un-friendly techniques during implementation could also pose risks. Increased use of controlled burning method for hazardous waste from increased supply of materials leading to greenhouse gases and possible climate change.	This ESMF identifies environmentally friendly options to project activities in the mitigation measures in chapter four. Site specific ESMPs and the updated healthcare waste management plan will include mitigation measures to minimize and manage the risks and impacts associated with resource efficiency and pollution management.
ESS 4: Community Health and Safety	Vaccination and primary healthcare centres are usually located in the midst of communities. This may pose a level of risks exposure from project activities during pre-rehabilitation, rehabilitation and operation phases including accidents/incidents, pollution, increase in spread of diseases, GBV/SEA, grievances. Additional use of security forces are also assessed under this Standard.	A section on GBV Risk Assessment has been included in this ESMF and site-specific ESMPs will assess this risk and provide mitigation measures. An Environmental, Health & Safety Guidelines (EHSG) applicable to the project is presented in annex in line with the World Bank guidelines. A Security Risk Assessment was conducted. Additionally, prior to deployment of security personnel, the Project will conduct a Security Management Plan.
ESS 10: Information Disclosure and Stakeholder Engagement	There are different categories of stakeholders associated with the project with varying degree of influence. These stakeholders will need to be identified, engaged effectively and periodically in order to improve environmental and social sustainability of the project, enhance acceptance, and make significant contribution to successful project design and implementation.	A Stakeholder Engagement Plan (SEP) been prepared and disclosed as a stand-alone document under the parent project. The SEP has been updated for the AF and restructured project. This would be disclosed prior to appraisal of the AF and restructured project.

3.3.2 Technical guidelines of WHO and WBG for COVID-19 protocols

The following website links are relevant technical guidelines on COVID-19 requirements:

- Water, sanitation, hygiene, and waste management for SARS-CoV-2, the virus that causes COVID-19 <https://www.who.int/publications/i/item/water-sanitation-hygiene-and-waste-management-for-the-covid-19-virus-interim-guidance>
- Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings, issued on March 20, 2020
- Technical Note: Use of Military Forces to Assist in COVID-19 Operations, issued on March 25, 2020
- ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works Projects, issued on April 7, 2020
- Interim Advice for IFC Clients on Supporting Workers in the Context of COVID-19, issued on April 6, 2020 < https://www.ifc.org/wps/wcm/connect/b27193d8-b024-4830-83cf-f93e931b240a/Tip+Sheet_Interim+Advice_Supporting+Workers_COVID19_April2020.pdf?MOD=AJPERES&CVID=n9s.6RO>
- IFC Tip Sheet for Company Leadership on Crisis Response: Facing the COVID-19 Pandemic, issued on April 6, 2020 < https://www.ifc.org/wps/wcm/connect/f1c08aae-7474-4224-ac3a-bd59fc98fdea/Tip+Sheet_CG_Company+Leadership_COVID19_April2020.pdf?MOD=AJPERES&CVID=n7Q.ZUI>
- WBG EHS Guidelines for Healthcare Facilities, issued on April 30, 2007 < https://www.ifc.org/wps/wcm/connect/topics_ext_content/ifc_external_corporate_site/sustainability-at-ifc/policies-standards/ehs-guidelines>
- ILO Standards and COVID-19 FAQ, issued on March 23, 2020 (provides a compilation of answers to most frequently asked questions related to international labor standards and COVID-19) < https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---normes/documents/genericdocument/wcms_739937.pdf>
- Technical Note on SEA/H for HNP COVID Response Operations, issued in March 2020
- Interim Advice for IFC Clients on Preventing and Managing Health Risks of COVID-19 in the Workplace, issued on April 6, 2020

4. Environmental and Social Baseline

4.1 Introduction

Chapter two of this report highlighted the project scope of works to mainly involve rehabilitation, renovation, equipping of healthcare facilities, vaccine acquisition and deployment and provision of water supply for healthcare facilities where needed. These activities cut across participating states which are not particularly certain at this stage. Therefore, this section presents an environment and socio-economic baseline overview of the country in addition to the prevailing conditions of the healthcare system in the country (infrastructure, delivery quality, its preparedness and response plan to infectious diseases within its environment and the social interaction).

4.2 Environmental Baseline

4.2.1 Overview of the Study Area - Nigeria

Nigeria is the most populous nation in Africa with a 2018 projected growing population of about 195,857,000 and accounts for 47% of West Africa's population. The country lies between latitudes 40 00' N and 140 00' N, and longitudes 20 50' E and 140 45' E, bordered by Chad to the northeast, Cameroon to the east, Benin Republic to the west, Niger to the northwest and the Atlantic Ocean to the south. The country's total area is 923,768 sq. km, of which 910,768 sq. km is land and 13,000 sq. km is water. The country has 36 states and the Federal Capital Territory, consisting of 774 local government areas spread across the six geo-political zones.

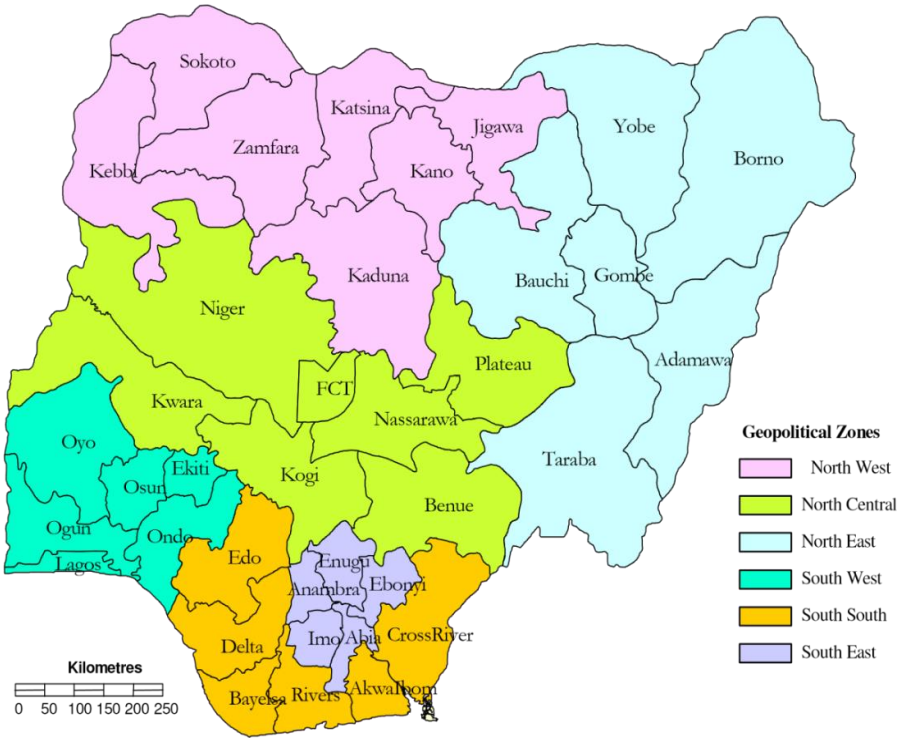

Figure 1: Map of Nigeria showing the 36 States and FCT

Table 2 below provides a summary of the bio-physical and socio-economic description of the country.

Table 2: Country's Key Specification

Nigeria, Capital - Abuja	
Specification	**Details**
Climate	Arid in the north, tropical in the centre and equatorial in the south.
Rainfall	Wet and Dry Season
Temperature	Average annual maximum varies from 35°C in the north to 31°C in the south
Wind	The south-westerlies dominate the rainy season of the year while north-easterlies dominate the dry season
Soil	Heavily leached, reddish-brown, sandy soils are found in the south, and light or moderately leached, yellowish-brown, sandy soils in the north
River	Two major rivers tributaries, the Niger and the Benue
Ethnic Group	There are over 250 ethnic groups with three representing the dominate ones: Igbo, Hausa and Yoruba
Religion	Islam, Christian and Traditional Worshippers

4.2.2 Healthcare System in Nigeria

In 2000, the World Health Organization ranked Nigeria's overall health system performance as 187th among 191 member states. The healthcare indicators are dwindling and worse than the average for sub-Saharan Africa, for example the infant mortality rate is 78 out of 1000, under five mortality rates is 147 out of 1000 and maternal mortality is 640 out of 100,000. Notwithstanding, the healthcare system was able to curb the Ebola outbreak in 2014 based on multisectoral collaboration amongst the relevant MDAs.

Healthcare system in Nigeria includes a wide range of providers in both the public and private sectors, such as public facilities managed by Federal, State, and Local governments, private for-profit providers, NGOs, community-based and faith-based organizations, religious and traditional care givers (WHO 2002). With a federation of three tiers of Government: Federal, State and Local, the responsibility for health service provision in the public sector is based on these three tiers. The Federal Government owns and runs tertiary healthcare facilities (HCFs) across the country. Each State health system runs a programme that suits the peculiar needs of the State. There is synergy and co-operation between the Federal and State institutions to meet the national needs. There are more than 22,000 public and private health care institutions distributed among the 36 states and the federal capital. These institutions are categorized according to their administrative structure as follows**.**

Primary: Facilities at this level form the entry point of the community into the healthcare system. They include health centres and clinics, dispensaries, and health posts, providing general preventive, curative and pre-referral care. Primary facilities are typically staffed by nurses, community health officers (CHOs), community health extension workers (CHEWs), junior CHEWs, and environmental health officers. Local Government Areas (LGAs) are mandated by the constitution to finance and manage primary healthcare.

Secondary: Secondary care facilities include general hospitals, providing general medical and laboratory services, missionary hospitals, large private hospitals as well as specialized health services, such as surgery, pediatrics, obstetrics and gynecology. General hospitals are typically staffed by specialist doctors, medical officers, nurses, midwives, medical laboratory scientists, pharmacists, community health officers etc. Secondary level facilities are funded by the states and provide specialized services to patients referred from primary healthcare facilities. Each LGA is expected to have at least one secondary healthcare facility.

Tertiary: Tertiary level facilities form the highest level of healthcare in the country and include Specialty and Teaching Hospitals, Federal Medical Centres (FMCs), Medical Research Institutes/Veterinary Research/ Pharmaceutical Institutes. They provide specialist care for patients referred from the secondary level. Other functions include teaching and research. These are funded by the Federal Government to provide highly specialized services.

The updated HCWMP describes all health care waste management concerns. The CoPREP Project identified the need to refurbish or procure as provided in under Sub-component 1.2. However, this depends entirely on the requirement provided in the State Incident Action Plan.

Table3: Healthcare Facilities by State

S/No	State	Tertiary	Secondary	Primary	Private	Public	Total Beds
1	Abia	2	80	656	473	265	4,420
2	Abuja	2	17	243	225	37	3,540
3	Adamawa	1	12	650	51	612	4,680
4	AkwaIbom	2	188	345	151	384	4,980
5	Anambra	1	576	282	661	198	5,896
6	Bauchi	1	21	1063	120	965	5,059
7	Bayelsa	1	15	151	6	161	3,210
8	Benue	2	102	1228	534	798	4,185
9	Borno	2	38	440	44	436	6,655
10	CrossRiver	2	51	488	117	424	6,908
11	Delta	1	57	480	244	294	8,520
12	Ebonyi	2	127	560	276	413	6,440
13	Edo	3	282	385	375	295	9,880
14	Ekiti	1	31	247	114	165	4,980
15	Enugu	3	178	539	520	200	6,400
16	Gombe	1	16	297	52	262	6,845
17	Imo	3	179	712	667	226	6,840
18	Jigawa	1	58	440	72	427	5,826
19	Kaduna	2	15	1137	333	821	10,280
20	Kano	2	42	604	27	621	12,860
21	Katsina	1	7	754	5	757	4,400
22	Kebbi	1	23	488	22	490	5,870
23	Kogi	1	62	839	97	805	7,650
24	Kwara	1	491	73	195	370	8,640
25	Lagos	4	1,002	1680	2,220	466	19,892
26	Nasarawa	1	26	683	372	338	5,680
27	Niger	1	54	848	180	723	3,580
28	Ogun	3	842	437	790	492	6,850
29	Ondo	1	164	611	290	486	4,845
30	Osun		164	611	290	487	6,580
31	Oyo	2	43	1240	765	520	9,580
32	Plateau	2	38	906	459	486	5,820
33	Rivers	1	40	631	381	291	9,860
34	Sokoto	1	15	385	29	372	5,480
35	Taraba	1	3	586	189	401	4,320
36	Yobe	1	10	253	0	264	2,680
37	Zamfara	1	28	300	10	319	3,310
Total		**58**	**5,097**	**22,272**	**11,356**	**16,071**	**243,463**

Source: HIV/AIDS Medical Waste Management Plan; Second HIV/AIDS Program Development Project (HPDP2)

4.2.3 Healthcare Waste Management

In general, Healthcare Waste (HCW) is poorly managed in Nigeria. Normally, it is estimated that between 10% and 25% of healthcare waste generated by medical institutions are hazardous in nature. However, this is much higher in Nigeria due to the poor HCWM practices (poor segregation at source of generation, poor transportation mechanisms, poor storage). In a Medical Waste Management survey conducted by Aliyu, 2006 in sampled health institutions in the Federal Capital Territory (FCT), it was found that 26.5% of the healthcare waste to be hazardous. This figure is expected to be much higher in the states and local governments.

The study results also indicated that 18% of healthcare institutions incinerate their solid wastes in locally built brick incinerators without adequate protection to the environment; 36.3% of the institutions simply dispose of their medical wastes into the Abuja municipal dumpsite. These health care wastes were found not to be treated before dumping into the dustbin at the dumpsite; 9.1% buried their solid wastes; while another 36.3% had their waste burnt off in open pits. Liquid medical wastes were disposed directly into the municipal sewer system by all the institutions surveyed. Waste segregation and non-thermal waste disposal techniques such as autoclaving were not used for HCWM by any of the selected healthcare institutions surveyed.

A cross-sectional survey of injection safety and HCWM practices in Nigeria (FMoH and MMIS, 2004) detected equally weak HCWM systems in healthcare facilities at all levels. Safety boxes were not used in 63% of facilities and there were no sharps boxes in 69% of all injections delivery points. Only 29% of providers placed the needle and syringe in a closed container immediately after injection. After vaccinations, 63% of providers placed used injection equipment in over-flowing, pierced or open containers. Injection equipment was found in containers other than safety boxes or in open or overflowing containers in 83% of all survey sites. Used sharps were found on the grounds of 65% of all healthcare facilities visited. Unsupervised open dumping was found in 22% of facilities. Burning in a pit or an enclosure was found in 14% of HCFs and open burning on the ground was performed in 12% of HCFs visited during this assessment.

Sources of Medical Waste and Management

The major sources of medical waste are hospitals, clinics, Laboratories, blood banks and mortuaries; while the minor sources are dental clinics, pharmacies, etc. The main actors involved in medical waste management are:

- Healthcare Facilities (HCF) that generate the waste
- Service providers who collect the waste from the HCFs and transport it to the treatment facilities; and
- Treatment facilities that process the waste to make it safe for final disposal

The average distribution on types of medical waste for purposes of waste management planning is approximately as follows: 80% general domestic waste; 15% infectious and biological (or pathological) waste; 3% chemical or pharmaceutical waste; 1% sharps; and less than 1% special waste, such as radioactive, cytotoxic, photographic wastes, pressurized containers, broken thermometers, used batteries, etc.

4.2.4 Current HCW Management

Existing waste management facilities differ among hospitals, it consists mostly of: incinerators built with primary and secondary burners, and in some cases, drum incinerators, which do not have air pollution abatement facilities; autoclaving; chemical disinfection; controlled open burning; open ditches; dumpsites; landfills; pit latrines and septic tanks.

In urban areas, the HCW is semi-regulated in partnership with the relevant waste management board while few are un-regulated and have resulted in dumping of medical waste (infectious and sharps) at municipal dump sites. Scavenging at these disposal sites pose severe public health risks. Possibilities of infections are very high considering the fact that scavengers do not wear any form of personal protection. In rural areas, the HCW is managed by the informal sector and some of the waste are disposed in earth-based incinerators, controlled burning and dumping of waste in water ways.

Waste assessment tracking was conducted in August, 2020 for some selected HCFs responding to COVID-19 outbreak, table 4 below highlights the identified gaps.

Table 4: Baseline Assessment of Selected HCF

S/No	Facility	Findings
1.	University of Abuja Teaching Hospital Gwagwalada, FCT	➢ Improper waste transport and handling within the facility ➢ Backlog of waste ➢ Fair provision of PPEs for waste handlers ➢ Irregular training ➢ Presence of small waste conveyor truck No dedicated marked waste route
2.	NCDC Reference Laboratory (NRL), Gaduwa	➢ Hazardous solid waste is autoclaved before incinerating ➢ Wastewater is pre-treated onsite before releasing into the environment, although wastewater is not analyzed ➢ Existing medical waste incinerator is not functioning ➢ Partial open burning of HCW ➢ The alternative waste disposal method is grossly inadequate and environmentally unfriendly ➢ Presence of waste manifest and PPEs ➢ Absence of air emission monitoring ➢ Disposal of ash is not well managed Good OHS signage
3	Federal Medical Centre, Airport Road, Abuja	➢ Waste is collected onsite and transported to NRL ➢ Absence of waste manifest ➢ PPEs adequate Improper label of waste
4	International Conference Centre (ICC) COVID 19 Sample Collection Centre	➢ Waste is collected onsite and regularly transported to NRL ➢ Adequate PPEs and waste management procedure No dedicated marked waste route
5	National Hospital Abuja	➢ The Waste management facility is over-burdened ➢ The Incinerator is usually overwhelmed with back-log of wastes due to inflow of waste from external health facilities Dense and dark air emitting from the air stack chamber
6	Central Public Health Laboratory, Yaba	➢ Open burning of HCW ➢ Waste is pre-treated through autoclave ➢ Absence of incinerator ➢ Air emission from open burning, absence of waste manifest No defined route for waste transport
7	Nigeria Institute of Medical Research (NIMR)	➢ Poor state of medical waste incinerator; ➢ Issues of Air pollution ➢ Backlog of waste due to COVID 19 sample collection and treatment ➢ The waste is pre-treated through autoclave ➢ Inadequate PPEs Improper waste treatment and ash disposal
8.	LUTH	➢ Poor state of medical waste incinerator; ➢ Inappropriate disposal of ash ➢ Littered waste around the incinerator Dense and dark air emitting from the air stack chamber

Source: Field Work, 2021

Plate 1: Incinerator at University of Ilorin Teaching Hospital

Plate 2: Coded Waste Bins at UITH

Plate 3: Waste Disposal at Central Public Health Laboratory, Yaba

Plate 4: Waste Disposal at National Hospital, Abuja

Plate 5: Waste Incinerator at LUTH

Plate 6: Backlog of COVID-19 Waste at NIMR, Lagos

4.3 Management Response to Infectious Diseases

The National health system has a generic Modus Operandi (MO) for responding to outbreak of infectious diseases with few alterations for selected cases. The MO is guided by the Incident Management System that coordinates response and emergency situations both at the national and subnational levels. The response starts at the lowest administrative level of the affected healthcare facility, which leads to immediate response by the Local Government Area (LGA) Disease Surveillance and Notification Officer (DSNO) and then the Public Health Emergency Operation Centres (PHEOC) also called State EOC. The State Emergency Operation Centre (EOC) is the coordinating hub for treatment, standardization and administrative control and its usually coordinated by the State Epidemiologist with support from the state Incident Manger. The PHEOC reports to the National Health EOC Response Team at NCDC led by an Incident Manager. The Incident Manager oversees the preparation, planning, resource management and overall operation of an emergency response at national level. All these response levels are guided by the Incident Management System

All PHEOC is coordinated by the following pillars

- Logistics
- Surveillance
- Laboratory
- Infection Prevention and Control
- Risk Communication
- Research
- Case Management
- Monitoring and Evaluation

These pillars are coordinated by pillar heads that report to the Incident Managers on their various activities, gaps, needs and concerns. The flowchart below depicts the organogram of response structure at National and sub-national levels.

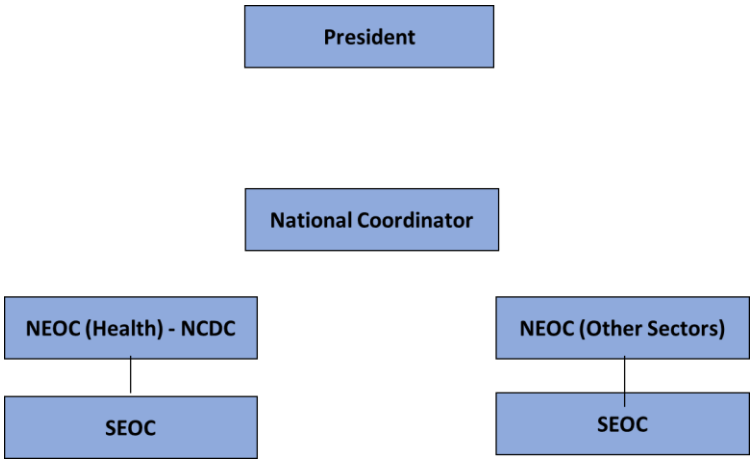

Figure 82: Overall Organogram of Response Structure

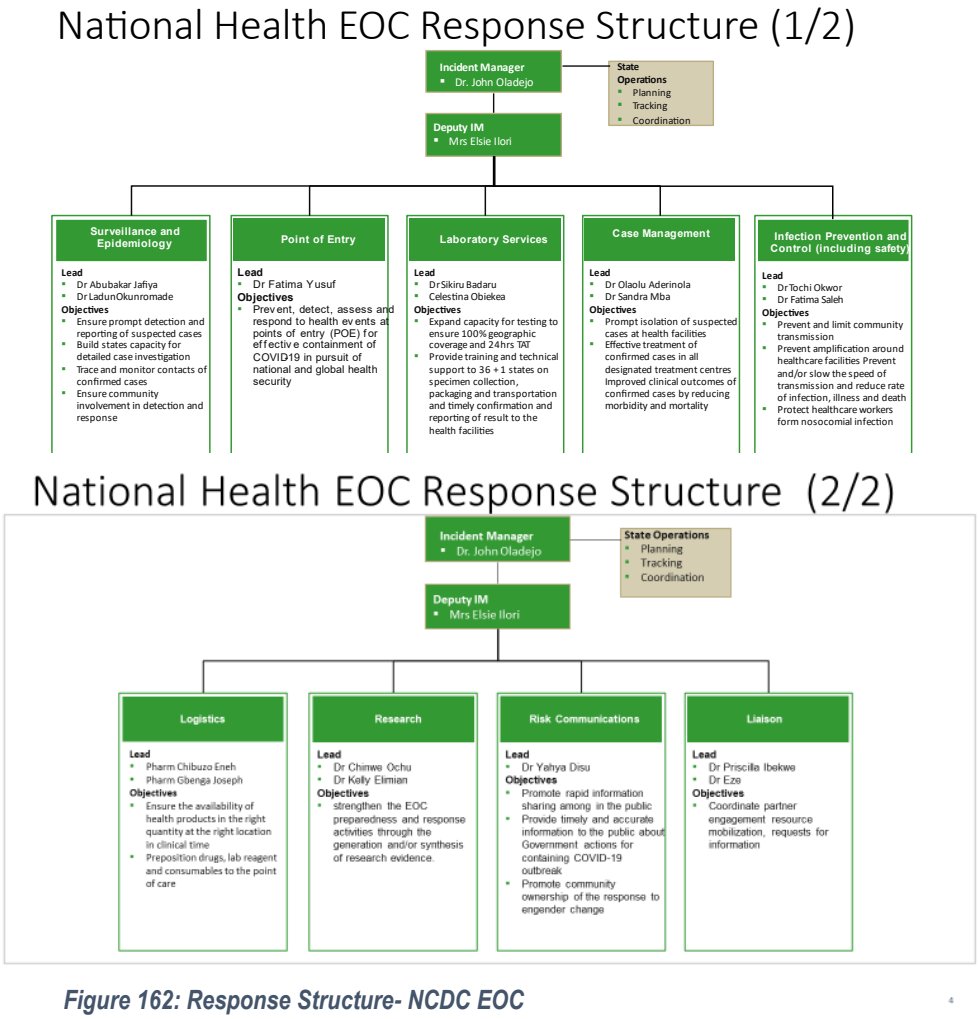

Figure 162: Response Structure- NCDC EOC

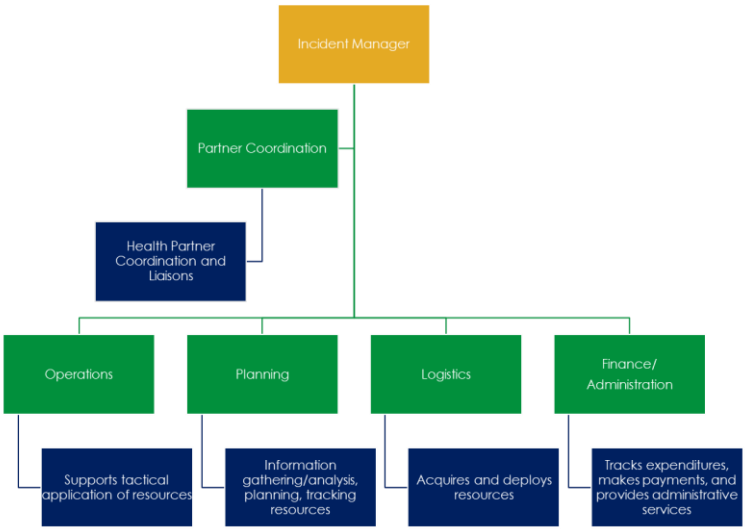

Figure 234: Incident Management System Organizational Structure

4.3.1 Country's Response to COVID-19

Efforts to contain the spread of the COVID-19 virus is led by the Presidential Steering Committee-PSC (formerly known as Presidential Taskforce on COVID-19) sighted in the Office of the Secretary to the Government of the Federation. The PSC leads the multi-sector response to COVID-19 and consists of heads of relevant MDAs 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 Nigeria Centre for Disease Control (NCDC). The NTC is responsible for overseeing the planning, management and monitoring of project activities, including focusing on policy issues related to the project.

4.3.1.1 COVID-19 Status

As of July 30, 2021, 173,411 total cases have been confirmed in Nigeria with 164,978 recovered and 2,149 deaths (Source NCDC daily updates).

4.3.1.2 COVID-19 Vaccination efforts

Nigeria received 4,024,000 doses of the AstraZeneca vaccine. This is made up of 3,924,000 doses through COVAX, a program co-led by Global Alliance for Vaccine and Immunization (GAVI), the Vaccine Alliance, the World Health Organization (WHO), and the Coalition for Epidemic Preparedness and Innovations (CEPI) to ensure equitable vaccine access and 100,000 does from the Government of India. The National Deployment and Vaccination Plan (NDVP) indicated that the COVAX facility will provide COVID-19 vaccines for 20% (42,298,665 persons) of the country's total population, and 300,000 doses of vaccine from telecommunication giant MTN. According to data from NPHCDA, as at July 12, 2021, the GoN utilized 3,938,945 doses of AstraZeneca vaccines across 36 States and FCT, representing 98% utilization of the 4,024,000 doses of Oxford/AstraZeneca vaccine it received from the COVAX facility in March 2021. This comprises 2,534,205 people who have been vaccinated with the first dose, and 1,404,205 who have received their second dose of the vaccine under Phase 1.

4.4 Social Baseline

Social inclusion and social risk issues can help determine the potential risks to different stakeholders and the inclusion needs of especially of vulnerable stakeholders.

4.4.1 Insecurity/Conflict

Nigeria continues to face several security challenges in many parts of the country. Widespread conflict such as banditry, kidnapping and terrorism are being witnessed in all most part of the country. At the root of the security challenges are faulty governance mechanisms, high levels of poverty and inequality, high unemployment rates particularly among youth, as well as natural resource degradation and climate change induced stresses. The combined efforts by military operations have had little effects even though the long standing conflicts have led to displacement of over 2.5 million people in the region, of whom 1.9 million are internally displaced in Nigeria, according to the International Monitoring Organisation (IOM) Displacement Tracking Matrix (DTM) Round August 2018.

4.4.2 Vulnerable groups

Vulnerable groups such as the aged, women, youth, persons with disabilities, people in isolated and hard to reach communities, prisoners, IDPs, refugees and migrant Labourers can potentially be excluded from project benefits. About 25 million Nigerians had at least one disability, while 3.6 million of these had very significant difficulties in functioning (The World Report on Disability, 2011). People with disabilities worldwide face cultural, economic and social barriers from within and outside Exclusion of people with disabilities from vaccination has an adverse economic impact at the family, community, health level. The project scope of work will ensure that rehabiliated infrastructure allows for unimpeded access to all including persons with disabilities.

Nigeria, through the National COVID-19 Technical Working Group (NGITAG), has prioritized 40% of its population for vaccination against the COVID-19 virus by 2021. These groups were identified using the WHO vaccine allocation framework and prioritization roadmap as well as COVID-19 disease burden data from the NCDC. They are:

- ✓ The healthcare workers, support staff alongside contingencies (Point of Entry workers, Rapid Response Teams, Contact tracing teams, COVID-19 vaccination teams, etc.)
- ✓ People 50 years and above
- ✓ People below 50 years with significant co-morbidities and additional at-risk groups.

Phasing for the COVID-19 vaccine introduction was based on availability. The priority groups will be vaccinated in four (4) phases. The order of priority begins with the following:

- ✓ Phase 1 - Health workers and strategic leaders (Feb/Mar 2021);
- ✓ Phase 2 – The remaining health workers not covered in phase 1 and those aged 50 years and above (in Q2 2021);
- ✓ Phase 3 – Those with co morbidities (underlying medical conditions), but less than 50 years (in Q3 2021); and
- ✓ Phase 4 – Other target population based on disease burden (Q4 2021)

4.4.3 Gender Based Violence (SEA/SH)

Nigeria ranks 118 out of 134 countries on the Gender Equality Index.[3] Women's disadvantaged position and lack of decision-making power in the social, economic and political spheres is reflected in policies, laws and resource allocation that thwart progress towards gender equality in the country**.** More than 70 percent of women live below the poverty line, and maternal mortality ratio is among the highest in the world at 576 per 100,000.[4] More than half of people living with HIV (3.2 million) are women (55 percent).[5] Girl enrollment in school

[3] British Council Nigeria. Gender in Nigeria report 2012; UNDP Human Development Report 2016. See: http://hdr.undp.org/en/content/gender-inequality-index-gii.

[4] The 2013 Nigeria Demographic and Health Survey (**NDHS). See:** https://dhsprogram.com/pubs/pdf/PR41/PR41.pdf.

