I. Introduction and Context

Country Context

A large and diverse population and high levels of poverty, makes Nigeria a complex development challenge. With a population of more than 150 million people, one out of every five Sub Saharan African is a Nigerian. Not only is the population large, it is also diverse – there are 300 ethnic groups, 500 languages, and 2 major religious groups. Poverty is also widespread and inequities large with Nigeria having the third highest number of poor in the world. As the UN HDI index shows, over 86 percent of the Nigerians are considered poor and earn less than two dollars per day.

Nigeria also fares poorly on key health indicators. Comparing the data from 2003 and 2008 Demographic and Health Surveys (DHSs) it is evident that Nigeria has made limited progress in delivering critical health services and that they are unlikely to meet the health related targets for the MDGs especially for MDG4 (for which the target value is an under 5 mortality rate of 67):

While polio cases remain in the eight Northern states, most Southern states have been polio free for almost ten years. Within these eight states transmission is limited to known high risk Local Government Agencies (LGA), most of which demonstrate consistent problems in achieving high immunization coverage during Polio Immunization Days (i.e. National Immunization Days (NID) or Sub National Immunization Days (SNID)). Detailed case investigations consistently show that polio cases are mainly due to children not having been adequately immunized.

Sectoral and Institutional Context

Over the last decade, Polio Eradication has seen a sea change in people’s perception, political and bureaucratic commitment and overall civil society and donor engagement. Communities now willingly embrace this program; traditional rulers lead by example openly providing polio drops to children; the President himself is leading the monitoring of the eradication effort and the health work force and donor support remains enthusiastic. A large number of strategic stakeholders are engaged in the eradication efforts, including: (i) the religious and traditional leaders who are engaged in community mobilization activities; (ii) civil society who have been mobilized to target communities who are less willing to bring their children forward; (iii) local women who personally contact the households where children are not immunized. Hence despite security challenges in the North the chances of Nigeria, as one of the last 3 polio endemic countries, maintaining this strong commitment to polio eradication remains high.

The FGN remains committed to addressing polio and addressing the issues that lead to the increase in polio cases in 2011. In particular (i) FGN has increased contribution to the operational costs of polio eradication from US$17 million per year provided in 2010 and 2011 to US$30 million per year budgeted for 2012 and 2013. ii) there is greater involvement and visibility of the Nigerian Governor’s Forum in advocating for immunization; (iii) a Presidential Task Force and an accountability framework with reporting requirements directly to the President on polio eradication progress; (iv) a National Emergency Plan for Polio Eradication 2012 is currently under preparation with participation of a large number of stakeholders; and (v) a ‘Nigeria Immunization Challenge’ fund which has been set up jointly with the Bill and Melinda Gates Foundation (BMGF) and the Nigerian Governor’s Forum.

Over the medium to long term a well functioning health system would be expected to cater to the immunisation needs of the population. In this direction, the FGN has integrated a number of routine primary health care activities within the polio immunisation activities. FGN has increased their allocation for routine immunization from $US 15 million per year in 2010 to $US 40 million per year in 2012 and now finances all operational costs as well as the cost of most vaccines; the new pentavalent vaccine is being introduced through GAVI support. The FGN conducts semi-annual, nationwide Maternal, Neonatal and Child Health (MNCH) weeks
which include polio immunization in addition to other high impact services such as Vitamin A supplementation, routine immunization and malaria prevention for mothers and children. The FGN is interested in strengthening and expanding the MNCH weeks.

The urgency of ensuring uninterrupted financing for polio vaccine suggests that at this juncture in Nigeria, it is justified to continue the current vertical program – using the established management and implementation arrangements for this final effort at least for the next two years. At the same time the Bank’s intention is to simultaneously prepare a longer term immunization strengthening/MNCH program which would address the core health system issues to sustain the gains.

Relationship to CAS

The proposed project is consistent with the objectives and approach of the current Country Partnership Strategy (2010-14) that supports Nigeria’s Seven Point Agenda including the provision of health care and a focus on child immunization.

The proposed project also supports activities that are central to achieving the health related Millennium Development Goals. IDA’s support for the proposed Project is fully embedded in the national program for polio eradication and contributes to the National Strategy for improving immunization.

