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Report No: PAD5486

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT PAPER

ON A

PROPOSED ADDITIONAL GRANT

IN THE AMOUNT OF SDR 3.4 MILLION
(US$4.5 MILLION EQUIVALENT)

AND A GRANT

IN THE AMOUNT OF US$4.33 MILLION
FROM THE HEALTH EMERGENCY PREPAREDNESS AND RESPONSE TRUST FUND

TO THE

REPUBLIC OF THE GAMBIA

FOR THE

THE GAMBIA ESSENTIAL HEALTH SERVICES STRENGTHENING PROJECT

June 20, 2023

Health, Nutrition and Population Global Practice
Western And Central Africa Region

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CURRENCY EQUIVALENTS

(Exchange Rate Effective May 31, 2023)

Currency Unit =	Gambian Dalasi (GMD)
GMD 58.20 =	US$1
SDR 0.753 =	US$1

FISCAL YEAR

January 1 – December 31

Regional Vice President:	Ousmane Diagana
Country Director:	Keiko Miwa
Regional Director:	Dena Ringold
Practice Manager:	Gaston Sorgho
Task Team Leader:	Samuel Lantei Mills

ABBREVIATIONS AND ACRONYMS

AF	Additional Financing
AKI	Acute Kidney Injury
AM	Accountability Mechanism
AWPB	Annual Work Plan and Budget
BEU	Biomedical Engineering Unit
BSc	Bachelor of Sciences
CBA	Cost-Benefit Analysis
CERC	Contingent Emergency Response Component
COVID-19	Coronavirus Disease 2019
CPF	Country Partnership Framework
CRVS	Civil Registration and Vital Statistics
DALYs	Disability Adjusted Life Years
DHIS2	District Health Information Software 2
DHS	Demographic and Health Survey
DPI	Directorate of Planning and Information
E&S	Environmental and Social
eCRVS	Electronic Civil Registration and Vital Statistics
EDC	Epidemiology and Disease Control
EFSTH	Edward Francis Small Teaching Hospital
EHCP	Essential Healthcare Package
EHR	Electronic Health Records
eHRMIS	Electronic Human Resource Management Information System
eLMIS	Electronic Logistics Management Information System
eNHIS	Electronic National Health Insurance System
ESCP	Environmental and Social Commitment Plan
ESIA	Environmental and Social Impact Assessment
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
FM	Financial Management
GBV	Gender-based Violence
GEHSSP	Gambia Essential Health Services Strengthening Project
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GHG	Greenhouse Gas
GoTG	Government of The Gambia
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Service
HEPR	Health Emergency Preparedness and Response
HMIS	Health Management Information System
ID	Identity
IDSR	Integrated Disease Surveillance and Response
IFR	Interim Financial Report
IRR	Internal Rate of Return
ISR	Implementation Status and Results Report
IT	Information Technology

M&E	Monitoring and Evaluation
MDTF	Multi-donor Trust Fund
MICS	Multiple Indicator Cluster Survey
MoFEA	Ministry of Finance and Economic Affairs
MOH	Ministry of Health
MRC	Medical Research Council
NCD	Noncommunicable Disease
NETC	National Emergency Treatment Center
NFDQCL	National Food and Drug Quality Control Laboratory
NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
NIN	National Identification Number
NPV	Net Present Value
NSC	National Steering Committee
PCU	Projects Coordination Unit
PDO	Project Development Objective
PGMTP	Postgraduate Medical Training Program
PHC	Primary Health Care
PIC	Project Implementation Committee
RBF	Results-based Financing
SBCC	Social and Behavior Change Communication
SDG	Sustainable Development Goal
SEA	Sexual Exploitation and Abuse
SH	Sexual Harassment
STEP	Systematic Tracking of Exchanges in Procurement
TF	Trust Fund
UHC	Universal Health Coverage
WASH	Water, Sanitation, and Hygiene
WB/WBG	World Bank/World Bank Group
WHO	World Health Organization

The Gambia

Second AF to The Gambia Essential Health Services Strengthening Project

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BASIC INFORMATION – PARENT (The Gambia Essential Health Services Strengthening Project - P173287)

Country	Product Line	Team Leader(s)		
Gambia, The	IBRD/IDA	Samuel Lantei Mills		
Project ID	**Financing Instrument**	**Resp CC**	**Req CC**	**Practice Area (Lead)**
P173287	Investment Project Financing	HAWH2 (9542)	AWCF1 (6550)	Health, Nutrition & Population

Implementing Agency: Ministry of Health

Is this a regionally tagged project?	
No	

Bank/IFC Collaboration

No

Approval Date	Closing Date	Expected Guarantee Expiration Date	Environmental and Social Risk Classification
09-Oct-2020	29-Aug-2025		Moderate

Financing & Implementation Modalities

[ ] Multiphase Programmatic Approach [MPA]	[✓] Contingent Emergency Response Component (CERC)
[ ] Series of Projects (SOP)	[✓] Fragile State(s)
[ ] Performance-Based Conditions (PBCs)	[ ] Small State(s)
[ ] Financial Intermediaries (FI)	[ ] Fragile within a Non-fragile Country
[ ] Project-Based Guarantee	[ ] Conflict
[ ] Deferred Drawdown	[ ] Responding to Natural or Man-made disaster
[ ] Alternate Procurement Arrangements (APA)	[ ] Hands-on Expanded Implementation Support (HEIS)

Development Objective(s)

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

Ratings (from Parent ISR)

	Implementation				Latest ISR
	17-Feb-2021	27-Sep-2021	31-Mar-2022	05-Oct-2022	26-Apr-2023
Progress towards achievement of PDO	S	S	S	S	S
Overall Implementation Progress (IP)	S	S	S	S	S
Overall ESS Performance	S	S	S	S	S
Overall Risk	M	M	M	M	M
Financial Management	S	MS	MS	S	MS
Project Management	S	S	S	S	S
Procurement	MS	S	S	S	S
Monitoring and Evaluation	S	S	S	S	S

BASIC INFORMATION – ADDITIONAL FINANCING (Second AF to The Gambia Essential Health Services Strengthening Project - P181161)

Project ID	Project Name	Additional Financing Type	Urgent Need or Capacity Constraints
P181161	Second AF to The Gambia Essential Health Services Strengthening Project	Restructuring, Scale Up	No

Financing instrument	Product line	Approval Date	
Investment Project Financing	IBRD/IDA	27-Jul-2023	
Projected Date of Full Disbursement	Bank/IFC Collaboration		
31-Oct-2025	No		
Is this a regionally tagged project?			
No			

Financing & Implementation Modalities

[ ] Series of Projects (SOP)	[ ] Fragile State(s)
[ ] Performance-Based Conditions (PBCs)	[ ] Small State(s)
[ ] Financial Intermediaries (FI)	[ ] Fragile within a Non-fragile Country
[ ] Project-Based Guarantee	[ ] Conflict
[ ] Deferred Drawdown	[ ] Responding to Natural or Man-made disaster
[ ] Alternate Procurement Arrangements (APA)	[ ] Hands-on Expanded Implementation Support (HEIS)
[✓] Contingent Emergency Response Component (CERC)	

Disbursement Summary (from Parent ISR)

Source of Funds	Net Commitments	Total Disbursed	Remaining Balance	Disbursed
IBRD				%
IDA	80.00	41.44	34.69	54 %
Grants				%

PROJECT FINANCING DATA – ADDITIONAL FINANCING (Second AF to The Gambia Essential Health Services Strengthening Project - P181161)

FINANCING DATA (US$, Millions)

SUMMARY (Total Financing)

	Current Financing	Proposed Additional Financing	Total Proposed Financing
Total Project Cost	86.50	8.83	95.33
Total Financing	86.50	8.83	95.33
of which IBRD/IDA	80.00	4.50	84.50
Financing Gap	0.00	0.00	0.00

DETAILS - Additional Financing

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

IDA Resources (in US$, Millions)

	Credit Amount	Grant Amount	SML Amount	Guarantee Amount	Total Amount
Gambia, The	0.00	4.50	0.00	0.00	4.50
National Performance-Based Allocations (PBA)	0.00	4.50	0.00	0.00	4.50
Total	**0.00**	**4.50**	**0.00**	**0.00**	**4.50**

COMPLIANCE

Policy

Does the project depart from the CPF in content or in other significant respects?

[ ] Yes [✓] No

Does the project require any other Policy waiver(s)?

[ ] Yes [✓] No

Environmental and Social Standards Relevance Given its Context at the Time of Appraisal

E & S Standards	Relevance
Assessment and Management of Environmental and Social Risks and Impacts	Relevant
Stakeholder Engagement and Information Disclosure	Relevant
Labor and Working Conditions	Relevant
Resource Efficiency and Pollution Prevention and Management	Relevant
Community Health and Safety	Relevant
Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Relevant
Biodiversity Conservation and Sustainable Management of Living Natural Resources	Relevant
Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Not Currently Relevant
Cultural Heritage	Relevant
Financial Intermediaries	Not Currently Relevant

NOTE: For further information regarding the World Bank's due diligence assessment of the Project's potential environmental and social risks and impacts, please refer to the Project's Appraisal Environmental and Social Review Summary (ESRS).

INSTITUTIONAL DATA

Practice Area (Lead)

Health, Nutrition & Population

Contributing Practice Areas

Climate Change and Disaster Screening

This operation has been screened for short and long-term climate change and disaster risks

PROJECT TEAM

Bank Staff

Name	Role	Specialization	Unit
Samuel Lantei Mills	Team Leader (ADM Responsible)	Health Systems	HAWH2
Haoussia Tchaoussala	Procurement Specialist (ADM Responsible)	Procurement	EAWRU
Brahim Hamed	Procurement Specialist	Procurement	EAWRU
Laurent Mehdi Brito	Procurement Specialist	Procurement	EAWRU
Mamadou Mansour Mbaye	Procurement Specialist	Procurement	EAWRU
Fatou Mbacke Dieng	Financial Management Specialist (ADM Responsible)	Financial Management	EAWG1
Edda Mwakaselo Ivan Smith	Social Specialist (ADM Responsible)	Social Development	SAWS4
Sophie Lo Diop	Environmental Specialist (ADM Responsible)	Environment	SAWE1
Abdou Joof	Team Member	Financial Management	EAWG1
Alieu K Bah	Team Member	SWEDD	HAWH2
Anta Tall Diallo	Procurement Team	Procurement	AWCF1
Bahie Mary Rassekh	Team Member	Women and Girls' Empowerment	HHNGE
Carlos Jacinto Mondlane	Team Member	Finance	WFACS
Daniel Amponsah	Team Member	Efficiency	ECRRC
Faly Diallo	Team Member	Finance	WFACS
Fatou Bintou Mbaye	Team Member	SEA/SH	SAWS4
Jane Kim Lee	Team Member	Civil registration	HHNGE
Kenneth M. Green	Team Member	Environmental Health	OPSIS
Ndiga Akech Odindo	Counsel	Legal	LEGAM
Nikolai Alexei Sviedrys Wittich	Procurement Team	STEP	EAWRU
Sariette Jene M. C. Jippe	Team Member	Operations	HAWH2
Seynabou Thiaw Seye	Team Member	Operations	AWMGM
Toomas Palu	Team Member	Health Insurance	HHNDR

Yassin Saine Njie	Team Member	Operations	AWMGM

Extended Team

Name	Title	Organization	Location

I. BACKGROUND AND RATIONALE FOR ADDITIONAL FINANCING

A. Introduction

1. **This Project Paper seeks the approval of the World Bank Board of Executive Directors to provide an International Development Association (IDA) grant in the amount of SDR 3.4 million (US$4.5 million equivalent)**. The proposed second Additional Financing (AF) would support the cost of expanding activities of the Gambia Essential Health Services Strengthening Project (GEHSSP, P173287), approved by the Board on October 9, 2020, in the amount of US$30.0 million equivalent IDA and an AF (P177263) of US$50.0 million equivalent IDA approved on November 19, 2021. The project entailed a parallel co-financing grant in the amount of US$4.5 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). The US$4.5 million IDA grant is a recommitment of undisbursed funds from the Third AF to The Gambia COVID-19 Vaccine Preparedness and Response Project (P178965) that is closing on June 30, 2023. The proposed AF also includes a co-financing grant of US$4.33 million from the Health Emergency Preparedness and Response (HEPR) Trust Fund (TF). The primary objective of the second AF is to improve the quality and utilization of essential health services and strengthen the national system for public health preparedness in The Gambia. Further, it is proposed to restructure the parent project for the revision of the project development objective (PDO), two intermediate-level results indicators that were identified as having measurement issues at the March 2023 Mid-Term Review, and changes to the components and costs.