[5] UNAIDS 2017 Data. See: http://www.unaids.org/sites/default/files/media_asset/20170720_Data_book_2017_en.pdf.

lags behind boys, and represents one third to one quarter of classroom participants depending the state; and two-thirds of the 10.5 million out-of-school children, are girls.[6]

The wide diversity and distinct socio-economic, cultural and political contexts across Nigerian geopolitical regions and states results in different gender related vulnerabilities. While gender inequitable norms prevail throughout the country, these vary by region and interact with other structural, community and individual factors exposing women, girls and boys to some forms of GBV more than others. The socioeconomic status of women and girls in the northern zones lags behind those in the south: only 3 percent of girls in the North complete secondary school, over two-thirds aged 15-19 years are unable to read compared to less than 10 percent in the South, and 76 percent are married by age 18 in the northwest.[7] Child marriage, acceptance of wife beating, restricted movement of women and girls are more pronounced in the North, and the prevalence of sexual violence, conflict related GBV and SEA is higher than in the South. In the South FGM, IPV, physical violence by any perpetrator, trafficking and harmful widowhood practices are more prevalent.

The term 'gender-based violence' reflects the underlying and systemic gender inequality which is a key driver of violence. Gender inequality exists in Nigerian households and communities, as in every society in the world; it results in women and girls experiencing limited choices, as well as restricted access to resources and opportunities compared to men and boys. The unequal distribution of power between men and women, along with engrained norms and rigid expectations on gender roles are the core drivers of GBV. GBV cuts across culture, level of education and income, religion, ethnicity, and other demographic indicators. GBV is directed at an individual based on his or her biological sex or gender identity. It includes physical, sexual, verbal, emotional, and psychological abuse, threats, coercion, and economic or educational deprivation, whether occurring in public or private life.

4.4.4 WASH Facilities

Nigeria has made modest progress in expanding access to water, sanitation, and hygiene to its rapidly growing population. According to the 2019 report of the UNICEF/WHO Joint Monitoring Programme (JMP) for Water Supply and Sanitation, about 71% have access to safely managed and basic service drinking water and about 39% have access to safely managed and basic service sanitation. The World Bank and other development partners, through the Federal Ministry of Water Resources, have provided funds to support rural, small towns and urban water supply in about sixteen states to reform their respective water and sanitation sectors through rehabilitation and expansion of water supply infrastructure, strengthening of their institutional capacities and launching of public private sector partnerships (PPPs) for improved service delivery. However, despite the considerable investment in the water and sanitation sector, a large population still does not have access to water in adequate quantity and quality. These gaps persist because of a combination of factors, including rapid urbanization, coupled with a growing demand for services; inefficient and ineffective service delivery; institutional and governance constraints; gender inequality; and climate change water related risks. In addition, water supply services, where they exist, are still unreliable and of low quality and are not sustainable because of difficulties in management, operation and pricing and failure to recover costs. Many water supply systems show extensive deterioration and poor utilization of existing capacities, due to under-maintenance and lack of funds for operation.

With regards to the Healthcare Facilities, such benefits are mainly visible in tertiary and few secondary HCFs which are unreliable. Most HCFs have borehole facilities and private tankers as alternatives. The project will work with the FMW, the WASH unit to identify specific gaps and address them in the selected HCF under component 2.

[6] NDHS 2013.

[7] NDHS 2013; British Council Nigeria, 2012.

5. Potential Environmental and Social Risks and Mitigation

5.1 Introduction

This section identifies and describes potential environmental and social risks and impacts of eligible activities that will be supported or financed by the project (see section 2 for project description). The risks are identified based on the experiences of REDISSE, preliminary risks assessment of parent project activities against the baseline of the recipient project and used the relevant policy and regulatory instruments as guiding framework. Presently, the project is not expected to finance construction of any healthcare infrastructure.

5.2 Potential Positive Impacts

It is expected that the activities supported by the project will enhance the nations disease surveillance systems, and provide resources to control and contain the spread of COVID-19 and similar infectious diseases. Specific anticipated benefits of the project include:

- Improved access to better medical and emergency facilities and service providers at project-funded healthcare and Laboratory facilities,
- Improved access to reliable information on COVID-19 and other infectious disease,
- Prevention and minimization of the spread of infectious disease through better resourced national disease surveillance system (including the capacity of the country's health services to identify, trace, test, isolate and treat COVID-19 cases),
- Improved protection of the population against COVID-19 through immunization,
- Improved capacity of the Nigeria to prevent and control disease epidemics,
- Availability of vaccines for the population,
- Provide needed WASH facilities at designated locations,
- Risk communication and sensitization approaches to reduce issues on miscommunication, vaccine hesitancy and misinformation, and
- Use of energy saving equipment which is a positive impact for the project and contribute to climate change co-benefit.

Despite these general positive impacts, the implementation of some project activities are expected to create and/or exacerbate existing environmental and social impacts with adverse consequences on the population.

5.3 Potential Environmental & Social Risks

Experience from the previous healthcare and vaccination projects like Polio and preliminary risks assessment of CoPREP suggest the following and depending on their significance, each of these risks will be thoroughly assessed and impact mitigation measures implemented throughout the project life

5.3.1 Potential Environmental Risks

- potential environmental pollution and community health and safety issues related to handling, transportation and disposal of healthcare wastes, Improper disposal of empty vials, sharps, needles, packaging, and unused and expired vaccine of immunization campaign can be harmful to humans, environment, and wildlife.
- Inadequate number of isolation capabilities at Healthcare facilities (HFs) across the country.

- limited facilities for the final disposal of medical wastes (high-temperature incinerators, autoclaves and/or sanitary landfill sites).
- health effects from deployment of unsafe vaccines and inadequate vaccine storage, handling and transportation practices may lead to vaccine quality deterioration.
- If unused, expired, and unsafe vaccines are discarded in waterways and drinking water, this will cause serious and multifaceted human and environmental issues.
- risks of COVID-19 infection among workers and the public due to mobilization of groups for mass vaccination and the associated infectious waste materials generation and management.
- Minor construction or rehabilitation of cold-chain infrastructure may be anticipated in this project, adverse impacts during rehabilitation would include dust and noise emissions, generation of construction wastes, disturbance of traffic, and discharge of untreated sewage.
- Occupational health and safety (OHS) concerns to direct health workers, vaccination and medical crews, laboratory technicians, and drivers involved in direct project activities, i.e., collection, handling and testing of specimen, carrying out vaccinations, handling dead bodies from quarantine and isolation facilities.
- Disposal of hazardous/heath care waste generated from isolation centers, Laboratories, and screening posts could include contaminated fluids and infected materials such as reagents, syringes, and lab solutions. Without proper safeguards, this waste may be disposed of improperly resulting in contamination of soil and water bodies, and injury to waste pickers.
- Air pollution and GHG emissions from inadequate burning of medical waste and rehabilitation of healthcare facilities. Other sources of air pollution will arise from the rehabilitations works.
- Generation of construction waste and debris due to rehabilitation work.

5.3.2 Potential Social Risks

- Concerns for community health and safety (CHS) which may result from improper disposal of medical waste (e.g., syringes, empty vials, used cotton, used PPE and sharps) to open waste dumps and discharge of contaminated water that may undermine community health and safety, cause injury to waste pickers, and contaminate soil and surface water
- Potential for social tension which may arise from misinformation related to the efficacy of the vaccine, eligibility criteria for prioritization to receive vaccines and other perceived inequities.
- Exacerbating existing trends of marginalization against the poor, vulnerable (including the elderly, persons with pre-existing conditions, people with disabilities and indigenous peoples) and other vulnerable groups in terms of access to vaccines and to relevant information and healthcare services which could deepen inequalities and undermine the objectives of the project.
- Adverse effects following vaccination. This may include serious illness, contraindications or even death. This risk of serious adverse effects rarely occurs and is thus considered low risk in this project
- Potential for excess and arbitrary use of force by security personnel who may be deployed to secure vaccine transportation and storage and to protect vaccine teams.
- Issues on SEA/SH risks due to use of security may arise during implementation.
- Grievance and conflicts due to vaccination procedures.
- Impact on other health care services such as in-person medical treatments, maternal health care services during the rehabilitation of the health facilities.
- Labour influx in the communities could lead to increase in potential spread of STIs/STDs and increase in SEA/SH risks.

- Increase in noise generation and vibration from rehabilitation works which can impact other health facility users.

Other social risk issues may include the likelihood of violating ethical considerations during surveillance, epidemiological investigations, and case management as well as the potential for vaccine skepticism and misconceptions especially among vulnerable groups due to poor or distant communication and engagement and the limitation of technology-based information dissemination.

The magnitude and scale of each of the above risks and impacts is provided in the table 5 below. The risks/impacts were carefully assessed based on the nature of activity, the location, and the stage at which the activity is being considered.

The risk mitigation measures are consistent with the risk mitigation hierarchy of the World Bank's ESS1, emphasizing the need to avoid impacts first, and where unavoidable minimize, mitigate, and compensate for residual impacts.

5.4 Environmental and Social Management Plan

The range of potential environmental and social impacts/risks associated with the project scope of activities is described in table 5 below. The ESMP matrix outlines the potential impacts associated with project activities with corresponding mitigation measures, impact rating, responsibility (mitigation/monitoring) and cost of mitigation/monitoring. It is expected that majority of these impacts will occur during the implementation phase of the project, while fewer impacts are perceived during the planning and operation phases. The impacts identified at this stage are all generic. When the exact locations and rehabilitation requirements become known, the proponent will develop site-specific ESMPs, which will address specific impacts associated with the Project's activities. This ESMP also presents generic recommendations for mitigating and monitoring measures, and institutional responsibilities. The PCU will be responsible for ensuring coordination and monitoring regarding the implementation of the ESMP throughout the Project's lifecycle.

Table 5: Environmental and Social Management Matrix

Project Sub-Activities	Potential E&S Risks	Impact Rating	Mitigation Measures	Responsibility Mitigation/ Monitoring	Cost (US$)
Rehabilitation of Healthcare Facilities	Dust emission, noise and disruption to healthcare activities	**Moderate**	▪ Use of PPE ▪ Work should be done during off-peak periods ▪ Contractor should obtain permission from necessary MDA prior to works	Mitigation Contractor/ Supervising Consultant Monitoring: Environmental and Social Officers (ESOs) at the State Implementation Unit (SPCU) and Project Coordination Unit (PCU)	Cost part of contractor's budget Cost for Monitoring: 1,000
	OHS related risks	**Moderate**	▪ Use of PPE ▪ Train, supervise and regular PEP talks with personnel ▪ Ensure machinery and equipment are always in good working conditions and comply with the ESS-2 guidelines ▪ Remove any know hazards within the work environment and implement Job Hazard Analysis Plan		
	Labour influx in the communities could lead to Increase in potential spread of STIs/STDs and increase in GBV/SEA	**Low**	▪ Use of local labour should be encouraged in the project ▪ All workers must sign Code of Conduct (see Annex 14 for sample) and trained on the implications ▪ Workers campsite should be located away from social sensitivities ▪ Sensitization in the HCF and workers on Code of Conduct, prevention of STIs/STDs/GBV/SEA risks by health workers, Women Affairs, relevant NGOs ▪ Stakeholders should be encouraged to report inadequate practices through the GRM, and these reports should be forwarded to the adequate referral service in line with the project GBV action plan		
	Child labour/forced labour	**Low**	▪ Contractors must avoid hiring children for menial activities no matter the situation. ▪ No one should be forced to work ▪ All workers and their managers must sign a CoC which emphasises zero tolerance to child labour.		

Project Sub-Activities	Potential E&S Risks	Impact Rating	Mitigation Measures	Responsibility Mitigation/ Monitoring	Cost (US$)
			▪ Implementation of the Labour Management Procedure in Annex 22.		
	Increased waste generation	**Substantial**	▪ Implement site specific waste management plan ▪ Reduce material usage when feasible		
	Insecurity and theft at project sites	**Moderate**	▪ Contractor should cooperate with hospital management to appoint security personnel and install CCTV where needed ▪ Body-search the workers to avoid getting weapons on site, to ensure nothing is stolen ▪ Ensure only authorized personnel get to site		
	Potential risk of COVID-19 infections amongst workers	**Substantial**	▪ Use PPE and implement COVID-19 protocols as stipulated by NDCD guidelines		
Procurement, transport, storage and deployment of vaccines	Damage to vaccines in transit Potential for diversion of vaccines Potential failure of refrigerators during storage OHS risks to vaccination teams Inaccurate assessment of cold chain capacity and other requirements Possible contamination of surface of vaccine related materials	**Substantial**	▪ Use trained and experienced staff ▪ Install car trackers . ▪ Train operators on safe operation of equipment and vehicles and the national road safety regulations ▪ Monitor cold-chain temperature using an electronic temperature monitoring device (fridge tag) with capability for manual extraction of data. ▪ All personnel involved must always wear the appropriate PPEs during deployment ▪ Alcohol-based hand rub should be provided where handwashing facilities cannot be accessed easily and regularly	Mitigation: Vaccination Team in NPHCDA/SPHCDA Monitoring: FMoH, SMoH	Part of cost for vaccination and deployment cost (10,000) Monitoring: 500
	Spread of infection amongst healthcare workers and cleaners, which could thus, also be an indirect risk to	**Moderate**	If concerned (for example when dealing with goods that have come from countries with high numbers of infected people) a surface or equipment may be decontaminated using disinfectant. After disinfecting, workers should wash hands with soap and water or use alcohol-based hand rub. Medical personal protective equipment (PPE) includes: ▪ Medical mask		

Project Sub-Activities	Potential E&S Risks	Impact Rating	Mitigation Measures	Responsibility Mitigation/ Monitoring	Cost (US$)
	the community where they reside.		▪ Gown ▪ Apron ▪ Eye protection (goggles or face shield) ▪ Respirator (N95 or FFP2 standard) ▪ Boots/closed work shoes		
	Improper vaccine deployment can result in rendering the vaccine useless, posing health risks to the recipients if administered and generation of additional HW if disposed-off.	**Low**	▪ Pre-training for the personnel involved as well as stringently following the manufacturers guidelines along with WHO/CDC for each step of vaccine delivery and usage with particular emphasis on its cold chain temperature management and monitoring. ▪ Develop & implement SOPs for vaccine transport, handling and storage along with cold chain management including temperature monitoring. ▪ Training for drivers for journey management during transport of vaccines ▪ Proper records maintenance for recording the cold chain temperatures and system development for managing, retrieving and analyzing these records	Mitigation: Vaccination Team in NPHCDA/SPHCDA Monitoring: FMoH, SMoH, ESOs at SPCU & PCU	
Temporary locations for installation of vaccination booths including the temporary use of public and private properties such as schools, town halls, markets and community centres.	Security threats The potential to choose locations which are not accessible to remote locations. Medical waste management and disposal issues	**Moderate**	▪ Consider central and accessible locations to remote population. ▪ The Project would utilize Security Force as part of vaccination team ▪ Identify and engage with authorities of public facilities including schools, community centers and market associations ▪ Liaise with the relevant waste management boards ▪ Incorporate waste segregation, treatment, and appropriate disposal. ▪ Include information on location of vaccination booths in public disclosure sessions, traditional media houses and communication materials ▪ Identify, engage, and inform local community, vulnerable groups on the locations of vaccination centers and vaccination arrangements.	Mitigation: Vaccination Team in NPHCDA/SPHCDA, Monitoring: Communication Officer in SPCU & PCU FMoH, SMoH ESOs at SPCU & PCU	8,500 Monitoring:1000
Procurement and installation of laboratory equipment, supplies and goods at emergency rooms, health centres,	Surfaces of imported materials may be contaminated and handling during transportation and result in spreading COVID.	**Low**	▪ Mandatory hand hygiene practices for workers handling equipment. ▪ Ensure that adequate handwashing facilities with soap (liquid), water, and paper towels for hand drying (warm air driers may be an alternative), plus the closed waste bin for paper towels are available	Mitigation: IPC Pillar heads at PHEOCs, Communication Officer	Part of IPC protocols

Project Sub-Activities	Potential E&S Risks	Impact Rating	Mitigation Measures	Responsibility Mitigation/ Monitoring	Cost (US$)
hospitals and other medical facilities,			▪ Implement regular awareness campaigns including standard COVID-19 prevention measures including washing hands regularly with soap, maintaining physical distancing, wearing face masks as appropriate, and avoiding hand contact with the face, eyes, and nose ▪ Carry out disinfection using 0.1 percent chlorine solution, where necessary.	Monitoring: FMoH, SMoH	
Procurement of PPE	Potential for procuring sub-standard or inadequate use of PPE which may compromise infection control measures; Potential for improper disposal of used PPE.	**Moderate**	▪ Purchase only standard PPEs with ISO quality ▪ Train workers on the proper use of PPEs, disinfection, reuse, and disposal of PPEs using WHO Guidance on rational use of PPEs) ▪ Institute quality control measures for all PPE that are procured ▪ Institute and train workers on mandatory use of PPEs in active work areas	Mitigation: IPC Pillar heads at PHEOCs and NHEOC Monitoring: FMoH, SMoH	Cost part of component 2
	COVID contaminated PPEs	**Substantial**	▪ Healthcare waste produced during the care of COVID-19 patients should be collected safely in designated containers and bags, labelled, treated, and then safely disposed off ▪ Autoclave contaminated waste before using incineration	IPC Unit in PHEOC Monitoring: Environmental Officers at the SPCU & PCU	Cost part of IPC
Diagnosis and treatment of COVID-19 patients	OHS concerns to frontline healthcare workers and staff especially on specimen collection and handling, exposure to infectious diseases Possible increase in incidents of violence/harassment due to stigmatization related to COVID-19	**Substantial**	▪ Determine the need for design changes in the facility or its operation such as ICUs, isolation facilities, structural and equipment safety, universal access, nosocomial infection control, and medical waste disposal ▪ Religious leaders and civil society/ community groups should be engaged early in the process to facilitate adherence and dispel rumuors and misinformation ▪ Updated and sensitize stakeholders on GRM and public information dissemination activities to prevent mismanagement and social unrest ▪ Deploy security personnel to protect vaccination teams, and in line with ESS4 and UN principles on security and human rights.	Incident Manager, Social Officer, Environmental Officer at SPCU &PCU Monitoring: State Epidemiologist, FMoH, SMoH	12,000 Monitoring: 2,000

Project Sub-Activities	Potential E&S Risks	Impact Rating	Mitigation Measures	Responsibility Mitigation/ Monitoring	Cost (US$)
	of health workers, patients Discomfort concerning the rules that are imposed for COVID-19 and conflict with the spiritual and cultural practices Social unrest due to disruption of cultural and communal activities due to distancing and other restrictions Covid-19 waste can pose direct health risks to all hospital employees. Risk of infections and spread of diseases through vectors.		▪ Implementation of the recommendations from the Security Management Plan		
Operation of Rehabilitated and Equipped Healthcare Facilities	▪ Potential injuries resulting from handling sharps, improper use of PPEs, and poor handling of waste. ▪ Risks of COVID-19 infection among health workers resulting from sample handling and testing.	**Substantial**	▪ Classify and quantify the HCW (infectious waste, pathological waste, sharps, liquid, and general waste) following WBG EHS Guidelines for Healthcare Facilities. ▪ Review onsite waste management and disposal regularly and provide weekly training on protocols contained in the updated National Health Waste Management Plan. ▪ PCU in coordination with Safeguard unit and the relevant health risk team of CoPREP will audit any off-site waste disposal every month and institute remedial measures required to ensure compliance	Safeguard (Environmental and Social), and Communication officers at state level and national level Monitoring: State Epidemiologist and all pillar heads	25,450 Monitoring: 4,000

Project Sub-Activities	Potential E&S Risks	Impact Rating	Mitigation Measures	Responsibility Mitigation/ Monitoring	Cost (US$)
	▪ Potential for marginalizing vulnerable groups and persons with disabilities from accessing health services, isolation and quarantine services. ▪ Rise in tensions at isolation and quarantine centers due to lack of basic facilities, such as food, water and lodging and infection prevention and control measures ▪ Rise in social tensions due to the establishment of mandatory isolation and quarantine centers proximity to a residential area, school, public spaces, and park. ▪ Community health and safety issues due to improper handling and disposal of medical waste, including syringes and other		▪ Ensure quarantine facilities are located with considerations for access to basic needs and facilities such as food and water ▪ Describe applicable performance levels and/or standards and monitor the compliance of the existing management system. ▪ The project will take all measures to ensure proper disposal of medical waste that will be generated during the operation of health facilities to avoid community health and safety issues. ▪ HCF will apply the National Health Care Waste Management, Standards and Operating Procedures in disposing of used vials, syringes, and other vaccine related waste. ▪ Conducting monitoring of waste handling, storage and disposal to ensure proper implementation of waste management system. ▪ Site-specific Waste Management Plans shall be prepared ▪ Take necessary measures to ensure the safety of health workers as prescribed by WHO and several directives issued by the government such as Pandemic Health Services and Use of PPE. ▪ Implement and sstrengthen GRM services to collect, address complaints, and prevent social unrest and mismanagement ▪ Early and regular communication with community leaders, civil society, and community groups to determine location for quarantine facilities, pre-empt and address community issues and dispel any misinformation. ▪ Different channels of communication should be used to optimize impact. Refer to WHO's Risk Communication and Community Engagement RCCE protocols < https://www.who.int/publications/i/item/risk-communication-and-community-engagement-(rcce)-action-plan-guidance>.		

Project Sub-Activities	Potential E&S Risks	Impact Rating	Mitigation Measures	Responsibility Mitigation/ Monitoring	Cost (US$)
	medical waste used in the vaccination program ▪ Covid-19 waste can pose direct health risks to all hospital employees.				
	Air quality deterioration due to burning of HCW	**Substantial**	▪ Use only incinerators specifically designed for HCW ▪ Regular training of waste disposal staff on proper operation of incinerators according to standard operating procedures. ▪ Flue gases are properly treated (e.g. with the help of water scrubbers) before their release to the atmosphere; and v) there is no leakage of gases from the first chamber of the incinerator to avoid any release of dioxins before they can be destroyed in the second chamber. ▪ Regular air emission analysis ▪ Incinerator should comply with the N/PEQS for gaseous emissions and ambient air quality	Mitigation: Environmental and Social Officers at State level Waste Management department of HCFs Head of IPC Pillar Monitoring: Ministry of Environment	
Vaccine prioritization and distribution	Inequitable access to COVID vaccine for vulnerable groups (women and religious minorities). Vaccine skepticism and misconceptions about the benefits and risks of the COVID-19 vaccine, affecting uptake	**Substantial**	▪ The GoN through NPHCDA should disclose, sensitize and implement the National Vaccination Deployment Plan (NVDP), amongst key stakeholders ▪ The CoPREP Advisory Committee will undertake consultations with key development partners (i.e. WHO, UNICEF and the World Bank Group) as well as health and other essential workers as part of COVID-19 vaccine preparedness and roll out. ▪ A communication strategy would be developed to include strategies and plans for creating awareness about COVID-19 vaccines and to help generate vaccine acceptability by reversing rumours and addressing fears. ▪ Messages that discourage attacks against health workers and will clarify that no forced vaccination is supported by the project.	Vaccination Team at NPHCDA Pillar head on Risk Communication Communication Officer at National level Monitoring: State Epidemiologist, FMoH, SMoH	Part of cost for vaccination deployment

Project Sub-Activities	Potential E&S Risks	Impact Rating	Mitigation Measures	Responsibility Mitigation/ Monitoring	Cost (US$)
	Potential for attacks on vaccine deployment teams due to perceived discrimination				
	OHS related risks	**Moderate**	▪ SOPs should be strictly followed by staff.(see annex 2 on SOP for Vaccination Deployment) ▪ PPE Stockpiling Calculators or related technology shall be utilized for assessing the need and amount of PPE. ▪ Appropriate PPE, in accordance with international standards should be provided to all workers ▪ Technical specifications for procuring equipment should require good hygiene practices in line with WHO technical guidance to be observed when preparing the procured goods. Check national and WHO technical guidance for latest information regarding transmission of COVID on packaging prior to finalization of working protocols at facilities receiving procured goods and update working methods as necessary. ▪ Good hygiene and cleaning protocols should be applied. During the transport, truck drivers should be required to wash hands frequently and /or be provided with hand sanitizer, and taught how to use it. Measures to minimize impacts during transportation, including hazardous materials can be found in the EHSGs	NPHCDA (Vaccination Team) Environmental Officers at National and State levels Monitoring: State Epidemiologist, FMoH, SMoH	
Surveillance of Adverse Events Following Immunization	Occurrence of Adverse Events Following Immunization (AEFI) including contraindications which may cause serious illness in vaccine recipients	**Low**	▪ Refer to section of The National Vaccine Deployment Plan which provides guidance and outlines measure to response to the potential occurrence of Adverse Events Following Immunization (AEFI)	Pillar Heads of Research and Surveillance Monitoring: State Epidemiologist and all pillar heads, National Project Coordinator	5,430 Monitoring cost: 1,500
Use of security personnel to protect vaccine facilities and	Potential for excess or arbitrary use of force by security personnel, and other	**Moderate**	▪ Implement the recommendations from the security risk assessment for the project (see annex 12)	Safeguard officers at state level and national level	17,630 Monitoring cost: 5,000

Project Sub-Activities	Potential E&S Risks	Impact Rating	Mitigation Measures	Responsibility Mitigation/ Monitoring	Cost (US$)
vaccination personnel	risks associated with using security personnel such as sexual exploitation and abuse (SEA) and sexual harassment (SH)		▪ Sensitize security personnel on World Bank;s Technical Note on use of Military personnel ▪ Ensure standards, protocols and codes of conduct are followed for the selection and use of security personnel, and ensure that such personnel have not engaged in past unlawful or abusive behavior, including sexual exploitation and abuse (SEA), sexual harassment (SH) or excessive use of force; ▪ Ensure that such Security Personnel is adequately instructed and trained, prior to deployment and on a regular basis, on the use of force and appropriate conduct (including civilian-military engagement, SEA and SH, and other relevant areas) ; ▪ Ensure that any concerns or grievances regarding the conduct of Security Personnel are received, monitored, documented, and resolved through the Project's GRM for security personnel ▪ The Project will prepare a Security Management Plan prior to commencement of field activities which would identify mitigation measures, and strengthen existing measures, where necessary.	Monitoring: State Epidemiologist and all pillar heads, National Project Coordinator	
Estimated Total Cost					Mitigation: US$79,012:00 Monitoring: US$15,000;00

6. Procedure to Address Environmental and Social Issues

6.1 Introduction

This section details the procedures to be followed in identifying, preparing and implementing the sub-project activities under the CoPREP projects. A number of activities will be undertaken to ensure that the environmental and social impacts/risks of sub-projects are duly identified, assessed and managed; and reporting requirements of ESS1 and national laws are complied with. These are discussed in the following subsections. It must be noted that an Environmental and Social Commitment Plan (ESCP) has already been prepared and disclosed for the Parent Project and will be disclosed for the AF and restructured Project by appraisal.

6.2 Preliminary Environmental and Social Assessment

Prior to identifying risks and impacts, the first step is to map out potential activities likely to trigger environmental and social risks. The procedures are itemized below while the flowchart can be seen in Figure 5.

6.2.1 Screening Potential Sub-projects

All activities undertaken under Component 1 of the Parent project and AF will be screened using the Screening Form (Annex 03). This will involve visiting the sub-project site and it immediate environs to observe and record environmental and social baseline conditions, undertake initial consultations with stakeholders and identify anticipated project impacts/risks and broad mitigation measures together with providing other relevant information on the subproject to facilitate project categorization by the PCU E&S Officers. The outcome of the screening exercise will determine the type of Environmental and Social Assessment[8] (ESA) (E&S instruments) that will be prepared. If the screening process concludes that a sub-project is likely to have significant and or irreversible negative environmental and or social impacts, an Environmental and Social Impact Assessment (ESIA) will be prepared before initiating the subproject. On the other hand, if the screening process concludes that a sub-project is likely to generate impacts/risks that are moderately significant, largely reversible and limited to site and its immediate environs, then a sub-project/site specific Environmental and Social Management Plan (ESMP) shall be prepared prior to initiating the sub project. Minor works and procurements with low to insignificant environmental and/or social impacts/risks will go through only screening.

The parent project, the AF and restructured Project will not lead to land acquisition or involuntary resettlement. Therefore, none of the CoPREP project will support any activities that will lead to permanent or temporary loss/damage of assets, economic losses or physical displacement.

The State Coordinating Units will submit the screening reports through the Safeguard Consultants at National PCU to the World Bank for review and sub-project categorization.

6.2.2 Development of Terms of Reference

The World Bank favours preventive measures over mitigation or compensatory measures, whenever feasible. Therefore, after screening, ToRs are developed based on the potential risks associated with the various scope of work. A ToR for ESMP is the most appropriate for this project. The national safeguard consultants at the PCU will draft the needed ToR, to be reviewed and cleared by the World Bank Team.

[8] These includes ESMPs, ESIAs, E&S Audits.

6.2.3 Conducting E&S assessment for each Sub-project

A number of ESAs will be prepared to meet the requirements relevant ESSs and FMEnv guidelines.

Integrating Environmental and Social Mitigation Measures in Project Design and Tender Documents

The mitigation measures developed and in subsequent specific safeguards instruments/ ESMP will be integrated into the project design and tender documents. By using this approach, the mitigation measures will become part of the project planning, implementation and operation phase. By including the mitigation measures in the contract or in specific items in the Bill of Quantities, monitoring and supervision, mitigation measure implementation could be covered in the engineering supervision provisions of the contract. This integration is articulated as follows:

- ToRs will be issued out as part of request for proposals (RFPs) for E&S Consultants who bid for the preparation of these ESAs. These are Environmental and Social Management Plans (ESMPs). The envisaged interventions under Component 1 for the Parent project will involve civil works such the rehabilitation and renovation of facilities including refurbishments of medical centers, minor renovation of isolation and treatment centers including community support centers, provision of WASH stations in public locations, construction of an Infectious Disease Center (Isolation Center, Treatment Center and ICU) and Laboratories. Under the AF, vaccines will be procured, stored and deployed and vaccination exercise will be undertaken. The updated NHCWMP already captures information on management of infection waste, sharps, and other medical waste.

- Once approved by the World Bank, the ESMPs will be disclosed and included in the works contracts of the various sub-projects. Sub-project ESMPs including their accompanying contractual clauses will be included as an integral part of any works or supervision contract for each subproject. Subproject ESAs will be prepared by external consultants. The consultants will use field visits, stakeholder engagement and physical measurement of parameters during the preparation of the ESMPs.

6.2.4 Review and Approval of E&S Plans and Instruments

The ESMPs would be reviewed by the State level Environmental and Social Officers and comments provided. The National Environmental and Social Specialist will conduct additional review, proffer comments and clean version sent to the Bank team for review and clearance.

