



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 25-May-2023 | Report No: PIDA36220



BASIC INFORMATION

A. Basic Project Data

Country Gambia, The	Project ID P181161	Project Name Second AF to The Gambia Essential Health Services Strengthening Project	Parent Project ID (if any) P173287
Parent Project Name The Gambia Essential Health Services Strengthening Project	Region WESTERN AND CENTRAL AFRICA	Estimated Appraisal Date 26-May-2023	Estimated Board Date 27-Jul-2023
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) The Gambia	Implementing Agency Ministry of Health

Proposed Development Objective(s) Parent

To improve quality and utilization of essential health services in The Gambia.

Proposed Development Objective(s) Additional Financing

To improve quality and utilization of essential health services and strengthen the national system for public health preparedness in The Gambia.

Components

- Component 1. Improving the Delivery and Utilization of Quality Essential Primary Health Care Services
- Component 2. Project management
- Component 3. Contingent Emergency Response Component (CERC)

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	8.83
Total Financing	8.83
of which IBRD/IDA	4.50
Financing Gap	0.00

DETAILS

World Bank Group Financing



International Development Association (IDA)	4.50
of which IDA Recommitted	4.00
IDA Grant	4.50

Non-World Bank Group Financing

Trust Funds	4.33
Health Emergency Preparedness and Response Multi-Donor Trust	4.33

Environmental and Social Risk Classification

Moderate

Other Decision (as needed)

B. Introduction and Context

Country Context

1. **Since 2017, the Government has made great strides in turning the economy around and laying the foundations for a new development path.** Reflecting a commitment to democracy, authorities held peaceful and transparent parliamentary and local elections in 2017, 2018, and 2021. Moreover, the Government established media freedom, launched a Constitutional review process, and instituted critical measures to restore the independence of the judiciary and operational independence of the Central Bank. Progress on addressing the country’s legacy of weak governance, human rights abuses, macroeconomic instability, and inadequate service delivery was coupled with strong economic growth. From 2017 to 2019, GDP grew at an average of 6 percent per year, contributing to modestly reducing poverty.

2. **However, economic and social gains have slowed down amid the COVID-19 pandemic.** As a result of pandemic-induced disruptions in trade and tourism, economic growth stagnated, with GDP falling by 0.2 percent in 2020 (–3.0 percent in per capita terms). However, GDP growth is estimated at 5.6 percent in 2021 (2.6 percent in per capita terms), with all economic sectors (agriculture, construction, tourism and other services) showing growth and yet another year of record-high remittances supporting private investment and consumption. The Gambia’s Human Capital Index (HCI) is low at 42 percent which is slightly higher than the average for Sub-Saharan Africa (40 percent) and lower than the global average (56 percent)¹. The country was ranked 174 out of 189 countries on the Human Development Index² with a gross national income (GNI) per capita of US\$710 in 2018. Overall, 48.6 percent of the population live below the poverty line (Integrated Household Survey [his] 2015/16) with a large difference between urban (31.6 percent) and rural areas (69.5

¹ The Human Capital Index 2020 Update: Human Capital in the Time of COVID-19; Human Capital Project (HCP) - https://databank.worldbank.org/data/download/hci/HCI_2pager_GMB.pdf?cid=GGH_e_hcpexternal_en_ext

² UNDP’s 2017 Global Human Development Report 2017.



percent). The Gender Inequality Index rank of the country decreased from 128 in 2012 to 148 in 2015³. Women, especially those in rural areas, are faced with disparities in literacy, access to education, health care, and salaried employment, among others. In addition, women have limited access to resources such as land and financing and their rate of participation in the labor force is only 37.8 percent as compared to 53.2 for men.⁴