2. **The need for additional resources was formally conveyed by the Government of The Gambia (GoTG) on April 28, 2023.** The proposed AF will support: (a) the construction and acquisition of equipment of a National Food and Drug Quality Control Laboratory (NFDQCL) and a Biomedical Engineering Unit (BEU) that the architectural design was financed under the COVID-19 Preparedness and Response Project (P173278); and (b) capacity building activities to prevent and detect health emergencies including establishing an electronic case-based surveillance system to facilitate immediate reporting of all Integrated Disease Surveillance and Response (IDSR) priority diseases and events. This is part of the Government's long-term efforts toward making a sustained and comprehensive pandemic response to coronavirus disease 2019 (COVID-19) and future pandemics through the strengthening of the national system for public health preparedness.

3. **Recognizing the global nature of health emergencies, in June 2020, the World Bank Board approved the creation of a new umbrella TF program, the HEPR Program**. The development objective of the Program is to support eligible countries and territories to improve their capacities to prepare for, prevent, respond to, and mitigate the impact of epidemics on populations. It was set up as a flexible mechanism to provide catalytic, upfront, and rapid financing at times when other sources of funding are not available for health emergency preparedness and to fill specific gaps in terms of health emergency responses. Activities eligible for the HEPR Program financing focus on two pillars: (a) preparedness for future health emergencies and (b) responses to emerging and current health emergencies. The Gambia has been allocated a grant to the value of US$4.33 million to strengthen health emergency preparedness, on the condition that these TF resources are not used to purchase COVID-19 vaccines.

B. Parent Project Design and Scope

4. **The Project Development Objective (PDO) of the parent project and the first AF is to improve quality and utilization of essential health services in The Gambia.** The parent project and the first AF include three components: (a) Improving the Delivery and Utilization of Quality Essential Primary Health Care (PHC) Services (US$83.5 million equivalent: US$27.0 million from IDA; US$4.5 million from GFATM; AF of US$50.0 million from IDA; and US$2.0 million from the GoTG); (b) Project Management (US$3.0 million equivalent IDA); and (c) Contingent Emergency Response Component (CERC). The proposed second AF will support activities through Component 1 of the parent project.

5. The Ministry of Health (MOH) is the implementing agency for the project. The MOH Projects Coordination Unit (PCU) is entrusted with the coordination of project activities, as well as fiduciary tasks of procurement and financial management (FM). The PCU is now fully staffed with a PCU coordinator, senior operations officer, operations officer, financial controller, two senior accountants, five accountants, procurement specialist, procurement officer, and procurement assistant. The implementation arrangements as stipulated in the Financing Agreement of the parent project (comprising the National Steering Committee [NSC], Project Implementation Committee [PIC], and PCU) are in place and functional. They will continue as the implementation arrangements for the second AF.

6. **The existing NSC will continue to provide strategic guidance for the overall project implementation.** The NSC is multidisciplinary, cross-government and with representation of development partners. The NSC meets quarterly to provide strategic guidance. The MOH PCU has been actively engaged in project implementation in coordination with the MOH directorates and units. Additionally, the PIC, chaired by the Permanent Secretary and comprising the directors of the implementing MOH directorates, Results-based Financing (RBF) Unit senior staff, and PCU senior staff, approves the Annual Work Plans and Budgets (AWPBs) and discusses the annual work plan implementation progress, bottlenecks, and remedial actions in monthly meetings.

C. Project Performance

7. **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 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). Further, half of the population have received both the birth certificate and health insurance card through mass registration.

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**	

8. **The overall implementation is rated Satisfactory.** As of June 9, 2023, disbursements amount to US$40.01 million (52.6 percent of commitments). The status of the implementation of the three components is described below.

Component 1: Improving the Delivery and Utilization of Quality Essential PHC Services (US$83.5 million equivalent: US$27.0 million from IDA; US$4.5 million from GFATM; AF of US$50.0 million from IDA; and US$2.0 million from the GoTG)

Subcomponent 1.1: Improving the quality of essential PHC services delivery using an RBF approach (US$14.5 million: US$9.5 million from IDA; and AF of US$5.0 million from IDA)

9. ***Support to verification of the quality of services***. The Essential Healthcare Package (EHCP) for each level of the healthcare delivery system has been finalized and costed. Previously, the quality of care checklist was administered quarterly only in five regions (with 40 percent of the population) to gauge progress of the provision of quality health services, but since the July-September 2021 quarter it has also been administered in Western Region 1 and Western Region 2 (with 60 percent of The Gambia population) as part of the expansion of performance-based financing (PBF) nationally. As noted above, the quality of care score has markedly improved.

10. ***Provision of PBF grants to health facilities for the delivery of the newly defined EHCP***. Individual bank accounts have been opened for all health facilities participating in PBF implementation, and the MOH RBF Unit has been administering performance-based contracts for community clinics, minor and major health centers, district and general hospitals, the teaching hospital and regional health directorates (RHDs). The National Health Insurance Authority (NHIA) will assume the role of contracting health facilities from September 2023. The RBF Unit has been conducting trainings on RBF for personnel and management of health facilities and training institutions as well as Regional Steering Committees (RSCs, a replica of the NSC at the regional level). Quarterly Regional Project Implementation Committee (RPIC) meetings are held in all seven health regions.

11. ***Enhancing capacity for the expansion of RBF nationally and launching the National Health Insurance Scheme (NHIS).*** The NHIA Board was formed in March 2022 and the establishment of the NHIA commenced on June 1, 2022, with the appointment of a Chief Executive Officer (CEO) followed by the recruitment of key positions of NHIA senior management and staff (13 full-time staff at central level plus 15 Regional Verification Officers). Accordingly, the project was restructured in June 2022 for the NHIA to be responsible for the implementation of performance-based contracting of health services and supporting the verification of the quality of services in health facilities. The restructuring paper indicated support for the strengthening of the capacity of the NHIA management and staff for the expansion of the NHIS nationally through development and rolling out of the: (a) electronic enrollment system for patients; (b) electronic claims processing system; and (c) performance-based contracting of health facilities with a focus on quality of care and delivering the EHCP. Preparations are underway for the NHIS to be launched in September 2023.

12. **The project has supported NHIA operating expenses (prior to NHIA bank account becoming operational).** These include office rent, equipment, furniture, internet connectivity and advertisement for the recruitment of NHIS staff; and payment of the CEO's salary and provision of a vehicle for the CEO. The project has also supported consulting services to (a) define the Health Benefits Package (a subset of the EHCP which was developed and validated through an elaborate consultative process); (b) conduct actuarial studies (a report has been produced); (c) develop an NHIS communications strategy and produce Information, Education and Communication (IEC) materials for the NHIS rollout; and (d) develop an electronic NHIS system including claims management; and mass health insurance registration (noted below). Additionally, a World Bank has been providing expert technical assistance for the establishment of the NHIA and NHIS; a World Bank consultant (Dean of Ghana Law School) provided guidance to the multisectoral committee that drafted the national health insurance bill; and a World Bank consultant provided human resource and administrative support during the initial stages of establishing the NHIA. The NHIA requested World Bank commitment to finance the first year of the NHIS, but the March 2023 mid-term review mission clarified that the project has supported preparatory activities and could only provide further performance-based payments for improving quality of care and efficiency of the NHIS

operations using Disbursement Linked Indicators. Beyond that, it will require an AF request from the Ministry of Finance and Economic Affairs (MOFEA) for the World Bank consideration.

Subcomponent 1.2: Community engagement to improve utilization of quality health services (US$4.2 million: US$1.5 million from IDA; and AF of US$2.7 million from IDA)

13. ***Rollout of Social and Behavior Change Communication (SBCC) activities***. The implementation activities to scale-up and expand SBCC activities (with a focus on delivery of PHC while also addressing cross-cutting issues such as nutrition, women and girls' empowerment, noncommunicable diseases [NCDs], Water Sanitation and Hygiene [WASH] and climate change) is progressing. Following a consultative desk review workshop, a target audience analysis (including key informant interviews and focus group discussions) was conducted to understand the knowledge, attitudes, practices, and social norms. Another consultative workshop was held to finalize a five-year SBCC plan based on the target audience analysis, followed by a message development workshop, and pretesting to develop a comprehensive message booklet on the SBCC topics noted above. Traditional communicators were engaged in the production of sensitization songs on the SBCC topics. The production of videos, sensitization music, radio and television spots, and drama series have all been completed. Next is the training of trainers for SBCC countrywide rollout and producing quarterly reports on its implementation. Additionally, the project supported the procurement of a mobile cinema truck (the first of its kind in The Gambia) which was delivered on January 21, 2022 to facilitate the SBCC rollout.

14. ***Grievance management***. Regarding grievance management, the MOH operates a call center with a toll-free 1025 line which serves as an initial call-in contact point for the public and media seeking information and assistance. However, the call center experienced several challenges in its operations, including no support for call recording, call waiting and call forwarding, lack of call operator interface to route calls to the right services, no provision of SMS services such as bulk messaging, and inadequate user devices such as tablets and headsets. Accordingly, a service level agreement was signed with a firm to enhance the 1025 toll-free call center with an interactive software to enable the use of multiple channels such as phone calls, the MOH website, MOH Facebook page, MOH Tik-Tok account, and SMS for reporting and responding to grievances or suggestions. The subscription includes features such as desktop softphone and mobile app, Interactive Voice Response, Automatic Call Distribution, call recording, call queue, and reporting and call analytics, and a roadmap for the integration of the toll-free 1025 line into the Freshworks platform by a process called Bring Your Own Carrier into Freshworks. However, Gamtel has been experiencing technical difficulties in integrating fully the 1025 call center into the Freshworks platform. Frequent power outages have been affecting smooth operations, and the Directorate of Health Promotion requested the provision of solar backup. Four quarterly reports have been generated in 2021 and 2022 and shared with stakeholders. Of the 22,688 calls logged from January to December 2022, 60.9 percent were enquiries related to COVID-19, 17.5 percent were on the mass registration, 14.5 percent on other health issues, 6.2 percent on Acute Kidney Injury (AKI), and 0.9 percent on general grievances. Of the 199 calls received on grievances, 88.9 percent of the grievances were addressed at the center, while 11.1 percent of the grievances were referred for further interventions. The number of grievances/calls addressed within seven working days will be reported to compute the progress value for the indicator, "*percentage of grievances responded to within stipulated service standards for response*".

15. ***Noncommunicable diseases (NCDs).*** An NCD Policy and its related costed Strategic Plan have been developed and H.E. President of the Republic of The Gambia launched them on July 6, 2022 at a high-level

event. A multisectoral Technical Coordination Committee guided the preparation for conducting the World Health Organization (WHO) STEPwise Approach to NCD Risk Factor Surveillance (STEPS) survey. The last STEPS survey was conducted in 2010, which included behavioral risk factors and physical measurement but excluded biomarkers such as full blood count and metabolic panel. The proposed survey will collect biomarker data. The STEPS survey protocol was reviewed by the Scientific Coordination Committee at Medical Research Council (MRC) Gambia and approved by the GoTG and MRC Joint Ethics Committee on June 30, 2023. The laboratory equipment and supplies are expected to be delivered by April 30, 2023.

Subcomponent 1.3: Building resilient and sustainable health systems to support the delivery of quality health services (US$62.8 million: US$16.0 million from IDA; US$4.5 million from GFATM; AF of US$42.3 million from IDA; and and US$2.0 million from the GoTG)

16. The project is supporting the MOH's efforts of Building Resilient and Sustainable Systems for Health through a parallel co-financing of the GFATM allocation of US$4.5 million; supporting designated health systems; and strengthening thematic areas such as Health Management Information System (HMIS), Monitoring and Evaluation (M&E), national public health laboratory system, supply chain for the availability of safe medicines and consumables, and human resources for health.

17. **Health information systems.** The MOH is embarking on digitalization of the health sector by establishing health information systems that are interoperable with the existing District Health Information Software 2 (DHIS2). These include the electronic Civil Registration and Vital Statistics (eCRVS) System, electronic Human Resource Management Information System (eHRMIS), electronic National Health Insurance System (eNHIS), electronic Health Records (EHR) System, electronic Asset Management Information System, and electronic Logistics Management Information System (eLMIS).

