

Ex-Ante Evaluation (for Japanese ODA Loan)**1. Name of the Project**

Country: Federal Republic of Nigeria

Project: Polio Eradication Project

Loan Agreement: May 26, 2014

Loan Amount: 8.285 billion yen

Borrower: The Federal Government of Nigeria

2. Background and Necessity of the Project**(1) Current State and Issues of the Health Sector (specifically, Polio) in Nigeria**

Nigeria's maternal mortality rate and under-five mortality rate are far worse than the average of Sub-Saharan Africa, and it is one of three countries in the world where polio is endemic (the others being Afghanistan and Pakistan). Statistics show that in 2012, the number of reported polio infections globally decreased 99% from 1988. The number of infections in the only five countries where polio occurred in 2012 declined to 223 cases, with complete eradication a step away. In contrast, with worsened safety conditions in Nigeria, especially in the northeastern region, the implementation of polio immunization campaigns (hereinafter referred to as "campaigns") became more difficult. This resulted in the spreading of infections, with the number of cases in 2012 totaling 122, which accounted for approximately half of the incidences of the disease in the world.

In 2013, the Global Polio Eradication Initiative spearheaded by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) announced the Polio Eradication and Endgame Strategic Plan 2013-2018, with the aim of eradicating all types of polio disease. In countries where polio exists, in addition to routine immunizations, campaigns called Supplementary Immunization Activities (SIA) are held for children under the age of five (conducted six to eight times per year on average in endemic countries). In Nigeria, the National Primary Health Care Development Agency (NPHCDA), which is a parastatal of the Federal Ministry of Health, works in cooperation with WHO and UNICEF to promote these activities.

(2) Development Policies for the Health Sector (specifically, Polio) in Nigeria and Priority of the Project

In Nigeria, the eradication of polio has been positioned as an urgent national issue, with measures being developed based on a strong government initiative from the presidential level down. In 2011, the Nigeria Polio Eradication Emergency Plan was formulated, and measures were strengthened to interrupt the transmission of wild poliovirus by 2015.

This Project assists in the procurement of the vaccines needed for the campaigns, and is based on Nigerian government policy for the early eradication of polio.

(3) Japan and JICA's Policy and Operations in the Health Sector in Nigeria

Japan has continually shown a strong commitment toward the health sector in the international arena. At the United Nations Summit on the Millennium Development Goals (MDGs) held in September 2010, Japan announced its contribution of US\$ 5 billion over five years to support the health sector.

In addition, Japan has provided support for eradicating polio in Nigeria by working in collaboration with UNICEF on the Project for Infectious Diseases Prevention for Children, a Japanese grant aid project that funded the procurement of polio vaccines and building cold chains (total of 8.115 billion yen, E/N base, between 2000-2012). Also, support for strengthening surveillance activities through polio-related training in Japan has continued since 2007. Furthermore, the Project falls under Japan's Assistance Package for Africa, "Financial Support of 50 Billion Yen to the Health Sector," which is included in the category of V. Creating an Inclusive Society for Growth in the Yokohama Action Plan 2013-2017 adopted by the Fifth Tokyo International Conference on African Development (TICAD V) held in 2013.

(4) Other Donors' Activities

- World Bank: Provision of polio vaccines through the Partnership for Polio Eradication Project (2003-2011, total pledged amount of USD 190.4 million for 1st-3rd additional loans) and the Polio Eradication Support Project (2012, USD 95 million)
- Bill and Melinda Gates Foundation: Support through a loan buy-down mechanism in cooperation with World Bank
- WHO: Provision of EPI-related equipment, polio surveillance, management of campaign implementation, etc.
- UNICEF: Vaccine procurement, awareness activities, training for vaccinators

(5) Necessity of the Project

Nigeria is one of three polio-endemic countries in the world, and it has been positioned as a country to be given the highest priority for polio eradication activities on a global scale. Since it is the only polio-endemic country in Africa, from the viewpoint of preventing the spread of infections to neighboring countries, the provision of support for eradicating polio in Nigeria is highly significant. Under a presidential initiative, the Government of Nigeria has positioned the eradication of polio as an urgent national issue. Japan has provided support through a series of grant aid and technical cooperation. Assistance in swiftly procuring polio vaccines is timely and highly necessary in order to accelerate eradication activities. Furthermore, Japan's assistance in procuring vaccines all at once may encourage the Government of Nigeria and other donors to provide additional contributions toward campaign costs, which in turn, help to promote the implementation of campaigns without delay.

3. Project Description

(1) Project Objectives

To optimize administration of the polio vaccine to children under 5 years, by procuring oral polio vaccines, thereby contributing to the early eradication of polio in the whole country.

(2) Project Site/Target Area

All of Nigeria

(3) Project Components

The Project will procure approximately 476 million doses of the oral polio vaccine necessary for polio eradication activities in Nigeria. Vaccines will be procured by UNICEF based on a direct contract.

(4) Estimated Project Cost

11.844 billion yen (Loan Amount: 8.285 billion yen)

(5) Schedule

From July 2014 to December 2015 (total of 18 months). Project completion is defined as the completion of all rounds of polio campaigns in 2015.

