Report Number : ICRR0020235

1. Project Data

Project ID	Project Name	
P097921	NG-Malaria Control Booster Project (07)	
Country	**Practice Area(Lead)**	**Additional Financing**
Nigeria	Health, Nutrition & Population	P115036

L/C/TF Number(s)	Closing Date (Original)	Total Project Cost (USD)
IDA-42500,IDA-45970	31-Mar-2012	410,000,000.00
Bank Approval Date	**Closing Date (Actual)**	
12-Dec-2006	15-Mar-2015	

	IBRD/IDA (USD)	Grants (USD)
Original Commitment	280,000,000.00	0.00
Revised Commitment	265,127,310.98	0.00
Actual	273,621,034.62	0.00

Sector(s)
Central government administration(38%):Sub-national government administration(33%):Health(23%):Tertiary education(4%):Other social services(2%)

Theme(s)
Health system performance(29%):Malaria(29%):Child health(14%):Population and reproductive health(14%):Other Private Sector Development(14%)

Prepared by	Reviewed by	ICR Review Coordinator	Group
Hjalte S. A. Sederlof	Soniya Carvalho	Joy Behrens	IEGHC (Unit 2)

2. Project Objectives and Components

a. Objectives

The Project Development Objective (PDO) as set out in the Financing Agreement (page 5) was to: (i) provide improved access to, and utilization of, Malaria Plus Package (MPP) of interventions in Participating States; and (ii) strengthen federal and state ability to manage and oversee delivery of MPP interventions.

Achievement of objectives will be assessed separately for objectives (i) and (ii).

Public Disclosure Authorized

b. Were the project objectives/key associated outcome targets revised during implementation?

No

c. Components

The project was targeted at seven high-risk states with a weak service network. It included the following two components (component costs still to be provided by the Bank team):

Component 1: Strengthening the capacity of the Federal Government to provide malaria control leadership and coordination over the medium and long-term. (Appraisal estimate US$ 86.50 million; actual US$ 149.4 million) The component will strengthen procurement and logistics functions to eliminate disruptions in the distribution of malaria related commodities; and it will promote their accelerated use through social marketing. This component was also to strengthen the national monitoring and evaluation unit of the National Malaria Control Program (NMCP) by establishing a results-based monitoring system to track both process and outcome indicators. Finally the component was to strengthen the capacity of the NMCP in program coordination and oversight by supporting collaboration among relevant programs and departments within the FMOH, as well as an annual review of the project through a "Results for Health" Forum.

Component 2: Strengthening the health system to improve delivery of the Malaria Plus interventions in the target states. (Appraisal estimate US$ 71.50 million; actual cost US$ 88.5) The component was to strengthen the capacity of State MOH and local government authorities (LGAs) in the target states to rapidly expand the Malaria Plus Package at both health facility and community levels. It was to support the states and LGAs to improve their planning, implementation, coordination and supervision capacities. The component was to provide support either directly through the FMOH and the international Roll Back Malaria (RBM) partners, and, where deemed appropriate, through Project Implementation Facilitators (PIFs), using service contracts between the selected States and PIFs. Throughout this process, the PIFs were to strengthen state, LGA and community ownership, as well as their technical and managerial capacity, to ensure sustainability of efforts. They were expected to play a supportive and collaborative role vis-&vis State and local health authorities, as well as private and faith-based organizations. Special attention was to be given to the LGAs to deliver the MPP and to strengthen public-private partnership.

Revised components

A Level II restructuring was introduced on June 16, 2009, providing additional financing of US$ 100 million. It was to scale up the program to cover all households in the participating states; and support costs. It expanded Component 1 by providing medical supplies and bed nets; and through additional measures to strengthen diagnostic capacity and supply chain management, and monitoring of drug resistance. Activities under Component 2 were enhanced by piloting community level interventions, private sector service delivery, and behavior change communications. The PDO was retained unchanged; two outcome indicators were dropped as being only marginally relevant to the PDO.

Another Level II restructuring was introduced on July 26, 2011, to reallocate remaining funds under Component 2 from the first restructuring to the distribution of bed nets that were urgently needed for the upcoming rainy season. At the same time, some of the remaining funds were allocated to activities supported under the third Level II restructuring, to be undertaken two weeks later.