- **eCRVS.** The project supported the review of the 1990 Act on Births, Deaths, Marriages and Divorces and related laws which fed into the drafting of a new CRVS Bill and the associated regulations. Previously, civil registration was paper-based until last year when the project supported the development of a functional eCRVS using the HERA software. The MOH Births and Deaths Registry undertook the innovative approach of conducting a mass registration where both the birth certificate and health insurance card with a National Identification Number (NIN) and QR code were issued at the same time. The mass registration which started on August 1, 2022 and ended on February 28, 2023 registered 1,167,460 people of all ages. The Gambia Bureau of Statistics conducted a household survey in March 2023 which revealed that 53.64 percent of the population was registered (with 43.47 percent of electronic birth certificates seen by the interviewer and 10.17 percent not seen). A YouTube Documentary video on The Gambia Birth and Health Insurance Registration Success Story[1], was featured at the Experts Group Meeting of the 6th Conference of African Ministers Responsible for Civil Registration, held in Addis Ababa, October 24–28, 2022. There is ongoing collaboration between the MOH and Gambia Department of Immigration, under the Ministry of Interior, to ensure interoperability of the eCRVS and the National Identity System. For instance, the eCRVS system allocates the NIN to children under the age of 18 and people who do not have Identity (ID) cards, while the national ID system issues ID cards with NIN for people aged 18 years and older. The electronic birth certificate will become a pre-requisite for issuing national ID cards, so the NIN

[1] https://youtu.be/Tkqsl0sT_3c

generated by the eCRVS is transmitted to the National ID system. The eCRVS system will become the foundational system when interoperable with the systems of other ministries and authorities. Standard operating procedures have been developed for the birth registration procedures to resumes at the health facilities. The project financed the procurement of large quantities of Information Technology (IT) equipment and accessories for registration centers across the country: laptops, tablets, printers, ID card printers, scanners, webcams, routers for internet connectivity, portable generators, white screen background for taking photographs, power extension cords, storage containers for user devices, etc. Internet connectivity was a major challenge during the mass registration. The MOH successfully negotiated satellite internet connectivity which translates into a subscription cost of $180,000 for 100 sites across the country for a year compared to $9,000,000 from an internet service provider that was initially engaged in the mass registration. Comparative analysis also showed that it is cheaper than using GSM SIM cards. The satellite internet connectivity that has been installed in all health facilities will be available for use by other MOH programs/information systems. The project has also recruited an international electronic civil registration enterprise architect consultant who is providing guidance to the local team. The project also supported the rental of an office space and set it up for the IT equipment.

- **eHRMIS.** A software company was competitively selected for customization of the open-source platform, AGORA HRMIS. Human resource policy and strategic plan have been finalized and validated. Additionally, the project supported the review and update of the 2015 minimum staffing norms. The Directorate of Human Resources (DHR) conducted a survey in March 2023 of all staff at the central level and health facilities, but the results indicate discrepancies with the previous list of staff. MOH will conduct phone survey of all staff on the list and note each staff member's NIN. The NIN will allow import of biographic data and photo from the eCRVS system to create a full list of employee records in the eHRMIS. As part of initial steps to institutionalizing performance management and staff appraisal, the Director of DHR attended a training course on Performance Management and Appraisal at the Indepth Research Institute in Nairobi during November 28-December 2, 2022. In line with the 2021-2025 National Health Sector Strategic Plan, the MOH organogram will be updated as part of the "Central reforms will include the establishment of the position of Director General of Health Services".
- **eNHIS.** A software company was competitively selected to initiate the eNHIS pilot (using an open-source software, openIMIS) in selected health facilities in June 2023 followed by a countrywide rollout. The eNHIS will be interoperable with eCRVS.
- **EHR.** Bluesquare eNHIS contract was amended to include the EHR using OpenClinic which will also be piloted in the same four health facilities.
- **Electronic Asset Management Information System.** To transition from manual asset tagging to an electronic system, the project supported the IT unit to develop an electronic asset management information system using an open source software. Additionally, 10 desktop label printers and 10 inventory barcode scanners were procured. The MOH began asset tagging of the mass registration user devices using the electronic system. However, given the huge number of assets that are to be tagged across all regions, Augustus Prom, a local firm, commenced fixed assets inventory fieldwork of all MOH assets (including those procured with financing from development partners) on March 9, 2023 and is expected to cover all public health facilities across the country by July 2023.
- **eLMIS.** The GFATM is financing the software development while the project caters to the hardware, cloud hosting and internet connectivity. The piloting of the eLMIS was initiated in December 2022 with about 50 facilities already covered and is expected to cover all health facilities by July 2023. The

Essential Medicines List and Standard Treatment Guidelines were updated in 2022 and costing of the Essential Medicines List is ongoing.

- **National public health laboratory system.** A separate laboratory information system is not necessary since it will be incorporated in the EHR noted above. The project sponsored 23 laboratory technicians to obtain a bachelor's degree in laboratory in April 2023. The project is financing the ongoing construction of the National Public Health Laboratory and National Blood Transfusion Center at Farato and blood donor sensitization plus the proposed NFDQCL and BEU. A consultant is being recruited to develop a laboratory training curriculum for laboratory assistants and technicians and a Bachelor of Science program. Procurement of large quantities of laboratory equipment and supplies was financed under the COVID-19 project. A national essential diagnostic list for each level of the health care delivery system is being developed.

18. **Renovation and construction of health facilities**. The project is supporting the renovation of dilapidated health facilities and new construction including the following:

- The ongoing construction and equipment at Farato, of the National Emergency Treatment Center (NETC) intensive care unit, emergency observation and treatment center, national public health laboratory and training center, national blood transfusion center, conference center and diagnostic imaging center.
- Designs completed and selection of contractors underway for renovation and equipment of dilapidated asbestos-containing health facilities: Bansang General Hospital Staff Quarters; Bansang Regional Health Directorate Office and Staff Quarters; Bansang School for Enrolled Nurses and Midwives; Basse District Hospital; Brikama District Hospital; Bwiam General Hospital (old health center); Farafenni Old Health Center; Kaur Health Center; Kiang Karantaba Health Center; Kudang Health Center and Staff Quarters; Mansa Konko Staff Quarters; North Bank East Regional Health Directorate Office and Staff Quarters; and Yorro Bawol Staff Quarters.
- A contractor has been selected to renovate X-ray rooms in five hospitals: Bansang Hospital; Bwiam General Hospital; Edward Francis Small Teaching Hospital (EFSTH); Farafenni Hospital; and Kanifing Hospital.
- Designing and selection of contractors underway for renovation and equipment of health facilities: Neonatal Intensive Care Unit (new construction) at EFSTH; Brikama Ba Health Center with a new operating room for caesarean delivery; and Bwiam General Hospital.
- Designs underway for new hospitals: Brikama Hospital and Basse Hospital.

19. **Postgraduate Medical Training Program (PGMTP)**. Since the establishment of The Gambia School of Medicine in 1999, over 300 medical doctors have graduated. While a few of these doctors have received specialist training abroad, the majority are unable to afford such training. This led to a scarcity of specialists in the country, with the Government spending its scarce resources to treat cases abroad. Accordingly, the project has supported the recruitment of 18 international consultants (two Anesthesiologists, three Family Medicine Physicians, one Obstetrician-Gynecologist, five Pediatricians, one Pathologist, three Internal Medicine Physicians, one Radiologist and two Oral & Maxillofacial Surgeons) to provide postgraduate medical training and specialist services. The PGMTP currently has 67 trainees enrolled in the program; 49 Residents and 18 Senior Residents being trained by the Consultant trainers from the subregion. The PGMTP has also identified Bwiam Hospital for Pediatric rural posting,

Kanifing General Hospital for both Surgery and Anesthesia rural posting, the Bundung Maternal and Child Health Hospital for postgraduate Obstetrics-Gynecology training and Essau District Hospital for Family Medicine rural posting. The MOH received a mission from the West African College of Physician and the West African College of Surgeons for accreditation of the Department of Pediatrics, Surgery, Orthopedics and Trauma, Anesthesia and Internal Medicine Postgraduate Training Program established by EFSTH with support from the project in February 2022.

20. **Notable achievements include**:

- The Anesthesia Department has been accredited with rural posting services at Kanifing General Hospital.
- The Family Medicine Department is in the process of becoming accredited with rural posting services at Essau General Hospital.
- Establishment of a computer-based examination center for Primaries and Membership in The Gambia for examinations of the West African College of Surgeons and West African College of Physicians.
- Several young Gambian Medical Officers have started passing the Primaries to enable them to start their residency training in various departments in the EFSTH.
- New Neonatology Intensive Care Unit to be built on top of the Maternity ward; currently, newborns needing urgent care are carried across the street to the pediatric department.
- Training-of-trainers for mandatory Basic Surgical Skills Course of the West African College of Surgeons.
- The Membership exams pass rate improved from 50 percent in 2021 to 98 percent in 2022.
- Two Senior Residents graduated as Fellows of the West African College of Physicians in 2022.
- The Draft Bill for the establishment of the College of Physicians & Surgeons of The Gambia was validated on 14 July 2022. It is undergoing the legislative approval process.
- It is the International Pediatric Consultants who helped with the discovery and containment of the recent epidemic of AKI among children.

21. **Postgraduate Medical and Nursing Training Program**. To contribute to reducing maternal mortality, the project provided support to the School of Medicine and Allied Health Sciences, Department of Nursing and Reproductive Health, University of The Gambia, in establishing a three-year Bachelor of Sciences (BSc) in Nurse Anesthesia program and a BSc in Midwifery program, with the first intake of students in January 2021, through a rigorous selection process by the MOH. The project is paying for the tuition of a total of 16 students for Nurse Anesthesia and 32 students for Midwifery who are expected to graduate in December 2023. Similarly, the project supported the establishment of 18-month postgraduate diploma programs in Nurse Anesthesia (10 students), Midwifery (18), Pediatric Nursing (6), and Perioperative Nursing (2), which commenced in February 2022 and expected to graduate in July 2023. Additionally, the project supported the recruitment of two new consultant tutors for the Pediatric program, who commenced in September 2022. The project procured equipment and supplies for the establishment of a simulation laboratory for the school and office equipment for the tutors, including eight laptops, four projectors, two desktops, two scanners, one photocopier and one printer.

Component 2: Project Management (US$3.0 million equivalent IDA)

22. **The project is managed and coordinated by the MOH PCU**. Since September 2020, the PCU has been organizing monthly PIC meetings, chaired by the Permanent Secretary with the participation of the Directors of the implementing MOH directorates, RBF Unit senior staff, and PCU senior staff. In November 2022, the World Bank provided No Objection to the 2023 AWPB and the PIC has been discussing the implementation progress, bottlenecks and remedial actions. Given the increasing workload at the PCU, since project effectiveness, an Operations Officer, Procurement Officer, Senior Accountant, and an Administrative Assistant have been recruited. PCU regularly submits quarterly progress reports (including progress values for the indicators in the results framework) timely to the World Bank.

Component 3: CERC (US$0.0)

23. Since there is a separate project that is supporting the COVID-19 activities and there has not been any other natural or man-made disaster or crisis, the CERC has not been activated. A detailed CERC Operational Manual has been developed and included in the Project Operations Manual.

D. Rationale for Additional Financing

24. **Lack of electronic case-based surveillance system**. As noted above, the project is supporting the development of health information systems, but an electronic case-based surveillance system is lacking. Suspected cases of notifiable diseases and events are currently reported to the Epidemiology and Disease Control (EDC) Unit from health facilities via informal channels such as phone calls and WhatsApp. The lack of timely and complete data during outbreaks has been a recurring challenge. The most timely, structured surveillance data collection in The Gambia occurs weekly, when reportable events are tallied on paper via the IDSR Weekly Reporting Form and then entered at the regional level into the DHIS2 aggregate platform. Though the form has fields to record confirmed cases, they are rarely reported (in 2021, there were 3,652 suspected and 217 confirmed cases reported), leaving the existing surveillance system in The Gambia unintegrated with timely laboratory data. In line with the 2021-2030 Gambia National Health Policy, the HEPR TF grant for health emergency preparedness will support capacity building to prevent and detect health emergencies including establishing an electronic case-based surveillance system to facilitate immediate reporting of all IDSR priority diseases and events. The grant was approved in June 2022, and during the March 2023 mid-term review mission, the MOH agreed for it to be processed as an AF to the GEHSSP.

25. **Absence of a Food and Drug Quality Control Laboratory**. On July 26, 2022, the EDC Unit received a report of a sudden increase in the number of cases of AKI among children under five years. Subsequently, an association between the consumption of certain medicines and AKI was reported. Previously, medicines imported into The Gambia were not tested because there is no quality control laboratory for testing such medicines. With the advent of AKI, medicines are now tested abroad at the cost of US$1,400 per product, for over 300 products to be tested a month, which is not affordable by the Government. In October 2022, the Government requested for World Bank support for the construction and equipment of a NFDQCL at Brusubi and BEU at Farato. The latter will support future maintenance of project-financed equipment at Farato (of the NETC intensive care unit, emergency observation and treatment center, national public health laboratory and training center, national blood transfusion center, conference center and diagnostic imaging center) as well as equipment in other facilities across the country. The design of the NFDQCL and

BEU was financed under the COVID-19 project which closes on June 30, 2023. The Government requested for recommitment of US$4.5 million towards the NFDQCL and BEU construction. The main lesson learned under the first AF regarding construction that is applicable to the proposed second AF is that selecting a competent contractor is critical to high quality construction, meeting timelines, and to ensuring environmental and social due diligence.