6.2.5 Consultation and disclosure of E&S plans and instruments

The National PCU or the State Coordination Units will make copies of this ESMF and other ESAs (such as ESIA/ESMP) available to the public and relevant MDAs through media advert (radio, television), community forums and the government official website in line with the National EIA procedures as stipulated by FMEnv. Specifically, the publication will be launched for 21 days:

- In 2 National Newspapers
- Local newspapers in the participating states
- Radio announcements
- Designated centers at the Federal and State levels including Federal Ministry of Health, Federal Ministry of Environment
- Websites of NCDC, Federal Ministry of Health, Environment and other relevant MDAs
- World Bank external website

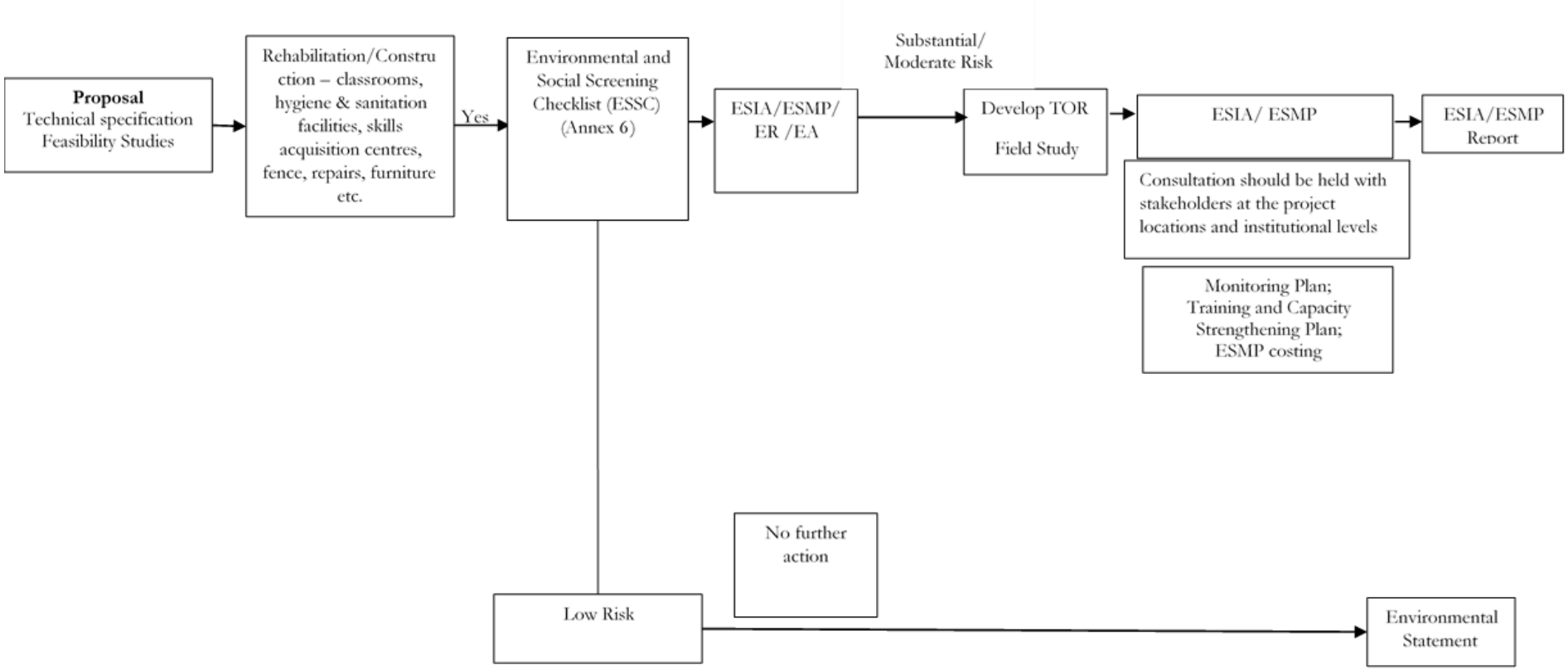

Figure 282: E&S Screening Process

6.2.6 Implementation and Monitoring of E&S Plans and Instruments

Monitoring is a key component of the ESMF during project implementation. Monitoring verifies the effectiveness of impact mitigation measures, including the extent to which mitigation measures are successfully implemented. Monitoring specifically helps to:

- Improve environmental and social management practices;
- Check the efficiency and quality of the ESMP processes;
- Establish the scientific reliability and credibility of the ESMP for the project; and
- Provide the opportunity to report the results on impacts and proposed mitigation measures implementation.

Monitoring will be one of the principal activities of environmental and social management of the activities/projects once environmental permit is secured for a sub-project, contract is awarded and the project implementation commences. The State PCU E&S Officers will commence monitoring as an important feedback mechanism. This ensures that the environmental and social mitigation measures in this ESMF are:

- Adhered to in implementation and are strengthened by arising situations;
- Identified in the planning phase (contained in the EA report), and incorporated in the project design and cost are being implemented;
- Maintained throughout the construction and operation phases through to the decommissioning of sites, facilities and equipment; and
- Where inadequate, additional remedial actions are identified (including corrective measures or re-design of mitigation measures).

Methods for monitoring the implementation of mitigation measures or environmental and social impacts should be as simple as possible, consistent with collecting useful information, so that the subproject implementer can apply them. For instance, they could just be regular observations of the sub project activities or sites during rehabilitation and then when in use.

- Is construction waste disposed?
- Does a water source look muddier/cloudier and different than it should, if so, why and where is the potential source of contamination?.

Some indicators that could be used to ensure participation process involved in subproject activities include:

- Number and percentage of affected households/individuals/institutions consulted during the planning stage;
- Levels of decision-making of affected people;
- Level of understanding of project impacts and mitigation;
- Effectiveness of local authorities to contributing and making relevant decisions;
- Frequency and quality of public meetings;
- Degree of involvement of vulnerable groups in discussions.

Most observations of inappropriate behavior or adverse impacts should lead to common sense solutions. In some cases, there may be need to require investigation by a technically qualified person.

The monitoring roles and responsibilities would be carried out by the following:

- National PCU Safeguard Consultants will provide oversight monitoring of all E&S impacts and submit monitoring reports to the PCU
- The State PCU Environmental and Social Officers who will effectively monitor the contractors engaged to ensure adherence to the environmental and social clauses and

principles for all the activities, not readily identified now. The monitoring results from the executing agencies are reported to the Ministry of Environment for necessary action.

- Federal and State Level Ministry of Environment will play the leading oversight role as it relates to environmental issues, will carry out its own compliance monitoring to satisfy itself that the permit conditions and relevant standards and mitigation measures are being fulfilled by operators in the sub-projects.
- Relevant MDAs would participate in the monitoring giving consideration to specific components as they relate to their areas of statutory responsibility.
- Local Government would participate in the monitoring to ensure and verify adequacy of implementation of various measures.
- Communities as well as the CBOs/NGOs will be useful agents in collection of data that will be vital in monitoring and realigning the project to the part of sustainability as such they will play a role in the monitoring framework.
- World Bank will continually assess the implementation of the ESMF and other safeguard instruments and suggest additional measures as the need may arise for effectiveness and efficiency.

7. Stakeholders Engagement and Disclosure

7.1 Introduction

Stakeholder engagement throughout the project life cycle is critical to the success of the project. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness-raising activities are particularly important to sensitize the communities about the risks related to the infectious disease. In line with the requirements of ESS10, stakeholder consultations form an integral part of this project, from project preparatory, implementation through operations. Accordingly, a stand-alone Stakeholders Engagement Plan (SEP) has been developed for the project and was updated recently due to project AF and restructuring.

7.2 Stakeholder Identification

Identification of person or groups is a continual process and the stakeholders identified are grouped according to affected, other interested and vulnerable groups.

Type of Stakeholder	Name of Stakeholder
Affected: persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures	• Ministry of Health, Director Public Health • NPHCDA/SPHCDA – Disease Control and Immunization • NAFDAC – Drug Evaluation and Research • 36 State Epidemiologist • The public
Other Interested: – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way and	• Ministry of Interior • Security Agencies (Nigerian Army, Nigerian Air force, Nigerian Navy, Nigerian Police, NSCDC) • National health organizations, CSOs, CBO, FBOs and UN agencies • Media and other interest groups, including social media and the Government Information Department; • NGOs for vulnerable groups • The public at large
Vulnerable: persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status9, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.	• Elderly • Individuals with chronic diseases and pre-existing medical conditions • People with disabilities; Pregnant women • Women, girls and female headed households • Children • Daily wage earners; • Those living below poverty line; Unemployed and the homeless • Communities in remote and inaccessible areas • Refugees and internally displaced people

[9] Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

7.3 Stakeholders Consultation

During the preparation of the ESMF, only a few of the affected key stakeholders were consulted. Given the emergency nature of this operation and the transmission dynamics of COVID-19, consultations have been limited to telephone and virtual meetings with relevant government officials. Consultations were done in-house for ten days from 13-23 July, 2021 with members of the PCU while virtual consultations were carried out on 30th, July 2021 with State Epidemiologists. Letters were sent on the 30th of July 2021 to the key MDAs: Ministry of Health, NPHCDA and NAFDACAs. As at the time of compiling this report, only the Ministry of Health, Public Health Department responded to consultation; others were yet to confirm their availability.

Focus group consultations rode on the existing field consultations under REDISSE due to the delay in parent project implementation, which is a result of the delay in parliamentary approval of Nigeria's borrowing plan. Another second level of consultation specific to this project would be carried out once the project is approved and funds can be disbursed.

A summary of issues raised during consultation are detailed in Table 6 below.

Table 6: Summary of Consultations with MDA

Name of Stakeholder	Key Issues	Response
CoPREP Liaison Officer	• The State Ministry of Health Reporting line is not in tandem with the proposed reporting structure for the project, such would cause unnecessary delay. • The project needs full support of the Governors from inception. • Delay in disbursement	It was advised and agreed that the proposed State Steering Committee meeting should explain the Bank's requirement. The Bank procedures should also be communicated through the ESMF and PIM to the Governors during the proposed meeting with the Nigerian Governors' Forum
CoPREP M&E	Continuous delay in internal disbursement of funds for contractors under REDISSE II, which is likely to reoccur in Nigeria CoPREP.	The project has designated different persons to handle the account for CoPREP
Ministry of Health, Public Health Department	The baseline structure with respect to waste, water supply, vulnerable people, points of entry. It was advised that the project should contact the Medical Services, Hospital Services, Focal Persons for Vulnerable Groups and Ports Units within the Ministry. As these units are responsible for these sectors (waste, water, vulnerable people) and can provide the necessary gaps.	A meeting would be organized to bring the needed units together and discuss the prevailing issues and how the project can cover such gaps.
Benue State Epidemiologist	• Points of Entry are not adequately equipped • Laboratories for COVID 19 test are only visible in the State Capital and few towns • Waste management is poor as Makurdi is the main centre for burning waste using a makeshift facility • Internal displaced persons are over 1 million • Social issues are resolved through traditional means	All these issues should be captured in the State Incident Action Plan The ESMF and Updated HCWMP would outline the necessary mitigation steps with regards to waste management and social issues

Name of Stakeholder	Key Issues	Response
Ebonyi State Epidemiologist	• Most of their HCF do not have water supply as they have to rely on boreholes • Vehicles are hired to move HCW from collection centres to disposal area. This takes time and increases potential rate of infection	All these issues should be captured in the State Incident Action Plan
Ekiti State Surveillance Officer representing the State Epidemiologist	• Her relevance in the project is not known • HCW is disposed on dumpsite after collection from holding areas for days.	The project would consider looking into this, as the position of DSNO is critical in reporting disease outbreak

****Note: At the time of compiling this report, NAFDAC and NPHCDA were yet to confirm their availability.**

Specific and targeted approaches will be adopted to ensure that the vulnerable and marginalized groups including women and people with disabilities etc., have meaningful participation in the decision making and implementation of the activities.

During implementation, the project will review the COVID-19 risk level in the project area and the restrictions implemented by the REDISSE II to contain transmission and will establish a plan for continued consultation and stakeholder engagement. Appropriate adjustments will be made in the approach, methods, and forms of engagement to consider the need to prevent the spread of the disease. As described in the SEP, Nigeria CoPREP will publicly disclose this ESMF and all the environmental and social assessments and plans at appropriate locations including the NCDC, website in English language.

7.4 Information Disclosure

The PCU/SPCUs will make copies of this ESMF and other Safeguard Instruments (such as ESMP/SEP/HCWMP) available to the public and relevant MDAs through media advert (radio, television), community forums and the government official website in line with the National EIA procedures as stipulated by FMEnv. Specifically, the publication will be launched for 21 days:

- In 2 National Newspapers
- Local newspapers in the participating states
- Radio announcements
- Designated centers at the Federal Ministry of Health, NCDC, NPHCDA, NAFDAC, Federal Ministry of Environment, State levels including PHEOC, Ministry of Health, Ministry of Environment
- Websites of relevant MDAs
- World Bank external website

8. Grievance Redress Mechanism

The COPREP Grievance Redress Mechanism (C-GRM) is designed to manage all potential conflicts related to the project activities. It therefore should be robust enough to detect, prevent and resolve all conflicts and grievances related to the project activities. The C-GRM is designed to channel grievances into a culturally acceptable and institutionalized system for resolving conflicts that are likely to occur during CoPREP's full operations, and the entire health sector at large, in Nigeria.

The GRM seeks to build on existing informal or formal grievance redress into one system applicable in any part of the country. However, where the aggrieved fails to find satisfaction in the interventions and resolutions provided by the GRM, they are at liberty to seek redress through the (alternative redress system) law court.

8.1 Steps in Handling Grievances

When a grievance is received and registered through the C-GRM, necessary steps will be taken to resolve the issues namely:

a) *Screening of the grievance*, mainly through sorting to ensure that the complaint qualifies to be a COPREP grievance and that it can be handled by the established redress mechanism. In the case of GBV/SEA/SH complaint, this will not be investigated but rather referred to the appropriate authority and GBV service provider identified by the project within the project area.
b) *Investigation of the grievance* - The Social Office would then identify the GRM channel to refer the complaint to including where required independent authorities to investigate some of the complex and highly sensitive grievances, as well as those involving and affecting a very large number of stakeholders – In the case of GBV/SEA complaint, the GRM officer shall not under any circumstance, investigate any GBV complaint or document any information save the information the survivor is willing to give.
c) *Resolving and disposing of the conflict* – this will involve resolving the conflict particularly through the GRM structure at all levels. The stakeholders may also still revert back to the informal mechanisms, i.e., the cultural and religious leaders. Fact finding is essential to redress, but not applicable to GBV/SEA cases under this GRM.
d) *Conclusion and registration of disposed cases* –The Social Office will develop a mechanism for documenting concluded cases. The documentation will be aimed at presenting a concluded case file to the different stakeholders in each case, and also providing a copy of each concluded case to the registry at the COPREP- Social office. Fig. 8.1 summarizes the steps in uptake of grievances from the community level
e) *Monitoring and tracking the grievance*, as well as continuing to share information with the concerned parties, especially regarding the process of resolving the dispute. This will keep the stakeholders aware of the level at which their grievance is, in terms of finding a solution acceptable to majority, if not all the parties.

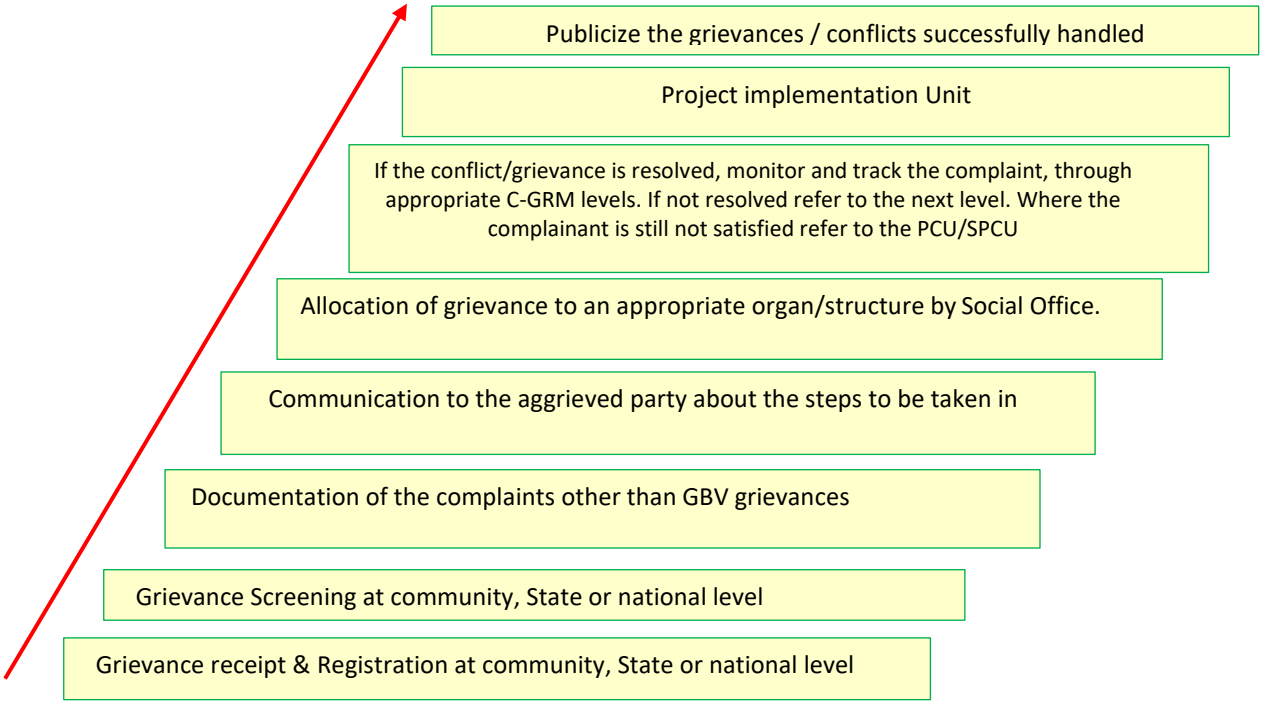

Figure 330: Schematic Illustration of steps in Grievance Redress

8.2 The Structure for the Grievance Redress Mechanism

A three-level redress system is planned to address all complaints during COPREP project implementation. These include:

- Community level
- State level
- COPREP (National) level.

8.3 First Level of Redress: Community Level

The main targets at this level are the communities and all stakeholders in the health sector at the community/project level. At every community proposed for intervention, there shall be an established committee headed by a chairperson who shall be appointed by the traditional rulers in the community and trained to take up and handle complaints at the community level. The Committee shall comprise of:

- A Traditional leader
- A Woman leader
- Youth leader
- Representative of Health worker in the project area
- Community Based Organization (CBOs)

The traditional leader shall appoint a chairperson and a secretary (preferably a woman) among the committee, who will relate directly with the COPREP representative at the state level. This committee shall be available to receive complaints throughout the week for uptake and resolution of complaints/grievances. Once a complaint is received, the committee registers it, sends an

acknowledgement to the complainant and screens to authenticate the complaints, investigates and recommend an action.

All received complaints will be recorded on the form GRM 01 (see Annex 4). Cases related to GBV and personal details of the complainant will, however, not be documented in the public grievance logbook if the complainant decides to provide any information. The complainant / survivals confidentiality should be kept in mind when attending to any GBV / SEA related complaint. Incidences should be referred to relevant authority or service provider. The outcome of the resolution should be made available to the complainant within 10 working days. Where the complainant is not satisfied with the recommendation, they shall be advised to report to the second level for redress which is the state. The community committee will submit a monthly report on form (GRM 05). See Annex 6 of this report.

8.3.1 Complaint Uptake at the Community Level

The community members shall register their complaints with the Chairperson or secretary of the committee at the community level and specifically, a GBV case should go through the women leader at the palace of the ward/community leader who will refer the GBV survivor to GBV Service Providers identified by the Project.

8.3.2 Mode of Receipt and Recording of Complaints

The step for receiving and recording complaints are highlighted below:

- The complaints shall be made in writing, verbally, over the phone (*Toll free lines will be communicated*), by fax or emails or submitted in complaint boxes in each location.
- The officer receiving the complaints obtains relevant basic information regarding the grievance.
- The two points of receiving complaints as illustrated above shall be in possession of a standardized complaint receiving form GRM 01 (see Annex 04) which must be filled in for every complaint including complaint boxes.
- As soon as a complaint is received, an acknowledgement form, GRM 02 (See Annex 3) shall be issued to the complainant.
- After registering the complaint, the Grievance Handling Team (GHT) under the guidance of the chairperson shall set a date to investigate the matter.
- After which they shall provide a recommendation. If necessary, the concerned officer will convene a meeting between the parties involved to find a solution to the problem and make arrangements for resolution. The deliberations of the meetings and decisions taken are recorded on form GRM 03 (See Annex 3).

8.3.3 Timeline for Resolution at Community Level

The resolution at the first level will be done within 10 working days and the decision of the committee notified to the concerned through a standardized disclosure form, GRM 04 (See Annex 07) which shall be acknowledged by the complainant. If the Grievance is not resolved within this period, it would be referred to the next level of Grievance Redress (state). However, if the complainant requests for an immediate transfer of the issue to the next level or is dissatisfied with the recommendation, the issue will be taken to the next level.

8.4 Second Level of Redress: State Level

The main targets at this second level are the project implementers, executers (contractors, consultants), communities and project beneficiaries and their related institutions. At every state implementation level, a grievance handling committee shall be trained to handle COPREP related complaints. The committee shall be headed and be supervised by the CoPREP Social Officer appointed by SPCU, State Epidemiologist, as the Chairperson of the committee. All stakeholders

shall be informed of the existence of the grievance committee. The committee shall dedicate days when they are available to receive and resolve complaints. Once the committee receives a complaint, it shall be mandated to register the complaint, investigate and recommend an action. If the complainant is not satisfied with the recommendation, they shall be advised to report to the third level of redress (C-GRM). This committee shall be obligated to do a monthly report to Grievance handling team of COPREP.

8.4.1 Complaint Uptake/Receipt Points at the State Level

Any aggrieved person/organization/community shall be advised to register their complaints with any of the C-GRM committee member in each state as listed below:

- Social Officer (SO)
- Environmental Compliance Officer at the State
- Communication Officer
- Vaccine Officer
- Health Officer at State level (HO)
- Chairperson of the First Level GRM Committee
- Representative of the Local Government Council
- Non-Governmental Organization (NGO)
- State Epidemiologist

8.4.2 Mode of Receipt and Recording of Complaints

The step for receiving and recording complaints are highlighted below

- The complaints shall be made in writing, verbally, over the phone (toll free lines will be communicated), by fax or emails. Any member of the Committee receiving the complaint should obtain relevant basic information regarding the grievance(s).
- For all the points of complaints, uptake must be in possession of standardized complaint form GRM 01 which must be completed by or for every complainant.
- An acknowledgement form, (GRM05) must be issued to the complainant as soon as a complaint is received with an assurance that he/she gets feedback within 5 working days. After registering the complaint, the Grievance Handling Team shall set a date to investigate the matter (screen to authenticate claims and hear the plaintiff and defendant), after which they shall provide a recommendation.
- If necessary, meetings have to be held between the complainants and the committee in order to find a solution to the problem and make arrangements for grievance redress.
- The deliberations of the meetings and decisions taken are recorded on a GRM/003 form.

8.4.3 Timeline for Resolution at the State level

At the second level, the resolution period will take a maximum of 10 working days and the concerned shall be notified through a GRM/004 form. Should the grievance not be solved within this period, this would be referred to the next level of grievance redress. However, if the complainant requests an immediate transfer of the issue or is dissatisfied with the recommendation, the issue will be referred to the next level (PCU).

8.5 Third Level of Redress: COPREP GRM Unit (C-GRM)

The main targets at this level are the health agencies, health workers, project communities'/ projects area and other health stakeholders. There shall be a constituted C- GRM Committee who shall work with the Grievance Handling Officer (Social Safeguards Specialist). The members of these committee shall be trained to operationalize the grievance handling processes. All stakeholders shall be informed of the existence of the grievance committee. Dedicated days shall

be fixed to receive and resolve complaints. Once the committee receives a complaint, it shall be mandated to register the complaint, investigate and recommend an action. If the complainant is not satisfied with the recommendation, they shall be advised to seek redress through Alternative Dispute Resolution (ADR). The R-GRM committee shall be obligated to do a monthly report of registered complaints, using the GRM/005 form and submit it to the COPREP, PCU.

8.5.1 Complaint Uptake/Receipt Points at the C-GRM

Any aggrieved person/community/organization shall be advised to register their complaints at the following points:

i. The COPREP Grievance Handling Officer (Social Safeguards Specialist)
ii. Environmental Safeguards Specialist
iii. Communication Officer
iv. Vaccine Officer
v. COPREP Monitoring and Evaluation Specialist (M&E)
vi. Representative from the Human health Sectors.
vii. The COPREP Project Coordinator

8.5.2 Mode of Receipt and Recording of Complaints

The steps for receiving and recording complaints are highlighted below:

- The complaints can be made in writing, verbally, over the phone (toll free lines will be communicated), by emails or through any of the community/project areas or State levels of the GRM.
- Any member of the committee receiving the complaint should obtain relevant basic information regarding the grievance.
- The points of receiving complaints shall be in possession of GRM 01 form which will be used to record each complaint.
- As soon as a complaint is received, a GRM 02 form will be issued to the complainant as acknowledgement. After registering the complaint, the Grievance Handling Committee under the guidance of the Grievance Handling Officer shall set a date to investigate the matter, after which they shall provide a recommendation.
- If necessary, meetings have to be held between the complainants and the concerned officers to find a solution to the problem and make arrangements for grievance redress. The deliberations of the meetings and decisions taken are recorded using the GRM 03 form.

8.5.3 Timeline for Resolution at the National level

At the national level, the resolution period will take a maximum of 21 calendar days and the concerned shall be notified through the GRM 04 form. Should the grievance not be solved within this period, the complainant will be advised to seek recourse through Alternative Dispute Resolution (ADR).

The GRM assumes a three-level mechanism namely; community level, state level and national level. It assumes a pyramidal structure (Figure 8.2) with conflict resolution commencing from the community or association level and progresses up to the National (C-GRM Unit) level; the unresolved grievances at the lower level are sent to the next level. The structure represents different stakeholders at the various levels of the conflict resolution process/grievance redress mechanism.

All executing entities will be briefed on the GRM and are expected to follow its requirements as part of the oversight of their sub-project. The executing entities representatives (site engineer CLO) will attend community sessions on C-GRM and Safeguards awareness or training run by PCU representatives.

The Contractor is responsible for logging all complaints and other safeguards non-compliance incidences in the site day book (or equivalences) for inspection by the COPREP PCU.

The contractor is also responsible to ensure that all minor complains are dealt with and resolved directly without any undue delays.

8.6 Gender Based Violence (GBV) and Sexual Exploitation and Abuse (SEA)

Cases related to GBV shall be treated in a survivor centered approach and confidential manner, limiting information to what the survival or complainant is freely willing to provide. A separate register shall be opened for this category of cases and shall ONLY be accessed by the GRC secretary and the GRM focal person at the PCU and SPCU. The complainant (if a survivor) shall be attended to with empathy, assurance of safety and confidentiality. In the event that the complainant is not willing to divulge any information, this view should be respected by the GRM officer, and the complainant referred to the appropriate nearest medical centre, approved available GBV service provider or police, depending on the complainant's choice. Such a complaint should be reported to the World Bank Task Team Leader as well by the PCU and GRC within 24 hours.

8.7 Complaint Case Closing

This is the period where the complaint or feedback passes through the full cycle and a feedback is agreed. The resolution of the committee at the various level shall be documented and a monthly report transmitted to the PCU. Where there is need for external referral of the matter the complainant shall be appropriately guided on the next steps.

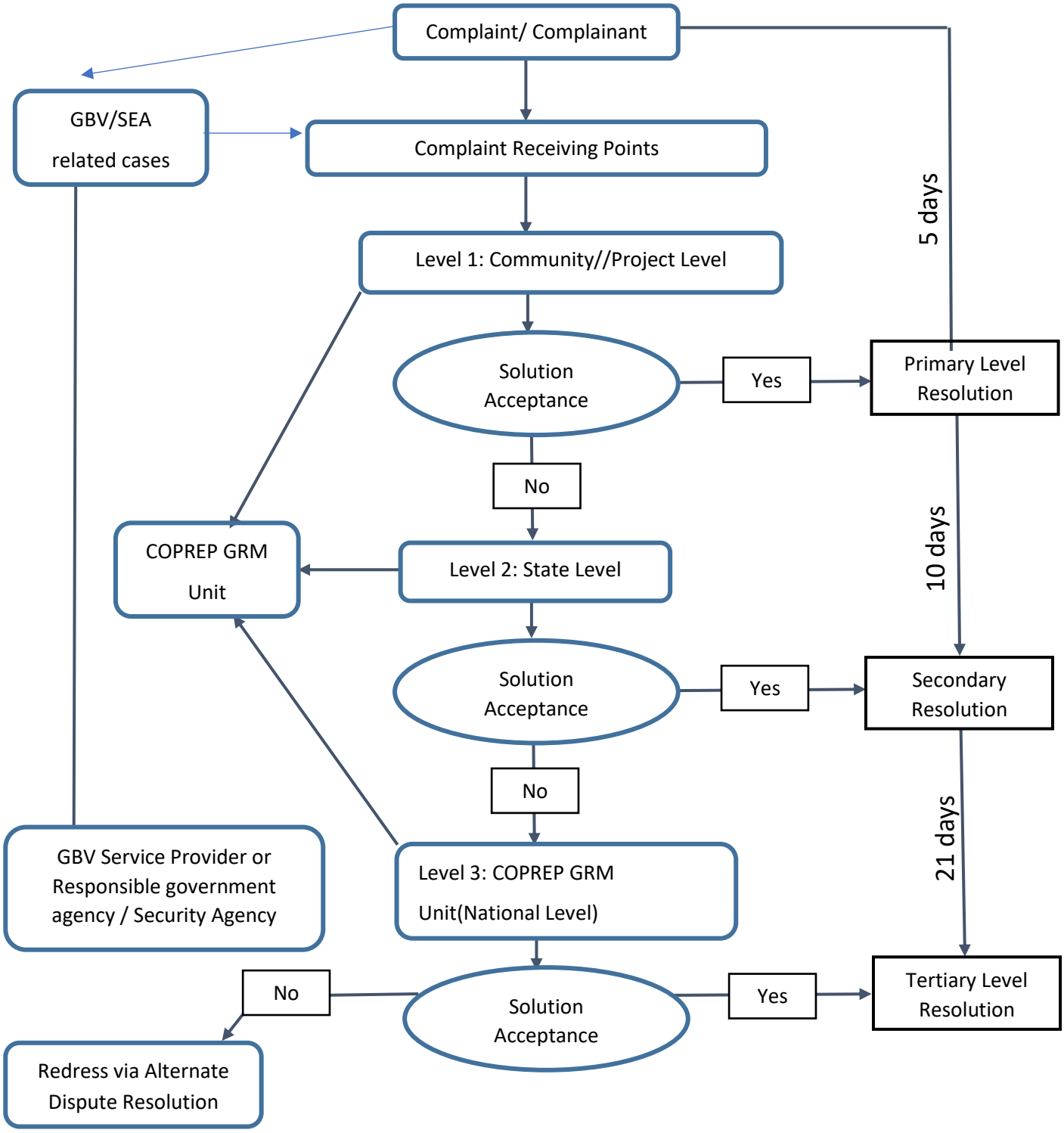

Figure 411: Illustration of the GRM Structure, from Point of Compliant to National (C-GRM) Level

8.8 Relationship with the Formal Courts and other Structures

Generally, the GRM bridges the formal and informal structures for addressing grievances and conflicts that could arise from COPREP activities. Consequently, the users of GRM who are dissatisfied with the decisions and/or resolutions of the various components of the GRM will be free to resort to the formal court system.