A further Level II restructuring was introduced on August 4, 2011, drawing on the findings of the Mid-Term Review that there had only been modest progress on implementing treatment and health systems strengthening measures. The restructuring provided the National Malaria Control Program with technical assistance to support management, procurement, and communications activities.

One more Level II restructuring was introduced on June 28, 2013. It was prompted by two events: first, the introduction of changes in internal control management and procurement oversight following findings by the Integrity Vice Presidency (IVP) of the Bank of system weaknesses, non-compliance with Bank procedures, and financial anomalies across Federal and State levels (discussed in Section 11); and second, the withdrawal of Kano state from participation in the project as not being necessary. The restructuring consisted of extension of the Closing Date from June 30, 2013, to June 30, 2014, in recognition of the eight month delay due to the IVP examination. At the same time undisbursed funds to the Federal level from underperforming states and Kano. This reallocation was expected to increase the economies of scale from more centralized procurement during the latter part of project implementation.

A final Level II restructuring was undertaken on June 23, 2014, to extend the Closing Date by nine months to March 31, 2015, to allow completion of the project.

d. Comments on Project Cost, Financing, Borrower Contribution, and Dates

Project costs: Total project cost to the Bank was US$ 276.13 million, including contingencies, a front-end fee for a Project Preparation Facility (PPF), and a front-end fee for IBRD.

Financing: The original IDA Credit was US$ 280 million. The first additional financing provided an additional US$ 100 million.

Borrower contribution: US$ 80 million.

Dates: The project was approved on December 12, 2006. It had five Level II restructurings – on June 16, 2009, July 26, 201, August 4, 2011, June 28, 2013, and June 23, 2014. It was originally due to close on March 31, 2012; it closed on March 15, 2015.

3. Relevance of Objectives & Design

a. Relevance of Objectives

The PDO is relevant to the current country situation, where the incidence of malaria remains unacceptably high (malaria still accounts for 24 percent of the burden of disease in Nigeria); and with the Government's strategy for malaria control which has been extended to 2020. The strategy continues to emphasize malaria plus (integration of anti-malaria activities into maternal and child health care), and further improvements in program governance at Federal and State levels. Infectious diseases, including malaria, are targeted in the Bank's 2014-2017 Country Program Strategy.

Rating
High

b. Relevance of Design

Project design was consistent with the stated objective of facilitating implementation of the country's Malaria Plus strategy. The project aimed at strengthening implementation capacity at the Federal level by (i) improving procurement, distribution and use of essential commodities (bed nets and drugs), and (ii) developing monitoring and oversight functions. At the state level, it aimed at strengthening the health system (better preventive and treatment services) in order to improve the impact of Malaria Plus in target states. To address capacity constraints to better implementation, design included the secondment of Ministry of Health staff to project implementation units at the Federal and State levels, the introduction of project implementation facilitators in each target State, and the involvement of third sector organizations (non-governmental and faith-based organizations). As the Malaria Plus strategy built on the National Malaria Control Program that Nigeria had developed in collaboration with the Roll Back Malaria partnership of international donors engaged in eradicating malaria, the design facilitated coordination of project activities with other donor activities. Initially, the project focused on developing the Federal role, and on ensuring services to high-risk individuals (essentially pregnant women and children) in seven high-risk States, the scope limited by constraints on IDA resources. At the first Level II restructuring, this constraint was eased, as optimizing anti-malaria strategies required universal coverage, and project interventions, notably the provision of bed nets, was expanded to fill gaps in the nationwide distribution of bed nets. The two objectives in the PDO were partly interdependent – successful achievement of the former (improving access and use) at least in part depended on achieving the latter (better program management), in some instances making it difficult to accurately attribute outputs to one outcome or the other.

Rating

Substantial

4. Achievement of Objectives (Efficacy)

Objective 1

Objective

Objective 1: to ensure that the target population will have improved access to, and utilization of, a well-defined set of Malaria Plus Package interventions

Rationale

Outputs

More than 51 million long lasting insecticide nets (LLINs) were procured and distributed, resulting in 99.6 percent of the households having at least one Insecticide Treated Net (ITN) in 2015, compared to 2.6 percent in 2006, and a target of 80 percent.