Sectoral and Institutional Context

3. The Gambia's health outcomes have gradually and steadily improved over the last two decades, yet the country continues to face some important challenges. The under-five mortality rate has decreased from 167 to 58 deaths per 1,000 live births from 1990 to 2018. The prevalence of stunting among children under the age of five decreased between 2010 and 2018, from 23.4 to 19.0 percent, and wasting among children under five years also decreased, from 9.5 to 6.2 percent during this period. Life expectancy at birth has increased from 52 years in 1990 to 61 years in 2015. The maternal mortality ratio (MMR) has decreased by 36 percent, from 932 maternal deaths per 100,000 live births in 2000 to 597 per 100,000 live births in 2017. This is inversely correlated with the proportion of births attended by skilled health personnel, which increased from 44.1 percent in 1990 to 56.6 percent in 2010 and to 89.7 percent in 2023. The limited provision of emergency comprehensive obstetric and neonatal care along with the low level of delivery by cesarean section at 5.5 percent (up from 3.7 percent in 2020) may be contributing to the high MMR despite the relatively high proportion of births attended by skilled health personnel. The social distancing in response to the COVID-19 pandemic affected the provision of essential health services but has since improved. Most health facilities are dilapidated and not able to cope with the existing services that are being offered at the health facilities.

C. Proposed Development Objective(s)

Original PDO

To improve quality and utilization of essential health services in The Gambia.

Current PDO

To improve quality and utilization of essential health services and strengthen the national system for public health preparedness in The Gambia

Key Results

4. **Progress toward the PDO was rated Satisfactory in the last Implementation Status and Results Report (ISR) dated April 26, 2023, and the project continues to make good progress.** The PDO is *to improve quality and utilization of essential health services in The Gambia*. The PDO rating is **Satisfactory** since the project is on track to achieve the PDO. The progress values against the targets for the PDO-level indicators are shown in Table 1. The health facility quality index is 86.87 percent, up from 69.0 percent at baseline, and has exceeded the endline target of 85.0 percent. The essential health services coverage index is 52.78 percent, up from 45.9 percent at baseline, and is on track to meet the endline target of 56.38 percent by the project closing date in August 2025. Additionally, all the breakdown indicators

³ African Development Bank - AfDB: <http://comstat.comesa.int/wiqcbkg/afdb-socio-economic-database-1960-2019?tsid=1443440>.

⁴ African Development Bank - AfDB: <http://comstat.comesa.int/wiqcbkg/afdb-socio-economic-database-1960-2019?tsid=1443440>.



for the essential health services coverage index are on track except for the contraceptive prevalence rate which is slightly behind the mid-term target (21 percent progress value as opposed to 22 percent mid-term review target).

Table 1. PDO Indicators and Targets

PDO Indicator	Baseline		Mid-Term	Endline
Improve quality of essential health services				
Health Facility Quality Index (Percentage)	69.0	Target	75.0	85.0
		Actual	86.87	
Improve utilization of essential health services				
Essential health services coverage index (Geometric means of tracer indicators, on a scale of 0-100) (Percentage)	45.9	Target	49.78	56.38
		Actual	52.78	
Contraceptive prevalence rate (Percentage)	17.1	Target	22.00	33.00
		Actual	21.10	
Antenatal care, four or more visits (Percentage)	78.5	Target	81.00	84.00
		Actual	86.90	
Delivery in a health facility (Percentage)	83.7	Target	85.00	88.00
		Actual	89.70	
Fully immunized children (percentage of children who at age 12-23 months had received all basic vaccinations) (Percentage)	84.6	Target	86.00	90.00
		Actual	88.30	
Children aged 6-23 months who received minimum acceptable diet (Percentage)	14.0	Target	16.00	19.00
		Actual	16.40	
Children under age 5 for whom advice or treatment was sought for symptoms of acute respiratory infection (Percentage)	70.3	Target	73.00	77.00
		Actual	90.80	



5. **The overall implementation is rated Satisfactory.** As of May 24, 2023, disbursements amount to US\$39.43 million (52 percent of commitments). The status of the implementation of the three components is described below.

D. Project Description

Project Components

Component 1. Improving the Delivery and Utilization of Quality Essential PHC Services

6. This component has three subcomponents, as described below:

Subcomponent 1.1: Improving the quality of essential PHC services delivery using a RBF approach

7. The proposed activities under this subcomponent will support the delivery of quality and essential health services at each level of the health care delivery system (that is, VHSs, community clinics, minor health centers, major health centers, district hospitals, general hospitals, and the teaching hospital). This subcomponent will finance (a) provision of PBF grants to health facilities for the delivery of the newly defined EHCP, (b) support for verification of the quality of services, and (c) enhancing of capacity for the expansion of RBF nationally.