26. **Undisbursed funds will be fully disbursed by project closing**. The project is disbursing at a quick pace with US$20.6 million disbursed in the first three quarters of fiscal year 2023 (July 2022 to March 2023). At this rate, the undisbursed US$36.05 million, as of June 9, 2023, will be fully disbursed ahead of the August 2025 project closing date. Thus, the proposed AF will be necessary to support the two activities noted above.

27. **Public health preparedness will be incorporated in the parent project PDO**. The COVID-19 Project is closing on June 30, 2023, so for the proposed AF, "to strengthen national system for public health preparedness" will be appended to the parent project PDO of GEHSSP in order to ensure that the project provides an avenue for the unfinished business of health emergency preparedness.

28. **This AF is consistent with the World Bank Group (WBG) Country Partnership Framework (CPF), Report No. 154485,[2] for the Republic of The Gambia, fiscal year 2022–2026 Focus Area 3 (Enhance Human Capital Investments to Develop a Productive Workforce)** by supporting ongoing engagements to enhance human capital through improvements in quality and utilization of essential health services.

29. **The AF will also support the country in achieving its Nationally Determined Contributions (NDCs) of the Paris Agreement and contribute to climate change adaptation and mitigation, which is consistent with the country's strategies on climate change as well as the World Bank's Climate Change Action Plan (2021-2025).** In the latest NDC submitted by The Gambia to the United Nations Framework Convention on Climate Change (UNFCCC) in June 2022, the health sector is identified as a vulnerable sector to be prioritized and where climate finance is needed to ensure adaptation to climate change. Moreover, The Gambia includes measures for climate change adaptation of the health sector in its National Adaptation Programme of Action on Climate Change (November 2007), the Long-Term Climate-Neutral Development Strategy 2050 (2022), and its National Health Policy (2021-2030). Some of the main bottlenecks for the health sector identified in the NDCs and national health policies include: (i) lack of early warning systems for climate-sensitive diseases; (ii) poor knowledge of the links between climate change and health among healthcare personnel; and (iii) lack of financial and human resources to address the impact of climate change on the health sector. The key adaptation investment priorities identified include: (i) strengthening the surveillance of climate-sensitive diseases; (ii) strengthening vector control; (iii) strengthening the sector's institutional capacity and multisectoral collaboration; and (iv) integrating climate resilience in health infrastructure. There are also some investment priorities in other sectors (i.e., environmental sanitation, improved water management, public transport) that will also provide benefits to the health sector and population health. This operation aims to address some of the main bottlenecks and the investment priorities identified for the health sector, which will help to contribute to the reduction of population vulnerability and build resilience of the sector.

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[2] World Bank. 2022. World Bank Group Country Partnership Framework for the Republic of The Gambia, Fiscal Year 2022–2026. Washington, DC: World Bank Group. *https://imagebank2.worldbank.org/search/33765123*

II. DESCRIPTION OF ADDITIONAL FINANCING

A. Proposed Changes

30. The changes proposed for the second AF entail expanding the scope of activities in the parent project, the GEHSSP (P173287) and adjusting its overall design. The implementation arrangements will remain the same. The closing date remains the same, that is, August 29, 2025. The IDA financing envelope is proposed to increase from US$80 million to US$84.5 million (plus the GoTG counterpart funding of US$2 million and GFATM parallel co-financing of US$4.5 million) plus the US$4.33 from HEPR TF. The proposed changes for the second AF are described below.

(i) **PDO**

31. As the proposed activities to be funded under the second AF are aligned with the original PDO but with additional focus on preparedness, the following will be appended to the parent PDO "…*and strengthen the national system for public health preparedness"*. Thus, the revised PDO will be *to improve quality and utilization of essential health services and strengthen the national system for public health preparedness in The Gambia.* The health information systems noted above are all activities that are geared towards the strengthening of the national system, i.e., eCRVS, eHRMIS, eNHIS, EHR, electronic Asset Management Information System, and eLMIS.

(ii) **Proposed new activities**

32. **The project components will remain unchanged except for the Subcomponents 1.1 and 1.3 description.** This second AF will entail scaling up the following activities under Subcomponent 1.3 on building resilient and sustainable health systems:

- 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 construction[3], 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 of information and communication technology (ICT) staff, health personnel and community volunteers.

[3] 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.

33. Additionally, under Subcomponent 1.1 on *Improving the quality of essential PHC services delivery using a RBF approach*, NHIA is added health facilities for the provision of PBF grants.

(iii) **Financing Arrangements**

34. The increase in scope as outlined above is reflected in an increase in indicative Component 1 allocation from US$83.50 million to US$89.83 million, with the full amount of the AF being added under Component 1 (see Table 2 below).

Table 2. Project Cost and Financing (US$, millions)

Project Components	Parent Project IDA	Parent Project GFATM	AF1 IDA	AF1 GoTG	AF2 IDA	AF2 HEPRTF	Total Cost
Component 1. Improving the Delivery and Utilization of Quality Essential PHC Services	27.00	4.50	50.00	2.00	4.50	4.33	92.33
Component 2. Project Management	3.00	0.00	0.00	0.00	0.00	0.00	3.00
Component 3. CERC	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Costs	**30.00**	**4.50**	**50.00**	**2.00**	**4.50**	**4.33**	**95.33**

(iv) **Implementation arrangements**

35. The implementation/institutional arrangements in place for the parent project will be applicable to the proposed second AF.

(v) **Disbursement categories**

36. Disbursement categories for the first AF will remain except for the HEPRTF of US$4.33 million for Subcomponent 1.3 which will have a new separate category to cover goods, works, non-consulting services, consulting services, training, and operating costs.

(vi) **Results Framework**

37. **The proposed changes to the project Results Framework regarding the PDO-level and intermediate results indicators are described as follows:**

New PDO-level Results Indicator

- *Electronic case-based surveillance system established and validated for priority diseases' (Text)*– new indicator to capture national system for public health preparedness.

New Intermediate Results Indicators

Component 1

- *Health personnel trained in surveillance standard operating procedures (Number)* – New indicator; 0 baseline value and 150 endline target
- *Notifiable diseases and events detected within 7 days of emergence (Percent)*: New indicator; 0 baseline value and 50 endline target

Revision of Intermediate Results Indicators
The proposed revisions are based on the March 2023 Mid-Term Review

Component 1

- *Health facilities renovated/constructed (number)* - to increase the target from 10 to 12 with an additional breakdown indicator:
  - National Food and Drug Quality Control laboratory constructed (Number) – new breakdown indicator
- *Health facilities renovated/constructed with energy-efficient systems in place and/or with energy-efficient appliances installed (Number)* - target to decrease from 13 to 12 health facilities. The endline target of 13 was an error since the first AF project paper indicated a value of 10.
- *Health facilities reporting no stock-out of essential tracer medicines and medical supplies at the time of the health facility quality of care assessment (Percent)* – with the proposed revised definition, the baseline value is proposed to be changed from 75 to 25 percent and the proposed endline target is 65 percent
  Numerator original: Number of health facilities reporting no stock-out of essential tracer medicines and medical supplies (magnesium sulphate, amoxicillin, oxytocin, paracetamol, mebendazole, Depo-Provera injection, vitamin A, Sulphadoxine + Pyrimethamine, Tenofovir/Lamivudine/Efavirenz, Rifampin/isoniazid/pyrazinamide/ethambutol [RHZE], and Ready-to-Use Therapeutic Food [RUTF]) at the time of the health facility quality of care assessment *100
  Numerator revised: Number of health facilities reporting no stock-out of essential tracer medicines and medical supplies (*based on the quality of care checklist*) at the time of the health facility quality of care assessment *100

  Denominator original: Number of health facilities assessed in the same period.
  Denominator revised: Number of health facilities (*minor health centers, major health centers and hospitals*) assessed in the same period.

- *Health facilities that can perform diagnostic services at the time of the health facility quality of care assessment (Percentage)*
  Numerator original: Number of health facilities that can perform diagnostic services (12 core tests include: hemoglobin, blood glucose, malaria diagnostic capacity, urine dipstick- protein, urine dipstick- glucose, HIV diagnostic capacity, Dried Blood Spot collection, TB microscopy, syphilis rapid diagnostic test, general microscopy, urine pregnancy test, alanine aminotransferase [ALT] test, and creatinine) at the time of the health facility quality of care assessment *100.
  Numerator revised: Number of health facilities that can perform diagnostic services (13 core tests include: hemoglobin, blood glucose, malaria diagnostic capacity, urine dipstick- protein, urine dipstick- glucose, HIV diagnostic capacity, Dried Blood Spot collection, TB microscopy, syphilis rapid diagnostic test, general microscopy, urine pregnancy test, alanine aminotransferase [ALT] test, and creatinine *test*) at the time of the health facility quality of care assessment *100. *ALT test, creatinine test, and TB microscopy are not applicable to minor health centers*.
  Denominator original: Number of health facilities assessed in the same period.
  Denominator revised: Number of health facilities (*minor health centers, major health centers and hospitals*) assessed in the same period.

B. Sustainability

38. **The GoTG's demonstrated commitment to achieving universal health coverage (UHC) increases the likely sustainability of the project.** To improve institutional sustainability, the project is enhancing the management and technical capacity of the MOH and PCU staff to implement the project. Regarding financial sustainability, since 2019, the GoTG has been allocating funds in its annual budget to RBF with GMD 50 million (about US$1 million) allocated to RBF in the 2021 Government budget and additional US$2 million of the 2021 Government local fund was allocated to the NHIS. The allocation in the 2023 budget was lower due to miscommunication between MoFEA and MOH on the process but it is envisaged that the Government will continue to increase allocation to the NHIS given the various sources of funds stipulated in the NHIS Bill.

III. KEY RISKS

39. **The overall risk to achieving the PDO with the expanded scope and AF is Moderate**.

40. **The construction of the NFDQCL entails certain risks**. The proposed construction of the NFDQCL entails risks in selecting a suitable site, identifying competent architects for the design, selecting a contractor with a good track record and proper supervision of the construction. The following mitigation measures have been undertaken by the MOH: (a) The Ministry of Lands, Regional Government and Religious Affairs issued a letter on January 30, 2023, allocating a land of a size that is larger than what is required for the construction of the NFDQCL alone. As part of the COVID-19 project (P173798), an Environmental and Social Impact Assessment (ESIA) is being prepared and will be disclosed prior to starting construction activities; (b) an international architectural firm (IDOM) that also did the Farato emergency treatment center designs was competitively recruited in February 2023 and the detailed designs are scheduled for delivery on June 7, 2023; (c) the selected contractor Shapoorji Pallonji Mideast (L.L.C.) has extensive international experience and, again, is the same contractor that is constructing the emergency treatment center at a fast pace. Further, an international medical equipment firm (Meirovich Consulting) has been contracted and the technical specifications of medical equipment have already been developed. The same firms have been engaged for the BEU construction.

41. **Political and governance risks are assessed as Moderate.** The political coalition established in late 2016 after President Barrow assumed office was fragile and the last re-election in December 2021 was largely peaceful. The Government continues to show commitment to the health sector reform agenda, particularly as it relates to RBF and NHIS.

42. **Macroeconomic risks are assessed as Moderate.** The COVID-19 pandemic increased pressure on external and fiscal balances over the medium term. This led to less budgetary allocation to health and substantial risk to RBF and NHIS sustainability. Nevertheless, the GoTG has already allocated the counterpart funding of US$2.0 million, as noted above. In the 2021 AWPB submitted in November 2020, the project activities were frontloaded but the Government's allocation increased in subsequent years as the economy recovers from the effects of the COVID-19 pandemic.

43. **Institutional capacity for implementation and sustainability risks is assessed as Moderate.** The PCU had limited experience working on WBG operations but is implementing the parent project and The Gambia COVID-19 Preparedness and Response Project (P173798). Before the COVID-19 Project, the last WBG-financed project implemented by the MOH was The Gambia Participatory Health, Population, and Nutrition Project (P000825), which was approved on March 2, 1998, and closed on June 30, 2005. The senior management team has been fully engaged in the AF preparation and has become familiar with WBG procedures and policies. Further, the PCU is staffed with a PCU coordinator, a senior operations officer, an FM specialist, a senior accountant, five accountants, a procurement specialist, a procurement officer, and a procurement assistant; the same PCU staff have been managing The Gambia COVID-19 Preparedness and Response Project which is rated Satisfactory for both the PDO and implementation progress; and the PCU continues to receive hands-on training.

44. **Fiduciary risks associated are** assessed **as Moderate.**

(a) **Procurement.** Full-time PCU procurement specialist, procurement officer, and procurement assistant will continue to provide procurement support to the project during implementation. Procurement training has been provided to the PCU staff. A contracts committee—which is chaired by the Permanent Secretary (or designee) and comprises the Director of the Directorate of Planning and Information (DPI), Director of the Directorate of National Pharmaceutical Services, PCU coordinator, PCU financial controller or senior accountant, PCU procurement staff with the PCU procurement specialist as secretary, and PCU senior operations officer—meets weekly to review the procurement activities.