(6) Project Implementation Structure

- 1) Borrower: The Federal Government of Nigeria
- 2) Executing Agency: National Primary Health Care Development Agency (NPHCDA)

(7) Environmental and Social Consideration/Poverty Reduction/Social Development

1) Environmental and Social Consideration

① Category: C

② Reason for Categorization: The Project is deemed to have minimal adverse impact on the environment as specified in the JICA Guidelines for Environmental and Social Considerations (issued April 2010).

- 2) Promotion of Poverty Reduction: By preventing polio in easily infected low-income populations, the Project will contribute to easing the burden on household budgets of the poor in terms of medical costs, etc.
- 3) Promotion of Social Development: By preventing polio, which affects children and can leave serious after-effects, the Project will contribute to the promotion of social development.

(8) Collaboration with Other Schemes and Donors

- 1) Collaboration with Other Schemes: Continued support will be provided for building capacity in staff members of the National Polio Laboratory through technical cooperation (Knowledge Co-creation Program). The dispatch of lecturers from the Japanese National Institute of Infectious Diseases for in-country training (technical support to loan aid) to enhance the maintenance management capacity of the aforementioned Polio Laboratory is currently being considered. Additionally, a staff member from the Human Development Department will attend an Experts Review Committee meeting held twice per year to discuss issues and progress made toward polio eradication.
- 2) Collaboration with Other Donors: For this Project, if the Government of Nigeria meets the trigger indicators, the Bill and Melinda Gates Foundation will repay the Japanese ODA loan to JICA on behalf of the Government of Nigeria (Loan Conversion). Additionally, for expenses in implementing campaigns, commitments have been made for the contribution of additional funds by the KfW (USD 30 million), the EU (USD 10 million), the Bill and Melinda Gates Foundation (USD 50 million), and the Government of Nigeria (national funds, USD 50 million). The Project will thus be implemented based on collaboration with other donors.

(9) Other Important Issues

None

4. Target Outcomes

(1) Quantitative Effects

- 1) Performance Indicators (Operation and Effect Indicator) /Trigger Indicators

Indicators ① and ④ are in accordance with World Bank's Polio Eradication Support Project. Indicators ② and ③ are based on Lot Quality Assurance Sampling (LQAS) implemented for each campaign by the WHO. This

method is used to quickly and easily monitor the changes in polio immunization coverage in Nigeria. At the present time, the trigger for loan conversion will be evaluated by using the target value for performance indicator ③ (80%), to be met for at least one round in 2014 and 2015, respectively. However, if campaign implementation or post-campaign study implementation was seriously affected due to force majeure such as natural disaster or deterioration of security conditions, a trigger judgment will be made among stakeholders upon request of the Government of Nigeria.

Indicator	Baseline (2013)	Target (2015) (at project completion)
① Immunization coverage of OPV in the country (%)	96 (September)	≥ 80
② Percentage of LGAs surveyed at ≥80% coverage by LQAS (%)	74 (September)	≥ 80
③ Percentage of LGAs surveyed at ≥ 80% coverage by LQAS in the very very high risk LGAs (VVHR) and very high risk LGAs (VHR), totaling 85 LGAs (%)	77 (September)	≥ 80
④ Percentage of teams with viable vaccine according to the Vaccine Vial Monitor (%)	96 (September)	≥ 98

Note: The ≥80% target value used for indicator ① is given in the Global Vaccine Action Plan (2011-2020) as the target immunization coverage ratio effective for preventing infection and it is also used as the target indicator in Nigeria.

2) Internal Rate of Return

Since the Project has no profitability, and because it is difficult to rationally calculate the economically attributed benefits, the internal rate of return has not been calculated.

(2) Qualitative Effects

Improvement of the health of Nigerian children through polio eradication

5. External Factors and Risk Control

A large amount of funds are required for implementing campaigns. These funds are broadly divided into the two categories of vaccine procurement and campaign implementation costs. Vaccine procurement falls into the targeted area of assistance for the Project, and the probability of a shortage of funds is low. In contrast, for campaign implementation costs, it has become customary for donors to commit to additional contributions just prior to the start of the campaigns every year. Because of this, additional contributions matching the overall financial requirement have not been decided as of the present time.

After World Bank financing finishes, JICA will become the nearly sole contributor for vaccine procurement. Therefore, this ODA loan project is expected to encourage the Government of Nigeria and other donors to provide further assistance. Based on the above background, requests for additional contributions for campaign implementation costs will be made through regular meetings, etc., in order to promote appropriate campaign implementation.

6. Lessons Learned from Past Projects

(1) Results of Evaluation of Similar Past Projects

In the Polio Eradication Project in Pakistan and the aforementioned World Bank Polio Eradication Support Project, there was only one chance for conducting loan buy-down determination after the projects were implemented. It was pointed out that this system will not encourage the partner country's motivation to improve the project during implementation.

(2) Lessons for the Project

Loan conversion determination will not be limited to one time after project implementation, but will be conducted multiple times throughout project implementation. By allowing room for improvement, the partner country's motivation to improve the Project will be encouraged.

7. Plan for Future Evaluation

(1) Indicators to be Used

- 1) Immunization coverage
- 2) Percentage of LGAs achieving $\geq 80\%$ in LQAS
- 3) Percentage of designated LGAs achieving $\geq 80\%$ in LQAS
- 4) Percentage of teams with viable vaccine

(2) Timing of the Next Evaluation

At project completion (December 2015)