8. As stipulated in the NHIS Bill, the proposed NHIA will be the purchaser of services delivered by health facilities, including community clinics. Because the majority of the funds for the NHIS will be from taxes and levies as stipulated in the NHIS Bill, the project PBF grants to health facilities will help lay the ground and ensure smooth transition for the implementation of the NHIS payment mechanisms

9. This subcomponent will also support capacity building for the expansion of RBF nationally on purchasing and verification (first line and second line) of services. This will entail technical assistance for establishing the NHIA processes for (a) electronic enrollment (health insurance membership cards and means testing), (b) electronic claims processing system, and (c) performance-based contracting of health facilities with a focus on quality of care and delivering the EHCP. A national RBF operational manual has been updated and incorporated in the Project Operations Manual (POM).

Subcomponent 1.2: Community engagement to improve utilization of quality health services

10. The activities proposed in this subcomponent aim to scale up and expand the SBCC activities that were highly successful in improving the utilization of health services and health outcomes under the previous project. The SBCC Program will focus on prevention activities and delivery of PHC and will also address cross-cutting issues such as nutrition, women and girls' empowerment, NCDs, WASH, and climate change. Additionally, a grievance redress system will be developed to resolve complaints and grievances in a timely, effective, and efficient manner and it will build on the call center established for COVID-19 pandemic response to ensure that project beneficiaries have multiple channels to report grievances or suggestions such as the toll-free number (#1025), direct contact with the health personnel, a suggestion box at health facilities, MoH website, a Facebook page, and SMS.

Subcomponent 1.3. Building resilient and sustainable health systems to support the delivery of quality health services



11. This subcomponent will support the MoH's efforts to building resilient and sustainable health systems to support the delivery of quality health services and for strengthening CRVS. GFATM has allocated US\$4.5 million, as part of a parallel co-financing arrangement with the World Bank, to support designated health systems strengthening thematic areas such as HMIS, M&E, national public health laboratory system, supply chain for the availability of safe medicines and consumables, and human resources for health. The subcomponent will support an NCD risk factor survey to define an NCD strategy and update the composition of the essential package of services and will also support the production of survey data for the monitoring of the essential health services coverage index. This subcomponent will support provision of equipment to and renovation/construction of selected health facilities to improve the healthcare delivery system and for national pandemic preparedness, establishment of a national blood transfusion service, and improve health care waste (HCW) management. Energy-efficient measures will be put in place to reduce greenhouse gas (GHG) emissions such as the procurement of energy-efficient equipment and materials for renovations⁵ as well as climate-resilient materials to mitigate flood risks and climate-related emergencies.

12. The proposed second Additional Financing will entail scaling up the following activities under subcomponent 1.3:

- the construction, equipment, and construction supervision of the proposed NFDQCL and BEU. Energy-efficient measures will be put in place to reduce greenhouse gas (GHG) emissions such as the procurement of energy-efficient equipment and materials for construction⁶, solar panels for the NFDQCL and BEU, as well as climate-resilient materials to mitigate flood risks and climate-related emergencies
- support capacity building to prevent and detect health emergencies including establishing an electronic case-based surveillance system to facilitate immediate reporting of IDSR priority diseases and events. This will entail consulting services to develop DHIS2 Tracker application for the surveillance system and capacity building; development of standard operating procedures for case-based surveillance reporting; procuring user devices (including laptops, tablets, and printers), vehicles, and motorcycles; providing Internet service; providing cloud-based services; training information and communication technology (ICT) staff, health personnel and community volunteers.

Component 2. Project Management

13. The proposed project will be managed and coordinated by the MoH PCU including FM and procurement, M&E, environmental and social (E&S) risks management compliance, and assessment of implementation progress. The project will share the operating costs of the PCU (including salaries for project staff, office space, utilities, supplies, and transport) with other development partners such as GFATM. The capacity of the PCU and MoH staff will be enhanced with a combination of on-the-job training and short courses. Further, the MoH budget management and fiduciary management systems will be strengthened.

⁵ These can include energy-efficient features such as efficient ventilation systems, temperature and humidity controls, low-energy lighting, energy-efficient and low-carbon construction material, and use of modern and efficient water supply and treatment.

⁶ These can include energy-efficient features such as efficient ventilation systems, temperature and humidity controls, low-energy lighting, energy-efficient and low-carbon construction material, and use of modern and efficient water supply and treatment.