(b) **FM.** The FM team consisting of a financial controller, two senior accountants, and five accountants is adequate and able to manage the proposed second AF. The following mitigation measures noted in the Project Appraisal Document of the parent project have been undertaken: (a) the accounting software has been customized to include bookkeeping of the project and generate interim financial reports (IFRs); (b) Memorandum of Understanding with the MoFEA Directorate of Internal Audit has been signed to cover all World Bank-financed projects; (c) the FM Unit has received on-the-job training on World Bank FM procedures; and (d) an external auditor has been recruited.

45. **Environmental and social (E&S) risks are rated as Moderate.** The first AF entailed several constructions and renovations of health facilities (including asbestos removal). Those present risks of negative impacts to the environment and human health such as noise, dust emissions, release of dangerous asbestos fibers into the air, generation of solid and liquid waste, and other health and safety issues. Accordingly, an Asbestos Remedial Action Plan has been developed and disclosed on September 9, 2022, and ESIA/Environmental and Social Management Plan (ESMPs) were also developed. The measures to address E&S risks presented in the parent project and the first AF remain relevant. During construction of the NFDQCL and BEU, activities could generate negative environmental impacts and nuisances such as dust, noise, and poor management of construction waste. In addition, there are occupational health and safety risks (for workers) and community health and safety issues (risk of accidents with construction equipment). The identification and management of environmental risks during construction and operational phases will be incorporated into ESIA/ESMPs and contractor ESMPs to guide the construction and operation of the two new facilities. The selected contractor for the NFDQCL and BEU construction, Shapoorji Pallonji Mideast (L.L.C.), has demonstrated good safeguards practice across all E&S requirements for the ongoing NETC construction. The same independent safeguards consulting firm will supervise these constructions. Weekly and monthly E&S monitoring and reporting will follow the same

protocols. On the social side, no new risk categories are expected from the additional activities. A comprehensive Gender-based Violence, Sexual Exploitation and Abuse, and Sexual Harassment (GBV/SEA/SH) Action Plan has been developed and is being implemented.

IV. APPRAISAL SUMMARY

A. Economic and Technical Analysis

46. The parent project along with the proposed AF's development impact, rationale for public investment, and World Bank value added are summarized in the following paragraphs.

Development Impact

47. **The project would contribute to economic growth through direct contribution to productivity, accumulation of physical output through savings rates, and indirect contribution to human capital.** The project's theory of change envisages that in the long term, it would contribute to improvement of The Gambia's 2020 Human Capital Index (estimated to be 0.42). This could be achieved through improvements in the health status of the population by reducing the maternal mortality ratio and under-five mortality rate. Unlike the traditional input-based financing, the proposed project would address key constraints to effective service delivery by performance-based contracting, which is expected to lead to improved health outcomes.

48. **In line with the PDO and costs associated with project interventions, a cost-benefit analysis (CBA) (that is, determining whether dollar benefits of the project are likely to outweigh dollar costs) was carried out to determine the viability of the parent project, first AF and the proposed second AF.** The analysis was built around the PDO which aims at improving quality and utilization of essential health services and strengthen the national system for public health preparedness in The Gambia. Since the first AF is supporting the scaling up of the activities in the parent project (i.e., improving the quality of essential PHC delivery using a RBF approach and renovation of selected health facilities) plus the proposed new construction and equipment of a NFDQCL, and BEU and capacity building to prevent and detect health emergencies, a CBA was carried out to cover the parent project, first AF and the proposed second AF. This CBA replaces the previous ones for the parent project and first AF.

49. **In the base case scenario, the net present value (NPV) of the entire project is US$95.23 million,** and its internal rate of return (IRR) is 43.38 percent, which exceeds the discount rate of 6 percent used for this analysis. Additionally, the NPV remains **positive** even when the impact on averted Disability Adjusted Life Years (DALYs) is reduced to 5 percent (Table 3). The results show that the proposed activities to be undertaken with the entire project will be economically viable (See Annex 1 for details).

Table 3: Results of CBA Base-case Scenario and Sensitivity Analyses

	DALY reduction rate (%)	NPV (US$, millions)	IRR (%)
High case scenario	15	189.09	88.14
Base-case scenario	10	95.23	43.38
Low-case scenario	5	1.38	6.54

Public Sector Involvement

50. **Public intervention is needed to address the following four major causes of market failures: equity, externalities, public good, and market power.** With the high urban-rural and wealth quintile disparities in the provision of essential health services, the equity consideration is perhaps the most important factor in The Gambia. Access to health care professionals is skewed heavily toward the urban rather than the rural setting, as 73 percent of health care professionals practice in facilities in urban areas.[4] Moreover, a core tenet of UHC is to protect individuals from financial consequences of ill health. As such, market-driven user fees, for instance, for health services could either deter patients from using needed services or they may get services but at a cost which could impoverish them or their families. These constraints could be better addressed by the public sector as the market cannot realistically address access and coverage issues through a price mechanism. Public intervention is, therefore, necessary to deal with large variable costs associated with disparities of health care providers across the country. Besides, the project's proposed performance-based contracting approach would help address systemic service delivery issues that might not be attractive to the profit-oriented private sector.

Value Added of World Bank

51. Details of the World Bank value added are described in section D. Rationale for AF.

Paris Alignment

52. The operation is aligned with the goals of the Paris Agreement on both adaptation and mitigation.

53. **Assessment and reduction of adaptation risks:** The operation contributes to climate resilience, and adaptation design considerations limit the exposure to a low level of residual risk. The main climate and disaster risks likely to affect the project are flooding and expected increases in maximum temperature. The project design takes into consideration the extreme heat, precipitation and flooding risks that threaten the outcomes of the project. Specifically, climate change risks and vulnerability to floods and extreme heat will be managed and mitigated through targeted adaptation measures such as natural ventilation, solar protection, thermal inertia, and rainwater and greywater management, and training/sensitization of healthcare workers and communities on preparedness and response in case of a climatic event. (Please refer to paragraphs 70-73 for additional details on the climate risks, vulnerabilities and the adaptation measures proposed for this operation).

54. **Assessment and reduction of mitigation risks:** The program design will have little to no impact on GHG emissions and has a low risk of preventing The Gambia's transition to low-carbon development pathways. The project will support the adoption of mitigation measures/lower-carbon alternatives and practices, such as sustainable building design, energy efficient equipment, and use of renewable energy sources (i.e., solar power in health facilities and laboratories that are being constructed and rehabilitated), where technically feasible, economically viable, and developmentally appropriate. Carbon lock-in is expected to be low due to the sustainability design that is being put in place to construct the health facilities and laboratories. Moreover, construction and rehabilitation are small-scale and they are not expected to be carbon intensive. Energy-efficient measures will be considered in the construction of these buildings. Best

[4] The Gambia Health Public Expenditure Review (PER) 2019.

management practices for energy-efficiency will be used for the installation of water and irrigation systems, including rainwater and greywater management. (Please refer to paragraphs 70-73 for additional details on the climate risks, vulnerabilities and the mitigation measures proposed for this operation).

B. Financial Management

55. In line with the guidelines stated in the FM Practices Manual issued by the FM Sector Board on March 1, 2010 (last updated Septmeber 2021), an FM assessment was conducted for the parent project. The FM arrangements for this AF will be the same as for those under the parent project, including the FM risk assessed, which is Moderate. As all mitigating measures identified have been implemented for the parent project to address FM capacity constraints, the FM satisfies the WBG's minimum requirements.

56. **The overall FM performance of the PCU was Moderately Satisfactory during the April 2023 review** due to: (i) inadequate review of payments of allowances for the mass registration campaign leading to duplicating of payments to officers; (ii) long outstanding unretired imprests; and (iii) inadequately supported payment vouchers. However, the project's bookkeeping was up to date and the IFRs are submitted on time and their quality is acceptable. The external auditor expressed an unqualified opinion on the 2021 financial statements. Current staffing will be inadequate for this AF and the team needs to be strenghened by recruiting a senior accountant and an accountant.

57. **Several measures will be taken to accommodate the AF in the existing FM system and ensure readiness for implementation**: (i) recruitment of a senior accountant and an accountant; (ii) the accounting software used for the parent project will be updated for the bookkeeping of the AF activities; (iii) the external auditor contract will be amended to include the AF in its audit scope; and (iv) the MoFEA Directorate of Internal Audit will include the AF in its scope of intervention.

58. **Disbursement for the project will follow the existing disbursement arrangements for the original project.** Disbursements under the ongoing project are statement of expenditure based. The Direct Payment method will apply as appropriate. A pooled designated account will be used for the AF.

C. Procurement

59. **Procurement under the second AF will be carried out in accordance with the World Bank Procurement Regulations for Investment Project Financing Borrowers, dated November 2020**. As with the parent project, the AF will be subject to the World Bank Anticorruption Guidelines, dated October 15, 2006, revised in January 2011, and as of July 1, 2016. The project will use the Systematic Tracking of Exchanges in Procurement (STEP) to plan, record, and track procurement transactions.

60. **Procurement Performance Rating:** In accordance with the World Bank Procurement Risk Assessment and Management System (PRAMS), the last procurement risk assessment conducted on March 13, 2023 demonstrated that the procurement performance is Satisfactory.

61. **Project Procurement Strategy for Development (PPSD) and Procurement Plan (PP):** The PPSD was updated and approved by the World Bank prior to recording in STEP and, the PP also has been updated to reflect the additional procurement activities including medical equipment for NFDQCL and BEU, supervision consulting services for the construction and medical equipment, and consulting services for

the electronic case-based surveillance system. The selection and contracting of the architects and contractor were undertaken under The Gambia COVID-19 Preparedness and Response Project (P173798).

D. Legal Operational Policies

	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

E. Environmental and Social

62. **E&S compliance of the parent project is Satisfactory. The** first **AF E&S instruments have been updated for the proposed second AF and publicly disclosed**:

- *AF Environmental and Social Commitment Plan (ESCP) - Second AF to The Gambia Essential Health Services Strengthening Project - P181161 (English)*[5]. Washington, D.C. : World Bank Group. May 26, 2023
- *AF Stakeholder Engagement Plan (SEP) - Second AF to The Gambia Essential Health Services Strengthening Project - P181161 (English)*[6]. Washington, D.C. World Bank Group. May 26, 2023
- *AF Environmental and Social Review Summary (ESRS) - Second AF to The Gambia Essential Health Services Strengthening Project - P181161 (English)*[7]. Washington, D.C. : World Bank Group. May 26, 2023

63. The Environmental and Social Management Framework (ESMF)[8], which was updated as part of the first AF, sets out procedures for the E&S screening, review, approval, and implementation of activities. The identification and management of environmental risks during construction and operational phases in the first AF ESMF is applicable to the second AF and it will not be necessary to revise the ESMF for the second AF. The ESIAs and ESMPs for construction of the NFDQCL at Brusubi and BEU at Farato are being developed under The Gambia COVID-19 Preparedness and Response Project (P173798) and will disclosed prior to starting construction activities.

64. Further, the MOH has developed a comprehensive GBV/SEA/SH and Grievance Redress Mechanism (GRM) Action Plan, which is under implementation. The project implementation will continue to ensure appropriate stakeholder engagement, proper awareness raising, and timely information dissemination.

65. The PCU has a Senior Operations Officer who is the main coordinator and focal point for E&S issues, supported by the MOH Environmental Health Program Manager, the Health Communications Manager and the SEA/SH/GBV Focal Point. The same PCU has been implementing the E&S requirements of The Gambia COVID-19 Preparedness and Response Project (P173798) since April 2020 and the parent project. Additionally, the PCU intends to engage a full-time environmental specialist to reinforce the monitoring of field activities with the additional constructions proposed for the second AF.

66. As part of the PCU commitment to monitor and report on the status of E&S due diligence, E&S Due Diligence Reports are submitted quarterly to the WBG. Together with the WBG E&S specialists, the report has been structured to follow both the ESCP and ESMF commitments. All required project actions are being tracked and reported on. The WBG has organized a series of virtual capacity-building events: (a) a virtual orientation on November 17, 2020 for 37 key stakeholders working on this project to ensure an appropriate E&S Due Diligence Report is carried out; (b) a three-day training (December 1–3, 2020) on

[5] http://documents.worldbank.org/curated/en/099052623144521105/P18116108f9d280608f700a4e5f3c2b2f2
[6] http://documents.worldbank.org/curated/en/099052623144593589/P18116107468fe07085d10749e96e320bc
[7] http://documents.worldbank.org/curated/en/099052623144510691/P1811611a373541413de5141d8183fc1a33c02a32260
[8] http://documents.worldbank.org/curated/en/143311635256180636/Environmental-and-Social-Management-Framework-ESMF-The-Gambia-Essential-Health-Services-Strengthening-Project-P173287

implementing the E&S framework in WBG-financed projects for implementing agencies; (c) a workshop on SEA/SH risk management in World Bank-financed operations in The Gambia during December 8–10, 2020; (d) a training on May 26, 2021 for more than 24 participants and the topics covered included expanding the stakeholder communication program, ESMPs, SEA/SH Action Plan, and healthcare waste treatment; and (e) a workshop on November 15, 2022 on the E&S Due Diligence for the various actors involved in the health facilities renovations/constructions. The E&S management practices across the World Bank and MOH programs were presented as good practice in a three-day Health E&S training for Sierra Leone, Liberia, and Ghana.