Some 32.5 million LLINs were distributed to 22 non-project States between 2011 to 2015, compared to a target of 20.7 million and a baseline of 5.2 million.

Some 14.4 million Rapid Diagnostic Tests (RDT) were distributed to health facilities, facilitating the implementation of a more effective anti-malarial strategy (Artemisinin-based Combination Therapy, ACT, see Outcome below). This compared with a target of 12 million RDTs.

Some 88 percent of women with children under one received ante-natal care (ANC) during their last pregnancy, compared to a target of 72 percent and a baseline of 63 percent.

Some 31 percent of health facilities were using laboratory confirmation as the basis for treatment of fever in children under 5 and adults, compared to a target of 30 percent and a baseline of 5 percent.

Some 83 percent of households were sprayed with indoor residual spraying (IRS) in the previous 12 months, compared to a target of 80 percent and a baseline of 3 percent.

85 percent of caregivers knew at least two symptoms of malaria, compared to a target of 70 percent and a baseline of 62 percent.

Some 55 percent of mothers of children less than five years of age in communities with community directed interventions knew at least two ways of preventing malaria, compared to a target of 60 percent.

Some 73 percent of community level patent medicine vendors had ACTs in stock at the time of assessment, as compared to a target of 80 percent.

Some 39 percent of sampled community-directed distributors with no stock-outs of ACTs in the last three months, as compared to a target of 80 percent.

Some 31 percent of health facilities were using laboratory confirmation as the basis for treatment of fever in children over five and adults, compared to a target of 30 percent and a baseline of 5 percent.

Outcomes

The percentage of children under five who slept under ITNs during the previous night in Project States was 74.4 percent in 2015, against a target of 60 percent and a baseline of 3.6 percent. Comparison States had a utilization rate of 36.2 percent in 2015, having seen a slight decline over the previous five-year period from 37.1 percent in 2010.

The percentage of pregnant women sleeping under an ITN the previous night in Project States was 69.3 percent in 2015, compared to a target of 50 percent, and a baseline of 4.1 percent. ITN utilization among pregnant women in Comparison States was 47.9 percent in 2015.

52.6 percent of pregnant women received two or more doses of intermittent preventive treatment (IPT), compared to a target of 25 percent and a baseline of 8 percent. In non-project states, only 41 percent of women received two or more doses.

The percentage of children under five with fever treated with an effective anti-malarial (Artemisinin-based Combination Therapy, ACT) increased from 3.7 percent in 2006 to 5.4 percent in 2010 and 45 percent in 2015 against a target of 15 percent. (A change in policy during project implementation towards a more cost effective and disease-relevant approach that gives ACT only to cases confirmed through Rapid Diagnosis Tests (RDT) or microscopy, led to a downward revision of the target from 80 percent to 15 percent).

By 2015, 27.9 percent of children under five received RDTs prior to treatment of fever, from the zero level at project development. In addition, 31.4 percent of health facilities in Project States had RDTs compared to 20.4 percent in Comparison States.

The number of children under five who received Vitamin A supplementation reached 26.5 million in 2015, compared to a target of 6 million. No baseline was recorded.

The number of direct female beneficiaries from the project totaled 18 million in 2015, compared to a target of 16 million. No baseline was recorded.

According to the Global Practice team, "recently released preliminary data from the 2015 Malaria Indicator Survey (MIS) carried out by the National Population Commission (NPopC) with technical support from ICF International (formerly MACRO-DHS)" shows that "the single differences between the 2006 baseline and the 2015 end line in the project states were very large on all four indicators for which data are available and range from 40 to 71 percentage points. Importantly, the increases observed in the project states were significantly higher than in the comparison states even though the latter also received substantial financial support from other development partners. The difference-in-differences (DD) are very large and range from 19 to 41 percentage points."

Indicator 1: % of children < 5 years of age with fever treated with an effective anti- malarial within 24 hours from onset of symptoms. DD: 19.7 percentage points.

Indicator 2: % of children < 5years who slept under an ITN the night preceding the survey. DD: 40.6 percentage points.

Indicator 3: % of pregnant women who received two or more doses of IPT. DD: 19.4 percentage points.

Indicator 4: % of pregnant women who slept under an ITN the night before the survey. DD: 25.5 percentage points.