The proposed Project is expected to include support from the Bill and Melinda Gates Foundation (BMGF), Rotary International and the US Centers for Disease Control (CDC) through an IDA buy-down financing mechanism. Other financiers of polio vaccine are Kreditanstalt for Wiederaufbau (KfW) and the government of Japan. KfW currently has EURO 15 million earmarked for Polio in Nigeria but they are unlikely to have these funds available before 2013. Likewise the Government of Japan will not be able to finance the remaining requirement for 2012. Other major financiers of Polio Eradication are the Bill and Melinda Gates Foundation (BMGF), Rotary International, Centre for Disease Control, Atlanta (CDC), UNICEF and WHO. The first three are buy-down donors to the World Bank Credit; in addition these donors finance operational costs.

II. Proposed Development Objective(s)

Proposed Development Objective(s)

The development objective of the proposed Project is to assist, as part of a global polio eradication effort, the Government of Nigeria to achieve its goal of interrupting the transmission of wild polio virus, and to sustain these efforts through effective OPV coverage of the target population. The IDA credit will finance oral polio vaccine supplied by UNICEF.

Key Results

Success of the program in meeting its main objective is proposed to be measured through the following indicator:

- Immunization coverage of Supplemental Immunization Activities (SIAs): Target: immunization coverage of OPV is at least 80 percent in each endemic state. Tool: cluster sample survey as per WHO approved methodology.

III. Preliminary Description

Concept Description

The project is a repeater project to the Partnership for Polio Eradication Project (P080295) scheduled to close on April 30, 2012. The proposed project complies with the requirements for a repeater project i.e. (i) it is consistent with current CAS objectives; (ii) the previous project has demonstrated tangible results; (iii) the previous project was rated as satisfactory for the past 12 months; (iv) there are no unresolved fiduciary, environmental or safeguard issues; and (v) there is demonstrated client support for Bank participation in this final effort to eradicate polio.

As described above, the FGN has introduced a number of new and improved procedures to better achieve the objectives of the project. In addition the FGN is committing very substantial funds to polio eradication to pay for the increased intensity of the polio campaigns i.e. additional field teams, increased remuneration in focus states, additional and better trained supervision and independent monitoring staff, expansion of the GIS mapping.

A number of other institutions (WHO, UNICEF, BMGF) are working closely with the FGN to intensify the efforts to eradicate polio; the FGN also continues to closely follow the regular advise provided from the International Expert Review Committee with regards to the type of vaccine to use, frequency of immunization rounds, research to be conducted and strategies to be followed to achieve program objectives.

UNICEF is the sole supplier of polio vaccine to all countries which still have cases of polio. Globally there are only a few producers of polio vaccine and as the epidemic is coming to an end, these producers are increasingly reluctant to continue their production. It is, therefore, essential that Nigeria is able to transfer funds to UNICEF in time to secure the required OPV for Nigeria. Likewise UNICEF must know that they have adequate funding for vaccine for them to negotiate with the vaccine producers regarding both price and delivery schedules.

The proposed project will continue to make use of the IDA buy-down mechanism like the previous project (P080295). In a ‘Buy Down’ mechanism donors pay off all or part of the IDA credit on behalf of the government, contingent on results achieved. Under the previous credit the advance purchase of the IDA credit resulted in a discount for the FGN of close to 50%. The proposed project...
will continue to make use of the buy-down arrangement but with a reduced but still substantial discount. Donors including Bill and Melinda Gates Foundation (BMGF), Rotary International and the US Centers for Disease Control (CDC) have expressed initial interest in setting up a buy-down financing mechanism for the project. If set up the indicator which will trigger the buy-down will be i.e. Immunization coverage of SIAs; (Target: At the end of the credit, immunization coverage of oral polio vaccine of at least 80 percent is reached in each endemic state. (Tool: cluster sample survey according to WHO approved methodology). Following the recommendations of the Independent Evaluation of Performance and Lessons Learned in the IDA buy-downs for Polio Eradication Projects (World Bank, 2008), the performance on this trigger will be measured through an independent performance audit undertaken by IDA. Performance on the trigger, and thereby eligibility for the buy-down, will be assessed through an independent performance audit commissioned by IDA.

IV. Safeguard Policies that might apply

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VI. Contact point

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