67. **The AF will contribute to two World Bank Regional Gender Action Plan priorities: (i) reduce adolescent fertility rate (with the tracking of the PDO-level indicator, contraceptive prevalence rate); and (ii) reduce GBV (as noted above with the implementation of the comprehensive SEA/SH/GBV action plan)**. Globally, some progress on women's rights has been achieved. The maternal mortality ratio 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 82.7 percent in 2018. However, work still needs to be done in The Gambia to achieve gender equality. The proportion of women ages 20–24 who were married or in union before the age of 18 is 30.4 percent. As of February 2019, only 10.3 percent of parliament seats are held by women. In 2013, 7 percent of women ages 15–49 reported that they had been subject to physical and/or sexual violence by a current or former intimate partner in the previous 12 months. Moreover, women of reproductive age (ages 15–49) often face barriers with respect to their sexual and reproductive health and rights—despite progress, the proportion of women using modern contraceptive methods stood at 17.1 percent in 2020.

68. In The Gambia, only 35.7 percent of indicators needed to monitor the Sustainable Development Goals (SDGs) from a gender perspective are available, with gaps in key areas such as unpaid care and domestic work, key labor market indicators such as gender pay gap, and skills in information and communication technology. In addition, many areas such as gender and poverty, women's access to assets including land, physical and SH, and gender and the environment currently lack comparable methodologies for comprehensive and periodic monitoring. These gender data help understand the situation of women and girls in The Gambia and for achieving the gender-related SDGs commitments, and efforts are under way to address these gaps.

69. **GRM.** The parent project incorporates a comprehensive project-wide GRM which will enable a broad range of stakeholders to channel concerns, questions, and complaints to the various implementation agencies and a toll-free call center. The project supports the call center with toll-free numbers. These numbers have been publicly disclosed throughout the country in the broadcast and print media. The GRM has been equipped to handle cases of SEA/SH, as rapid guidance on how to respond to these cases has been developed and shared with operators. This will follow a survivor-centered approach. The GRM will continue to be publicized by the MOH and other relevant agencies.

Climate Vulnerability and Resilience

70. **This project has been screened for climate change and disaster risks.** The overall potential risks in The Gambia were assessed as 'Moderate' in the Summary Climate and Disaster Risk Screening Report. The exposure rating was assessed as 'High' due to extreme temperature, precipitation and flooding, drought,

sea level rise, storm surge, and coastal erosion. This exposure risk is assessed at this level for both the current and future time scales. The Gambia experienced an increased frequency and intensity of droughts, flooding, coastal erosion, windstorms, high temperatures, and intense and erratic rainfalls in recent years[9]. These extreme climate events hinder the country's sustainable development and poverty eradication efforts. In The Gambia, average temperatures range from 18.0°C to 30.0°C during the dry season and 23.0°C to 33.0°C during the wet season[10]. However, mean annual temperatures have increased by 1.0°C since 1960. Rainfall in The Gambia has decreased between 1960 and 2006, but the intensity of rainfall events have increased. An increase in heat and rainfall events may lead to food insecurity due to the population's heavy reliance on rain-fed crops that are vulnerable to persistent drought and intense rainfall.[11] Droughts can also lead to dust storms, which would have serious respiratory health consequences for a population that has lower respiratory tract infections as the second leading cause of mortality in 2019[12]. Extreme rainfall events and flooding may lead to an increased number of breeding grounds for mosquitoes, water contamination, injuries, drowning, and infrastructure damage. The Gambia ranks 144th (out of 182 countries) under the Notre Dame Global Adapatation Initiative (ND-GAIN) , which suggests that the country is highly vulnerable and has low readiness for the impacts of climate change. Therefore, it is critical to put sustainable and climate-resilient measures in place to reduce the impact of climate change on the population to. However, the risk on project activities and outcomes is categorized as 'Moderate' due to several adaptation measures put in place to ensure climate resilience in the future. Some mitigation measures will also be put in place to reduce the impact of the project's activities on the environment and reduce the impact of the project on the country's GHGs.

71. **Climate change is a suspected culprit increasing pressure on the healthcare system in The Gambia.** Climate forecasts indicate that mean annual temperature, tropical nights and annual precipitation will increase in The Gambia due to climate change[13]. These, in turn, will increase the risk of cardiovascular diseases and epidemiological risk associated with some vector-borne pathogens. A growing body of epidemiological evidence in Africa suggests that temperature increase and changes in precipitation patterns contribute to preterm births, low birth weight, stillbirths, growing antibiotic resistance, hypertension, and other health complications, including teratogenic effects in fetuses from heat exposure in the first trimester of pregnancies[14]. Major infectious diseases are present in The Gambia: bacterial and protozoal diarrhea, hepatitis A, typhoid fever, malaria, dengue fever, schistosomiasis, rabies, and meningococcal meningitis, which can be exacerbated by climate change. Populations suffering from NCDs, such as cardiovascular diseases, hypertension, diabetes, and respiratory illnesses are also more vulnerable to climate change, which can result in an increased risks of acute episodes as well as mortality. For instance, rural and semi-urban residence in The Gambia were recently found to be strongly associated

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[9] Government of The Gambia. 2022. The Gambia's Long-Term Climate-Neutral Development Strategy 2050.

[10] The Gambia, Climate Projections. The World Bank Climate Change Knowledge Portal - *https://climateknowledgeportal.worldbank.org/country/gambia/climate-data-projections*

[11] International College of Business and Human Resource Development (ICOBAHRD) at Kanifing and the Center for International Earth Science Information Network (CIESIN) at Columbia University. 2011. Climate Change and Development in The Gambia: Challenges to Ecosytem Goods and Services. Kanifing, The Gambia.

[12] IHME. 2019. Country Profile: The Gambia. Retrieved at: *http://www.healthdata.org/gambia*

[13] The Gambia, Climate Projections. The World Bank Climate Change Knowledge Portal - *https://climateknowledgeportal.worldbank.org/country/gambia/climate-data-projections*

[14] Bonell A. et al. (2020) A protocol for an observational cohort study of heat strain and its effect on fetal wellbeing in pregnant farmers in The Gambia - *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7141168/*

with hypertension[15]. One of possible factors contributing to hypertension in rural and semi-urban regions in The Gambia is heat exposure, which is likely to become more severe with climate change[16]. Women, children and adolescents are also more vulnerable to climate change. Pregnant women, especially in rural areas, are subject to extreme heat while working outdoors (i.e., farming) which can have significant implications on the health of the women as well as the fetus and future health of the child[17]. This is worrisome since maternal mortality accounts for 36 percent of all deaths among women in the age cohort of 15 to 49 years old according to demographic and health survey (DHS) from 2013. Moreover, although the neonatal mortality is on the declining trend, it is still quite high at 27 deaths per 1000 live births[18,19]. Therefore, over 30 percent of country's population will be vulnerable to climate-related health complications in the coming decades and will need healthcare services that can withstand climate emergencies.

72. **Improved provision of climate-resilient health services and stronger trust in new and/or renovated healthcare facilities and laboratories will enable collection of robust data, better monitoring of health statistics and obtaining reliable epidemiological information for both communicable and NCDs, including those potentially linked to climate change.** While frequency of communicable and NCDs in The Gambia could increase in association with and/or exacerbated by the climate change, it is crucial that the country builds resilience through strengthening its healthcare and laboratory services. Old structures used in the healthcare sector are losing structural integrity and ability to protect against heat waves, windstorms, heavy rains, and floods. The proposed AF aims to prepare the country's healthcare sector to the challenges and risks posed by climate change, particularly as it relates to **adaptation measures**. The healthcare facilities and the laboratories that will be constructed and renovated have a sustainability concept design that consider the different climate conditions in the design strategy. This will include: (i) natural ventilation for people to benefit from evaporative cooling, such as orienting the facility where winds are more prevalent and ensuring cross-ventilation in the offices; (ii) solar protection such as extension of the roof for shading (double skin solar protection) and reflective roofs; (iii) thermal inertia to ensure comfortable temperatures indoors, by using roof and wall insulation that absorb heat and keep the building cool; (iv) rainwater and greywater management, which will enable water to be collected and used for non-potable water applications and also reduce the impacts of flooding, such as soakaway installation to drain grey waters back to to the soil, native vegetation species to reduce the water use for irrigation, grid paving to help prevent runoff water while avoiding heat island effect, and use of permeable surfaces for roads, parking lots and walkways. Further, electronic case-based surveillance system will cover climate sensitive diseases such as malaria, leprosy, meningitis, and tuberculosis. In terms of **climate mitigation measures**, climate-resilient and energy-efficient water supply and storage infrastructure will be procured, which will improve water access and water-use efficiency. The buildings will be equipped with solar panels on every roof, which enable 24/7 electricity generation, which will mitigate GHG

[15] *Cham B. et al. (2018) Burden of hypertension in The Gambia: evidence from a national World Health Organization (WHO) STEP survey. International Journal of Epidemiology, pp. 860-871.*

[16] Peters, A., Schneider, A. Cardiovascular risks of climate change. *Nat Rev Cardiol* **18**, 1–2 (2021). https://doi.org/10.1038/s41569-020-00473-5

[17] Spencer S, Samateh T, Wabnitz K, Mayhew S, Allen H, Bonell A. The Challenges of Working in the Heat Whilst Pregnant: Insights From Gambian Women Farmers in the Face of Climate Change. Front Public Health. 2022 Feb 10;10:785254. doi: 10.3389/fpubh.2022.785254. PMID: 35237548; PMCID: PMC8883819.

[18] Mortality rate, neonatal (per 1,000 live births) – Gambia, The *https://data.worldbank.org/indicator/SH.DYN.NMRT?locations=GM*

[19] Gambia Maternal and Child Health, UNICEF - *https://www.unicef.org/gambia/maternal-and-child-health*

emissions by reducing the use of diesel-powered generators. Energy-efficient lighting (i.e., Energy Star LED lights) and light control measures (such as diming and occupancy sensors) will also be procured.

73. **Healthcare sector capacity-building activities are also envisaged in the project**. In addition to the overarching effort to increase climate resilience of the healthcare sector in The Gambia as detailed above, simultaneous capacity building of healthcare workers will be directly facilitated through this operation. Climate change resilience measures will help raise awareness about the impacts of climate change on communicable and NCDs, and nutrition as well as climate emergency preparedness and response. This will include training among healthcare professionals and the general public on measures to take in the event of extreme heat or drought to reduce the chances of dehydration, illness and prevent deaths from heat waves and other climate emergencies that can aggravate chronic cardiovascular and respiratory diseases. Special attention will be given to capacity-building for addressing and responding to pre- and post-natal and health complications due to heat exposure. Moreover, the SBCC will also be expanded into the two urban regions and context-specific training material and messages will also be developed and tailored for community members and health care providers, which will include contextual information on climate change and climate resilience. The call center that was established in the country is part of the early warning system mechanism and will enable the population to provide any information related to climate impacts or disasters, particularly due to the climate variability that the country experiences every few years, and excessive rainfall that leads to flooding. This will enable emergency health personnel to mobilize quickly to address climate disasters to reduce injuries, drownings, and deaths.

V. WORLD BANK GRIEVANCE REDRESS

74. ***Grievance Redress.*** Communities and individuals who believe that they are adversely affected by a project supported by the World Bank may submit complaints to existing project-level grievance mechanisms or the World Bank's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the Bank's independent Accountability Mechanism (AM). The AM houses the Inspection Panel, which determines whether harm occurred, or could occur, as a result of Bank non-compliance with its policies and procedures, and the Dispute Resolution Service, which provides communities and borrowers with the opportunity to address complaints through dispute resolution. Complaints may be submitted to the AM at any time after concerns have been brought directly to the attention of Bank Management and after Management has been given an opportunity to respond. For information on how to submit complaints to the Bank's GRS, please visit http://www.worldbank.org/GRS. For information on how to submit complaints to the Bank's AM, please visit https://accountability.worldbank.org.