In addition, according to the Global Practice team, the coverage of iron supplement utilization among pregnant women and deworming among children < 5 years remained stable or decreased during the period of project implementation strengthening the causality of the results with project's interventions.

The outputs and outcomes mentioned above reflect information from the M&E system as well as the findings of baseline, mid-term, and end-of-project surveys. These surveys used a difference-in difference approach, i.e. the situation before and after, with comparison to two non-Project states, "to help determine exogenous influences on key program indicators." (ICR, pp. 11, 18-20) The ICR does not specify the selection criteria used to determine comparability between the Project states and the non-Project comparison states. The ICR (p. 20) does indicate that "numerous surveys were conducted by other partners in Nigeria throughout the life of the Project, which provided an independent gauge of how well the Project progressed in reaching its targets," and that "the results from all surveys showed upward trends in the indicators monitored by the project."

Rating
Substantial

Objective 2

Objective
Objective 2: to strengthen Federal and States ability to manage and oversee delivery of malaria plus interventions

Rationale
Objective 2 had no outcome indicator. The original one – *percentage of States regularly using M&E data to manage malaria and MCH programs* – was dropped at mid-term review and was not replaced by an indicator that could robustly measure the outcome. Other measures are mainly indicative, albeit that outputs and outcomes under the first objective were a reflection of the ability of Federal and State levels to manage and oversee program delivery, and as stated by the Global Practice team, "the project, with its state-level engagement, was the inspiration for a new Global Fund approach." Although the current project did effectively manage and oversee the delivery of malaria plus interventions as part of PDO I, the extent to which the ability of both the State and Federal levels to do so on an ongoing basis was strengthened is not clear, especially given that the PDO statement was not explicitly tied to PDO I/this project only. Due to the lack of sufficient outcome measurement and evidence, this PDO is rated modest.

Rating
Modest

5. Efficiency

The project faced significant capacity and financial management issues that led to restructurings (at least some of which could have been avoided by better design/implementation) and the extension of the project closing date. Also, the assumptions underlying the economic analysis could have been more clearly laid out, including how the actions of other donors and implementation issues were accounted for. According to the Global Practice team, the IRR was 65-70%, the number of DALYs saved were 3 times higher than the estimate at appraisal, and the cost-benefit ratio was between 0.06 and 0.05, and these achievements were accomplished in spite of: (i) a global shortage of commodities, (ii) fiduciary challenges, (iii) political transition which usually slows down project implementation, (iv) extremely weak capacity at the start of the project, and (v) the complexities of the federal/state interactions in Nigeria.

After an INT review (described below under Fiduciary Compliance), a separate detailed review was carried out by the Bank and the Controller Accountant General to examine all expenditures from the inception of the project. The FMOF set up a cross-sectoral committee of Technical Officers (a.k.a. Tiger Group) to further review the INT findings and draw up recommendations for further actions to be executed by the Federal Civil Service Commission. During this time, the Project adhered strictly to other follow-up actions (e-payment, cancellation of foreign travels, prior review of all procurement packages, etc.). The Federal Government and States reimbursed all ineligible expenditures.

Furthermore, communication from the Global Practice team states that "the governance issues, rather than being an impediment to achievement of the PDOs, became a way for the Bank and the Government to work together on strengthening fiduciary systems." It also states "The Government and the Bank reacted quickly to the discovery of financial management issues, there was much that went right in terms of oversight of procurement and distribution, and the INT investigation strengthened fiduciary systems."

Efficiency is therefore rated substantial.

Efficiency Rating
Substantial

a. If available, enter the Economic Rate of Return (ERR) and/or Financial Rate of Return (FRR) at appraisal and the re-estimated value at evaluation:

	Rate Available?	Point value (%)	*Coverage/Scope (%)
Appraisal		0	0 ☐Not Applicable

ICR Estimate	0	0 ☐Not Applicable

* Refers to percent of total project cost for which ERR/FRR was calculated.