8.9 The Appeal System

The GRM has an appeal system that enables aggrieved community members to appeal to higher levels. Where a complainant is dissatisfied with the decision of any level of the mechanism, he or she can either appeal to a higher level within that mechanism, or resort to the PCU. The formal judicial system should be the last resort. For example, if an individual is dissatisfied with the decision of the community/CDA level, he or she is free to appeal to the State level GRM and if still dissatisfied, appeal to higher levels of the GRM at the National level.

8.10 Alignment of the GRM with WB Health Community Development Agreement (CDA) Principles

The proposed C-GRM is aligned with the WB and the general principles of CDA for the design of grievance redress mechanisms. The key requirements for a best-practice grievance, feedback, and dispute resolution mechanism include:

Proportionality: A mechanism scaled to the level of risk and expected adverse impact faced by affected communities.

Cultural appropriateness: A mechanism designed in a culturally appropriate and locally relevant manner that takes into account appropriate ways to handle feedback.

Accessibility: A clear and understandable process that is accessible (physically, technologically, linguistically) to all qualified communities/ project area and other stakeholder groups, at no cost.

Transparency and accountability: A process which provides a transparent response or resolution to issues raised to all stakeholders.

Appropriate protection: A mechanism that prevents retribution and does not impede access to other remedies of resolution.

These five basic principles have been considered in the design of the C-GRM through a simplified series of process steps namely; develop the mechanism, publicize the mechanism, receive and register feedback, review and investigate, respond and resolve, and monitor and evaluate.as shown in the figure 8 below.

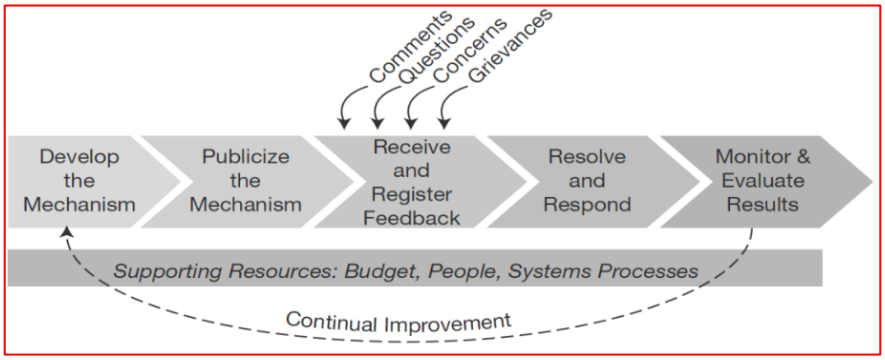

Figure 490: Basic Best Practice Process for Receiving and Responding to Grievances

9. Institutional Arrangements, Responsibilities and Capacity Building

9.1 Introduction

This section describes the roles, responsibilities, institutional arrangements and capacity building to implement the ESMF including institutional arrangements for the authorities, project proponents, consultants, contractors and supervision engineers. For specific individual roles and responsibilities, refer to the Project Implementation Manual for CoPREP.

To ensure smooth and effective implementation, the project will have a Project Coordinating Unit (PCU) at the Federal Level supported by the Immunization Unit of NPHCDA and State Project Coordinating Unit (SPCU) at the State level for the participating States. Within the Federal PCU and each SPCU, there shall be skilled staff in the areas of environmental and social management, specifically, environmental and social officers.

The REDISSE II National level Environmental and Social Safeguard Specialists have been quickly onboarded to begin supporting activities under the CoPREP. The E&S Specialist are also supported by two compliance officers. Each State PCU will engage Environmental and Social Officers, responsible for implementing the ESF requirements, and Communications Officers who will support implementing activities on advocacy communication and social mobilization on vaccine deployment. These officers would be deployed from the State Ministries of Environment, State Ministries of Women Affairs and Social Development and State Ministry of Information and Culture.

9.2 Institutional Responsibilities for Implementing ESMF

Delineation of responsibilities are spelt below

Table 7: Institutional Responsibilities for Implementing ESMF

S/No	Institution	Responsibilities
1.	National Steering Committee (NSC)	• Provide overall oversight role to the project including planning, management and monitoring of project activities. • Focus on ensuring policy issues (ESMF, SEP,ESCP) are fully implemented. • Ensure inter-ministerial cooperation and coordination.
2.	National Technical Committee (NTC)	• Provide technical oversight over the project including the planning, management and monitoring of Project activities. • Ensure timely implementation of the project by the PCU. • Review progress reports to be prepared by the PCU to ensure agreed performance targets and timelines for activities of the project are met. • Monitor compliance with legal covenants, fiduciary and procedural standards of the World Bank and GoN.
3	NCDC Project Coordinating Unit (Safeguard Specialist)	• Ensure timely preparation of all ESF instruments E&S Frameworks. • Conduct capacity assessment of SPCU and PHEOC in the context of E&S issues. • Draft concept notes, ToRs for ESMPs. • Review all safeguard documents. • Develop, organize and deliver training program for the SPCU staff, the contractors and others involved in the project implementation, in line with training plan in the ESMF, SEP, ESMPs, HCWMPs. • Ensure that ES commitment clauses including labour and GBV management components are contained in the contractors bidding documents and contracts • Communicate ESF instruments to all stakeholders at the Federal and State Level through consultations and disclosure. • Ensure E&S staffing at the State PCU from relevant state ministries of Environment and Ministry of Women Affairs .

S/No	Institution	Responsibilities
		• Provide oversight monitoring function on the timely preparation, review and implementation of site-specific E&S instruments.
4.	National Primary Healthcare Development Agency – Immunization Unit	• Support the PCU in implementing the ESMF. • Sensitize the Immunization Unit on implementing the ESMF. • Vaccination team will collaborate with State E&S Officers to ensure waste from vaccine acquisition & deployment of vaccines are properly managed at national and sub-national level in the administration of vaccines through community centers and local government offices.
5.	Federal Ministry of Health	• Provide overall leadership and direction to NCDC, NPHCDA and NAFDAC. • Ensure synergy amongst these critical MDAs by engaging all the critical stakeholders to support, cooperate with and participate in established policy direction.
6.	Federal Ministry of Environment	• Ensure oversight enforcement and monitoring of mitigation measures described in all E&S instruments. • Provide support to State Ministries of Environment on disclosure and conformity to environmental standards.
7	State Project Steering Committee	• Provide full support to the State PCU in terms of guidance, conformity and operation of the ESMF. • Ensure funds are made available State EOC and SPCU for addressing project E&S requirements as stipulated in the ESCP, ESMF, SEP and HCWMP, Security Management Plans. • Promote multi-sector dialogue and ensuring conformity. • Sector policy and project harmonization. • Taking decisions on recommendations from the PCU.
8	State Project Coordinating Unit	• Responsible for the day-to-day implementation of the Project including the preparation of annual work plans and IAPs. • Coordinate E&S planning and response. • Ensure that the project design and specifications adequately reflect the recommendations of the ESMPs. • Monitor the project work to ensure that the activities are carried out in a satisfactory manner. • Provide progress reports and budgets to stakeholders. • Disclosure of E&S instruments prepared for the project in coordination with the EA department of the Ministry of Environment/ FPCU.
9	State Ministry of Environment/ EPA	• Collaborate with FMEnv and participate in the EA processes and in project decision-making that helps prevent or minimize impacts and to mitigate them and ensures conformity with applicable standards, environmental and social liability investigations, monitoring and evaluation process, etc.
10	Environmental and Social Officers	• Ensure that the project design and specifications adequately reflect the recommendations and mitigation in the ESMPs. • Co-ordinate application follow up processing and obtain requisite clearances required for the project, if required. • Prepare compliance reports with statutory requirements. • Ensure sensitization of contractors and project communities on Code of Conduct, prevention of STDs/STIs, GBV/SEA. • Implement the Project's Grievance Redress Mechanism. • Ensure contractors prepare and implement their C-ESMPs. • Monitor contractor's compliance to the ESMP, Code of Conduct and other site-specific plans prepared including Occupational Health & Safety (OHS), Health Care Waste Management Plan (HCWMP), Security Management Plans etc. • Submit monthly monitoring reports to Federal Safeguards team.

S/No	Institution	Responsibilities
11	State Ministry of Women	• Support the project in implementing GBV reporting mechanism. • Help identify other possible referral centres and assist in the implementation of GBV Risk Assessment.
12	Local Government Authority (LGA)	• Serve as a liaison between the community members and the project institutions. • Assist in the implementation of the proper community mechanism. • Support in awareness campaign for the proposed project, amongst the various relevant grass roots interest groups. • Monitor and report on project activities to the PCU. • Channel for Grievance Redress Mechanism at Primary Healthcare Centres.
13	CBOs, NGOs, Health Partners	• Monitor and evaluate project activities. • Partner with the project on sensitization and delivery of project objectives. • Independent observation of project compliance to E&S Requirements.
14	World Bank	• Review and clearance of TORs, ESMF/ESMPs. • Recommend additional measures for strengthening environmental management. • Provide oversight guidance on E&S compliance.

9.2.1 Institutional Arrangements for Implementing ESMF

At the Federal level, the project shall constitute a national steering committee, a national technical committee and the project coordinating unit while at the State level, a State Steering Committee and State Project Coordinating Unit shall be constituted for sub-project implementation. The flowchart illustrates the different levels of implementation.

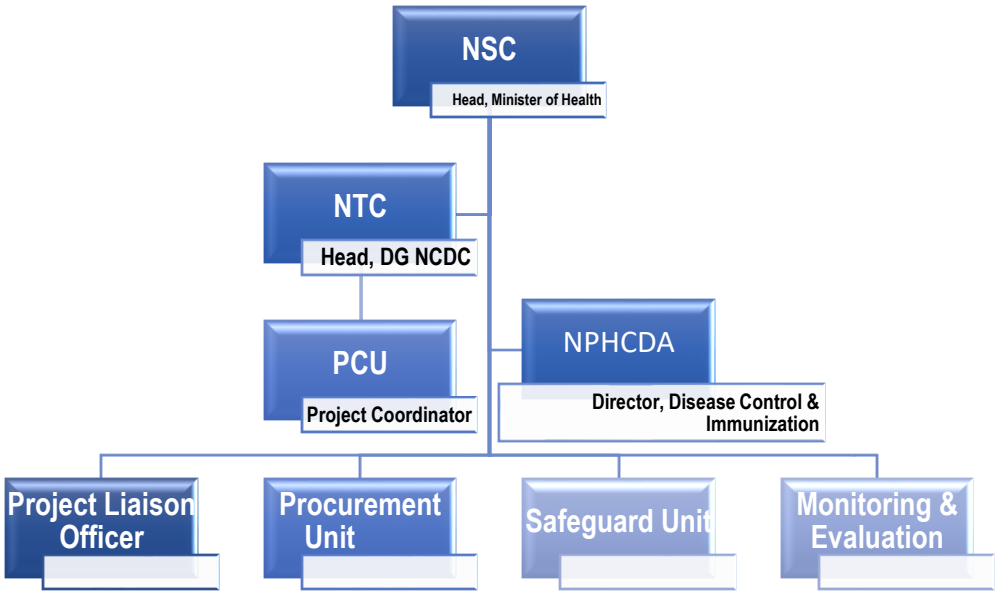

Figure 555: Implementation Structure - Federal

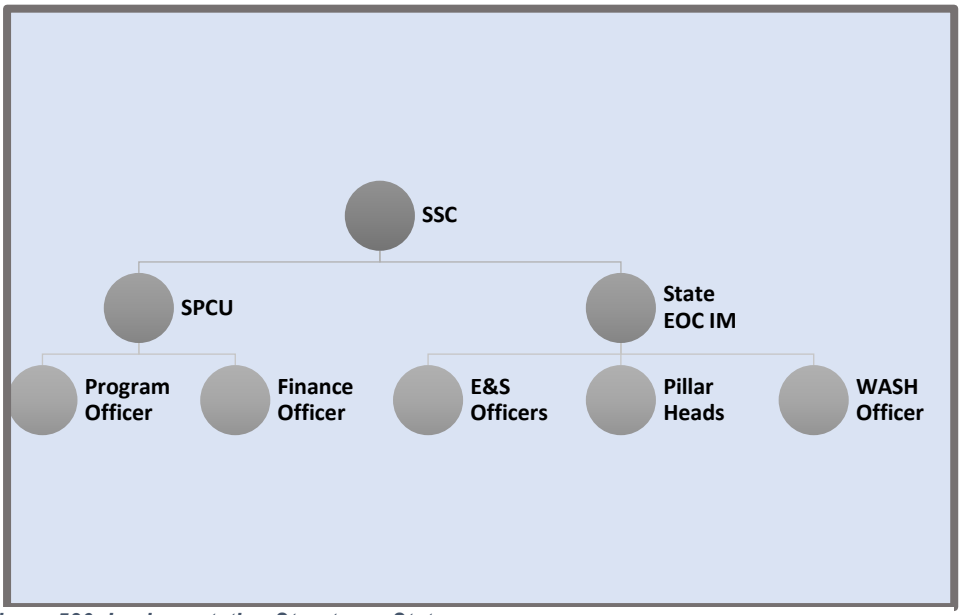

Figure 586: Implementation Structure - State

9.3 Capacity Building

Capacity building should be viewed as a continuous process by equipping individuals with the understanding, skills and access to information, knowledge and training that enables them to perform effectively. Overall assessment of the present PCU and SPCU identified few gaps as follows:

- Limited knowledge around the World Bank Safeguards policies and the EIA Act of the Federal Ministry of Environment;
- the proposed State PCU officers lack World Bank Experience;
- lack of enforcement of development control regulations; and
- limited technical capacity of Environment Units at HCF, inadequate PPE

Table 8: Capacity Building Plan

Topic	Participants	Timeline	Conducted By	Amount (US$)
Environmental and Social Accountability				
• World Bank ESS • Nigerian EIA Procedural Guideline Environmental • Social Clauses in Contractors' contract and bidding documents • ESMF Implementation • Preliminary E&S Activities	Safeguard-PCU, Compliance officers at NCDC PCU, State E&S Officers, Grievance Officer	Project Preparation	World Bank	N/A
• Operationalization of Grievance Redress Mechanism • GBV Training • Labour influx management/ Labour Management Plan • Occupational Health and Safety/ HSE	Environmental & Social Officers (SPCU) Compliance Officers	During Project implementation	Relevant Consultant	9,850

Topic	Participants	Timeline	Conducted By	Amount (US$)
• Code of Conduct for Contractors • ESMP Training and Implementation	SPCUs, Contractors, Supervision Consultants	During Project implementation	Safeguard Consultants at PCU	N/A
• Waste Management from Cradle to Grave at HCF	Waste Collectors, Environmental Units of HCFs,	During Project Implementation	Relevant Consultant	4,310
• Environmental and Social Due Diligence - types of due diligence, screening projects for liabilities, scoping due diligence investigations and reviewing due diligence reports	Safeguard-PCU, Compliance officers at NCDC PCU, State E&S Officers, Grievance Officer	During Project implementation	Safeguard Consultants at PCU	N/A
Monitoring & Reporting				
• Understanding the importance of monitoring and evaluation (M&E) in project implementation, • M&E requirements for environmental and social sustainability of projects	SPCUs, Contractors, Supervision Consultants, WASH Officer, Vaccine Officer, M&E Officers	Prior & During Project Implementation	Relevant Consultant	4,953
Total				**US$31,126**

Notwithstanding, capacity assessment must be done prior to project implementation to ascertain the following: whether adequate and qualified staff are in place, including those in charge of infection control and waste management; whether additional staff are required: if so, how many, with what qualifications and training; tracking of waste streams in the healthcare facilities; what capacity building and training should be provided to waste management workers and cleaners, as well as third-party waste management service providers.

9.4 Estimated ESMF/ESMP Implementation Budget

The indicative budget for implementing the ESMF/ESMP is $158,112.32 (₦64,826,049.07) for estimated 7 states in the first year of project effectiveness. It includes the cost of mitigation and management, capacity building, strengthening for safeguards, GRM and GBV prevention and management. The details are presented in table 9 below.

Table 9: Estimated Budget for ESMF/ESMP Implementation

S/No	Activity	Description	Estimated Amount (US$)
1.	ESMP Mitigation Costs	Implementation of Mitigation measures for E&S risks and impacts	79,012
2	ESMP Monitoring Costs	Implementation of monitoring for mitigation measures	15,000
3.	Disclosure of E&S documents	Public disclosure of ESMF, ESMP, SEP, ESCP, HCWMP annually or as the case maybe depending on the dynamism of the project	5,237.47

S/No	Activity	Description	Estimated Amount (US$)
4.	Awareness creation and Sensitization	Meetings, Workshops and Stakeholder Engagement Meetings on GRM Operations, GBV ESMF, SEP and LMP	2,475
5.	Monitoring & Compliance for E&S	Monitoring of implementation of mitigation measures by PCU-Safeguard (assume quarterly monitoring) SPCU including project sites visits Hiring of Consultants to prepare site specific ESMPs per state@ N4,734,500	As part of ESMP Mitigation costs 9,469
6.	Capacity Building	Training workshops and hiring of training consultants	19,113
7.	GRM Implementation Cost	Establishing and operationalizing GRM, GRCs incentives: Purchase and manage complaint boxes, training of GRCs, stipend for GRC members for monitoring and reporting activities, designated phone access, project monitoring of grievance log/compliant boxes (twice weekly) etc. Average of N2,000,000 per state for all sites	6,432
8	GBV Prevention and Management	GBV Assessment and implementation of GBV Action Plan:	7,000
Sub-total			**143,738.47**
Contingency		10% of Sub-total	14,373.847
Overall Total			**158,112.32**

Exchange rate: $1 USD equivalent to ₦ 410.00, CBN Rate August 5, 2021.

10. Summary and Recommendations

The Parent Project, AF and Restructured Project which has been categorised as substantial risk in line with the World Bank E&S Risk Classification and will provide resources to national and subnational MDAs to establish the needed coordinating mechanisms for achieving the PDO.

The ESMF has provided a general view of the environmental and social conditions which would be followed to ensure that implementation of project activities satisfy the requirements of the existing relevant environmental assessment in Nigeria and that of World Bank environmental and social standards.

During the preparation of the ESMF, no sufficient details were available with regard to the exact locations for each subproject activities; it became most helpful to prepare this ESMF. The ESMF outlined the principles and procedures, institutional arrangements, guidance for environmental and social safeguards requirements for each subproject, subproject environmental and social screening and scoping, capacity required to use this framework, potential negative environmental and social risks and impacts. These risks have been identified at a cursory assessment which requires adequate and careful attention by the PCU and SPCU in a bid to ensure project sustainability and poverty reduction. Overall, the report has provided a guide to develop detailed site-specific Environmental and Social Management Plans (ESMPs) that would be consulted upon and disclosed prior to project commencement.

This ESMF did not attempt to address any site-specific impacts related to individual undertakings (in any specific form) as the locations and extent of impacts or activities are not known at this preparatory stage.

This report is necessary at this point of project preparation to aid decision making on project design and modalities for implementation in such a way as to minimize identified risks and negative impacts. It has been reiterated throughout the report that the project should be designed and implemented in a manner that is disable-friendly to ensure that vulnerable groups are not placed at more disadvantage as a result of this project.

In conclusion, the effective use of this ESMF would be regularly reviewed as part of the project's Monitoring & Evaluation (M&E) system and adherence to the principles set out in this ESMF by all parties would ensure proposed investment activities are profitable and sustainably in every sense.

Annexes

Annex 1: Revised ToR for ESMF

FEDERAL REPUBLIC OF NIGERIA
NIGERIA CENTRE FOR DISEASE CONTROL (NCDC)
Nigeria COVID 19 Preparedness and Response Project (P173980) and Additional Financing and Restructuring of CoPREP (P177076) Under the COVID-10 Strategic Preparedness and Response Program (SPRP

Revised Terms of Reference (ToR)
Environmental and Social Management Framework (ESMF)

Introduction

1.1 Background

The recent pandemic caused by the 2019 novel coronavirus disease from the family of SARS-CoV-2 has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. As of July 23, 2021, the outbreak has resulted in an estimated 192,284,207 number of confirmed cases including 4,136,518 deaths with a total of 3,646,968 vaccine doses administered globally (WHO, COVID 19 Dashboard). In country, the total number of COVID 19 confirmed cases as of July 26, 2021 is 177,111 including 164,799 recoveries, 4180 active cases and 2,132 deaths, leading to tremendous burden on the fragile heath system of the country.

The Nigerian Government through the Nigeria Centre for Disease Control (NCDC - the country 's public health institute with the mandate to lead the preparedness, direction and response to infectious disease and public health emergency) has taken various important steps to curb the spread of the virus, including by responding quickly to the country's first known case and employing extensive efforts to trace other suspected cases or people who may have come in contact with the index cases.

The health impacts posed by the COVID 19 pandemic, have exacerbated the already fragile Nigerian economy. Efforts by the Federal Government of Nigeria (FGN) to protect livelihoods, support local economic activity and restore enabling recovery have resulted in the World Bank Approval of Nigeria COVID 19 Preparedness and Response Project (Nigeria CoPREP) on August 6, 2020, which became effective on March 15, 2021 with a credit of about US$100 million and a grant in the amount of US$14.28 million as part of the Multiphase Programmatic Approach (MPA), supported under the Fast-Track COVID-19 Facility (FTCF). The government has requested for restructuring and additional financing to the parent project.

1.2 Rationale for Additional Financing (AF) and the Restructuring of the CoPREP

The FGN strategic in combating the COVID-19 pandemic is hinged on prevention with vaccination fundamental and a key pillar. The availability and equitable deployment of safe and effective COVID-19 vaccines, coupled with improved detection and management of COVID-19 cases is essential to maintaining health services, saving lives, and prompt economic recovery.

In furtherance, the government on April 23, 2021 sent a formal request to the Bank on the need to restructure the Nigeria CoPREP and use part of the existing project funds to finance acquisition and deployment of vaccines at national and subnational levels. Recently, on July 02, 2021, the Nigerian Government made another formal request to the Bank for additional resources to expand COVID-19 response to cover vaccine acquisition and deployment. The restructuring of the parent project and proposed AF will jointly help deploy (51.6% of the country's population) and acquire vaccines (for 18.4% population).

The AF seeks to enable the prompt acquisition of vaccines from a range of sources to support the country's objective to have a portfolio of options to access vaccines under the right conditions. 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 vaccination activities will be managed by National Primary Health Care Development Agency (NPHCDA). The National Primary Health Care Development Agency (NPHCDA) is the lead agency for Primary Health Care and is thus responsible for the immunization program in Nigeria. 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. 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.

Nigeria CoPREP

The parent project will be domiciled within the NCDC and coordinated by the present Project Coordinating Unit of REDISSE with the National Primary Healthcare Development Agency as implementing agency for vaccine acquisition and deployment. The project will be a stand-alone operation for Nigeria to address immediate critical country needs for preparedness and response for COVID-19. The Project Development Objective is to prevent, detect, and respond to the threat posed by COVID-19 and strengthen national system for public health preparedness in Nigeria. It consists of two components and six sub-components as seen below:

Project Component

Component 1: Emergency COVID-19 Response US$514.28 million equivalent		
Subcomponent 1.1	*Federal Support and Procurement for COVID-19 Emergency Preparedness and Response*	*US$14.28 million*
Sub-component 1.2	*Direct Support to States for COVID-19 Emergency Preparedness and Response*	*US$56.5 million*
Sub-component 1.3	*COVID-19 Acquisition from AVATT through UNICEF*	*US$357.5 million*
Sub-component 1.4	*COVID-19 Vaccine Deployment*	*US$76 million*
Component 2: Project Management, Coordination, Monitoring and Evaluation US$10.00 million		
Sub-component 2.1	*Project Management and Coordination*	*US$5.00 million*
Sub-component 2.2	*Monitoring and Evaluation*	*US$5.00 million*

The Nigeria CoPREP will be implemented in the 36 states and the FCT with respect to the project components. However, in the context of ESF about 12 states (7 in addition to 5 states from RDISSE) would be selected for the rehabilitation of Isolation and treatment centres, equipping and refurbishment of medical Laboratories, provision of emergency water supply (boreholes) and provision of personal protective equipment. The project is dynamic and may evolve during the project lifecycle as the COVID 19 is novel and also dynamic.

Other proposed sub-activities include:
Establishment of two satellite Laboratories in prioritized counties to support the National Reference Laboratory (NRL);

- *Provision of temporary holding areas (portacabins) at Domestic airports and ground crossings for screening;*
- *Rehabilitation, renovation, and equipping of selected health care facilities for scaling up ICU capacity;*
- *Rehabilitation of cold chain infrastructures*
- *Provision of SEA/SH training, including psychosocial first aid;*
- *Support 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;*
- *Emergency provision of safe water and hygiene materials to poor and vulnerable populations;*
- *Support a comprehensive behavioural change and risk communication intervention to support the reduction of the spread of COVID-19 by working with private, public and civil society actors to support the development of messaging and materials including support to development and implementation of a f to prevent gender based;*
- *Vaccine acquisition such as medical equipment, Laboratory tests and medicines*
- *Support for vaccination acquisition and deployment at state and national levels will include: development of micro-plans for vaccination, training and retraining of health workers on microplanning and vaccine implementation, advocacy communication and social mobilization, monitoring and supervision of vaccination, payment to personnel involved in deployment of vaccines, procurement of devices such as syringes, cold boxes and carriers, PPEs and transport and logistics costs*
- *Vaccine purchasing will be done through Component 1(subcomponent 1.4) of the project. The additional financing will allow for purchase of vaccines for eligible population as well as make provision for re-vaccination efforts if they are warranted by peer-reviewed scientific knowledge at the time. In the case that re-vaccination is required, limited priority populations (such as health workers and the elderly) will need to be targeted for re-vaccination given constraints on vaccine production capacity and equity considerations (i.e., tradeoffs between broader population coverage and re-vaccination).*
- *Vaccination teams that will include members of the Nigeria Police Force and Nigeria Civil Defense Corps for their role in maintaining law and order at vaccination sites and providing escort services for movement of vaccines. This subcomponent will be managed by NPHCDA.*

Rationale for ESMF

The proposed project is classified substantial under the World Bank Environmental and Social Framework as the activities are mainly equipping, furnishing, renovation of isolation and treatment centers including community support centers, vaccine acquisition and deployment. These activities can easily be mitigated through appropriate measures. About five standards are relevant to CoPREP as follows: ESS 1: Assessment and Management of Environmental and Social Risks and Impacts; ESS 2: Labour and Working Conditions; ESS 3: Resource Efficiency and Pollution Prevention; ESS 4: Community Health and Safety and ESS10: Stakeholder Engagement and Information Disclosure.

However, locations and site-specific activities are not known in detail at this moment. Therefore, the ESMF is the required instrument to be prepared, which will provide a framework for addressing potential risks and impacts of the proposed project, inform design and decision making, provides guidelines and procedures to be followed in undertaking site specific Environmental and Social Management Plans (ESMPs) during project implementation phase.

Objective of the Assignment

The overall objective is to prepare an Environmental and Social Framework for Nigeria CoPREP. The framework will provide guidelines for assessing the environmental, social, and health impacts of the project, as well as recommending appropriate mitigation measure and monitoring plans in line with the applicable ESS. This Environmental and Social Management Framework (ESMF) is intended to guide the CoPREP Project Implementation Unit as the project implementation team and project component activity proponents on the required Environmental and Social screening and subsequent project component activity assessment during implementation, including component activity-specific plans in the emergency nature of the project including the Vaccine deployment activities

Specific objectives of the ESMF include:

- *To ensure the program is carried out in accordance and compliance to Nigerian laws, institutional and regulatory frameworks and the World Bank Environmental Social Standards (ESS);*
- *To provide a structure/strategy for the integration of social and environmental consideration at all stages of the program planning, design, execution and operation of various sub-projects;*
- *Determine the training, capacity building and technical assistance scope needed to successfully implement the provisions of the ESMF;*
- *Assess the potential environmental and social impacts of envisaged sub-projects under the components and propose a management framework comprising of the measures to mitigate the negative environmental and social impacts and enhance the positive impacts of the project;*
- *Provide guidelines to appropriate roles and responsibilities and outline the necessary reporting procedures for managing and monitoring environmental and social concerns of the project and its sub-projects;*
- *Estimate the costs for the implementation of the Environmental and Social Management Framework for the project;*
- *To establish clear directives and methodologies for site specific instruments that might be required prior to the implementation of specific sub-projects.*
- *To establish procedure for the disposal of unused, expired, and unsafe vaccines*

Scope of Works

The consultant will work in close collaboration with all the relevant stakeholders particularly the Liaison officer for the project, Case Management Specialist, Risk Communication Specialist, WASH Specialist and other federal stakeholders.