Component 3. Contingent Emergency Response Component (CERC)

14. This component enables the rapid reallocation of project proceeds in a natural or man-made disaster or crisis that has caused or is likely to imminently cause a major adverse economic and/or social impact. A detailed CERC Operational Manual has been developed and included in the POM.

Legal Operational Policies	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No
Summary of Assessment of Environmental and Social Risks and Impacts	

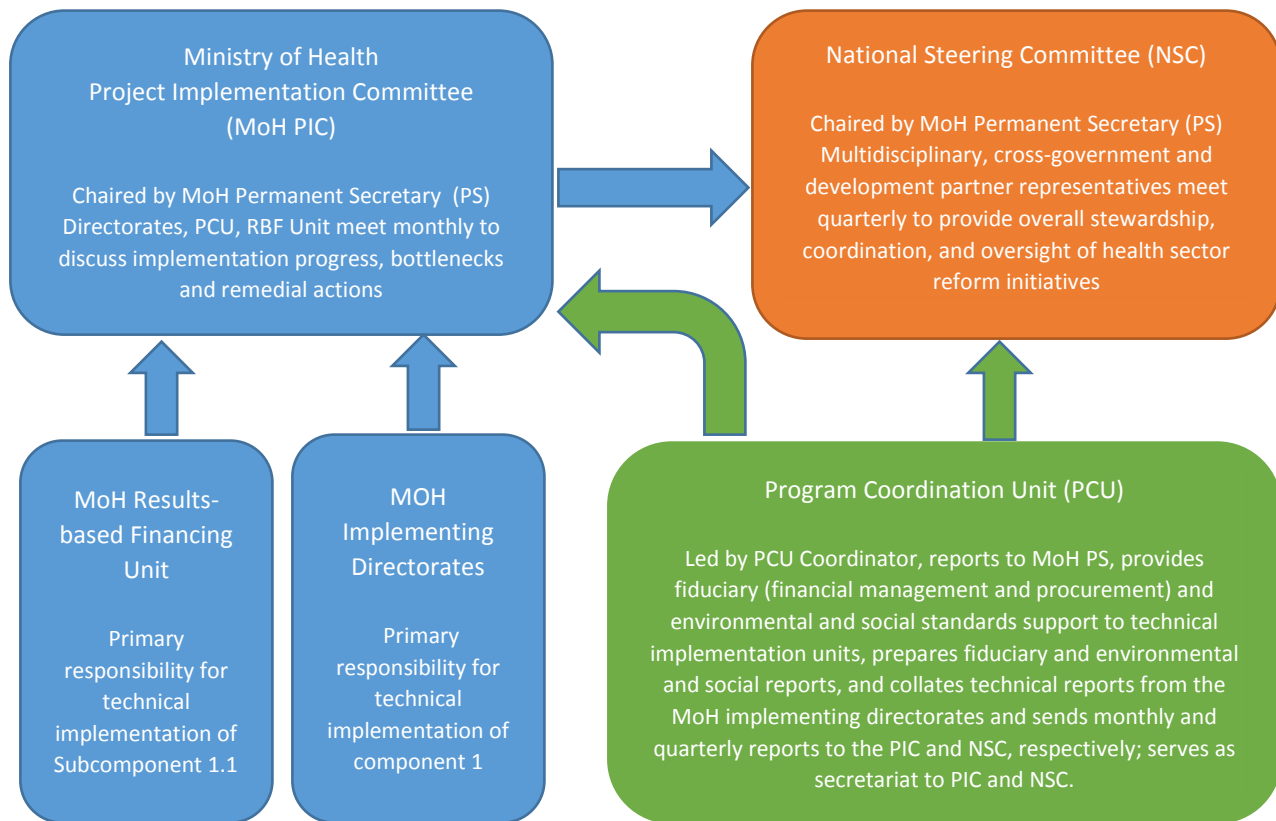
E. Implementation



Institutional and Implementation Arrangements

Implementation arrangement. The MoH will be responsible for the implementation of the project with the involvement of a project implementation committee (PIC), National Steering Committee (NSC), and PCU. The institutional and implementation arrangements for the project are summarized in figure 1.

Figure 1: Institutional Arrangements



CONTACT POINT

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APPROVAL

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