VI SUMMARY TABLE OF CHANGES

	Changed	Not Changed
Project's Development Objectives	✓	
Results Framework	✓	
Components and Cost	✓	
Implementing Agency		✓
Loan Closing Date(s)		✓
Cancellations Proposed		✓
Reallocation between Disbursement Categories		✓
Disbursements Arrangements		✓
Legal Covenants		✓
Institutional Arrangements		✓
Financial Management		✓
Procurement		✓
Other Change(s)		✓

VII DETAILED CHANGE(S)

PROJECT DEVELOPMENT OBJECTIVE

Current PDO

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

Proposed New PDO

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

COMPONENTS

Current Component Name	Current Cost (US$, millions)	Action	Proposed Component Name	Proposed Cost (US$, millions)
Component 1. Improving the Delivery and Utilization of Quality Essential Primary Health Care Services	83.50	Revised	Component 1. Improving the Delivery and Utilization of Quality Essential Primary Health Care Services	92.33
Component 2. Project management	3.00		Component 2. Project management	3.00
Component 3. Contingent Emergency Response Component (CERC)	0.00		Component 3. Contingent Emergency Response Component (CERC)	0.00
TOTAL	**86.50**			**95.33**

Expected Disbursements (in US$)

Fiscal Year	Annual	Cumulative
2021	3,592,800.00	3,592,800.00
2022	10,000,000.00	13,592,800.00
2023	20,000,000.00	33,592,800.00
2024	30,000,000.00	63,592,800.00
2025	25,000,000.00	88,592,800.00
2026	237,200.00	88,830,000.00

SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

Risk Category	Latest ISR Rating	Current Rating
Political and Governance	Moderate	Moderate
Macroeconomic	Moderate	Moderate
Sector Strategies and Policies	Moderate	Moderate
Technical Design of Project or Program	Moderate	Moderate
Institutional Capacity for Implementation and Sustainability	Moderate	Moderate

Fiduciary	Moderate	Moderate
Environment and Social	Moderate	Moderate
Stakeholders	Moderate	Moderate
Other		
Overall	Moderate	Moderate

LEGAL COVENANTS – Second AF to The Gambia Essential Health Services Strengthening Project (P181161)

Sections and Description
As agreed in ESCP, no later than one month after Effective Date of the second Additional Financing recruit/appoint a full-time environmental specialist and maintain this position throughout project implementation.

Conditions

Type	Financing source	Description
Effectiveness	IBRD/IDA	Grant Agreement, Article IV, 4.01. The Grant Agreement shall not become effective until evidence satisfactory to the Bank has been furnished to the Bank that the following condition has been satisfied, mainly that the execution and delivery of the Grant Agreementon behalf of the Recipient has been duly authorized by all necessary government action

VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY: Gambia, The

Second AF to The Gambia Essential Health Services Strengthening Project

Project Development Objective(s)

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

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Improve quality of essential health services							
Health Facility Quality Index (Percentage)		69.00	72.00	75.00	79.00	82.00	85.00
Improve utilization of essential health services							
Essential health services coverage index (Geometric means of tracer indicators, on a scale of 0-100) (Percentage)		45.90	47.55	49.78	52.13	54.46	56.38
Contraceptive prevalence rate (Percentage)		17.10	19.00	22.00	26.00	30.00	33.00
Antenatal care, four or more visits (Percentage)		78.50	80.00	81.00	82.00	83.00	84.00

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Delivery in a health facility (Percentage)		83.70	84.00	85.00	86.00	87.00	88.00
Fully immunized children (percentage of children who at age 12-23 months had received all basic vaccinations) (Percentage)		84.60	85.00	86.00	87.00	88.00	90.00
Children aged 6-23 months who received minimum acceptable diet (Percentage)		14.00	15.00	16.00	17.00	18.00	19.00
Children under age 5 for whom advice or treatment was sought for symptoms of acute respiratory infection (Percentage)		70.30	71.00	73.00	74.00	76.00	77.00
Strengthen the national system for public health preparedness *(Action: This Objective is New)*							
Electronic case-based surveillance system established and validated for priority diseases (Text)		No web-based electronic case-based surveillance system					Electronic case-based surveillance system established and validated for priority diseases
Action: This indicator is New	***Rationale:*** ***This new indicator is to capture national system for public health preparedness.***						

Intermediate Results Indicators by Components

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Component 1: Improving the Delivery and Utilization of Quality Essential Primary Health Care Service							
People who have received essential health, nutrition, and population (HNP) services (CRI, Number)		799,590.00	1,575,900.00	2,388,400.00	3,215,900.00	4,076,400.00	4,972,800.00
People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement) (CRI, Number)		399,000.00	817,000.00	1,200,000.00	1,700,000.00	2,200,000.00	2,700,000.00
Number of children immunized (CRI, Number)		72,412.00	145,000.00	219,000.00	294,000.00	369,000.00	445,000.00
Number of women and children who have received basic nutrition services (CRI, Number)		668,603.00	1,310,900.00	1,985,400.00	2,669,900.00	3,384,400.00	4,129,800.00
Number of deliveries attended by skilled health personnel (CRI, Number)		58,575.00	120,000.00	184,000.00	252,000.00	323,000.00	398,000.00
Pregnant women coming for antenatal care in the first trimester (Number)		23,216.00	46,000.00	69,000.00	92,000.00	116,000.00	139,000.00
Delivery by cesarean section (Percentage)		3.70	5.00	6.00	7.00	7.00	7.00
People enrolled in the NHIS (Number)		0.00	10,000.00	50,000.00	160,000.00	260,000.00	330,000.00
Timely processing of claims submitted by health facilities to the NHIA (Percentage)		0.00	10.00	20.00	30.00	40.00	50.00

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
New acceptors of modern contraception (Number)		80,909.00	125,000.00	165,000.00	200,000.00	240,000.00	280,000.00
Children under 5 treated for moderate or severe acute malnutrition (Number)		2,587.00	3,900.00	5,400.00	6,900.00	8,400.00	9,800.00
Children age 12-59 months dewormed (Number)		180,402.00	260,000.00	350,000.00	400,000.00	450,000.00	500,000.00
Children between the age of 6 and 59 months receiving Vitamin A supplementation (Number)		234,243.00	480,000.00	738,000.00	1,009,000.00	1,294,000.00	1,593,000.00
Post-partum mothers supplemented with vitamin A (Number)		55,658.00	111,000.00	166,000.00	222,000.00	278,000.00	333,000.00
Pregnant women receiving iron and folic acid (IFA) supplements (Number)		286,914.00	586,000.00	901,000.00	1,232,000.00	1,579,000.00	1,944,000.00
Health facilities reporting no stock-out of essential tracer medicines and medical supplies at the time of the health facility quality of care assessment (Number)		25.00	35.00	40.00	45.00	50.00	65.00
Action: This indicator has been Revised	***Rationale:*** ***Numerator original: Number of health facilities reporting no stock-out of essential tracer medicines and medical supplies (magnesium sulphate, amoxicillin, oxytocin, paracetamol, mebendazole, Depo-Provera injection, vitamin A, Sulphadoxine + Pyrimethamine, Tenofovir/Lamivudine/Efavirenz, Rifampin/isoniazid/pyrazinamide/ethambutol (RHZE), and Ready-to-Use Therapeutic Food (RUTF)) at the time of the health facility quality of care assessment *100*** ***Numerator revised: Number of health facilities reporting no stock-out of essential tracer medicines and medical supplies (based on the quality of care checklist) at the time of the health facility quality of care assessment *100*** ***Denominator original: Number of health facilities assessed in the same period.***						

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
	Denominator revised: Number of health facilities (minor health centers, major health centers and hospitals) assessed in the same period. ***With the proposed revised definition, the baseline value is proposed to be changed from 75 to 25 percent and the proposed endline target is 65 percent***						
Health facilities that can perform diagnostic services at the time of the health facility quality of care assessment (Percentage)		10.50	15.00	25.00	35.00	40.00	50.00
Action: This indicator has been Revised	***Rationale:*** ***Numerator original: Number of health facilities that can perform diagnostic services (12 core tests include: hemoglobin, blood glucose, malaria diagnostic capacity, urine dipstick- protein, urine dipstick- glucose, HIV diagnostic capacity, Dried Blood Spot collection, TB microscopy, syphilis rapid diagnostic test, general microscopy, urine pregnancy test, alanine aminotransferase (ALT) test, and creatinine) at the time of the health facility quality of care assessment *100.*** ***Numerator revised: Number of health facilities that can perform diagnostic services (12 core tests include: hemoglobin, blood glucose, malaria diagnostic capacity, urine dipstick- protein, urine dipstick- glucose, HIV diagnostic capacity, Dried Blood Spot collection, TB microscopy, syphilis rapid diagnostic test, general microscopy, urine pregnancy test, alanine aminotransferase (ALT) test, and creatinine test) at the time of the health facility quality of care assessment *100. ALT test, creatinine test, and TB microscopy are not applicable to minor health centers.*** ***Denominator original: Number of health facilities assessed in the same period.*** ***Denominator revised: Number of health facilities (minor health centers, major health centers and hospitals) assessed in the same period.***						
Quarterly counter verification of health facility service delivery data conducted and report available (Text)		Not available as of July 31, 2020 for the April-June 2020 quarter	Counter verification report available	Counter verification report available	Counter verification report available	Counter verification report available	Counter verification report available
Timely submission of health facilities monthly reports (Percentage)		69.80	72.00	75.00	80.00	85.00	90.00
Completeness of health facilities monthly reports (Percentage)		75.70	80.00	82.00	85.00	87.00	92.00

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Service delivery reports from community health workers integrated into HMIS (Percentage)		80.60	82.00	84.00	86.00	88.00	90.00
Electronic human resource management information system established (Text)		No web-based electronic human resource management information system					Web-based electronic human resource management information system established
Electronic logistic management information system established (Text)		Web-based electronic logistic management information system					Web-based electronic logistic management information system established
Health personnel trained (Number)		0.00	40.00	120.00	180.00	230.00	250.00
Births registered (Number)		101,515.00	213,000.00	336,000.00	471,000.00	619,000.00	783,000.00
Marriages registered (Number)		490.00	1,419.00	2,300.00	3,300.00	4,400.00	5,500.00
Health facilities renovated/constructed (Number)		0.00	0.00	0.00	2.00	3.00	12.00
Action: This indicator has been Revised	***Rationale:*** ***To increase the target from 10 to 12 for the construction of a national Food and Drug Quality Control Laboratory and Biomedical Engineering***						
National emergency treatment center intensive care unit, emergency observation and treatment center, public health laboratory and training center, blood transfusion		0.00	0.00	0.00	0.00	0.00	1.00

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
center constructed (Number)							
National Food and Drug Quality Control laboratory constructed (Number)		0.00					1.00
Action: This indicator is New	***Rationale:*** ***To capture the construction of National Food and Drug Quality Control laboratory***						
Health facilities renovated/constructed with energy efficient systems in place and/or with energy-efficient appliances installed (Number)		0.00	0.00	0.00	0.00	10.00	13.00
Action: This indicator has been Revised	***Rationale:*** ***Target to decrease from 13 to 12 health facilities. The endline target of 13 was an error since the first AF project paper indicated value of 10.***						
Grievances addressed within stipulated service standards for response (Percentage)		0.00	10.00	40.00	50.00	70.00	90.00
Health personnel trained in surveillance standard operating procedures (Number)		0.00					150.00
Action: This indicator is New	***Rationale:*** ***This new indicator is to capture number of health personnel and community event-based volunteers trained in surveillance standard operating procedures***						
Notifiable diseases and events detected within 7 days of emergence (Percentage)		0.00					50.00

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Action: This indicator is New	***Rationale:*** ***This new indicator is to capture notifiable diseases and events detected within 7 days of emergence***						

Monitoring & Evaluation Plan: PDO Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Health Facility Quality Index	The index, on a scale of 0 to 100, is computed for all health centers based on a quality of care assessment checklist and the average score reported.	Annual	Administer quality of care checklist	Quality of care checklist	Ministry of Health Directorate of Planning and Information
Essential health services coverage index (Geometric means of tracer indicators, on a scale of 0-100)	Geometric means of six tracer indicators, on a scale of 0-100. The Geometric Mean formula in Excel is =GEOMEAN(A1:A6) (i.e., geometric mean of the data in cells A1 to A6)	2019-2020 DHS data/ February-March 2023 /2024 MICS/2025 DHS	Household survey	Nationally representative sampling	MOH DPI
Contraceptive prevalence rate	Numerator: Number of currently married women who use any modern method of contraceptive nationally *100	2019-2020 DHS data/ February-March 2023 /2024	Household survey	Nationally representative sampling	MOH DPI