The scope of work for preparing the ESMF include to:

- *Baseline assessments and environmental and social risks associated with each component (POEs, EOCs, Vaccine acquisition and deployment and other potential subproject) based on a detailed description of the project, its components and the design of specific activities*
- *Consider and apply the five relevant World Bank Environmental and Social standards (ESS) proportionate to their risk level in the project*
- *Compile a summary of key legislative, regulatory and administrative framework, within which the project will operate, provide an overview of the above legislation in relation to the World Bank ESS, and make recommendations to address the gaps with respect to the project*
- *Establish a clear understanding of the institutional requirements, roles and responsibilities for adopting and implementing the ESMF*
- *Develop a screening and assessment methodology for potential subprojects, that will include environmental and social performance criteria, allow an environmental / social risk classification and the identification of appropriate safeguards instruments*

- *Identification of appropriate mitigation measures for the predicted impacts and compilation of a management plan for addressing environmental and social impacts during implementation, operation and maintenance of the project activities*
- *Development of guidance for sub-project level Environmental and Social Management Plans and Infection Control and Waste Management Plans.*
- *identify the required resources and technical assistance to maintain the Client's capacity for the Program duration and beyond. Develop a process (including timeline, budget, organizational requirements, required trainer profiles and expertise) for building and enhancing the capacity of the institutions responsible for implementing the ESMF*
- *Develop a SEA/SH and Project Grievance Redress Procedure in addition to Accountability Framework for the project*
- *Develop Labour Management Procedures and Occupational Health and Safety measures incorporated into the ESMF*
- *Provide Environmental, Social, Health and Safety (ESHS) Guidelines in accordance with the WB requirements.*
- *Screen and identify the risks related to contracting and/or utilizing security forces to support e.g. construction of isolation units or other relevant activities supported under the project and the use of Nigeria Police Force (NPF) and Nigeria Security and Civil Defense Corps (NSCDC) in vaccine deployment. In doing so, the environmental and social assessment will be guided by the principles of proportionality, the requirement of the ESS 4 of the ESF, Good International Industry Practice, and by applicable law, in relation to engaging security forces, rules of conduct, training, equipping, and monitoring of security forces.*
- *Indicate how allegations of Human Rights and SEA/SH violations will be dealt with, including through the project GRM.*
- *Organize a stakeholder consultation bearing in mind to observe the COVID-19 protocol for these engagements. Ensure that issues such as the Use of Security (such as NPC, NSCDS) and other environmental and social risks/impacts and mitigation measure associated with the CoPREP operations are discussed. Document concerns in the ESMF.*
- *Carry out a risk assessment to identify the specific risks associated with the proposed use of Security (such as NPF and NSCDC). This assessment will be conducted with those involved in the operation, including Government counterparts, to ensure that an accurate picture of the risks emerges, that appropriate mitigation measures are identified and that the project and the Government own both the risk assessment and the mitigation measures.*
- *Stakeholder Engagement Plan (SEP) and Environmental and Social Commitment Plan will be updated periodically and disclosed appropriately in line with national extant laws and disclosure procedures, and at World Bank website*

6. Expertise Qualification

The consultant must have a minimum of 8 years' experience in environmental management with an advanced degree earned in relevant fields including but not limited to environmental sciences, or the social sciences. Training and hands on experience in the new ESF implementation Is required. Other requirements are:

- *Experience with, and a professional/technical background appropriate for understanding both the environmental and social management implications of chemical/reagent /waste disposals, animal and vectors disposals, and infective/toxic materials, including their design, construction, operation and monitoring.*
- *Experience in practical safeguards, social and environmental management and OHS/CHS with demonstrated proficiency in the preparation, review, and approval of ESMF/ESIAs/ESMPs to meet World Bank standards*
- *Excellent analytical, communication, organization and writing skills.*
- *It is highly desirable that the consultant has proven evidence and experience working with international development institutions like the World Bank, and on other FIs*

7. Duration and Deliverables

This assignment shall be for a tentative period of four weeks from the date of approval of No-objection from the Bank.

S/No	*Report*	*Timing*
1	*Inception Report (Electronic copy)*	*Week 1*
2.	*Draft Report*	*Week 2*
3.	*Draft final Report*	*Week 3 (depending on WB approval)*
4	*Final Report*	*Week 4 (depending on WB approval)*

8. Outline of ESMF Report

- *The ESMF Report shall be presented in a concise format containing all the findings, consultation and conclusions. The outline will be as follows:*
- *Cover page*
- *Table of contents*
- *List of acronyms and their definitions*
- *Executive Summary*
- *Introduction*
- *Project Description*
- *Policy, Legal and Institutional Framework*
- *Environmental and Social Baseline*
- *Environmental and Social Risks and Mitigation*
- *Stakeholders Consultation & Disclosure*
- *SEA/SH GRM incorporated in the project GRM*
- *ESMF Implementation Arrangement*
- *Summary and Recommendations*
- *Annexes*
- *ToR*
- *Attendance for Consultation*
- *Screening Form for Potential Environmental and Social Issues*
- *Environmental Health and Safety Guidelines*
- *Generic Waste Management Plan*
- *WB Technical Note on Use of Military Forces to Assist in COVID-19 Operations Suggestion on how to mitigate risks*
- *Code of Conduct*
- *Environmental and Social Management Plan (ESMP) Template*
- *Infection Control and Waste Management Plan (ICWMP) Template*
- *Resource List: COVID-19 Guidance*

Sample ToR for Site Specific ESMP

Introduction and Project Description: Give a short description of the project

This part will be completed in time and will include necessary information related to the project and methodology to carry out the study.

Purpose of ESMP

This section will indicate (i) the objectives and the project activities; (ii) the activities that may cause environmental and social negative impacts and needing adequate mitigation measures.

Tasks

The consultant should realize the following:

Scoping including stakeholder engagement to identify potential issues of most concern

1. Assess the potential environmental and social impacts related to project activities and recommend adequate mitigation measures, including costs estimation.
2. Review institutional assessment and framework for environmental management.
3. Identify responsibilities and actors for the implementation of proposed mitigation measures
4. Assess the capacity available to implement the proposed mitigation measures, and suggest recommendation in terms of training and capacity building, and estimate their costs.
5. Develop an Environmental and Social Management Plan (ESMP) for the project. The ESMP should underline (i) the potential environmental and social impacts resulting from project activities (ii) the proposed mitigation measures; (iii) the institutional responsibilities for implementation; (iv)the monitoring indicators; (v) the institutional responsibilities for monitoring and implementation of mitigation measures; (vi) the costs of activities; and (vii) the calendar of implementation.
6. Public consultations. The ESMP results and the proposed mitigation measures will be discussed with relevant stakeholders, NGOs, local administration and other organizations mainly involved in the project activities. Recommendations from this public consultations will be included in the final ESMP report.

Plan of the ESMP report

1. Cover page
2. Table of contents
3. List of acronyms
4. Executive summary
5. Introduction
6. Description of sub-project sites
7. Applicable standards: including WB OPs. projects should meet Nigerian standards, state standards, WB OPs, and other elements of good international practice. If there are specific international standards or practices that need to be met, these should be listed
8. Description of environmental and social impacts and mitigation measures for project activities
9. Institutional Assessment and framework for Environmental Management.
10. Environmental and Social Management Plan (ESMP) for the project including the proposed mitigation measures;

- Institutional Responsibilities for Implementation;
- Monitoring indicators;
- Institutional responsibilities for monitoring and implementation of mitigation;
- Summarized table for ESMP including costs
- ESMP Training requirements.

11. Public Consultation
12. Conclusion and Recommendations
13. Annexes: List of persons / institutions meet.

Duration of study

The duration of study will be determined according to the type of activity.

Production of final report

The consultant will produce the final report one (1) week after receiving comments from the World Bank, State Ministry of Environment (State Environmental Protection Board and Department of forestry. The report will include all the comments from all.

Supervision of study

The consultancy will be supervised by the Environmental and Social Development Specialist.

Deliverables: Five Hard copies of all reports (Inception, Draft, Draft Final and Final) and soft copy of reports

Annex 2: Vaccination Acquisition and Deployment Programme

Overview of Vaccination and Deployment

It is worth noting that the Federal Government of Nigeria has prepared a National COVID-19 Deployment and Vaccination Plan (NDVP) that is being revised as new information becomes available. The Plan specifically provides information on the risk communication and demand generation for COVID-19 vaccine introduction, providing a two-prong approach in evidence generation and rumour management.

The objective of the NDVP is to provide safe and effective COVID-19 vaccines to an eligible population of 111,776,503 (18 years and above including pregnant women) Nigerians over two years. This translates to 51.4% of the total population by the fourth quarter of 2022. The availability and equitable deployment of safe and effective COVID-19 vaccines, coupled with improved detection and management of COVID-19 cases is essential to maintaining health services, saving lives, and prompt economic recovery. While the World Bank through the Nigeria CoPREP and the REDISSE II project has been providing financing to the national COVID-19 response, this AF will support the government to promptly acquire and deploy vaccines. As at July 17, 2021, the Bank's financing is the only source of external financing available to the Government of Nigeria to support acquisition of vaccine. Similarly, deployment of acquired or donated vaccines will largely be supported by this AF. The table below outlines key roles and contributions of partners to the COVID-19 vaccine deployment.

Partners Role in COVID 19 Vaccine

Partner	Role	Financing Tool
WHO	Providing technical support to National COVID-19 Technical Working Group to define on COVID-19 vaccination policy objectives, strategy, targets and vaccine safety issue. Provided technical support to the development of National COVID-19 Vaccine Deployment Plan.	Through COVAX
UNICEF	Supporting the procurement and distribution of vaccines and cold chain equipment.	
GAVI/COVAX	Providing vaccines to cover 20% of the population Providing technical support to the National COVID-19 TWG	
AU/AVATT	Support the acquisition of more vaccines in Africa	
USG (USAID/CDC)	Monitoring pharmacovigilance, capacity building of health care workers and BCC activities	
BMGF		
FCDO	BCC activities through some of their existing programs at the state levels	
EU	Deployment especially in hard to reach communities in the NE. Also involved in BCC activities	

Vaccination Deployment and Readiness

The deployment of COVID-19 vaccines will be done using three strategies: fixed post, temporary fixed post, and special teams (mobile), over 4 phases. These 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 worked on and revised because of the evolving nature of the pandemic and vaccine availability. Phase 1 targets all health workers, frontline workers and strategic leaders (1% of population) while Phase 2 will vaccinate older adults aged 50 years and above (10% of population). Phase 3 is to vaccinate those aged 18-49 years with co-morbidities (17% of population) and Phase 4 will target adults 18-49 years of age without co-morbidities (23.4% of 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, 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% of them were vaccinated.

National Primary Healthcare Development Agency

The Presidential Task Force on COVID-19 coordinates and oversees the multi-sectoral inter-governmental efforts in containing the spread and mitigating the impact of the COVID-19 pandemic in the country.

The National Primary Health Care Development Agency (NPHCDA) is the lead agency for Primary Health Care and is thus responsible for the immunization program in Nigeria. 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 agency 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 Agency has established functional Command Centers for COVID-19 at National 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 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.

Standard Operating Procedures for Vaccination Programme

The SOPs shall include COVID-19 Vaccine Storage and Handling based on the CDC's Vaccine Storage and Handling Toolkit (February 5, 2021) for vaccine providers as elaborated below and available at: https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf

All COVID-19 vaccination providers shall implement the following:

- Store and handle COVID-19 vaccines under proper conditions, including maintaining cold chain conditions and chain of custody at all times in accordance with the vaccine package insert, manufacturer guidance, and guidance in this SOPs section.
- Monitor storage unit temperatures at all times, using equipment and practices that comply with guidance in this SOPs section.
- Comply with immunization program guidance for handling temperature excursions.
- Monitor and comply with COVID-19 vaccine expiration dates.
- Preserve all records related to COVID-19 vaccine management for a minimum of three years.
- Comply with national instructions and timelines for disposing of COVID-19 vaccine and diluent, including unused doses.

Emergency Use Authorization Storage and Handling Information

The country shall implement specification within the SDS while incorporating requirement of NAFDAC.

Vaccine Cold Chain

A cold chain is a temperature-controlled supply chain that includes all vaccine-related equipment and procedures. It begins with vaccine manufacturing and ends with vaccine administration. Vaccines must be stored properly from the time they are manufactured until they are administered. Potency is reduced every time a vaccine is exposed to an improper condition. This includes overexposure to heat, cold, or light at any step in the cold chain. Once lost, potency cannot be restored.

- An effective cold chain relies on three main elements:
- A well-trained staff
- Reliable storage and temperature monitoring equipment
- Accurate vaccine inventory management
- Staff and Training
- All staff members who receive vaccine deliveries as well as those who handle or administer vaccines should be trained in vaccine-related practices and procedures.

Vaccine Storage and Temperature Monitoring Equipment

COVID-19 vaccination providers must have proper storage and temperature monitoring equipment to meet the specific needs of the COVID-19 vaccine product(s) they have in their inventory. This includes the correct vaccine storage unit(s), whether a refrigerator, regular freezer, or ultra-cold freezer. Purpose-built, also referred to as “pharmaceutical-grade,” units are preferred and designed specifically for storage of biologics, including vaccines. However, household-grade units can be an acceptable alternative in some situations. Most standard freezer units do not meet ultra-cold freezer requirements for storing vaccine between -60° C and -80° C (-76° F and -112° F).

- Each vaccine storage unit to have a Temperature Monitoring Device (TMD) to ensure that vaccines are stored within the correct temperature range.
- A specific type of TMD called a “digital data logger” (DDL) is required to monitor COVID-19 vaccines. A DDL provides the most accurate storage unit temperature information, including details on how long a unit has been operating outside the recommended temperature range (referred to as a "temperature excursion"). DDLs using a buffered temperature probe provide the most accurate way to measure actual vaccine temperatures.
- Storage units must have a DDL that can continuously monitor temperatures. Staff must check and record temperatures at the beginning of each workday to determine if there any excursions. However, if your DDL does not display minimum and maximum temperatures, the temperature must be checked and recorded at the beginning and end of each clinic day and you must review the continuous DDL temperature data daily.
- When recording include: Minimum/maximum temperature; Date; Time; Name of person checking and recording temperature; Actions taken if a temperature excursion occurred
- Temperature records must be kept for a minimum of three years, or as required by NAFDAC regulations. Storing COVID-19 vaccines correctly in a vaccine storage unit is also critical to protect the vaccine and reduce the chance of vaccine administration errors if COVID-19 vaccine is stored with other vaccines.

Best practices include:

- Place water bottles on the top shelf, floor, and in the door racks of vaccine storage units to help maintain stable temperatures that might be disrupted by frequently opening and closing unit doors. (Note: Water bottles are not recommended for use in in ultra-cold freezers or in all purpose-built or pharmaceutical-grade units - see manufacturer guidance.)
- Avoid placing or storing any items other than vaccines, refrigerated diluents, and water bottles inside storage units.
- Store vaccines and diluents in original packaging.
- Position vaccines and diluents two to three inches from the storage unit walls, ceiling, floor, and door. If using a household-grade unit, avoid storing vaccines and diluents in any part of the unit that may not provide stable temperatures or sufficient air flow.
- Arrange vaccines and diluents in rows and allow space between them to promote air circulation.

CDC has a COVID-19 Vaccine Expiration Date Tracking Tool on its website available (https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/expiration-tracker.pdf.) Also note that expiration dates may change as additional stability data become available.

T**emperature Excursions**

Any temperature reading outside the range recommended by the manufacturer is considered a temperature excursion and requires immediate action. To determine whether a vaccine is likely to still be viable, COVID-19 vaccine manufacturers will analyze information about the magnitude of the temperature excursion, including the total amount of time that temperatures were out of range. To provide the manufacturer with sufficient information to determine vaccine viability, CDC requires taking the following steps after a temperature excursion:

- Label the vaccine “Do Not Use” and store at the recommended temperature range until you receive manufacturer guidance. If it is a frozen vaccine that has been thawed, store in the refrigerator between 2° C and 8° C (36° F and 46° F) until you receive manufacturer guidance, as refreezing the vaccine may damage it.
- Document the date and length of time of the excursion, the storage unit temperature (minimum/maximum, if available), and inventory affected.
- Record any other relevant information.
- Contact the manufacturer and/or immunization program for guidance on whether to use affected vaccines and whether patients need to be recalled for revaccination.
- Document the event and actions taken for record-keeping requirements.

It is important to note that vaccine manufacturer responses to temperature excursion reports are dependent on information given by the provider to the manufacturer. Different information about the same event can lead to different recommendations on whether vaccine can be used or whether patients need to be revaccinated. In addition, each event is unique, and manufacturer recommendations cannot be applied to future events that may appear to be similar. For manufacturer contact information for vaccine- and temperature-related questions, see the COVID-19 vaccine specific product information page in this addendum.

Vaccine Deliveries and Vaccine Inventory Management

Proper vaccine inventory management is essential. Maintaining the cold chain is the first step in vaccine inventory management. Vaccine inventory accounting includes keeping stock records to determine the type and amount of COVID19 vaccine your facility should stock to meet the needs of your patients. It also involves checking expiration dates regularly and rotating stock so that doses with the earliest expiration dates are placed in front of those with later dates

- Vaccine deliveries must only be scheduled at times when staff is guaranteed to be present because vaccines can never be left unattended. To support efficient distribution of vaccine, full-day receiving hours should be available. When that is not possible, locations receiving vaccine and ancillary supply shipments must be available during a four-hour window on a weekday other than Monday.
- All COVID-19 vaccine and ancillary kit deliveries will require a signature. Upon arrival, shipments of refrigerated and frozen vaccine must be immediately examined for signs of damage, for indication of a temperature excursion during transit, and to guarantee receipt of the appropriate vaccine types and quantities. Before opening ultra-cold vaccine shipments, make sure the vaccine can be quickly placed in an ultra-cold freezer or that dry ice is available for re-icing the shipping container to ensure vaccine remains at the appropriate ultra-cold temperature.
- Vaccines and diluents must be carefully examined, stored at recommended temperatures, and documented using your facility's vaccine inventory management process immediately after they arrive.

Expired Vaccine
Expired vaccines and diluents must be removed immediately from storage units to avoid inadvertently administering them. Manufacturers may have specific guidance on how to handle expired or compromised vaccines. However, open or broken vials and vaccine pre-drawn by providers cannot be returned and must be discarded and disposed according to the HCWMP. See CDC COVID-19 Vaccine Expiration Date Tracking Tool on its website

(https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/expiration-tracker.pdf.).

Vaccine Disposal
The NVDP provides guidance to ensure your vaccine disposal procedures comply with national regulations. Vaccine manufacturers also provide guidance about proper disposal of their products, including any unused vaccine. In some instances, unused vaccine may be returned to the manufacturer. Empty vaccine vials are usually not considered hazardous or pharmaceutical waste and do not require disposal in a biomedical waste container.

Vaccine Preparation
Handling vaccines with care is equally as important as storing them properly. It is important to follow vaccine preparation instructions provided in the NVDP. COVID-19 vaccine products may have different preparation requirements. Some should not be shaken, or the vaccine will be compromised and cannot be used. Carefully follow the manufacturer's vaccine preparation guidance for each COVID-19 vaccine product. Diluents are not interchangeable unless specified by the manufacturer and vaccine mixed with the wrong diluent should never be administered.

Vaccine Transport
As part of the COVID-19 Vaccination Program, a minimum order size of COVID-19 vaccine, diluent (if applicable), and ancillary supplies will be shipped directly to enrolled COVID-19 vaccination providers. In most instances, vaccine will be delivered directly to the HCF where it will be administered to maintain the vaccine cold chain. However, there may be circumstances where COVID-19 vaccine needs to be redistributed or transported. Check the NDVP for further information.

In these instances, appropriate precautions must be taken to protect the vaccine. Vaccine must only be transported using appropriate packing materials that provide maximum protection. Follow the country's direction for transporting COVID-19 vaccine products as specified in the National Deployment and Vaccination Plan for COVID-19 Vaccine. Transporting vaccine requires planning and preparation to ensure the cold chain is maintained. As a COVID-19 vaccination provider, you should carefully review the "Vaccine Transport" subsection above to ensure your facility has the appropriate procedures and supplies in place to safely transport vaccine. Transport guidance may vary based on the specific COVID-19 vaccine product. The chart in Table 8 below shows general transport recommendations to

maintain the vaccine cold chain in two situations: emergency transport and transport for use at off-site clinics or satellite facilities or for relocation of stock.

Emergency Storage and Handling
Some key issues to remember include:

- Vaccines may remain inside a nonfunctioning unit as long as appropriate temperatures are maintained.
- Monitor your DDL to determine when additional action should be taken.
- Having an on-site generator(s) prevents the need to transport vaccines to an alternative storage facility during a power outage.
- Emergency situations can arise outside of normal business hours, so your office staff as well your facility's building manager and/or security staff, if appropriate, must understand how to implement your emergency operation plans or access your facility if necessary.
- Ensure your facility has the resources on hand to safely pack vaccines for transport during emergencies.

PLEASE REFER TO THE NATIONAL DEPLOYMENT AND VACCINATION PLAN FOR THE REQUIRED SOPs, IN CASE OF DISCREPANCIES, THE SOP IN NDVP SUPERCEDES THIS

Annex 3: Screening Checklist

The proposed CoPREP activities shall not finance any Land acquisition, Restrictions on Land Use and Involuntary Resettlement and such shall not be eligible for financing under the project.

Generic Environmental and Social Screening Form

No	Item	Details			
INTRODUCTION					
1	Name of the CoPREP				
2					
3	Local Government				
4	Brief description of the project				
5	Does the site /project require any;				
		Yes	No	If yes give the extent (in ha)	
	Reclamation of land, wetlands				
	Clearing of forest				
	Felling of trees				
6	Minimum land area required for the proposed development (ha)				
7	Available total land area within the identified location (ha)				
8	Expected construction period				
9	Responsible contact person with contact Information				
10	Present Land Ownership	State	Private	Others including / (specify)	
11	Source of Funding				
12	Total Cost of the Project				
13	Anticipated Date of Completion				
DESCRIPTION OF THE ENVIRONMENT					
PHYSICAL					
14	Topography & Landforms (map)	Attach an extract from relevant 1: 50,000 topographic sheet/ if detailed maps are available provide them			
15	Relief (difference in elevation)	Low <20m	Medium 20-40m	High 40-60	>60m
16	Slope	Low <30%	Medium 30-40 %	High 40-60 %	Very High > 60%
17	Position on Slope	Bottom	Mid-slope	Upper-slope	
18	Soil				
19	Soil Depth	Shallow < 20cm	Moderate 20 – 100 cm		Deep >100cm

20	Soil Erosion	Low	Medium	High		
21	Climate	Wet Zone	Intermediate Zone	Dry Zone/ Semi-Arid Zone		
22	Annual dry period					
23	Source of fresh Surface Water	Spring/canal	Tank/Reservoir	Perennial Stream	Seasonal Stream	None
24	Surface Water Use	Domestic	Washing/Bathing	Irrigation	Animal use	
25	Surface Water Quality	Poor	Moderate	Good		
26	Ground Water Availability	Dug Well	Tube Well	Other (specify)		
27	Ground Water Use	Domestic	Washing/Bathing	Irrigation	Animal use	
28	Ground Water Quality	Poor	Moderate	Good		
29	Incidence of Natural Disasters	Floods	Prolonged droughts	Cyclones/tidal waves	Other	
30	Geological Hazards	Landslides	Rock falls	Subsidence	Other	
ECOLOGICAL						
31	Habitat Types in the Project Site (indicate the % of each habitat type)	Natural forest (%), degraded forest(%), natural scrubland(%), degraded scrubland(%), riverine forest, grassland(%), abandoned agricultural land(%), marsh(%), salt marsh(%), home-gardens(%), barren land (%), Land occupied by people (%), Buildings(%), Roads or other development (%), Other (%) (List)				
32	Habitat types within 250m radius from the site periphery (indicate the % of each habitat type)	Natural forest (%), degraded forest(%), natural scrubland(%), degraded scrubland(%), riverine forest, grassland(%), abandoned agricultural land(%), marsh(%), salt marsh(%), home-gardens(%), barren land (%), Land occupied by people (%), Buildings(%), Roads or other development (%), Other (%) (List)				
33	Habitat types within 500m radius from the site periphery (indicate the % of each habitat type)	Natural forest (%), degraded forest(%), natural scrubland(%), degraded scrubland(%), riverine forest, grassland(%), abandoned agricultural land(%), marsh(%), salt marsh(%), home-gardens(%), barren land (%), Land occupied by people (%), Buildings(%), Roads or other development (%), Other (%) (List)				
34	Are there any environmentally and culturally sensitive areas within 250m?	Protected Areas	Migratory pathways of animals	Archeological sites	Wetlands	Savanna
35	Are there any plants of conservation importance within 250m (endemic and threatened species)? If yes, provide a list					
36	Are there any animals of conservation importance within 250m (endemic and threatened species)? If yes, provide a list Also, are there is habitat for animals of conservation importance?					

Generic Environmental and Social Screening Form

	Will the project degrade or destroy such site?	

ENVIRONMENTAL SENSITIVITY

37 Does the project wholly or partly fall within any of the following areas?

Area	Yes	No	Unaware
Animal Habitation			
Any erodable area			
Any Flood Area			
Any flood protection area			
60 meters from the bank of a public stream			
Any reservations beyond the full supply level of a reservoir			
Any archaeological reserve, ancient or protected monument			
Within a distance of one mile of the boundary of a forest or National Reserve			

ENVIRONMENTAL IMPACT AND MITIGATION / ENHANCEMENT DURING CONSTRUCTION PERIOD

	IMPACTS					MITIGATION/ ENHANCEMENT
		H	M	L	N/A	
38	Soil erosion					
39	Water pollution					
40	Noise pollution					
41	Solid waste generation					
42	Loss of vegetation cover					
43	Habitat loss or fragmentation					
44	General disturbance to animal behavior					
45	Interference with normal movement of animals					
46	Irreversible/irreparable environmental change					

ENVIRONMENTAL IMPACT AND MITIGATION / ENHANCEMENT DURING OPERATION PERIOD

47	Sewerage Disposal	Cess Pool		Sewage Pond	
		Septic Tank		Other	
48	Solid Waste Disposal				
49	Drinking Water Supply	Common Dug Well	Yes / No	Individual dug well	Yes / No
		Common Tube Well	Yes / No	Town supply – pipe/borehole	Yes / No

		Spring	Yes / No	Town supply – Stand post	Yes / No
50	Alteration to storm water drainage pattern	No changes	No major Changes	Major changes	
51	What is the degree of community engagement or information dissemination to date?	Very good ( ), Good ( ), Fair ( ) and Poor ( )			
52	Provide information about the access road to the project site	Tare: Yes No Distance to project site: Size:			
CONTACT DETAILS OF OFFICIALS AND RECOMMENDATIONS					
53	Name of the officer who completed the form (From the Developer)				
54	Designation and contact Information				
55	List of team members				
56	Overall observation and recommendation				
57	Signature and date				
58	Name and Contact Information of the officer who checked this form (Environmental Officer)				
59	Remarks				
60	Signature and Date				

Additional Screening Questions to Determine the Need and Possible Extent of Further Environmental and Social Review and Management

1.0 Biodiversity and Natural Resources	(Yes/No/ Not Applicable)
1.1 Would the proposed project result in the conversion or degradation of modified habitat, natural habitat or critical habitat?	
1.2 Are any development activities proposed within a legally protected area (e.g. natural reserve, national park) for the protection or conservation of biodiversity?	
1.3 Would the proposed project pose a risk of introducing invasive alien species?	
1.4 Does the project involve natural forest harvesting?	
1.5 Does the project involve significant extraction, diversion or containment of surface or ground water?	

Generic Environmental and Social Screening Form	
For example, construction of dams, reservoirs, river basin developments, groundwater extraction.	
1.6 Does the project pose a risk of degrading soils?	
2.0 Pollution	(Yes/No/ Not Applicable)
2.1 Would the proposed project result in the release of pollutants to the environment due to routine or non-routine circumstances with the potential for negative local and regional impacts?	
2.2 Would the proposed project result in the generation of waste that cannot be recovered, reused, or disposed of in an environmentally and socially sound manner?	
2.3 Will the propose project involve the manufacture, trade, release, and/or use of chemicals and hazardous materials subject to international action bans or phase-outs? For example, DDT, PCBs and other chemicals listed in international conventions such as the Stockholm Convention on Persistent Organic Pollutants, or the Montreal Protocol.	
2.4 Is there a potential for the release, in the environment, of hazardous materials resulting from their production, transportation, handling, storage and use for project activities?	
2.5 Will the proposed project involve the application of pesticides that have a known negative effect on the environment or human health?	
3.0 Climate Change	(Yes/No/ Not Applicable)
3.1 Will the proposed project result in significant10greenhouse gas emissions? Annex E provides additional guidance for answering this question.	
3.2Is the proposed project likely to directly or indirectly increase environmental and social vulnerability to climate change now or in the future (also known as maladaptive practices)?	
4. Social Equity and Equality	(Yes/No/ Not Applicable)
4.1 Would the proposed project have environmental and social impacts that could affect vulnerable groups such as women children and physically challenged?	
4.2 Is the project likely to significantly impact gender equality and women's empowerment?	
4.3 Is the proposed project likely to directly or indirectly increase social inequalities now or in the future?	
4.4 Will the proposed project have variable impacts on women and men, different ethnic groups, social classes?	
4.5 Have there been challenges in engaging women and other certain key groups of stakeholders in the project design process?	
4.6 Will the project have specific human rights implications for vulnerable groups?	
5. Demographics	(Yes/No/ Not Applicable)

Generic Environmental and Social Screening Form	
5.1 Is the project likely to result in a substantial influx of people into the affected community (ies)?	
5.2 Would the proposed project result in substantial voluntary or involuntary resettlement of populations? For example, projects with environmental and social benefits (e.g. protected areas, climate change adaptation) that impact human settlements, and certain disadvantaged groups within these settlements in particular.	
5.3 Would the proposed project lead to significant population density increase which could affect the environmental and social sustainability of the project? For example, a project aiming at financing tourism infrastructure in a specific area (mountain) could lead to significant population density increase which could have serious environmental and social impacts (e.g. destruction of the area's ecology, noise pollution, waste management problems, greater work burden on women).	
Culture	(Yes/No/ Not Applicable)
6.1 Is the project likely to significantly affect the cultural traditions of affected communities, including gender-based roles?	
6.2 Will the proposed project result in physical interventions (during construction or implementation) that would affect areas that have known physical or cultural significance to indigenous groups and other communities with settled recognized cultural claims?	
6.3 Would the proposed project produce a physical "splintering" of a community? For example, through the construction of a road, powerline, or dam that divides a community.	
Health and Safety	(Yes/No/ Not Applicable)
7.1 Would the proposed project be susceptible to or lead to increased vulnerability to earthquakes, subsidence, landslides, erosion, flooding or extreme climatic conditions? For example, development projects located within a floodplain or landslide prone area.	
7.2 Will the project result in increased health risks as a result of a change in living and working conditions? In particular, will it have the potential to lead to an increase in HIV/AIDS infection?	
7.3 Will the proposed project require additional health services including testing?	
Socio-Economics	(Yes/No/ Not Applicable)
8.1 Is the proposed project likely to have impacts that could affect women's and men's ability to use, develop and protect natural resources and other natural capital assets? For example, activities that could lead to natural resources degradation or depletion in communities who depend on these resources for their development, livelihoods, and well-being?	
8.2 Is the proposed project likely to significantly affect land tenure arrangements and/or traditional cultural ownership patterns?	
8.3 Is the proposed project likely to negatively affect the income levels or employment opportunities of vulnerable groups?	

