

PROJECT INFORMATION DOCUMENT (PID) ADDITIONAL FINANCING

Report No.: PIDA22314

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| Project Name | NG-Polio Eradication Support - Additional Financing (P154660) |
| Parent Project Name | NG-Polio Eradication Support (FY13) (P130865) |
| Region | AFRICA |
| Country | Nigeria |
| Sector(s) | Health (90%), Other social services (10%) |
| Theme(s) | Child health (90%), Social Inclusion (10%) |
| Lending Instrument | Investment Project Financing |
| Project ID | P154660 |
| Parent Project ID | P130865 |
| Borrower(s) | Federal Ministry of Finance |
| Implementing Agency | National Primary Health Care Development Agency |
| Environmental Category | C-Not Required |
| Date PID Prepared/Updated | 06-Mar-2015 |
| Date PID Approved/Disclosed | 16-Mar-2015 |
| Estimated Date of Appraisal Completion | 02-Mar-2015 |
| Estimated Date of Board Approval | 10-Apr-2015 |
| Appraisal Review Decision (from Decision Note) | The review did authorize to proceed with Negotiations, in principle |

I. Project Context

Country Context

The Nigerian Government faces a serious revenue challenge. Although macroeconomic performance has recently been strong, the continued decline in oil prices has put significant pressure on the macro-fiscal situation, and poses a major risk to development financing. Real GDP growth in the first three quarters of 2014 averaged 6.3 percent, driven largely by the non-oil sector while inflation has remained in single digit but increased slightly to 8.0 percent in December 2014, up from 7.9 percent in November mainly due to food price increases during the festive season. However, Nigeria's dependence on oil and the sharp decline in world oil prices (40 percent since June, 2014) have put significant pressure on the macro-fiscal situation. The Government had managed to bolster its fiscal reserve fund in the Excess Crude Account (ECA) from US\$2 billion to US\$4 billion in the first half of 2014, but as of January 2015, the balance was down to US\$2.45 billion. In addition, the 2015 budget was presented to the National Assembly in December 2015 with a benchmark oil price of US\$65 per barrel. The proposed budget was already 7 percent lower in nominal terms than the approved budget for 2014. The proposed allocation to health is 5.6

percent lower than in 2014. Since oil prices have continued to decline and with the latest World Economic Outlook projecting that prices in 2015 are likely to settle at an average of US\$57 per barrel, further expenditure cuts may still be made even if additional non-oil revenue raising measures are introduced.

Sectoral and institutional Context

Nigeria is making significant progress on polio eradication - no cases since July 2014. The country has reduced the number of wild polio virus (WPV) cases from 122 cases in 2012 to 53 cases in 2013, and only 6 cases in 2014. As of February 24 2015, WPV has not been detected for 7 months – the last confirmed case was on July 24 2014. Once the country has been WPV-free for one year, it will have “interrupted transmission” – a key step on the path to formal polio eradication.

Disease surveillance, even in insecure areas, remains robust: The surveillance system on which case detection is based continues to perform well, even in insecure areas. The system depends on local key informants and LGA-level surveillance officers who are all locally hired. They identify cases of acute flaccid paralysis (AFP) and obtain stool specimens in a timely fashion. Since there are other causes of AFP besides polio it is possible to judge whether the system is performing well by looking at: (i) whether it is finding enough non-polio AFP cases; and (ii) obtaining stool samples expeditiously. On these and other parameters the surveillance system in all the states exceeds global standards. In addition to AFP surveillance, environmental sampling is carried out looking for WPV in water and sewage. Environmental sampling has not found circulating WPV. Combining the results of AFP surveillance and environmental sampling makes it very likely that the progress towards polio eradication is real.

Maintaining Routine Immunization (RI) is important to complete polio eradication and improve child and maternal health. RI is a key pillar in interrupting the transmission of wild polio and in completing polio eradication. It is particularly intensively used in security-compromised areas and remaining hot-spots of polio such as Kano, Borno, and Yobe states and it is widely welcomed by community members. RI is also a critical aspect of improving child and maternal health. While Nigeria has made slow progress on improving immunization coverage, especially compared to other countries in West Africa , it would be disastrous for coverage to actually deteriorate. It may not be possible to significantly improve immunization services during a short project but it will be important to prevent hard earned gains from being eroded.