6. Outcome

The rating for relevance of objectives is **high**, and relevance of design is **substantia**l. Achievement of objectives was rated **substantial** for one objective, and **modest** for the other objective. Efficiency was rated **substantial**.

a. Outcome Rating
Satisfactory

7. Rationale for Risk to Development Outcome Rating

Nigeria appears to be committed to moving forward with malaria prevention and treatment, as reflected in its NMCP and in its adherence to Malaria Plus, and in its commitment to covering 75 percent of the overall malaria program. Still, the fluctuations in project progress, especially towards the end of the project, may be of concern. At the time, some project components were lagging (provision of bed nets, ACTs and diagnostic tests) and achievement of targets appeared doubtful without significant additional efforts, including by the Bank team, and as assessed by the Bank, the project varied between having moderate and significant shortcomings. The fact that the project was successfully closed does not necessarily indicate that possible underlying challenges have been addressed.

a. Risk to Development Outcome Rating
Modest

8. Assessment of Bank Performance

a. Quality-at-Entry
The project was strategically relevant and the approach, Malaria Plus, well integrated into the country′s malaria control strategy, allowing project activities to be harmonized with those of other donors supporting Malaria Plus. This ensured the soundness of the approach and the synergy of project design with activities outside the project area. The preparation team appears to have been quite conscious of potential capacity constraints, and these were addressed through appropriate strengthening of implementation arrangements – nevertheless, the project would subsequently run into mplementation problems at the State level that might have been avoided, or at least mitigated, by more thorough preparation, including in particular the reluctance of States to hire project implementation facilitators once the project got underway. Fiduciary challenges (procurement and internal controls) also might have been given more attention early on – now they would be recurrent throughout implementation, generating significant delays. Monitoring and evaluation design appears appropriate, except for the absence of solid indicators for achievement of objective 2. Finally, the project experienced five restructurings, at least some of which were avoidable through a better project design and implementation in that they were necessitated by factors within the project's control.

Quality-at-Entry Rating
Moderately Satisfactory

b. Quality of supervision
Supervision involved regular missions by a team that appeared alert to adapting to project to changing circumstances, as witnessed by five Level II restructurings, all of which helped move the project towards its objectives. Still, the ICR in describing project implementation gives

an impression of "scrambling" towards the end of the project in order to achieve set objectives. The focus on behavior change campaigns was intensified as trends took a turn for the worse with coverage and utilization of malaria interventions declining – but this may well have been due to a number of reasons, some of which appear to have been external to the project (non-project as well as project areas appear to have experienced similar trends). When fiduciary issues arose which threatened implementation, the Bank reacted quickly.

Quality of Supervision Rating
Moderately Satisfactory

Overall Bank Performance Rating
Moderately Satisfactory

9. Assessment of Borrower Performance

a. Government Performance

The Government was, and remains, committed to malaria control, as reflected in its national malarial strategic plan, which recently was extended to 2020. During the project period, it was proactive in mobilizing resources (including from the Bank) to expand Malaria Plus, and successfully distributed some 60 million long lasting bed nets (LLINs) nationwide within a short period of time. This success was also dependent on successful grassroots level campaigns and local distribution of LLINs, as well as drugs. At the same time, a number of events slowed down implementation – changes in program leadership early on caused delays, as did State level reluctance to hire project implementation facilitators. Procurement at Federal and State levels remained a challenge throughout project implementation, and significant weaknesses in procurement and financial management would appear, causing interruptions in the flow of drugs and diagnostic tests; and at one point, leading to an eight month stop of disbursements. At times, there appear to have been shortfalls in the support that the Federal level offered State levels.

Government Performance Rating
Moderately Unsatisfactory

b. Implementing Agency Performance

There is no rating of implementing agency performance in the ICR because the Federal Government and States were the implementing agencies.

Implementing Agency Performance Rating
Not Rated

Overall Borrower Performance Rating
Moderately Unsatisfactory

10. M&E Design, Implementation, & Utilization

a. M&E Design

The project objectives were clearly specified – provision of Malaria Plus, and management of Malaria Plus. However, indicators did not reflect well the second objective, in fact there were no indicators to determine how that objective was to be achieved. The indicators that were specified were measurable. The M&E design including the introduction of a management information system (MIS) to track the flow of commodities; a rapid population-based survey conducted at baseline, mid-project and end-of-project to track coverage of ACT, ITN and IRS; a health facility assessment, conducted at baseline and end-of-project to determine quality of care at a sample of health facilities; and special studies.

b. M&E Implementation

The M&E design was introduced to compensate for an incomplete health information system. It was the result of extensive consultations with the National Malaria Control Program, and it would be 2010 before the M&E team would have the capacity to fully monitor project progress. In the meantime, the results framework underwent three revisions, essentially reflected in changes in output indicators to reflect new activities. The situation stabilized in 2011 with the third Level II restructuring.

c. M&E Utilization

Tools for quarterly reporting on community distribution and use of commodities; service statistics from health facilities, and management, were formalized. All targeted States were using M&E data by 2015 to plan for their malaria interventions and were submitting M&E data on a quarterly basis to the Federal level. More generally, data was used during annual work planning sessions to restructure and improve projects, as well as set targets for the following year.