Generic Environmental and Social Screening Form

9. Cumulative and/or Secondary Impacts	(Yes/No/ Not Applicable)
9.1 Is the proposed project location subject to currently approved land use plans (e.g. roads, settlements) which could affect the environmental and social sustainability of the project?	
9.2 Would the proposed project result in secondary or consequential development which could lead to environmental and social effects, or would it have potential to generate cumulative impacts with other known existing or planned activities in the area?	

Is the proposed project likely to increase environmental and/or social vulnerability to climate change now or in the future?

	YES	NO
Does the project involve any of the following activities?		
Changes in land use		
Agricultural expansion or intensification		
Intensification of water use		
Development in areas that are under existential threat (e.g. low-lying areas), or the longer-term habitability which is in question (e.g. areas at risk of extreme desertification)		
Other economic/livelihood development based on climate-sensitive resources (e.g. exploitation of rangelands, forests, fisheries, rivers, natural resource-based tourism; etc.)		
Activities in areas with existing conflicts over natural resources		
Pricing of basic commodities (e.g. water)		
Privatization of, or formalisation of rights over, natural resources		
Resettlement (e.g. facilitated or incentivized voluntary resettlement)		
Does the project have the potential to have negative impacts on any marginalized or already vulnerable groups, particularly those dependent on climate-sensitive resources, such as:		
Pastoralists		
Hunter-gatherers		
Forest dwellers		
Subsistence s or fisher folk		
Women and minority groups		
Are project activities/outcomes predicated on assumptions (implicit or explicit) that future climatic and environmental conditions will resemble those of the present day? (e.g. require persistence of current rainfall regimes, surface runoff, extremes frequency/severity, natural resource abundance, ecological conditions, etc.).		

Annex 04: GRM Complaint Receiving Form

GRM 01; Complaint Receiving Form

Date: …… (dd/mm/yyyy) Complaint no.: ……	Location of complaint …… ……										
Mode of lodging the complaints (please tick as applicable):	Writing		Verbal		Phone		Email		Surface mail		
Details of the Complainant:											
Name (optional): …… Address: …… Phone no.: …….. Gender: …… Email address: ……..											
Location of complaint/concern:	Village/Town/City/Area: …….. …….. State: ……..										
Category of Complainant (please tick as appropriate):	Health Facility operator [ ] Community member [ ] Mining worker [ ] Buyers [ ] Government [ ] Others……..										
Category of Grievances (please tick as appropriate):	i. Project implementation related [ ] ii. Social [ ] iii. Environment [ ] iv. Gender Based grievance [ ]										
Brief Description of the Grievance: …… …… …… …… …… …… (Attach letter/petition/documents detailing grievance information as submitted)											
Received/prepared by: …….....	Signature: ……								Date:……..…… …. (dd/mm/yyyy)		

Annex 05: Acknowledgement Receipt Form

GRM/002; Acknowledgement Receipt Form

Complaint no.: ……..

Date of complaint: ……..…….

(*dd/mm/yyyy*)

Location of complaint:

Village/Town/City/Area: ……

State: ……..…….

Details of the Complainant:

Name: ……. Age: …….

Address: ……..... Gender: ……....

Email address: ……. Phone no.: ……

Attachment/Supporting documents submitted:

i. ……..
ii. ……..
iii. ……..
iv. ……...
v. ……

Summary of complaint:

……
……

……
……

……
……

Name of Officer receiving Complaint: _____

Signature of Officer receiving Complaint:

_____

Annex 06: GRM Meeting Record Form

GRM 03; Meeting Record Structure Form GRM 03

(Grievance Redress Committee & Other Meetings)

Date of Meeting: …….…… Complaint no.: …….……Venue of Meeting: …….

List of participants:

Complainant Side	**Grievance Redress Committee** **Members**
1) 2) 3)	1) 2) 3)

Summary of Grievance:

……
……
……

Key discussions:

1)
2)
3)
4)
5)

Decisions Made/Recommendations by the Grievance Redress Committee:

1)
2)
3)

Status of Grievance (tick where applicable):

Resolved		**Unresolved**	

Chair person's name: _____

Chair person's signature: _____

Date (dd/mm/yyyy): _____

Annex 07: GRM Standard Disclosure Form

GRM 04; Standardized disclosure Form

Location

Village/Town/City/Area…… State……

Outcome of Grievance Redress

1. Complaint no.

2. Name of Complainant:

3. Date of Complaint:

4. Summary of the Complaint:
   ……
   ……
   ……

5. Summary of Resolution:
   ……
   ……
   ……

6. Level of Redress (please tick where applicable)

First/Community		**Second/State**		**Third/National**	

7. Date of grievance redress (dd/mm/yyyy): _____

Name of complainant: _____

Signature of the Complainant, indicating acceptance of the solution to his/her grievance:

_____

Name of Grievance Handling Officer: _____

Signature of Grievance Handling Officer: _____

Date (dd/mm/yyyy): _____

(Note: Copy to be sent to the complainant and the PCU/SPCU at COPREP Office)

Annex 08: GRM Quarterly Report Complaint Form

GRM 05; Quarterly Report of Registered Complaints Form GRM 05

Location …….. Date (dd/mm/yyyy) …….

Period (Quarter ending) …….....

i. Details of Complaints Received:

Place of issuing complaint	Name & Address of complainant	Location of complaint/concern	Date of Receipt	Complaint no.

ii. Details of Grievance Redress Meetings:

Date of meeting	Venue of meeting	Names of participants	Decisions/Recommendations Made

iii. Details of Grievances addressed:

Date of issuing complaint	Category of complaint	Category of grievance	Brief description of grievance	Date of Complete resolution

Annex 09: PCU/SPCU Monitoring Framework for GRM

PCU/SPCU MONITORING FRAMEWORK FOR GRM

S/N	OUTPUT	INDICATOR	SOURCES OF INFORMATION	FREQUENCY OF DATA COLLECTION	RESPONSIBLE ENTITY
1.	Conduct Preliminary stakeholder engagements/awareness building	Number of stakeholder's engagement meetings conducted Awareness building and communication materials (fliers, billboards, Bills, other awareness and instructive materials) distributed	Meeting minutes or reports Monthly reports of COPREP Communication and GRM administrator	1st Quarter Monthly	COPREP GRM Administrator, M&E officer
2.	Set up GR mechanism	Community GRC established Complaints uptake channels, set up Telephone hotlines, Email, WhatsApp etc. in place	Reports with photographs submitted to the PCU/SPCU monthly and to the World Bank quarterly	Monthly/ Quarterly	COPREP GRM Administrator, M&E Specialist
3.	Initiate and Operate GR mechanism	Town hall Community Briefing conducted as at when due Grievance receipt and registration (logging); screening; sorting; and feedback to complainants on grievances are being carried out on schedule Communication systems Radio, TV, posters, fliers etc. maintained and effective	Participation/coverage Photographic evidences Report submitted to the PCU monthly and to the World Bank quarterly	Quarterly	COPREP -GRM Administrator, M&E Specialist, PC
4.	GRM processes are working effectively and identifying needs for refinements and changes	Beneficiaries aware and encouraged to participate in GRM Beneficiaries actively participating and using GRM	Reports from In-house evaluation	Quarterly	COPREP -GRM Administrator, M&E Specialist
5.	Refinements and changes	Beneficiaries actively participating and using GRM	Reports from In-house evaluation Results from GRM user satisfaction survey by external consultant Results from Independent survey and audit of GRM performance and effectiveness by external consultant	Project mid-term review	COPREP - GRM Administrator, M&E officer Specialist External consultant

Annex 10: Communication Strategy for Vulnerable Groups

- Awareness creation in the community about the VG Plans.
- The Vulnerable groups should be adequately represented in the GRC
- The Vulnerable groups should have a separate Committee;
- There should be full participation of all vulnerable at no cost.
- A local leader should be appointed from their groups;
- Periodic meetings should be organized and documented by the local leader
- All communications should be carried out through the local language
- Appropriate communication framework should be adopted to ensure that their voices are heard;
- Pending grievances are heard and issues are resolved.

Annex 11: Communication Strategy for Submitting Grievances using Security Forces

- The responsibilities of the engaged security officials should be defined;
- **T**here should be periodic meetings and review of the activities of the security official;
- Observed lapses and identified gaps should be discussed with the securities in periodic meetings for improvement;
- The following method of Consultation is to be adopted in communicating with the security official: Meetings; Information sessions and workshops on GRM, Awareness literature on GRM, Public forums, public forums, public forums, Training on GRM procedures and structure at the State and community/project level;
- There should be periodic reporting on the activities of the security officials;
- Records of periodic reports should be shared with be kept.
- Grievance should be received by call, SMS, mail, Physical or anonymously.
- Submitted grievance should be handle in confidence

Channels of Communication for submitting Grievances using Security Forces

Annex 12: Security Risk Assessment

A preliminary Security Risk Assessment was conducted for the CoPREP project activities due to the requirement to deploy security personnel specifically member of the Nigeria Police Force and Nigeria Security and Civil Defence Corps for the vaccination component of the AF.

Objective of Security risk Assessment

The objective is to provide and maintain a safe physical environment and manage staff activities to reduce the risk of personal injury and property loss during the implementation of the Emergency COVID -19 Response Project.

A. Security Approach

The Project Coordinator (PC) will ensure that security procedures and criteria are fully designed and updated, and the means fully available to ensure the security for project operations. The security plan describes how security is organized to face identified threats and how security is continuously reassessed and reorganized in correlation with security situations and operations being undertaken. The NCDC security manager in consultation with the Project Coordinator will leverage in using the existing national and local security infrastructure to access and share conflict related information and encouraging local police leaders to specifically address conflict risks in community engagement activities in timely manner.

Development of emergency response plans (including emergency contact points) given the potential security risks and associated indirect consequences,

a) Banditry: site could be taken over for purposes of extorting money or other reasons, which indirectly could lead to vandalism and release of hazardous materials, chemicals or petroleum products or wastes.
b) Arm robbery, Cultism, Civil unrest
c) Kidnapping

B. STANDARDS and GOOD INTERNATIONAL PRACTICE

This security management plan is anchored on World Bank Environmental and Social Standard 4 (ESS4) that covers Community Health and Safety on sub section (b) Personnel Security in line with the World Bank Good Practice Note on Assessing and Managing Risks and Impacts of the Use of Security and the Guidelines for Implementation of the UN Basic Principles on the Use of Force and Firearms by law Enforcement Officials. The standard role of the public security will be to maintain the rule of law, including safeguarding human rights and deterring act that threaten the project personnel and facilities. The public security forces to be deployed shall be competent, appropriate and proportional to the threat. Government of Nigeria shall abide by the World Bank Good Practice Note on Assessing and Managing Risks and Impacts of the Use of Security to comply with the commitments on human rights extended throughout the emergency locust response management activities and bolstered by its compliance with:

- World Bank Good Practice Note on Assessing and Managing Risks and Impacts of the Use of Security Personnel, 2018,
- Voluntary Principles on Security and Human Rights Toolkit Version 3, 2008,
- Guidelines for Implementation of the UN Basic Principles on the Use of Force and Firearms by law Enforcement Officials, 2016,
- The Penal Code 2016, ¬ Prevention of Terrorism Act 2012,
- Prevention of Organized crime Act 2012,
- Counter Trafficking in Persons Acts 2012,
- Independent Policy Oversight Act 2011,
- Nigeria Police Service Act 2020
- The Universal Declaration of Human Rights, 1948.

C. Security Management

Security Management for the project lies under the oversight and responsibility of the Project Coordinator at National and the County directly under the PC-CoPREP will work closely with the security department of NCDC and the State security apparatus for the deployment of the security officers to the project. The command and communication structure of the National Police Service will be adopted. The police service shall perform its functions under the overall direction, supervision and control of the 3 Inspector General of Police at National Level and County Commissioner at County level and Officer Commanding Station at Local Level.

D. **OVERVIEW OF THE SECURITY SITUATION**

Different security risks exist in different project areas in the country and may impact the project, whether new or changing, these must be communicated without delay through the chain of Security Team Leader to the designated project Site Officers and be recorded in the security log. The security risks can be categorized into:

a. Internal Risks may include but not limited to: illegal, unethical, or inappropriate behaviour of project personnel or those directly affiliated with it, such as employee theft, workplace violence, and Labour unrest, potentially with associated sabotage). Other risks include the risks emanating from security personnel and associated arrangements (NB National Youth Service shall not be employed at any point for security duties).

b. External Risks are those caused by the actions of people outside the project who seek to take advantage of opportunities presented by the development and operation of the project, such as common criminal activity; disruption of the project for economic, political, or social objectives; and other deliberate actions that have a negative impact on the effective, efficient, and safe operation of the project. In extreme cases, these could include terrorism, banditry, inter/intra community conflicts, armed insurgency, cultism etc.

The main security risks likely in project areas are

I. Criminal offences;
II. Terrorism;
III. Cattle rustling / Inter-tribal or communal violence which could pose a threat to project personnel;
IV. Industrial Action leading to strike or disruption of work, social conflict, civil unrest;
V. Breakdown of relationships with Community groups and Committees;
VI. Reaction of community to an incident or accident involving project personnel or asset;
VII. Threat of armed attack;
VIII. Theft/ Larceny; and
IX. Kidnapping

Security Risk Assessment

The security risk assessment of the respective sites of the project should be carried and interpreted using the Matrix table for the proper understanding of the security of the project area. A typical matrix table presented will be used.

High ↕ Low	LIKELIHOOD	5	5	10	15	20	25
		4	4	8	12	16	20
		3	3	6	9	12	15
		2	2	4	6	8	10
		1	1	2	3	4	5
		1	1	2	3	4	5
			CONSEQUENCES				
			Low ↔ High				

RISK
HIGH
MEDIUM
LOW

The Security risk Factor = Likelihood of risk occurring x Severity of occurred Incidence

The security risk therefore is rated in accordance with its rated weight on the 5x5 Matrix table. Th could either HIGH, MEDIUM or LOW.

ANNEX 13: Template ToR for Security Management Plans

There are many types of Security Management Plans, from a very general level to very detailed, depending on the needs identified in the SRA. Most SMPs will have the following sections, which will be reviewed at least annually and after any incident, and updated as needed, throughout the project's life.

A. OBJECTIVES AND APPROACH

1. Objectives of an SMP.

2. Security policy description, including priorities, roles and responsibilities. If applicable, describe the relationship between, and relative responsibilities of, project security and other third-party contractors and affiliated contractors, such as the Engineering, Procurement, and Construction contractors.

3. Summary of security approach that can be shared with local stakeholders, including link to the Stakeholder Engagement Plan (SEP) and project grievance mechanism.

B. STANDARDS and GOOD INTERNATIONAL PRACTICE

Refer to standards, requirements and good international practice reflected in the plan. Include national laws, applicable international laws, World Bank Environmental and Social Standards, and other relevant international good practice (see Annex 1 of Good Practice Note – Assessing and managing the risks and impacts of the use of security personnel)

https://documents1.worldbank.org/curated/en/692931540325377520/Environment-and-Social-Framework-ESF-Good-Practice-Note-on-Security-Personnel-English.pdf>

C. OVERVIEW OF SECURITY SITUATION

1. Project Setting: Relevant demographic information, such as population age, unemployment, poverty, and inequality; crime levels and type; endemic political, social, or labor unrest; terrorism or insurgency; and general attitude toward the project and associated issues.

2. Security Risks: This section should be based on the project SRA and should discuss:

> a. Internal Risks (e.g., illegal, unethical, or inappropriate behavior of project personnel or those directly affiliated with it, such as employee theft, workplace violence, and labor unrest, potentially with associated sabotage).
>
> b. External Risks, such as those caused by the actions of people outside the project who seek to take advantage of opportunities presented by the development and operation of the project, such as common criminal activity; disruption of the project for economic, political, or social objectives; and other deliberate actions that have a negative impact on the effective, efficient, and safe operation of the project. In extreme cases, these could include terrorism, armed insurgency, coups, or war.

The SMP should note that a security response or presence of security forces might result in additional risks to communities or individuals.

3. Security Arrangements: Describe who provides basic project-site protection, such as the project private security force (in-house or contracted) and/or arrangements made with public security. Outline agreed Code of Conduct.

D. PHYSICAL SECURITY

Provide an overall description of the project security approach and systems. Ideally this section includes a description of security barriers, such as fences, gates, locks, guard posts, surveillance/electronic security systems used, and a description of the overall security management system.

E. SECURITY OPERATING PROCEDURES Provide a brief description of key security operating procedures. Key procedures should include a brief description of the following:

• Boundary Security—how security will maintain control of the project's perimeter and channel people to access-control points.

• Access-Point Operations—the types of checks and screening for both people and vehicles at gates or other access points. Include entry and exit searches and purpose, and who is subject to them.

• Incident Response—how security will respond to an incident and who is responsible for responding. Responses should be based on proper and proportional use of force. Describe the role of public security, including when they are called and by whom, for example, regarding criminal activity.

• Security Patrols—what patrols check and how often.

• Travel Security—(if applicable) any special procedure for off-site travel security.

• Materials Storage and Control—(if applicable) any controls over the transport, inventory, and maintenance of storage areas for raw materials, equipment, etc. Note that these are stored in accordance with appropriate national laws and regulations and relevant good international industry practice, including the World Bank Group Environmental, Health and Safety Guidelines.

• Information and Communication—procedures for categorizing, handling, and controlling sensitive information.

• Firearms Security—project policy regarding firearms on-site, as well as the responsibilities and procedures for issuing and storing any security firearms, ammunition, and non-lethal weapons. This should include: location for storage; how weapons are properly secured during storage; records for issuance; who they may be issued to; safeguarding while in possession of the personnel; and audits.

• Special Situations – There may be instances where large-scale events (e.g., criminal activity, demonstrations, civil disorder) require interventions by public security which is not specifically associated with the project. When planning for such events or emergencies, there should be clarity on how project security (private or public) passes control over to formal public security (for example, police, military, emergency responders).

F. SECURITY SUPERVISION AND CONTROL

1. Management Structure and Responsibility, including overall lines of control, accountability, and supervision for the security effort. Define who supervises daily performance of the security force and who has authority. Describe who has overall responsibility for security information sharing and communication.

2. Responsibility for Conducting Security Risk Assessments: Discuss the responsibilities for conducting risk assessments, who participates in them (e.g., senior management, community relations team, key stakeholders from communities, etc.), and what the assessments cover.

3. Cross-Functional Coordination: Describe interdepartmental coordination, community relations, human resources, and government relations are important partners in project security. Outline any

planning/coordination activities between security and other departments, which may range from participation in security risk assessments to weekly meetings.

G. PRIVATE SECURITY MANAGEMENT Private security's role is to provide preventive and defensive services, protecting workers, facilities, equipment, and operations wherever they are located. Private security personnel have no law enforcement authority and will not encroach on the duties, responsibilities, and prerogatives reserved for public security forces.

1. Provision and Composition of the Private Security Personnel: Describe whether security personnel are direct employees or from a third-party security provider.

2. Contract Provisions: Include any provisions (e.g., for uniforms and equipment).

3. Active Oversight of Contractor Performance: To ensure proper performance, the project will undertake audits, assist with training, inquire into any credible allegations of abuse or wrongdoing, and monitor site performance on an ongoing basis.

4. Security Personnel Background Screening: The project will perform and/or require its security provider to perform valid background checks on potential security personnel to screen for any allegations of past abuses, inappropriate use of force, or other criminal activity and wrongdoing. No individual for whom there is credible negative information from these checks will serve on the project. These checks will be documented and maintained in individual personnel records, which are subject to review by the project and during project supervision.

5. Security Personnel Equipment: Describe equipment to be provided to personnel, including radios, nonlethal weapons, and any firearms and ammunition. Security personnel should only be armed if it is justified by the SRA is the only viable and effective mitigation measure for a clear threat.

6. Use of Force by Security Personnel: The use of force by private security is only sanctioned when it is clearly for preventive and defensive purposes and in proportion to the nature and extent of the threat. When it is necessary to arm security personnel, the project will ensure that those who are armed exhibit high levels of technical and professional proficiency and clearly understand the rules for the use of force. This means being properly trained on using force effectively, proportionality, and consistent with good international practice, applicable laws and the ESSs.

7. Security Personnel Training:

• Outline the training responsibilities of either the security provider or the contractor, as applicable. The project will review any third-party security provider's training program and, where necessary, augment the training through the use of qualified third parties or direct instruction.

• The project will ensure that security personnel receive procedural or knowledge training in: basic guarding skills, guard-post orders and procedures, proper conduct and ethics/human rights, rules of engagement, rules for the use of force, adequate weapons training (as applicable), health, safety, and environment mandatory training, and training on the SEP and relevant public and worker grievance mechanisms.

• Outline how training completion records will be kept. Training will be open to inspection/audit.

H. PUBLIC SECURITY

1. Document Public Security Personnel Role: Summarize the memorandum of understanding or other agreement with public security, including commitment to the project's Code of Conduct and outlining

disciplinary action process. If public security personnel are assigned to the project to provide some aspects of security, then this section should describe provision of any equipment or other support, the role of the public security force, joint contingency planning, and coordination mechanisms.

2. Provision and Composition of the Security Personnel: Clarify the reporting structure of the security detail and management contact points.

3. Summarize the MoU or agreement for services and request a high-level contact point for security.

4. Monitor security performance on an ongoing basis.

5. Security Personnel Background Screening: The project will agree with public security how individuals assigned to the project will be properly vetted, including how any allegations of past abuses, inappropriate use of force, or other criminal activity and wrongdoing will be taken into account prior to allowing an individual to be assigned to the project.

6. Security Personnel Equipment: Describe equipment to be provided to guards, including vehicles, radios, nonlethal weapons, and any firearms and ammunition.

7. Security Use of Force: Agree with public security providers on the project's principles regarding use of force, to be sanctioned only when it is clearly for preventive and defensive purposes in proportion to the nature and extent of the threat. The MoU or other legal agreement should state that those who are armed must exhibit high levels of technical and professional proficiency and clearly understand the rules for the proportional use of force.

8. Security Personnel Training: Provide opportunities for training or observing project training regarding the project Code of Conduct, health and safety requirements that relate to the project, and the public and worker grievance mechanisms. Outline how training completion records will be kept.

9. Allegations of Misconduct: Agree on how investigations into any credible allegations of abuse or wrongdoing will be undertaken and how discipline for violations of the project Code of Conduct or other project requirements by security personnel will be handled.

II. Project Deliverables

The project deliverables include:

- At the conclusion of the site visit, a close-out review meeting with management [and lenders] to discuss findings and recommendations.
- A Security Risk Assessment report that conforms to ESS 4
- A Security Management Plan

J. Consultant Background

- The consultant can be an individual or a firm. The consultant is expected to have at least 10 years of experience in security management. The following background is preferable:
- Knowledge of and experience in Nigeria
- Experience in the management of security at projects in health sector
- Familiarity with IFC's Performance Standards, in particular Performance Standard 4, and the Voluntary Principles on Security and Human Rights, ESS 4 of the World Bank ESF

K. Time Frame

The consultant should outline a schedule that will demonstrate how this project can be completed in 6–8 weeks.

L. Proposed Budget

The proposed budget should include Labour and all projected expenses.

Annex 14: SAMPLE OF A CONTRACTORS' CODE OF CONDUCT

1.0. AIM OF THE CODE OF CONDUCT

The main aim of the Code of Conduct is to prevent and/or mitigate the social risks within the context of rehabilitation and expansion of schools. The Codes of Conduct are to be adopted by contractors. The social risks that may arise include but not limited to Gender Based Violence (GBV), Violence Against Children (VAC), HIV and AIDS infection/spread, and occupational health and safety.

2.0 KEY DEFINITIONS

The following definitions apply:

Gender-Based Violence (GBV)
This is defined as any conduct, comment, gesture, or contact perpetrated by an individual (the perpetrator) on the work site or in its surroundings, or in any place that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to another individual (the survivor) without his/her consent, including threats of such acts, coercion, or arbitrary deprivations of liberty.

Violence Against Children (VAC)
This may be defined as physical, sexual or psychological harm of minor children (i.e. under the age of 18), including using for profit, labour, sexual gratification, or some other personal or financial advantage. This also includes other activities such as using computers, mobile phones, or video and digital cameras appropriately, and never to exploit or harass children or to access child pornography through any mediums.

Child Labour
This involves employment of underage. Any person under the age of 18 should not be employed in the project sites.

Child Protection (CP)
An activity or initiative designed to protect children from any form of harm, particularly arising from VAC, and child labour.

Child
The word is used interchangeably with the term 'minor' and, in accordance with the United Nations Glossary on Sexual Exploitation and Abuse, refers to a person under the age of 18.

Grooming
This is defined as behaviours that make it easier for a perpetrator to procure a child for sexual activity. For example, an offender might build a relationship of trust with the child, and then seek to sexualise that relationship (for instance by encouraging romantic feelings or exposing the child to sexual concepts through pornography).

Online Grooming
This is the act of sending an electronic message with indecent content to a recipient who the sender believes to be a minor, with the intention of procuring the recipient to engage in or submit to sexual activity with another person, including but not necessarily the sender.

Survivor/Survivors
This is defined as the person(s) adversely affected by GBV, VAC, and child labour. Women, men and children can be survivors of GBV, VAC, and child labour.

Perpetrator
This is defined as the person(s) who commit(s) or threaten(s) to commit an act or acts of GBV, VAC, and child labour.

Work site
This is defined as the area in which infrastructure development works are being conducted, as part of interventions planned under the project, funded by the World Bank.

Work site surroundings
These are defined as the 'Project Area of Influence' which is any area, urban or rural, directly affected by the project, or located within the distance of three kilometres' radius from the work site and/or worker's camps, including all human settlements found on it.

Consent

This word is defined as the informed choice underlying an individual's free and voluntary intention, acceptance, or agreement to do something. No consent can be found when such acceptance or agreement is obtained through the use of threats, force or other forms of coercion, abduction, fraud, deception, or misrepresentation. Any use of a threat to withhold a benefit, or of a promise to provide a benefit, or actual provision of that benefit (monetary and non-monetary), aimed at obtaining an individual's agreement to do something, constitutes an abuse of power; any agreement obtained in presence of an abuse of power shall be considered non-consensual. In accordance with the United Nations, the World Bank considers that consent cannot be given by children under the age of 18, even in the event that national legislation of the country into which the code of conduct is introduced has a lower age. Mistaken belief regarding the age of the child and consent from the child is not a defence.

Contractor
This is defined as any firm, company, organisation or other institution that has been awarded a contract to conduct infrastructure development works in the context of the project and has hired managers and/or employees to conduct this work.

Manager
The word is used interchangeably with the term 'supervisor' and is defined as any individual offering labour to the contractor, on or off the work site, under a formal employment contract and in exchange for a salary, with responsibility to control or direct the activities of a contractor's team, unit, division or similar, and to supervise and manage a pre-defined number of employees.

Employee
This is defined as any individual offering labour to the contractor on or off the work site, under a formal or informal employment contract or arrangement, typically but not necessarily in exchange for a salary (e.g. including unpaid interns and volunteers), with no responsibility to manage or supervise other employees.

Workers Committee
A team established by the Contractor to address GBV, VAC, child labour and other relevant issues with the work force.

3.0 CODES OF CONDUCT

This chapter presents three Codes of Conduct (CoC) for use:

1. **Contractors Code of Conduct**: Commits the contractor to addressing GBV and VAC issues;
2. **Manager's Code of Conduct**: Commits managers to implementing the Company Code of Conduct, as well as those signed by individuals; and,
3. **Individual Code of Conduct**: Code of Conduct for each individual working on project funded projects

3.1 Contractors Code of Conduct

Contractors are obliged to create and maintain an environment which prevents social risks. They have the responsibility to communicate clearly to all those engaged on the project the behaviours which guard against any form of abuse and exploitation. In order to prevent Social risks, the following core principles and minimum standards of behaviour will apply to all employees without exception:

1. GBV or VAC constitutes acts of gross misconduct and are therefore grounds for sanctions, penalties and/or termination of employment and/or contract. All forms of Social risks including grooming are unacceptable be it on the work site, the work site surroundings, or at worker's camps of those who commit GBV or VAC will be pursued.
2. Treat women, children (persons under the age of 18) and people with disability with respect regardless of race, colour, language, religion, political or other opinion, national, ethnic, cultural beliefs/practices, or other status.
3. Do not use language or behaviour towards men, women or children that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
4. Sexual activity with children/learners under 18 (including through digital media) is prohibited. Mistaken belief regarding the age of a child and consent from the child is not a defence.
5. Exchange of money, employment, goods, or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour is prohibited.
6. Sexual interactions between contractor's employees and communities surrounding the work place that are not agreed to with full consent by all parties involved in the sexual act are prohibited (see definition of consent above). This includes relationships involving the withholding, promise of actual provision of benefit (monetary or non-monetary) to community members in exchange for sex.

7. Where an employee develops concerns or suspicions regarding acts of GBV or VAC by a fellow worker, whether in the same contracting firm or not, he or she must report such concerns in accordance with established Grievance Redress Mechanism (GRM) that protects the identities of victims and whistle-blowers.
8. All contractors are required to attend an induction prior to commencing work on site to ensure they are familiar with the social risks and Codes of Conduct.
9. All employees must attend a mandatory training once a month for the duration of the contract starting from the first induction prior to commencement of work to reinforce the understanding of the institutional social risks and Code of Conduct.
10. The Contractor shall ensure provision of financial resources and support compliance to occupation health and safety requirements for all workers.
11. The Contractor shall ensure that workers dress appropriately i.e. dress in a way that: -
    - Is unlikely to be viewed as offensive, revealing, or sexually provocative.
    - Does not distract, cause embarrassment or give rise to misunderstanding
    - Is absent of any political or otherwise contentious slogans
    - Is not considered to be discriminatory and is culturally sensitive
12. The Company shall ensure provision of financial resources and trainings to prevent spread of HIV and AIDS.
13. The company shall comply with all the applicable international and national legislation including giving terminal benefits to workers who have served for at least three months;
14. All contractors must ensure that their employees sign an individual Code of Conduct confirming their agreement to support prevention of social risks activities.
15. The contractor should ensure equitable access to limited natural resources (e.g. water points) to avoid conflicts with local communities
16. Where possible, the contractor should ensure employment of local workforces especially where unskilled labour is required to mitigate social risks

I do hereby acknowledge that I have read the foregoing Code of Conduct, do agree to comply with the standards contained therein and understand my roles and responsibilities. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in termination of the contract.