II. Proposed Development Objectives

A. Current Project Development Objectives – Parent

The development objective of the proposed Project is to assist, as part of a global polio eradication effort, the Government of Nigeria to achieve and sustain at least 80% coverage with OPV immunization in every state in the country

B. Proposed Project Development Objectives – Additional Financing (AF)

To assist the Recipient, as part of a global polio eradication effort, to achieve and sustain at least 80% coverage with oral polio vaccine immunization in every state in the Recipient's territory, and sustain national routine immunization coverage.

III. Project Description

Component Name

Component 1: Polio Eradication Logistics and Technical Support

Comments (optional)

This component will support the distribution of polio vaccine from the point of entry in to the country to various states of the federation and subsequently to the LGAs and health facilities. Also within the component, WHO will lead the training and planning for immunization plus days (IPDs) and intensified supplementary immunization activities (SIAs). WHO will also ensure supervision, monitoring and evaluation of all related activities as well as pay allowances to vaccination personnel during IPDs and SIAs (Component 1a). UNICEF will lead the social mobilization for the IPDs and SIAs including engagement with traditional leaders (Component 1b). In all the activities the two UN agencies will work with NPHCDA and state government officials.

Component Name

Component 2: Routine Immunization Support

Comments (optional)

This component will include procurement of vaccines for routine immunization. Using the same procurement arrangements that were applied in the original project, all routine vaccines to be financed by the AF will be procured and supplied by UNICEF, based on a procurement agreement (MOU) between the Borrower and UNICEF. The Bank will disburse funds directly to UNICEF, which in turn will purchase the required vaccines based on instructions from the FGON. UNICEF must know that they have secure funding for vaccine before then can negotiate with vaccine producers regarding both price and delivery schedules. Since UNICEF took over responsibility for bringing the vaccine to the country in 2003, there have been no cases of delayed delivery.

IV. Financing (in USD Million)

| Total Project Cost: | 200.00 | Total Bank Financing: | 200.00 |
|---|--------|-----------------------|--------|
| Financing Gap: | 0.00 | | |
| For Loans/Credits/Others | | | Amount |
| BORROWER/RECIPIENT | | | 0.00 |
| International Development Association (IDA) | | | 200.00 |
| Total | | | 200.00 |

V. Implementation

The implementation arrangements for the Additional Financing will undergo minor changes from those for the current project. The FGON has an existing agreement with UNICEF to procure OPV for the program. This arrangement worked very well but did not include operational costs. FGON has used WHO and UNICEF to channel its own budget resources for polio operations and routine immunization and has relied on the technical expertise of WHO and UNICEF to support the immunization campaigns. Government has agreed to use the same arrangement for this AF. Therefore FGON will sign a TA agreement with WHO which will be acceptable to the Bank. For the parts of the operational costs which will be handled by UNICEF, a similar technical assistance agreement will also be signed. For component 3, UNICEF will sign an MOU with FGON to procure and distribute vaccines for routine immunization.

VI. Safeguard Policies (including public consultation)

| Safeguard Policies Triggered by the Project | Yes | No |
|---|-----|----|
|---|-----|----|

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|--|---|---|
| Environmental Assessment OP/BP 4.01 | x | |
| Natural Habitats OP/BP 4.04 | | x |
| Forests OP/BP 4.36 | | x |
| Pest Management OP 4.09 | | x |
| Physical Cultural Resources OP/BP 4.11 | | x |
| Indigenous Peoples OP/BP 4.10 | | x |
| Involuntary Resettlement OP/BP 4.12 | | x |
| Safety of Dams OP/BP 4.37 | | x |
| Projects on International Waterways OP/BP 7.50 | | x |
| Projects in Disputed Areas OP/BP 7.60 | | x |

Comments (optional)

Regional Safeguards Advisor suggested that the national medical waste plan is acceptable and that site-specific protocols can be elaborated during project implementation.

VII. Contact point

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Borrower/Client/Recipient

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