M&E Quality Rating

Substantial

11. Other Issues

a. Safeguards

From the ICR:

Two safeguard policies were triggered by the Project: Environmental Assessment under the Bank's Operational Policy/Bank Procedure 4.01 and Pest Management. The Project received a Category B environmental rating. It was not expected to generate adverse environmental effects and social impacts given the risks associated with using dichlorodiphenyltrichloroethane (DDT) and other pesticides for the IRS, and with the handling of healthcare wastes related to the diagnosis and treatment of malaria (needles and syringes, gloves, and glass slides). To address potential negative impacts however, the NMCP prepared an IVM Plan that highlighted options for vector and human activities; identified DDT use for IRS as an integral part of the IVM Plan; and made recommendations regarding capacity building, training, and awareness building. The Project introduced waste management practices in IRS, medical commodity procurement, and LLINs campaigns. Capacity for the oversight of the medical waste management was strengthened. Moreover, the NMEP developed i) policy guidelines on Environmental Health and Waste Management Safety Guards and ii) a training manual. The States, with support from the Bank and the NMEP, conducted environmental and social audits.

b. Fiduciary Compliance

According to INT, INT received a total of four complaints in the project. Two complaints -- one about non-payment of consultant fees by the PIU, and one on a larger issue on the suppliers of bed nets, did not result in an investigation. Two additional complaints resulted in investigations. The first, in 2011, substantiated fraud and embezzlement by the PIU and resulted in a change in the PIU staffing. The second, in 2015, alleged fraud in the application of diluted insecticides and was not substantiated.

From the ICR:

In April 2010, an assessment by the GFATM found flaws in the procurement supply management and poor oversight arrangement that had failed to properly identify and address risks. In February 2011, INT requested the assistance of the Bank's Africa Region Unit and other external donors to conduct a multi-phased proactive diagnostic review of the Project's fiduciary and logistics system to assess the risks which had been brought to light in the GFATM's report. Following the INT review that identified evidence of funds mismanagement resulting from Project weaknesses in internal control systems, noncompliance with Bank fiduciary procedures, and some fraudulent expenditures, the client (with support from the Bank) conducted an in-depth financial management assessment. This assessment identified approximately US$6.5 million of ineligible or potentially fraudulent expenditures. In response, the FGON replaced senior management of Project

Implementation Units (PIUs) and Project Financial Management Units (PFMUs) at the Federal level and in Akwa Ibom and Rivers States, and took measures to increase its fiduciary oversight function. Moreover, the Government's Economic and Financial Crimes Commission followed through with punitive actions. Also, the Program ensured that the LMIS addressed the SCM gaps underscored in the report. The office of the Auditor General, with strong support from the World Bank, also undertook a detailed review of a wider cross section of fiduciary transactions. As noted above, *a separate detailed review was carried out by the Bank and the Controller Accountant General to examine all expenditures from the inception of the Project. The FMOF set-up a cross-sectoral committee of Technical Officers (a.k.a. Tiger Group) to further review the INT findings and draw up recommendations for further actions to be executed by the Federal Civil Service Commission. During this time, the Project adhered strictly to other follow-up actions (e-payment, cancellation of foreign travels, prior review of all procurement packages, etc.). The Federal Government and States reimbursed all ineligible expenditures. Specific reviews of key vulnerable activities such as the bed net distribution were carried out to learn lessons and strengthen implementation. The Bank Project Team continued to monitor progress by obtaining periodic status reports on all ongoing procurement packages. To assist with the steep learning curve required of the new staff members, the Bank supported the development of a structured capacity building plan that included: i) capacity building sessions; ii) frequent supervisory visits and ad hoc support; iii) adding an experienced consultant to help strengthen the procurement unit at the Federal level; and iv) ensuring that the PFMU oversee the accounting unit.*