FOR THE CONTRACTOR
Signed by: _____

Signature: _____

Title: _____

Date: _____

3.2 Code of Conduct for Construction Site Supervisor/Managers Code of Conduct

Site Supervisors at all levels play an important role in creating and maintaining an environment, which prevents workers misconduct. They need to support and promote the implementation of the Contractors Codes of Conduct and enforce Workers Codes of Conduct. Construction site supervisor must adhere to this Code of Conduct. This commits them to develop and support systems, which maintain a safe working environment. Construction Site Supervisor responsibilities include but are not limited to:

1. Where possible, ensure employment of local workforces especially where unskilled labour is required to mitigate social risks;
2. Ensure there is zero tolerance to child labour practices;
3. Promote gender inclusion at all levels;
4. Establish a workers' committee to oversee issues of workers' misconduct including GBV and VAC;
5. Ensure compliance to occupation health and safety requirements for all workers;
6. Ensure that workers dress code is adhered to appropriately;
7. Ensure that access to construction sites is restricted to authorized persons; hoarding is provided and that there is proper signage to construction site(s);
8. Facilitate workers training and capacity building on social, environmental and health and safety;
9. Ensure that all workers are sensitized on HIV and AIDS issues, provided with condoms and HTC services;
10. Ensure that fundamental workers' rights (e.g. working hours, minimum wages, etc.) are protected;
11. Ensure that possession of alcohol and illegal drugs and other controlled substances in the workplace and being under influence of these substances on the job and during workings hours should be strictly prohibited;

12. Ensure compliance to all legal requirements;
13. Supervisors failing to comply with such provision can be in turn subject to disciplinary measures including termination of employment; and
14. Ultimately, failure to effectively respond to some provisions of the code of conduct may provide grounds for legal actions by authorities.
15. Ensure that every employee under his/her supervision has been oriented on the Code of Conduct and has signed.

I do hereby acknowledge that I have read the foregoing Code of Conduct, do agree to comply with the standards contained therein and understand my roles and responsibilities to comply to all rules of this code of conduct. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in disciplinary action.

Signed by: _____
Signature: _____
Date: _____
FOR THE EMPLOYER

Signed by: _____
Signature: _____
Date: _____

3.3 Workers Code of Conduct

I, _____, acknowledge that preventing any misconduct as stipulated in this code of conduct, including gender based violence (GBV), child abuse/exploitation (CAE) are important. Any activity, which constitute acts of gross misconduct are therefore grounds for sanctions, penalties or even termination of employment. All forms of misconduct are unacceptable be it on the work site, the work site surroundings, or at worker's camps. Prosecution of those who commit any such misconduct will be pursued as appropriate.

I agree that while working on this project, I will:

1. Consent to security background check;
2. Treat women, children (persons under the age of 18) and persons with disability with respect regardless of race, colour, language, religion, political or other opinion, national, ethnic or social origin, property, birth or other status;
3. Not use language or behaviour towards men, women or children/learners that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate;
4. Not participate in sexual activity with children/learners—including grooming or through digital media. Mistaken belief regarding the age of a child and consent from the child is not a defence;
5. Not exchange money, employment, goods, or services for sex, with community members including sexual favours or other forms of humiliating, degrading or exploitative behaviour;
6. Not have sexual interactions with members of the communities surrounding the work place, worker's camps and fellow workers that are not agreed to with full consent by all parties involved in the sexual act (see definition of consent above). This includes relationships involving the withholding, promise of actual provision of benefit (monetary or non-monetary) to community members in exchange for sex - such sexual activity is considered "non-consensual" within the scope of this Code;
7. Attend trainings related to HIV and AIDS, GBV, CAE, occupational health and any other relevant courses on safety as requested by my employer;
8. Report to the relevant committee any situation where I may have concerns or suspicions regarding acts of misconduct by a fellow worker, whether in my company or not, or any breaches of this code of conduct provided it is done in good faith;
9. With regard to children (under the age of 18):
    - Not invite unaccompanied children into my home, unless they are at immediate risk of injury or in physical danger.
    - Not sleep close to unsupervised children unless absolutely necessary, in which case I must obtain my supervisor's permission, and ensure that another adult is present if possible.
    - Refrain from physical punishment or discipline of children.
    - Refrain from hiring children for domestic or other labour, which is inappropriate given their age, or developmental stage, which interferes with their time available for education and recreational activities, or which places them at significant risk of injury.

- Comply with all relevant local legislation, including labour laws in relation to child labour.

10. Refrain from any form of theft for assets and facilities including from surrounding communities.
11. Remain in designated working area during working hours;
12. Refrain from possession of alcohol and illegal drugs and other controlled substances in the workplace and being under influence of these substances on the job and during workings hours;
13. Wear mandatory PPE at all times during work;
14. Follow prescribed environmental occupation health and safety standards;
15. Channel grievances through the established grievance redress mechanism.

I understand that the onus is on me to use common sense and avoid actions or behaviours that could be construed as misconduct or breach this code of conduct.

I acknowledge that I have read and understand this Code of Conduct, and the implications have been explained with regard to sanctions on-going employment should I not comply.

Signed by: _____
Signature: _____
Date: _____

FOR THE EMPLOYER
Signed by: _____
Signature: _____
Date: _____

ANNEX 15: Occupational Health & Safety Assessment

OCCUPATIONAL HEALTH & SAFETY ASSESSMENT				
Hazards	**Effects**	**Identified Risk Levels**	**Control**	**Risk Assessment**
Increase in incidents and accidents program implementation	Injury and death	Medium	Develop and implement a Hazard Identification and Control Plan Update and train workers on OHS Management System	Low
Poor working conditions, inadequate provision of Personal Protective Equipment (PPE)	Ill heath, disease, blisters; Absent from work	Medium	Implement and ensure workers understand the programme health and safety plan Provide and train workforce on usage of PPE	Low
Possibility of forced and child labour	Exposure to unsafe Conditions; Accidents, Injury and death.	Medium	Develop worker engagement procedure	low
Fear due to COVID-19	Disease infection and death	High	Implement and train program workers on IPC for COVID-19, regular awareness and sensitization on COVID-19 guidelines	low
Inadequate or non-existence of compensation plan for accidents victims and Care for patients recovering from COVID-19 infection	Inability to feed and take prescribed drugs	High	Avail staff of the awareness of program compensation policy PCU must ensure they follow the Labour Act and Compensation Plan for accident victims	low
Grievances and social threats	Possible of quarrel, fighting, rape, suspension from work, loss of job and death.	Medium	Ensure the strict implementation of Labour Management Plan to minimize social unrest. Contractors should be hired through a systematic process.	Low

Annex 16: SAMPLE HEALTH TRAINING AND ENVIRONMENT PLAN

S/N	Training Title	Description	Timing	Who to Deliver the Training
1	Sensitization on the HSE Manual	To train all workers on all the provisions in the HSE Manual and the company's HSE Policy (use local language as necessary) including the right use of PPEs	Upon mobilization of every worker to site	HSE Expert
			Refresher on a monthly basis	Contractor HSE Officer
2	First Aid administration/ Use of First Aid Box	To train selected officers (Contractor HSE Officer, Site Manager, Yard Manager, Team leaders, Female workers representative) on the right first aid administration for different scenarios including demonstrations	Upon mobilization to site and after every 6 months	Public Health Expert/ First Aid Care Giver
3	Protocol for construction site, staging areas, borrow pits and campsite	To ensure all workers understand the protocol to adopt at the construction site, staging areas, borrow pits and campsite	Upon mobilization to site Refresher every 3 months	Site Manager
4	General Training on site work	Right procedures for: manual handling, electrical safety, emergency procedures, work at height, confined spaces, underground construction, cofferdams etc.	Upon mobilization to site Refresher every 2 months	Site Manager/ Project Manager/ Engineer/ HSE Officer
5	Daily HSE Pep Talks	To provide daily reminder on safety precautions and acceptable environmental and social protection including do's and don'ts for all workers	Daily	Contractor HSE Officer
6	Community Health and Safety Training	To train all workers and project management on: • Sexual Exploitation and Abuse/ Gender Base Violence Training • Code of Conduct Training • Sensitization on STDs/STIs • Grievance Redress Mechanism	Upon mobilization of every worker to site Refresher every 3 months	Social Safeguard Expert
7	Drivers Training	To train all project drivers on safety and acceptable conduct	Upon employment Daily Monitoring Monthly Refresher	FRSC Expert in conjunction with project manager

ANNEX 17: WORKERS CAMPSITE MANAGEMENT FRAMEWORK

Elements for managing risks associated with the Workers Campsite under the proposed project include:

- **Location**: The Contractor shall ensure to site workers camp at a designated location approved by the SPCU. The location was determined during the preliminary design preparation in conjunction with the local communities/authorities with the following criteria:
    - ✓ Be located outside the protection zone of watercourses (100 m) and wetlands;
    - ✓ Be located within an acceptable distance from existing residential areas;
    - ✓ Not located in areas with intact vegetation
    - ✓ The contractor must first obtain the necessary licenses and consents from the local authorities or from the owner of the needed area; Although it is the contractor's decision, it is recommended that whenever possible the camps should be handed over to the administrative or community authorities for future use;
    - ✓ The contractor must submit for the prior approval of the Resident Engineer, the implantation design and other project structures and specifications related to the camps and sites that are intended to be built;
    - ✓ The contractor shall take all necessary measures and precautions to ensure that the execution of the works is carried out in accordance with environmental, legal and regulatory requirements, including those set out in this document; The contractor shall take all measures and precautions to avoid any disturbance in the local communities and among the users of the road, as a result of the project execution;
    - ✓ The contractor shall, whenever possible, apply measures to reduce or eliminate any sources of disturbances. The contractor shall follow the provisions of this document, as well as the applicable legislation and standards, during the use, operation and maintenance of the camps and sites, in particular with regard to water supply and sanitation, solid waste management, handling and storage of dangerous substances, etc.;
    - ✓ The areas occupied by the camps and sites must be recovered at the end of the project, when the contractor is demobilized, through the replacement of previously existing conditions, unless other uses are intended
- **Accommodation, Hygiene and Sanitation**: The Contractor will ensure that all necessary sanitary facilities shall be provided for workers expected on site: separate rooms will be provided for male and female workers, all necessary sanitary facilities complying with World Health Organization (WHO) regulations will be provided for workers including:
    - ✓ Separate toilets for male and female
    - ✓ Portable water with well-placed overhead tanks
    - ✓ Wash basins
    - ✓ Concrete and covered septic tanks
- **On-site Social and Health Care Facilities:** Provision of basic on-site social and medical facilities such as first aid, basic health care center, recreational center, food service, etc. in order to reduce pressure on community facility.
- **Campsite Safety and Security:** Provision of 24 hours security stationed at the Campsite to ensure the security and safety of construction workforce and construction equipment.
- **Campsite Waste Management:** Adequate waste management of sewage and other forms of waste within the campsite. The Campsite shall be equipped with independent toilet facilities for male and female workers respectively, in order to discourage irregular waste disposal. Furthermore, standards must be instituted for personal and public hygiene among project workers. Additionally, project workers shall be properly trained on personal hygiene.
- **Establishment of and Training on Workers on Code of Conduct:** The Supervising Engineer and Safeguards Unit shall ensure that Contractors establish a workers' Code of Conduct (CoC). The CoC will help mitigate some of the social and environmental impacts of labour influx such as risk of social conflict, Increased risk of illicit behavior and crime, Increased burden on and competition for public service provision, Wastewater discharges, Increased demand on freshwater resources, and Inadequate waste disposal and illegal waste disposal sites etc., will help keep workers (local/foreign) in check on the rules and regulations binding their engagement. Contractors to ensure provision of training to workforce on code of conduct and ensure strict compliance. Measures provided for in the ESMP to deter illicit behavior and other social vices are adequately enforced.
- **Training programs:** Conduct and ensure key staff, including contractors, receive training regarding the likelihood, significance and management of influx-related issues such as HIV/AIDS, GBV, SEA, VAC etc.
- **Carry out Regular Monitoring:** The SPCU shall monitor for change throughout the project cycle to ensure compliance and on mitigation effectiveness from projects/contractors. Ensure a documented monitoring program that tracks key social outcomes, changes and issues at regular intervals throughout the project lifecycle

Annex 18: Chance Find Procedure

The chance find procedure is a project-specific procedure that outlines actions required if previously unknown heritage resources, particularly archaeological resources, are encountered during project design, construction or operation. A Chance Find Procedure, as described in World Bank ESS 8, is a process that prevents chance finds from being disturbed until an assessment by a competent specialist is made and actions consistent with the requirements are implemented

Cultural property include monuments, structures, works of art, or sites of significance points of view, and are defined as sites and structures having archaeological, historical, architectural, or religious significance, and natural sites with cultural values. This includes cemeteries, graveyards and graves.

In the event of chance finds of items of cultural significance, all forms of excavation in and around the site will be stopped. Subsequently, experienced archaeologists and anthropologist would be recruited to carry out an investigation and proposed plans for the preservation of such cultural artefacts.

During the project site induction meeting, all contractors will be made aware of the presence of an on-site archaeologist who will monitor earthmoving and excavation activities

Chance Find Procedures

Responsibility

The SPCU is responsible for implantation of ERP is responsible for siting and designing the project to avoid significant damage to cultural heritage. When the proposed location of a project is in areas where cultural heritage is expected to be found, either during construction or operations, the client will implement chance find procedures established through the Environmental and Social Assessment. The client will not disturb any chance finds further until an Assessment by a competent specialist is made and actions consistent with the requirements of this Performance Standard are identified.

Chance find procedures will be used as follows:

(a) Stop the construction activities in the area of the chance find;

(b) Delineate the discovered site or area;

(c) Secure the site to prevent any damage or loss of removable objects. In cases of removable antiquities or sensitive remains, a night guard shall be present until the responsible local authorities and the Ministry in charge of Department of Archaeology and Museums take over;

(d) Notify the supervisory Engineer who in turn will notify the responsible local authorities and the Ministry of Culture immediately (within 24 hours or less);

(e) Responsible local authorities and the Ministry in charge of Department of Archaeology and Museums would be in charge of protecting and preserving the site before deciding on subsequent appropriate procedures. This would require a preliminary evaluation of the findings to be performed by the archaeologists of the Department of Archaeology and Museums (within 72 hours). The significance and importance of the findings should be assessed according to the various criteria relevant to cultural heritage; those include the aesthetic, historic, scientific or research, social and economic values;

(f) Decisions on how to handle the finding shall be taken by the responsible authorities and the Ministry in charge of Department of Archaeology and Museums. This could include changes in the layout (such as when finding an irremovable remain of cultural or archaeological importance) conservation, preservation, restoration and salvage;

(g) Implementation for the authority decision concerning the management of the finding shall be communicated in writing by the Ministry in charge of Department of Archaeology and Museums; and

(h) Construction work could resume only after permission is given from the responsible local authorities and the Ministry in charge of Department of Archaeology and Museums concerning safeguard of the heritage

4. These procedures must be referred to as standard provisions in construction contracts, when applicable, and as proposed in Annex 14. During project supervision, the Site Engineer shall monitor the above regulations relating to the treatment of any chance find encountered are observed.

5. Relevant findings will be recorded in World Bank Project Supervision Reports (PSRs), and Implementation Completion Reports (ICRs) will assess the overall effectiveness of the project's cultural property mitigation, management, and activities, as appropriate.

Additional information
Management options for archaeological site

- Site avoidance. If the boundaries of the site have been delineated attempt must be made to redesign the proposed development to avoid the site. (The fastest and most cost-effective management option);
- Mitigation. If it is not feasible to avoid the site through redesign, it will be necessary to sample it using data collection program prior to its loss. This could include surface collection and/or excavation. (The most expensive and time-consuming management option.)
- Site Protection. It may be possible to protect the site through the installation of barriers during the time of the development and/or possibly for a longer term. This could include the erection of high visibility fencing around the site or covering the site area with a geotextile and then capping it with fill. The exact prescription would be site- specific.

Management of replicable and non-replicable heritage

Different approaches for the finds apply to replicable and non-replicable heritage.

- **Replicable heritage**:

Where tangible cultural heritage that is replicable (Replicable cultural heritage is defined as tangible forms of cultural heritage that can themselves be moved to another location or that can be replaced by a similar structure or natural features to which the cultural values can be transferred by appropriate measures. Archaeological or historical sites may be considered replicable where the particular eras and cultural values they represent are well represented by other sites and/or structures and not critical is encountered, mitigation measures will be applied. The mitigation hierarchy is as follows:

Avoidance; Minimization of adverse impacts and implementation of restoration measures, in situ; iii. Restoration of the functionality of the cultural heritage, in a different location; Permanent removal of historical and archaeological artefacts and structures;

Compensation of loss - where minimization of adverse impacts and restoration not feasible.

Non-replicable heritage

- Most cultural heritage is best protected by in situ preservation, since removal is likely to result in irreparable damage or even destruction of the cultural heritage. Nonreplicable cultural heritage
- (Nonreplicable cultural heritage may relate to the social, economic, cultural, environmental, and climatic conditions of past peoples, their evolving ecologies, adaptive strategies, and early forms of environmental management, where the (i) cultural heritage is unique or relatively unique for the period it represents, or (ii) cultural heritage is unique or relatively unique in linking several periods in the same site.
- Examples of non-replicable cultural heritage may include an ancient city or temple, or a site unique in the period that it represents) must not be removed unless all of the following conditions are met:
- There are no technically or financially feasible alternatives to removal;
- The overall benefits of the project conclusively outweigh the anticipated cultural heritage loss from removal; and any removal of cultural heritage must be conducted using the best available technique advised by relevant authority and supervised by archaeologist.

Human Remains Management Options

The handling of human remains believed to be archaeological in nature requires communication according to the same procedure described above.

There are two possible courses of action:

- Avoid. The development project is redesigned to completely avoid the found remains. An assessment should be made as to whether the remains may be affected by residual or accumulative impacts associated with the development, and properly addressed by a comprehensive management plan.
- Exhume. Exhumation of the remains in a manner considered appropriate by decision makers. This will involve the predetermination of a site suitable for the reburial of the remains. Certain ceremonies or procedures may need to be followed before development activities can recommence in the area of the discovery.

Annex 19: Waste Management

Disposal of used PPE: It is important that the selected PPE and disinfectant be compatible with the disposal method of the PPE to avoid generation of hazardous wastes (used PPE will be incinerated). As incineration of chlorine-bearing material with organics might generate emissions of dioxins and furans, care will be exercised in selecting PPE and disinfectants. First of all, all PPE procured under this project will be chlorine-free. In addition, best effort will be made to select a chlorine-free disinfectant. However, if this is not possible, then before incineration, used PPEs will be washed before incineration and the washed water needs to be disinfected and waited before discharge. The SOPs will describe these procedures in detail.

Personal hygiene at hospitals: If proper hygiene measures are not taken, epidemics may spread to humans. For this reason, guidelines regarding personal hygiene procedures will be developed at designated reference health facilities. Specifically, for each of the above-mentioned activities to be conducted during disease outbreaks, the SOPs will specify the level of protection (e.g. gloves, masks, overalls, boots) to be used.

Healthcare waste management at hospitals to be receiving potentially infected patients: Animal virus may spread to humans if proper waste management measures are not taken at hospitals treating potentially infected patients. Under this project, only designated hospitals will receive infected (or potentially infected) patients.

R**ehabilitation of existing Laboratory:** Rehabilitation and refurbishment of existing laboratories will be financed through the REDISSE program. The adverse impacts during rehabilitation would include dust and noise emissions, generation of construction waste, disturbance of traffic, and discharge of untreated sewage. These adverse impacts will be mitigated by including in the construction contract a clause regarding observation of standards for good construction practices.

Health Laboratory-related personal hygiene measures: If proper hygiene measures are not taken, animal epidemics may spread to humans. For this reason, SOPs will be prepared for the collection, handling, and transportation of suspected specimens to the Laboratory as well as handling of these specimens at the Laboratory. In addition, PPE will be procured and supplied to the staff collecting, handling, and analyzing the suspected AI specimens. Training and then refresher training courses will be given to the staff on personal hygiene measures.

Waste management at the Laboratory: Infectious wastes from the serology/virology, bacteriology and toxicology labouratories will be collected separately from the garbage and treated on site by autoclaving. The treated wastes and garbage are stored in an open-top basket and collected by the municipality twice a week for disposal. A consultant will be engaged to identify the quantity of infectious waste generated from the Laboratory. The consultant will evaluate alternative options for waste management. The consultant will prepare a waste management plan for the Laboratory solid (this plan will address all waste types, including infectious wastes, sharps, liquid wastes, and common wastes). In addition, various supplies (e.g. bins, bags, labels) will be procured. The Laboratory staff will be provided training on waste management.

Rehabilitation of existing Buildings: Rehabilitation and refurbishment of existing buildings, including Laboratories will be financed through the REDISSE program. The adverse impacts during rehabilitation would include dust and noise emissions, generation of construction waste, disturbance of traffic, and discharge of untreated sewage. Others include Sources of construction wastes such as: Waste wood, concrete rubble and tiles, Asbestos materials, Paints, Pesticides, PCBs, Excavated soil piles and demolition debris, Planks, Empty cement and plastic bags, etc. These adverse impacts will be mitigated by including in the construction contract a clause regarding observation of standards for good construction practices.

Description of Protocols on Debris and Construction Waste Management in Nigeria

This waste management protocol will follow the standard principles of waste management consistent with the policies and regulations for Debris and Construction Waste Management in Nigeria. The steps shall involve waste minimization, collection, segregation, recycling, and disposal to approved dumpsites.

The protocol for debris and construction waste management is a requirement that is aptly contained in the construction contract agreements for sustainable construction project implementation in Nigeria. The responsibility for waste management is that of the developer or project proponent. In a situation where the proponent carries out the construction work through contracting, the responsibility for compliance to the protocols/standards in debris waste management is transferred to the contractor by the proponent and is regulated through the contract agreement, while the proponent monitors the implementation to ensure that the contractor complies fully to the waste management obligations.

The protocols are presented as follows:

1) General:

Contractor shall implement all measures necessary to avoid undesirable adverse environmental and social impacts wherever possible, restore worksites to acceptable standards, and abide by any environmental performance requirements specified in an Environmental management plan or in the environmental clause of the contract. In general these measures include but not be limited to:

Minimize the effect of dust on the surrounding environment resulting from earth mixing sites, asphalt mixing sites, dispersing coal ashes, vibrating equipment, temporary access roads, etc. to ensure safety, health and the protection of workers and communities living in the vicinity of dust producing activities.

There should be adequate number of garbage bins and containers made available at strategic areas of the site. The use of plastic bin liners should be encouraged.

Solids, sludge and other pollutants generated as a result of construction ort hose removed during the course of treatment or control of waste waters will be disposed of in a manner that prevents their director indirect re-entry into any water course or ground waters.

Any waste material that is in advertently disposed in or adjacent to watercourses will be removed immediately in a manner that minimizes adverse impacts, and the original drainage pattern should be restored original drainage pattern should be restored.

2) Campsite Waste Management
All vessels (drums, containers, bags, etc.) containing oil/fuel/ surfacing materials and other hazardous chemicals shall be bunded in order to contain spillage. All waste containers, litter and any other waste generated during the construction shall be collected and disposed of at designated disposal sites in line with applicable government waste management regulations.

- All drainage and effluent from storage areas, workshops and camp sites shall be captured andtreatedbeforebeingdischargedintothedrainagesysteminlinewithapplicablegovernmentwaterpollutioncontrolregulations.

- Used oil from maintenance shall be collected and disposed of appropriately at designated sites or be recycled

.
Principles and Protocols for Rehabilitating Existing Buildings
The matrix below summarizes types of construction and demolition wastes and procedures for their management.

S/N	Type of Waste	Principle for Recycling Disposal Method
1	Site Clearing and dredging materials – These are materials or objects that are displaced during the preparation of a construction or demolition site. They include vegetation stripping, trees & tree stumps, rubble, dirt, rocks and excavated soil piles	1) Minimize/reduce waste by planning and sticking to appropriate engineering design and specification such as the size of land area to be cleared and depth of earth to be excavated. 2) Re-use soil materials for backfilling and wood as materials for construction 3) non-recyclable should be separated and regularly disposed in approved dumpsites
2	Building material waste - insulation, nails, electrical wiring, rebar, wood, plaster, scrap metal, cement, and bricks, Concrete, asphalt and waste tiles	These materials may be damaged or unused, but can be recycled or reused in other forms. Waste wood can be recovered and recycled into wood for new building projects. Cement, bricks, plaster and asphalt can be crushed and reused as aggregate materials in other construction or building projects.
3	Electronic wastes and Aluminum materials – desktop computer, television, mobile devices, air conditioners, rail	Electronic wastes and aluminum materials shall be recycled after dismantling and crushing;
4	Timber and Furniture from Buildings	Re-use materials or recycle as appropriate. Potential usages include: 1) particle board, charcoal, papermaking material; 2) use as fueling cement kilns; 3) energy recovery from incineration
5	Hazardous waste – such as Asbestos-containing buildings materials (roofs and ceilings); paints, PCB, lead, pesticides, batteries, insulated materials for asbestos, etc.	1) Controlled management undertaken as necessary for each type of waste. 2) An inspection of building materials for the presence of asbestos and lead hazards must be conducted prior to initiating renovation and demolition. If asbestos is suspected, an asbestos management plan must be conducted prior to renovation or rehabilitation. 3) Handling of hazardous wastes must follow proper procedures regarding collection, storage, transportation and disposal in approved landfill
6	Waste water, Waste oil, lubricant, sludge	1) Ensure effluent collection measures and treatment of effluent before discharging into sewage system 2) Establish and enforce daily site clean-up procedures, including maintenance of disposal facilities for construction debris. 3) Ensure that all equipment maintenance activities, including oil changes, are conducted within demarcated maintenance areas designated for such. 4) Ensure that oil or other lubricants are never dumped on the ground, in designated areas.

Annex 20: Technical Note

World Health Organization Protocol for Rehabilitation of HCFs

INFECTION AND PREVENTION CONTROL PROTOCOL

(adapted from the CDC Interim Infection Prevention and Control Recommendations for patients with confirmed COVID-19 or persons under investigation for COVID-19 in Healthcare Settings)

HEALTH CARE SETTINGS

1. **Minimize Chance of Exposure (to staff, other patients and visitors)**
   - Upon arrival, make sure patients with symptoms of any respiratory infection to a separate, isolated and well-ventilated section of the health care facility to wait, and issue a facemask
   - During the visit, make sure all patients adhere to respiratory hygiene, cough etiquette, hand hygiene and isolation procedures. Provide oral instructions on registration and ongoing reminders with the use of simple signs with images in local languages
   - Provide alcohol-based hand sanitizer (60-95% alcohol), tissues and facemasks in waiting rooms and patient rooms
   - Isolate patients as much as possible. If separate rooms are not available, separate all patients by curtains. Only place together in the same room patients who are all definitively infected with COVID-19. No other patients can be placed in the same room.
2. **Adhere to Standard Precautions**
   - Train all staff and volunteers to undertake standard precautions - assume everyone is potentially infected and behave accordingly
   - Minimize contact between patients and other persons in the facility: health care professionals should be the only persons having contact with patients and this should be restricted to essential personnel only
   - A decision to stop isolation precautions should be made on a case-by-case basis, in conjunction with local health authorities.
3. **Training of Personnel**
   - Train all staff and volunteers in the symptoms of COVID-19, how it is spread and how to protect themselves. Train on correct use and disposal of personal protective equipment (PPE), including gloves, gowns, facemasks, eye protection and respirators (if available) and check that they understand
   - Train cleaning staff on most effective process for cleaning the facility: use a high-alcohol based cleaner to wipe down all surfaces; wash instruments with soap and water and then wipe down with high-alcohol based cleaner; dispose of rubbish by burning etc.
4. **Manage Visitor Access and Movement**
   - Establish procedures for managing, monitoring, and training visitors
   - All visitors must follow respiratory hygiene precautions while in the common areas of the facility, otherwise they should be removed
   - Restrict visitors from entering rooms of known or suspected cases of COVID-19 patients Alternative communications should be encouraged, for example by use of mobile phones. Exceptions only for end-of-life situation and children requiring emotional care. At these times, PPE should be used by visitors.
   - All visitors should be scheduled and controlled, and once inside the facility, instructed to limit their movement.
   - Visitors should be asked to watch out for symptoms and report signs of acute illness for at least 14 days.

CONSTRUCTION SETTINGS IN AREAS OF CONFIRMED CASES OF COVID-19

1. **Minimize Chance of Exposure**
   - Any worker showing symptoms of respiratory illness (fever + cold or cough) and has potentially been exposed to COVID-19 should be immediately removed from the site and tested for the virus at the nearest local hospital
   - Close co-workers and those sharing accommodations with such a worker should also be removed from the site and tested
   - Project management must identify the closest hospital that has testing facilities in place, refer workers, and pay for the test if it is not free
   - Persons under investigation for COVID-19 should not return to work at the project site until cleared by test results. During this time, they should continue to be paid daily wages

- If a worker is found to have COVID-19, wages should continue to be paid during the worker's convalescence (whether at home or in a hospital)
- If project workers live at home, any worker with a family member who has a confirmed or suspected case of COVID-19 should be quarantined from the project site for 14 days, and continued to be paid daily wages, even if they have no symptoms.

2. Training of Staff and Precautions

- Train all staff in the signs and symptoms of COVID-19, how it is spread, how to protect themselves and the need to be tested if they have symptoms. Allow Q&A and dispel any myths.
- Use existing grievance procedures to encourage reporting of co-workers if they show outward symptoms, such as ongoing and severe coughing with fever, and do not voluntarily submit to testing
- Supply face masks and other relevant PPE to all project workers at the entrance to the project site. Any persons with signs of respiratory illness that is not accompanied by fever should be mandated to wear a face mask
- Provide handwash facilities, hand soap, alcohol-based hand sanitizer and mandate their use on entry and exit of the project site and during breaks, via the use of simple signs with images in local languages
- Train all workers in respiratory hygiene, cough etiquette and hand hygiene using demonstrations and participatory methods
- Train cleaning staff in effective cleaning procedures and disposal of rubbish

3. Managing Access and Spread

- Should a case of COVID-19 be confirmed in a worker on the project site, visitors should be restricted from the site and worker groups should be isolated from each other as much as possible;
- Extensive cleaning procedures with high-alcohol content cleaners should be undertaken in the area of the site where the worker was present, prior to any further work being undertaken in that area.

Annex 21: Technical Note 2

TECHNICAL NOTE: USE OF MILITARY FORCES TO ASSIST IN COVID-19 OPERATIONS SUGGESTIONS ON HOW TO MITIGATE RISKS

It is common practice for Governments to utilize military or security personnel during public health emergencies. The ability to do this, and the requirements relating to such mobilization, are often set out in executive orders or instructions. A 'public health emergency' will usually be defined under national law. For example, the US Department of Defence (DoD Instruction 6200.03, March 28, 2019) defines a public health emergency to include "the occurrence or imminent threat of an illness or health condition that poses a high probability of a significant number of deaths, serious or long-term disabilities, widespread exposure to an infectious or toxic agent, overwhelmed health care resources, or severe degradation of mission capabilities".

For the reasons set out in section 1 below, it is expected that military or security forces will be utilized in different ways in response to COVID-19. They may be used directly to carry out activities in a World Bank-supported project. Or they may be mobilized more generally to implement Government programs, which are also supported by the Bank. Where military/security forces are utilized, either directly or indirectly, in connection with Bank-supported operations, questions will arise about the risk of the operation. Is it automatically high or are there effective ways of mitigating the risk? This guidance sets out suggestions for due diligence and mitigation measures to address the risk.

WHAT ARE THE POSITIVE ASPECTS ABOUT USING THE MILITARY?

Where relevant, consider the following and document relevant details:

- Human rights: Depending on the country, military personnel may be aware of the need to respect human rights and received relevant training.
- "NBC" capabilities: Many military forces have nuclear, biological and chemical capabilities. They may have existing biological defense capabilities, e.g., ability to deploy with personal protective equipment (PPE); training in decontamination; procedures or advice on how to carry out relevant activities.
- Medical expertise: Medical and other professionals within the military are likely to be trained to deal with medical emergencies, and therefore may be better able to cope in situations in which there may be mass casualties.
- Disciplined response: Generally, military personnel are expected to respond in a disciplined manner to commands and will have capabilities which will be useful in these types of emergencies (medical, engineering, construction).
- Civic action programs: Military may also have specific civic action programs and infrastructure to support these (e.g. mobile clinics/communication procedures).

WHAT ARE THE THINGS TO WATCH FOR?

- Diversion of materials, aid and assistance: Diversion can take the form of confiscations and reuse, misappropriation and theft. While a certain level of diversion may be inevitable in certain circumstances, this issue is likely to present reputational issues (especially when the crisis dissipates).
- Allegations of human rights violations: This will be a risk, including as it relates to Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH), and the Bank needs to be clear and transparent about what measures are being adopted to minimize these risks. Tools that should be considered include the ESF Good Practice Note (GPN) on Use of Security Forces, on SEA/SH, and the IFC Good Practice Handbook on the Use of Security Forces: Assessing and Managing Risks and Impacts.
- Putting World Bank staff at risk: This is particularly a concern where military/security forces are likely to be undisciplined. The risk may be heightened when Bank staff are trying to address the risk of diversion referred to above. While staff may try to address this risk by avoiding direct interaction with the military, this is not likely to be feasible in a project setting.
- International media comment and reaction: This will be a challenge, and it may not be possible to avoid negative comment entirely. It is important to be transparent about the activities the World Bank is supporting and the mitigation measures that are being implemented to address risks.

WHAT ARE THE WAYS TO ADDRESS THE RISKS?

- Get a view of the reputation and capability of the military: Talk to those who might have up to date and accurate information: e.g., the Defense Attaché at the relevant Embassy; the US or UK Government; refer to Jane's Defence Weekly.
- Identify the structure under which the military will be operating: While they will continue to abide by their own rules and procedures, it is likely that the military will also be subject to relevant national requirements relating to the public health emergency and the specific activities that they are required to carry out e.g. instructions issued by public health officials. In the context of a Bank-supported operation, it is good practice to document (as far as possible) the structure under which the military are operating, including the chain of command, with specific reference to the activities they will or are likely to carry out (see paragraph (i) below).

- Clarify who is responsible for human rights issues nationally: Many countries have a Human Rights Commission. If such commissions do not exist, there is usually an Ombudsman, Human Rights office or inspector general at the national level with jurisdiction to deal with such issues. Identify the relevant parties and consider whether it would be appropriate to consult them for advice.
- Identify other specialized parties and ask for advice: There are both national and international NGOs which follow and support these issues (e.g. Human Rights Watch (HRW), Amnesty). There is also the International Committee of the Red Cross (ICRC) and the International Crisis Group. Identify relevant parties, with reference to the context and nature of the operations, who may be in a position to provide valuable advice.
- As required under the ESF, cooperate with relevant stakeholders on a risk assessment: Carry out a risk assessment to identify the specific risks associated with the proposed use of military. This assessment needs to be conducted with those that are involved in the operation, including Government counterparts, to ensure that an accurate picture of the risks emerge, that appropriate mitigation measures are identified and that both the risk assessment and the mitigation measures are owned by the project and the Government.
- Be transparent about what the World Bank is requiring to mitigate the risks: Document this, setting out key aspects in the ESRS and other project documentation. Consider the following:
- procedures relating to: e.g. risk assessment; how allegations of HR/SEA/SH violations will be dealt with, including through the project Grievance Mechanism (GM); preventing diversion of materials, aid and assistance (build on existing requirements)
- presence of World Bank representatives/third party monitors on the ground
- cooperation with specialist institutions/NGOs/Government agencies
- specific obligations set out in the legal agreement and (if possible and appropriate) a Memorandum of Understanding (see paragraph (k) below)
- monitoring and reporting
- Consider asking a credible party to act as an observer/third party monitor: This can be considered under the ESF provisions for third party monitoring as noted in ESS1 and ESS10, as well as the ESF Good Practice Note on Third Party Monitoring. Relevant groups with experience in this field will depend on the context, and may include the parties referred to in paragraph (d) above.
- Establish a procedure to be followed in cases of allegations of HR/SEA/SH violations or misbehavior: This should reflect the ESF Good Practice Note on SEA/SH and may include reference to the institutions referred to in paragraph (c) above. Include a specific HR and SEA/SH procedure in the project GM to address these allegations and identify specific individuals who have the expertise to address such allegations credibly. Understanding relevant Code of Conduct (CoC) requirements pertaining to such behavior is important, and, where necessary, improving the form and substance of such CoC.
- Be clear on what the military will do: Identify the activities and set them out clearly in the legal agreement: e.g. construction, enforcing quarantine restrictions, distribution of medical supplies or vaccines, distribution of other supplies. This will support a more accurate risk assessment. Note that in some circumstances, what could otherwise be viewed as inappropriate behavior by the military (or at an extreme, a possible abuse of rights) may be authorized and necessary in situations of a public health emergency. This will depend on the activities that the military is required to carry out and will be particularly relevant where they are required to enforce public order or quarantine restrictions.
- Set out specific requirements as covenants in the legal agreement and in the Environmental and Social Commitment Plan (ESCP) as appropriate: The provisions should set out the 'ground rules' for military engagement, including: (i) requirements to comply with ESS4 (see Annex attached); (ii) reporting obligations (specify on what, how often, to whom); (iii) specific prohibitions e.g. no child Labour, no forced Labour, restrictions on what military personnel under the age of 18 can do (if anything); (iv) health and safety requirements; (v) Code of Conduct (CoC) type obligations; (vi) requirements for the GM; (vii) training required and how often (specify on what – e.g. Voluntary Principles on Security and Human Rights, interactions with the community, operation of the GM, use of personal protective equipment (PPE), CoC).
- Where possible, and if not already covered by applicable law/regulation, the Government should consider executing a Memorandum of Understanding (MoU) with the military: This should reflect the 'ground rules' set out in the legal agreement (see paragraph (j) above). An example of a MoU is available in the IFC Good Practice Handbook on the Use of Security Forces: Assessing and Managing Risks and Impacts. Even where it is not possible for individual military personnel to sign a CoC, the requirements should be set out in the MoU, and training should cover these obligations (amongst others).

Set out below is suggested wording on HR/SEA/SH:

Prior to deploying military or security personnel, the [Borrower/Recipient] shall take measures to ensure that such personnel are:

- screened to confirm that they have not engaged in past unlawful or abusive behavior, including sexual exploitation and abuse (SEA), sexual harassment (SH) or excessive use of force;

- adequately instructed and trained, on a regular basis, on the use of force and appropriate behavior and conduct (including in relation to SEA and SH), as set out in the [Training Procedure, Project Operational Manual, ESMF, Security Management Plan, MoU]; and
- deployed in a manner consistent with applicable national law.
- The [Borrower/Recipient] shall promptly review all allegations of unlawful or abusive acts of any military/security personnel, take action (or request appropriate parties to take action) to prevent recurrence and, where necessary, report unlawful and abusive acts to the relevant authorities.

Set out below is suggested wording on reporting: Frequency of reporting will depend on the context and the risks associated with the activities the military is carrying out, and may be required monthly, weekly or even daily. Requirements should include:

- Immediate reporting (within 24 hours) of any serious incident
- A written weekly or monthly report (depending on the risk) covering:
- status of activities being conducted by the military o training conducted (specifying subject matter)
- current status of review of serious incidents (if any) and any relevant reporting or summary of any minor (but reportable) issues, suspected incidents or potential issues o details of any incidents involving use of force or weapons
- details of upcoming activities which may pose a risk (e.g. distribution of supplies) and measures being put in place to reduce such risk
- lessons learnt, to inform conduct of future activities

Other reference documentation: The International Code of Conduct under the Montreux Document. While this relates to private security, it contains useful material.

Annex 22: Labour Management Procedures

1. Introduction

The CoPREP projects recognizes the need to protect the fundamental rights of workers since the workforce is a valuable asset, and a sound worker-management relationship is a key ingredient in the sustainability of the project. Through a constructive worker management relationship, and by treating the workers fairly and providing them with safe and healthy working conditions, the projects will create tangible benefits, such as enhancement of the efficiency and productivity of their operations.

The objectives of the labour management procedure are:

- To promote the fair treatment, non-discrimination, and equal opportunity of workers.
- To establish, maintain, and improve the worker-management relationship.
- To promote compliance with national employment and labour laws.
- To protect workers, including vulnerable categories of workers such as women.
- To promote safe and healthy working conditions, and the health of workers.
- To avoid the use of forced and child labour.

2. Overview of Labour Use on all CoPREP Projects

Number of Project Workers: At the point of preparation of this document, the exact locations where the CPREP Projects will be implemented are not yet known. Hence identifying the number of potential workforces required is impossible. When sub-projects are known, site-specific Labour Management Plans will be prepared as a part of the Environmental and Social Impact Assessment/Environmental and Social Management Plans.

Nonetheless, the NVDP indicates that the population of the Health Workforce[11] and support staff[12] plus contingencies is estimated to be 1.0% of the total population. The number of doctors, nurses/midwives per 100,000 people is 36 and 88 respectively.[13]

Characteristics of Project Workers: Various workers ranging from direct workers (health workers, civil servants) to contracted workers (construction contractors and their workforces, subcontractors), members of the Nigeria Police Force and Nigeria Security & Civil Defense Corps will be required.

Timing of Labour Requirements: The direct workers who are mostly healthcare workers will be required full time and around the year for the project duration. Consultant Services workers will be required full time and on intermittent basis for the project duration. Civil works contracted workers will be required, as per the need. Construction season typically starts from March to November but can vary depending on the weather conditions. It will be up to the contractors to mobilize Labour force to coincide with the type of works and the season. The rehabilitation works are estimated to be implemented over a 3-month period per facility. This is the maximum timeline required. It is envisaged that most facilities may require less work.

The Implementation Chart for the sub-project activities is presented in Table 6 below.

[11] **Nigeria Health Workforce Country Profile FMOH 2018**

[12] NPHCDA, 2020, PHC Ward Health System Review

[13] Nigeria Health Development Strategy Plan 2018 - 2023

Table 1: Implementation Chart for Sub-project Activities

Phase	Activities	Implementation Period (Months)			
		1	2	3	
Pre-rehabilitation	Preparatory Works				
Rehabilitation	Renovation, refurbishment works, civil works				
Operation	Maintenance Works				
Decommissioning	Closure works				

Contracted Workers: The precise number of project workers who will be employed are not known as of now. This will become known as and when implementation begins. Project activities may include minor construction and rehabilitation and will engage Civil Works Contractors and Workers. However, two broad categories of contracted workers are expected. First is Consultant service providers who will provide implementation support services to the PCU and State PCUs. Second is the staff of civil works contractors to be subcontracted to arrange for civil works under the subprojects.

Community Workers: people engaged from the community where the particular activity is taken place or nearby communities.

Primary Supply workers: these include suppliers who on an ongoing basis, provide directly to the project goods or materials essential for the core function of the project.

3. Assessment of Key Potential Labour Risks

This section describes the following, based on available information:

Project activities: Given the nature of the project activities, no major labour risks are envisaged. The different works that will be carried out include: rehabilitation and renovation of facilities including refurbishments of medical centers, minor renovation of isolation and treatment centers including community support centers, provision of WASH stations in public locations, construction of an Infectious Disease Center (Isolation Center, Treatment Center and ICU) and Laboratories.

Key Labour risks:

Some of the potential labour risks and impacts associated with the CoPREP projects include:

- Labour risks associated with civil works contractor workers at sub-project level: Subprojects will be implemented by local contractors and most contracted workers will be hired locally. All contractors will be required to have a written contract with their workers materially consistent with objective of ESS2, in particular about child and forced Labour.
- Labour risks including labour influx and associated Sexual Exploitation and Abuse, Sexual Harassment, child labour and forced labour are considered low given the nature of project activities. Since civil works to be supported under the project will be very small in scale and prioritized by local communities themselves, the risk of forced labour is expected to be small. Nonetheless, the contractor will be required in the contract to

commit against the use of forced Labour, and project staff in charge of contractor supervision will monitor and report the absence of forced Labour.

- Occupational Health and Safety (OHS) risks are low to moderate and will depend on the type of subproject works to be implemented. However, since the civil contractors' workers are likely to be unskilled and untrained local population, however, risk remains that some accidents may occur that lead to injuries. All contractors will be required to develop and implement written labour management procedures, including procedures to establish and maintain a safe working environment as per requirements of ESS2. All contractors will be required under the Environmental and Social Management Plan (ESMP) to ensure workers will use basic safety gears, receive basic safety training and other preventive actions as provided.
- Other OHS risks include exposure of workers to infectious healthcare waste.
- Employment Risks: Workers will be hired by the project, either directly as project staff or indirectly as part of contractors or service providers. There is a risk of unaccounted working hours and lack of compensation for overtime will continue.
- Increasing cases of strikes by medical workers due to the frail public health care system may frustrate the effort of vaccine rollout.

4. Brief Overview of Labour Legislation

Federal Ministry of Labour & Employment

The Nigeria Ministry of Labour and Employment is the country's designated authority for labor-related matters. The ministry has the authority and capacity to ensure appropriate labor management in the country. The Ministry is structured into six Zonal labor offices, nine departments consisting of six professional and three service departments. It operates 36 State Labor Offices and the FCT, 23 District Labor Offices, Labor Desk Office, Geneva, Switzerland. Recently nine (9) Labor Desk were approved for nine ministries, department, and agencies.

Labor Act, Chapter 198, Laws of the Federation of Nigeria (LFN) 2004

The Labour Act in the context of the project are summarized below:

- **Protection of Wages**: the wages of all project workers shall be made payable in legal tender or with prior consent of both parties in cheque and not otherwise. Wages shall become due and payable at the end of each period for which the contract is expressed (daily, weekly or at such other period as may be agreed upon), provided the period is not more than one month, the wages shall become due and payable at intervals not exceeding one month.
- **Contracts of Employment, Terms and Conditions of Employment**: no employer shall make any deduction or make any deductions from wages to be paid to project workers. An employer may with the consent of a project worker make deductions except with consent of the worker in terms of VAT, TAX, pension funds or other schemes as agreed by the worker and approved by the State Authority. Not later than three months after the beginning of a project worker's period of employment with an employer, the employer shall give to the worker a written statement specifying- (a) the name of the employer or group of employers, and where appropriate, of the undertaking by which the worker is employed; (b) the name and address of the worker and the place and date of his engagement; (c) the nature of the employment; (d) if the contract is for a fixed term, the date when the contract expires
- **Hours of work and overtime**: this shall be mutually agreed upon by both parties or by collective bargaining. However, the normal working hours shall not exceed eight

hours at a time with one-hour rest-interval. Where the project worker is at work for six hours stretch or more a day, his work shall be interrupted by allowing one or more suitably spaced rest- intervals of not less than one hour on aggregate. Hours which a worker is required to work in excess of the normal hours fixed shall constitute overtime.

- **Benefits:** project workers shall be entitled to holiday with full payment of wages after twelve months of continuous service including sick leave. Other benefits are: sick leave

The Act covers general provisions including:

- Protection of wages
- Contracts of employment and terms and conditions of employment
- Fair treatment and equal opportunities of project workers.
- Hours of work and overtime
- Employment of women
- Labor health matters
- Prohibition of forced labor
- Labor complaints

Factories Act, 1990

The Factories decree 1990 Is a landmark In legislation In occupational health In Nigeria. It provides a substantial revision of the colonial legislation, Factories Act 1958, in which the definition of a factory was changed from an enterprise with 10 or more workers to a premise with one or more workers thereby providing oversight for the numerous small-scale enterprises that engage the majority of the workforce in Nigeria. It stipulates the enforcement of compliance on factories, industries and organizations that employ labor on the protection of the right of workers to friendly environment, health and safety.

Factories Act, Cap F1, LFN 2004

- Provides a legal framework for the regulation of safety standards for the operation of factories in Nigeria; and
- Sets out minimum standards for clean and conducive working environments.

Worker's Compensation Act (2010)

The Act provides compensation to employees who suffer from occupational diseases or sustain injuries arising from accidents at workplace or in the course of employment. Payment of compensation (to the worker or to his dependents in case of death) by the employer is rooted in the accepted principle that the employer has a duty of care to protect the health, welfare, and safety of workers at work.

Other relevant legislation include the Factories Act,1009; **Factories Act, Cap F1, LFN 2004; Worker's Compensation Act (2010) which** provides compensation to employees who suffer from occupational diseases or sustain injuries arising from accidents at workplace or in the course of employment. Payment of compensation (to the worker or to his dependents in case of death) by the employer is rooted in the accepted principle that the employer has a duty of care to protect the health, welfare and safety of workers at work. Trade Unions (Amended) Act, 2005 and National minimum Wage Act, 2010.

Nigeria labour laws are also guided by international regulations such as:

- International Labour Organization (ILO)
- Africa Regional Labour Administration Centre (ARLAC)
- Organization of African Trade Union Unity (OATUU)
- Africa Union, Labour and Social Affairs Commission (AULSAC)
- Organization of Trade Union of West Africa
- Pan African Employers Association
- Pan African Productivity Association (PAPA)
- International Social Security Association (ISSA)

5. Brief Overview of Labour Legislation: Occupational Health and Safety

5.1 Policy, Regulatory and Institutional Framework on Occupational Health and Safety

The framework for OHS in-country is managed by the Federal Ministry of Labour & Employment with Factory Inspectors under the department are responsible for the enforcement of Factories Act 1990, Cap 126 Law of the Federation of Nigeria. They also oversee the implementation of several other subsidiary legislations, which provide for the safety, health and welfare of workers in all workplaces nationwide. The enforcement of Factories Act is done through: Registration of new factory premises, renewal of certificate of registration and amendment or revocation of certificate of registration; Special Inspection of workplaces; Prosecution of recalcitrant occupiers; Investigation of accidents, dangerous occurrences and occupational diseases; Preparation of safety and health regulations, code of practice, guidelines and standards for various operations, processes and hazardous agents; Provision of occupational safety and health education to workers and employers; Recording and dissemination of information and statistics on all aspects of occupational safety and health through the national Occupational Safety Health Information Centres (CIC); Provision of technical assistance and advisory services to workplaces on HIV and AIDS interventions.

The requirements of the Environmental and Social Standard 2 on Occupational Health and Safety will be to carry out site specific risk assessments (see annex 15 of the ESMF) and develop appropriate risk prevention and mitigation measures. Where risk prevention and mitigation require provision of personal protective equipment (PPE), appropriate PPE will be provided to workers who are tasked to work on high risk tasks or areas. During risk assessment which will be conducted during screening process, possible hazards or risks related to the project activities will be identified. To this end, the appropriate PPE will be provided during project implementation. The identification of PPE will be done will be done during the screening and development of site-specific environmental and social management plans (ESMPs).

6. Responsible Staff

The PCU and SPCU Environmental and Social Officers will be responsible for the following:

- Implementation of this labour management procedure to direct workers/
- Monitoring training of the project workers
- Ensure that the grievance mechanism for project workers is established and monitor its implementation.

This section identifies the function and/or individuals/agencies within the project responsible for oversight mechanisms.

- Engagement and Management of Direct Workers: The Ministry of Health (MOH) – through the PCU and SPCUs will be responsible for engagement of direct

workers/contractors and compliance with contract conditions. The MOH will address all LMP aspects as part of procurement for works (such as transport of medical supplies, minor civil works to refurbish labs or medical facilities, consultancy/technical assistance, etc.).

- Engagement and Management of Contracted Workers: The Contractor is responsible for management of its workers or subcontracted workers in accordance with the LMP. This includes ensuring compliance with key aspects, in particular those relating to COVID-19 prevention and general OHS.
- Addressing Workers Grievances: MoH and Contractors will be required to implement a Grievance Redress Mechanism (GRM), which responds to the minimum requirements in these LMP. The MOH will review records on a monthly basis. MoH will keep abreast of GRM complaints, resolutions and reflect in quarterly reports to the World Bank.

7. Policies and Procedures

This section outlines main policies and procedures to be followed during implementation phase of the project. This section will be updated and amended as needed. The PCU/SPCU will inform the Bank about any significant event (labour issues) as soon as reasonably practicable, but no later than five (calendar days after the occurrence of the event. Such events include strikes or other Labour protests. The PCU will prepare a report on the event and the corrective action and submit to the Bank within 30 calendar days of the event.

8. Age of Employment

Although age for employment in Nigeria differs, the project will only engage person at minimum age of eighteen (18) and this will be enforced at recruitment and in daily staff team talks by Contractors. State PCUs will also supervise this through the Contractor Management Checklist.

Contractors (consultants) will be required to verify the identify and age of all workers. This will require workers to provide official documentation, which could include a birth certificate, national identification card, passport, or medical or school record. Contractors will liaise with community members to attest to the age and conduct of all local hires, and maintain a list of same

Hired project workers above 18 shall conduct his/her activities in ways that are not detrimental with respect to education or be harmful to the child's health or physical, mental, spiritual, moral or social development

If a child under the minimum age is discovered working on the project, measures will be taken to immediately terminate the employment or engagement of the child in a responsible manner, considering the best interest of the child.

9. Terms and Conditions

Terms and conditions of direct workers are determined by their individual contracts and public service rules (for government staff). Most of the government staff who will be deployed to the project will seconded from their parent ministries. The Civil service sector Nigeria are guided by terms and conditions stipulated in the Public service rules (2008 edition).

Consultants will apply the terms and conditions stipulated in their contract of engagement.

The contractors' labour management procedure will set out terms and conditions for the contracted and subcontracted workers. These terms and conditions will be in line, at a minimum, with this Labour management procedure and General Conditions of the World Bank Standard Procurement Documents.

10. Grievance Mechanism

The LMP incorporates the GRM established by the Project. The project GRM will be accessible to workers to quickly inform management of labour issues, such as a lack of PPE and excessive overtime. The Social Officers will monitor the recording and resolution of workers' grievances, and report these to the PCUs in their monthly progress reports. The workers grievance mechanism will be described in staff induction trainings, which will be provided to all project workers. The mechanism will be based on the following principles:

- The process will be transparent and allow workers to express their concerns and file grievances.
- There will be no discrimination against those who express grievances and any grievances will be treated confidentially.
- Anonymous grievances will be treated equally as other grievances, whose origin is known.
- Management will treat grievances seriously and take timely and appropriate action in response.
- Information about the existence of the grievance mechanism will be readily available to all project workers (direct and contracted) and all the stakeholders through notice boards, the presence of "suggestion/complaint boxes", and other means as needed. They can write their complaints themselves and bring it to the State PCUs or National Office in Abuja.

It is recommended that since the nature of civil works for the project is minor-moderate, workers should adopt the existing Grievance Redress Mechanism defined for the project (chapter eight of the Environmental and Social Management Framework (ESMF)) as summarized below:

10.1 Establish a GRM

Grievance Redress Mechanism (GRM) will be implemented to ensure that all complaints from workers are dealt with appropriately, with corrective actions being implemented, and the complainant being informed of the outcome.

10.2 Grievance Redress Committees

Grievance Redress Committees (GRCs) shall be constituted at various levels to implement the GRM for the project including community level, SPIU level, FPCU level, Judiciary as shown in table 5 below.

Table 5: Levels of Grievance Redress Committees

First level GRM: GRC at the Community Level	Composed at the community level and easily accessible to workers. This committee will comprise of community liaison officers, contractor, supervising consultant, Representative of Health worker in the project area. In addition, complaint box will be placed at the health facility to encourage aggrieved workers drop their complaints. This should be checked regularly (at least twice weekly) by a designated person in the committee. This committee will be expected to report to the State PCU.

Second Level of GRM: GRC at the SPCU Level	This committee shall comprise of State PCU members including the Project Coordinator, Social Officer among others, and other state level representative from within the State Project Monitoring Committees. If the complainant does not accept the solution offered by the State PCU, then the complaint is referred by the State Project Coordinator to the National PCU
Third Level of GRM: GRC at the NPCU Level	The National Project Coordinating Unit (NPCU) will be required to intervene in grievances beyond the state level resolution.
Court Redress of Grievances	While the purposes of GRM put in place by this Project is to resolve all issues caused by the project implementation out of court and to save time which is usually involved in litigation matters, it is not out of place to anticipate a scenario where aggrieved person is not satisfied with the process and judgment given by the grievance redress committee(s). Therefore, NPCU shall inform aggrieved persons of their right to seek for redress in the court of law as the final resort.

10.3 Roles of the GRCs

The Grievance Redress Committees will be responsible for:

- Communicating with the Affected persons (AP's) and evaluate if they are entitled to recompense;
- Making the list of affected persons public and the established grievance redress procedure.
- Recommending to the Social Officer of the SPCU solutions to such grievances from affected persons;
- Communicating the decisions to the AP's; to acknowledge appeals from persons, households or groups who rightfully will not be affected by the project, but claim to be, and to recommend to the SPCU whether such persons should be recognized as AP's, and to communicate back the decisions to the Claimants.

10.4 Expectation When Grievances Arise

When workers present a grievance, any of the followings is or are expected from the project management/channel of grievance resolution:

- acknowledgement of their problem;
- an honest response to questions/issues brought forward;
- an apology, adequate compensation; and
- Modification of the conduct that caused the grievance and some other fair remedies.

10.5 Mode of Receipt and Recording of Complaints

The step for receiving and recording complaints are highlighted below

- The complaints can be made in writing, verbally, over the phone (Toll free lines will be communicated), by emails or through any of the Community/project area or State Levels of GRM.
- Any member of the committee receiving the complaint should obtain relevant basic information regarding the grievance.
- The points of receiving complaints shall be in possession of GRM 01 form which will be used to record each complaint.
- As soon as a complaint is received, a GRM 02 form will be issued to the complainant as acknowledgement. After registering the complaint, the Grievance Handling Committee under the guidance of the Grievance Handling Officer shall set a date to investigate the matter, after which they shall provide a recommendation.
- If necessary, meetings have to be held between the complainants and the concerned officers to find a solution to the problem and make arrangements for grievance redress. The deliberations of the meetings and decisions taken are recorded using the -GRM 03 form.

10.6 Timeline for Resolution at National level

At the national level, the resolution period will take maximum 21 calendar days and the concerned shall be notified through the GRM 04 form. Should the grievance not be solved within this period, the complainant will be advised to seek recourse through Alternative Dispute Resolution (ADR).

The GRM assumes a three-level mechanism namely; community level, state level and national level. It assumes a pyramidal structure (Figure 8.2) with conflict resolution commencing from the community or association level and progresses up to the National (C-GRM Unit) level; the unresolved grievances at the lower level are sent to the next level. The structure represents different stakeholders at the various levels of the conflict resolution process/grievance redress mechanism.

All executing entities will be briefed on the GRM and are expected to follow its requirements as part of the oversight of their sub-project. The Executing entities representatives (site engineer CLO) will attend community sessions on C-GRM and Safeguards awareness or training run by PCU representatives.

The Contractor is responsible for logging all complaints and other safeguards non-compliance incidences in the site day book (or equivalences) for inspection by the COPREP PCU.

The contractor is also responsible to ensure that all minor complains are dealt with and resolved directly without any undue delays.

10.7 Contractor Management

Procurement will be done at the Federal and State level, at each level, the PCUs will use the Bank's 2018 Standard Procurement Documents for solicitations and contracts, and these include Labour and occupational, health and safety requirements. The tendering process for contractors will require that contractors can demonstrate their labour management and OHS standards, which will be a factor in the assessment processes.

Contractual provisions will require that contractors:

- Monitor, keep records and report on terms and conditions related to Labour management, including specific aspects relating to COVID-19;
- Provide workers with evidence of all payments made, including benefits and any valid deductions;
- Ensuring there is a health and safety focal point, responsible for monitoring OHS issues and COVID-19 prevention and any cases of the virus;
- Keep records regarding Labour conditions and workers engaged under the Project, including contracts, registry of induction of workers including Code of Conduct, hours worked, remuneration and deductions (including overtime);
- Record safety incidents and corresponding Root Cause Analysis (lost time incidents, medical treatment cases), first aid cases, high potential near misses, and remedial and preventive activities required (for example, revised job safety analysis, new or different equipment, skills training, etc.);
- Report evidence that no child Labour is involved;
- Training/induction dates, number of trainees, and topics;
- Insurance for workers against occupational hazards and COVID-19, including ability to access medical care and take paid leave if they need to self-isolate as a result of contracting COVID19.
- Details of any worker grievances including occurrence date, grievance, and date submitted; actions taken and dates; resolution (if any) and date; and follow-up yet to be taken. Grievances listed should include those received since the preceding report and those that were unresolved at the time of that report;
- Sign the Manager's Code of Conduct and/or the Individual Code of Conduct, as applicable.
- Contractors will develop an OHS plan prior to their mobilization, which will be reviewed and approved by the SPCU.

Monitoring and performance management of contractors will be the responsibility of the Ministry of Health. The Ministry will be responsible for oversight of labour management provisions as well as contract supervision. The Social Officer will have overall responsibility for data collection, monitoring, and analysis of the LMP as part of the Project's M&E efforts. The Social Officer will monitor the implementation of, and compliance with, this LMP, including management of worker-related grievances. Monitoring reports should be reviewed and submitted regularly to State Epidemiological Officer, who will submit with other monitoring reports to the National Coordinator and subsequently, the World Bank. Contractors will keep records in accordance with specifications set out in this LMP. MOH may at any time require records to ensure that labour conditions are met and that prevention mechanisms and other safety issues, general to OHS and specific to COVID-19, are being followed. MoH will review records against actuals at a minimum on a monthly basis and can require immediate remedial actions if warranted. A summary of issues and remedial actions will be included in quarterly reports to the World Bank.