Procurement. The procurement assessment conducted at Project preparation focused on procurement of big-ticket items and was not flagged as a fiduciary risk. The ICR indicates that INT found that large-scale procurement was implemented reasonably well, with ITNs and other commodities generally ending up in their supposed destination. The fraudulent activities occurred in the small procurement of items such as training and travel expenses. Although the small procurements did not meet the threshold to require prior Bank review, the total of these small purchases added to big amounts. This could have been flagged as a fiduciary risk in a country with weak procurement systems at both the Federal and States level. The Project might have mitigated the risk by i) limiting travel/operating expenses and small scale-procurement, ii) contracting out training components and employing performance based awards, iii) utilizing an e-procurement system that could help monitor and flag questionable activities; and iv) incorporating an indicator in the results framework that assessed fiduciary compliance vis-à-vis procurement.

c. Unintended impacts (Positive or Negative)
None noted.

d. Other
N/A

12. Ratings

Ratings	ICR	IEG	Reason for Disagreements/Comment
Outcome	Satisfactory	Satisfactory	---
Risk to Development Outcome	Modest	Modest	---
Bank Performance	Satisfactory	Moderately Satisfactory	There is no disagreement -- had the ICR aggregated its Quality at Entry and Quality of Supervision ratings as per the harmonized criteria, its Bank Performance rating would also have been moderately satisfactory.
Borrower Performance	Moderately Satisfactory	Moderately Unsatisfactory	IEG rating reflects fiduciary weaknesses and staffing problems during implementation.
Quality of ICR		Substantial	---

Note
When insufficient information is provided by the Bank for IEG to arrive at a clear rating, IEG will downgrade the relevant ratings as warranted beginning July 1, 2006.
The "Reason for Disagreement/Comments" column could cross-reference other sections of the ICR Review, as appropriate.

13. Lessons

From the ICR:

Flexibility and ability to respond to changing environment. Given the pace of research and development of new knowledge about diseases and their management, projects that assist countries in disease control must be capable of responding to innovative and current changes to strategies. In this case, the project quickly and promptly underwent additional financing to assist Nigeria in enhancing its activities in support of the NMCP and in a reallocation of funds in order to provide universal access to LLINs. This allowed the country to be at the forefront of managing malaria.

Utilizing a comprehensive Malaria Plus approach. Although most malaria projects are single-disease vertical projects, the MCBP employed a Malaria Plus approach that situated malaria within the overall maternal and child health landscape. This clearly pushed the Bank and the government at both levels to engage broadly and seek ways to strengthen the delivery of a comprehensive package of services, moving beyond the immediate boundaries of just malaria.

Utilizing surveys to understand implementation performance. Quality assurance sampling (LQAS) survey, HFA survey, and malaria indicator surveys were strong and credible survey methods that provided implementation information for timely management decision making. Incorporating these into the Project's monitoring system was key in driving the wider Bank health portfolio to invest in M&E measures for follow-on Projects such s Saving One Million Lives.

Enhanced coordination between the Federal Government and the States. Because of the distinct roles that the Federal and the States had in ensuring the Project's success, it was critical to ensure a coordinated effort and unity between the two. Among other things for example, greater involvement and feedback from the States at the beginning might have resulted in more rapidly and smoothly incorporating PIFs into the Project. This would have prevented delays and boosted implementation from the outset as had been anticipated in the design. Also, the MCBP managed the lack of human resource and technical capacity at both levels of government, including across different States, by seconding Federal staff to the State project implementation units and with contracts to experts who could quickly bring in skills at both levels and provide institutional training.

14. Assessment Recommended?

Yes

Please explain

To verify the ratings and document lessons.

15. Comments on Quality of ICR

The ICR was thorough, bringing descriptive as well as analytical inputs into the text. A stronger effort might have been made to develop linkages between inputs, outputs and outcomes that remained unclearly spelled out. The outcome analysis for Objective 1, and the economic analysis were examples of good practice and a refreshing departure from the often only qualitative discussions of efficiency. Project costs should have included the Borrower's contribution. Apart from that omission, the ICR adhered to guidelines.

a. Quality of ICR Rating
Substantial