	Denominator: Number of currently married women ages 15-49 nationally in the same period	MICS/2025 DHS			
Antenatal care, four or more visits	Numerator: Number of women aged 15 to 49 years with a live birth that received antenatal care four or more times * 100 Denominator: Number of women aged 15 to 49 years with a live birth nationally in the same period	2019-2020 DHS data/ February-March 2023 /2024 MICS/2025 DHS	Household survey	Nationally representative sampling	MOH DPI
Delivery in a health facility	Numerator: Number of deliveries in health facilities nationally *100 Denominator: Number of births in health facilities nationally in the same period	2019-2020 DHS data/ February-March 2023 /2024 MICS/2025 DHS	Household survey	Nationally representative sampling	MOH DPI
Fully immunized children (percentage of children who at age 12-23 months had received all basic vaccinations)	Numerator: Number of children who at age 12-23 months had received all basic vaccinations *100 Denominator: Number of children age 12-23 months nationally in the same period Basic vaccinations are measles, and 3 doses each	2019-2020 DHS data/ February-March 2023 /2024 MICS/2025 DHS	Household survey	Nationally representative sampling	MOH DPI

	of DPT or pentavalent and polio vaccine				
Children aged 6-23 months who received minimum acceptable diet	Numerator: Number of children aged 6-23 months who received minimum acceptable diet *100 Denominator: Number of children aged 6-23 months nationally in the same period The minimum acceptable diet for breastfed children aged 6-23 months is defined as receiving the minimum dietary diversity and the minimum meal frequency, while for non-breastfed children it further requires at least two milk feedings and that the minimum dietary diversity is achieved without counting milk feeds.	2019-2020 DHS data/ November 2022 Second National Nutrition Sentinel Surveillance /2024 MICS/2025 DHS	Household survey	Nationally representative sampling	MOH DPI
Children under age 5 for whom advice or treatment was sought for symptoms of acute respiratory infection	Numerator: Number of children under age 5 for whom advice or treatment was sought for acute respiratory infection from the following sources: public sector, private	2019-2020 DHS data/ February-March 2023 /2024 MICS/2025 DHS	Household survey	Nationally representative sampling	MOH DPI

	medical sector, shop, market, and itinerant drug seller *100 Denominator: Number of children under age 5 who experienced the following in the 2 weeks preceding the survey: a cough accompanied by short, rapid breathing or difficulty breathing as a result of a chest-related problem (symptoms of an acute respiratory infection) nationally in the same period				
Electronic case-based surveillance system established and validated for priority diseases	Web-based electronic case-based surveillance system established validated for priority diseases	Annual	Epidemiology and Disease Control Unit administrative records	Annual Epidemiology and Disease Control Unit administrative records	Epidemiology and Disease Control Unit

Monitoring & Evaluation Plan: Intermediate Results Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
People who have received essential health, nutrition, and population (HNP) services		Annual	DHIS2	Annual HMIS reports	MOH DPI

People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement)		Annual	DHIS2	Annual HMIS reports	MOH DPI
Number of children immunized		Annual	DHIS2	Annual HMIS reports	MOH DPI
Number of women and children who have received basic nutrition services		Annual	DHIS2	Annual HMIS reports	MOH DPI
Number of deliveries attended by skilled health personnel		Annual	DHIS2	Annual HMIS reports	MOH DPI
Pregnant women coming for antenatal care in the first trimester	Cumulative number of pregnant women who received their first antenatal care in the first trimester	Annual	DHIS2	Annual HMIS reports	MoH DPI
Delivery by cesarean section	Numerator: Number of deliveries by cesarean section *100 Denominator: Number of live births nationally in the same period	2022 Malaria Indicator Survey/2023 MICS/2025 DHS	Household survey	Nationally representative sampling	MOH DPI
People enrolled in the NHIS	Cumulative number of people enrolled in the NHIS (cumulative)	Annual	NHIS administrative data	Annual membership reports	NHIA
Timely processing of claims submitted by health facilities to the NHIA	Numerator: Number of claims submitted by health facilities to the NHIA that were processed in one month *100	Annual	NHIS administrative data	Annual claims processing reports	NHIA

	Denominator: Number of claims submitted by health facilities to the NHIA in the same period				
New acceptors of modern contraception	Cumulative number of new acceptors of modern contraception (cumulative)	Annual	DHIS 2	Annual HMIS reports	MOH DPI
Children under 5 treated for moderate or severe acute malnutrition	Cumulative number of children under age 5 years treated for moderate or severe acute malnutrition	Annual	DHIS 2	Annual HMIS reports	MOH DPI
Children age 12-59 months dewormed	Cumulative number of children age 12-59 months who were dewormed	Annual	DHIS 2	Annual HMIS reports	MOH DPI
Children between the age of 6 and 59 months receiving Vitamin A supplementation	Cumulative number of children between the age of 6 and 59 months receiving Vitamin A supplementation	Annual	DHIS2	Annual HMIS reports	MOH DPI
Post-partum mothers supplemented with vitamin A	umulative number of post-partum mothers supplemented with vitamin A (cumulative)	Annual	DHIS2	Annual HMIS reports	MOH DPI
Pregnant women receiving iron and folic acid (IFA) supplements	Cumulative number of pregnant women receiving iron and folic acid (IFA) supplements	Annual	DHIS2	Annual HMIS reports	MOH DPI
Health facilities reporting no stock-out of essential tracer medicines and medical supplies at the time of the health facility quality of care assessment	Numerator: Number of health facilities reporting no stock-out of essential tracer medicines and medical supplies (based on	Annual	Administer quality of care checklist	Quality of care checklist	MOH DPI

	the quality of care checklist) at the time of the health facility quality of care assessment *100 Denominator: Number of health facilities (minor health centers, major health centers and hospitals) assessed in the same period				
Health facilities that can perform diagnostic services at the time of the health facility quality of care assessment	Numerator: Number of health facilities that can perform diagnostic services (12 core tests include: hemoglobin, blood glucose, malaria diagnostic capacity, urine dipstick- protein, urine dipstick- glucose, HIV diagnostic capacity, Dried Blood Spot collection, TB microscopy, syphilis rapid diagnostic test, general microscopy, urine pregnancy test, alanine aminotransferase (ALT) test, and creatinine test) at the time of the health facility quality of care assessment *100. ALT test, creatinine test, and TB microscopy are not applicable to minor health	Annual	Administer Quality of Care Checklist	Quality of Care Checklist	MOH DPI

	centers. Denominator: Number of health facilities (minor health centers, major health centers and hospitals) assessed in the same period.				
Quarterly counter verification of health facility service delivery data conducted and report available	Quarterly counter verification of health facility service delivery data has been conducted by the MOH M&E unit and the report is available	Annual	M&E administrative records	Annual M&E administrative records	MOH DPI
Timely submission of health facilities monthly reports	Numerator: Number of public health facilities monthly reports submitted by health facilities to the DHIS2 not later than 10th day after the end of each calendar month*100 Denominator: Number of public health facilities in the same period The GFATM equivalent indicator is Timeliness of facility reporting: Percentage of submitted facility monthly reports (for the reporting period) that are received on time per the national guidelines.	Annual	DHIS2 database	Review of DHIS2 records	MOH DPI

Completeness of health facilities monthly reports	Numerator: Number of public health facilities monthly reports submitted by health facilities to the DHIS2 not later than 30th day after the end of each calendar month*100 Denominator: Number of public health facilities in the same period The GFATM equivalent indicator is Percentage of expected facility monthly reports (for the reporting period) that are actually received	Annual	DHIS2 database	Review of DHIS2 records	MOH DPI
Service delivery reports from community health workers integrated into HMIS	Numerator: Number of service delivery reports from community health workers integrated into HMIS during the last quarter of the calendar year Denominator: Number of service delivery reports from community health workers expected during the last quarter of the calendar year. GFATM indicator	Annual	DHIS2 database	Review of DHIS2 records	MOH DPI
Electronic human resource management information system established	Web-based electronic human resource	Annual	National human	Annual national human resource for health	Directorate of human resource for health

	management information system established		resource for health administrative records	administrative records	
Electronic logistic management information system established	Web-based electronic logistic management information system established	Annual	National Pharmaceutic al Services administrative records	Annual National Pharmaceutical Services administrative records	Directorate of National Pharmaceutical Services
Health personnel trained	Cumulative number of health personnel trained	Annual	National human resource for health administrative records	Annual national human resource for health administrative records	Directorate of human resource for health
Births registered	Cumulative number of births registered by the MOH, cumulative	Annual	MOH CRVS division administrative data	Annual birth records	MOH DPI
Marriages registered	Cumulative number of marriages registered by the MOH, cumulative	Annual	MOH CRVS division administrative data	Annual marriage records	MOH DPI
Health facilities renovated/constructed	Renovation/construction of health facilities financed by the project The proposed list of	Annual	Maintenance unit administr ative	Annual maintenance unit administrative records	MOH DPI

	facilities/structures to be considered for this indicator are: Basse District Hospital, Brikama Ba Health Center, Brikama District Hospital, Bwiam General Hospital, National emergency treatment center intensive care unit, national emergency observation and treatment center, national public health laboratory and training center, national blood transfusion center, conference center, Neonatal unit at Edward Francis Small Teaching Hospital, Bansang General Hospital staff quarters, Bansang Regional Health Directorate office and staff quarters, Bansang School for Enrolled Nurses and Midwives, Farafenni Old Health Center, Kaur Health Center, Kiang Karantaba Health Center, Kudang Health Center and staff quarters, Mansa Konko staff quarters, North Bank East Regional Health				

	Directorate office and staff quarters, and Yorro Bawol staff quarters				
National emergency treatment center intensive care unit, emergency observation and treatment center, public health laboratory and training center, blood transfusion center constructed	National emergency treatment center intensive care unit, emergency observation and treatment center, national public health laboratory and training center, national blood transfusion center, and conference center constructed	Annual	Maintenance unit administr ative records	Annual maintenance unit administrative records	MOH DPI
National Food and Drug Quality Control laboratory constructed	National Food and Drug Quality Control laboratory constructed	Annual	Maintenance unit administr ative records	Annual maintenance unit administrative records	MOH DPI
Health facilities renovated/constructed with energy efficient systems in place and/or with energy-efficient appliances installed	Health facilities renovated/constructed with energy efficient systems in place and/or with energy-efficient appliances installed financed by the project The proposed list of facilities are: Basse District Hospital, Birkama Ba Health Center, Brikama District Hospital, Bwiam General Hospital, National emergency treatment	Annual	Maintenance unit administr ative	Annual maintenance unit administrative records	MOH DPI

	center intensive care unit, national emergency observation and treatment center, national public health laboratory and training center, national blood transfusion center, conference center, Neonatal ward at Edward Francis Small Teaching Hospital, Bansang General Hospital staff quarters, Bansang Regional Health Directorate office and staff quarters, Bansang School for Enrolled Nurses and Midwives, Farafenni Old Health Center, Kaur Health Center, Kiang Karantaba Health Center, Kudang Health Center and staff quarters, Mansa Konko staff quarters, North Bank East Regional Health Directorate office and staff quarters, and Yorro Bawol staff quarters				
Grievances addressed within stipulated service standards for response	Numerator is number of grievances addressed within 7 working days; denominator is number of grievances reported to	Every 6 months	MOH directorate of health promotion and	Records kept by MOH directorate of health promotion and education on grievances	MOH directorate of health promotion and education

	MOH		education ad ministrative records		
Health personnel trained in surveillance standard operating procedures	Number of health personnel and community event-based volunteers trained in surveillance standard operating procedures	Annual	Epidemiology and Disease Control Unit administrative records	Annual Epidemiology and Disease Control Unit administrative records	Epidemiology and Disease Control Unit
Notifiable diseases and events detected within 7 days of emergence	Numerator: Number of notifiable diseases and events detected within 7 days of emergence Denominator: Number of new notifiable diseases and events	Annual	Epidemiology and Disease Control Unit administrative records	Annual Epidemiology and Disease Control Unit administrative records	Epidemiology and Disease Control Unit

ANNEX 1: ECONOMIC AND FINANCIAL ANALYSIS

1. **The economic impact of both the parent project and the proposed AF was estimated using a CBA based on available information.** Broadly, the project benefits are estimated by evaluating the potential impact of the costs incurred on the RBF, rollout of the proposed NHIS, new and renovated health facilities (the second AF will mainly focus on construction and equipment of new NDQCL and BEU and support capacity building to prevent and detect health emergencies) on Gambians' health status measured in terms of DALYs.[20] This CBA supersedes all previous ones (at original appraisal and first AF1.

2. Although the project closes on August 29, 2025, the investments are expected to have lasting impact long after the implementation period, so the analysis considers the period spanning 2021-2031. Benefits from the parent project will accrue initially, while the impact of the proposed AF will be felt a little later. This is because second AF focuses on capital investments- constructing and equipping a NFDQCL and BEU in addition to the ongoing construction of a fully equipped multipurpose health facility and renovation and equipment of some existing facilities. Health infrastructure such as the new and renovated facilities have a long lifespan (10-20 years) and can be expected to serve their intended purposes long after the project is closed. In the long term, it is expected that the project, particularly the proposed AF will contribute to strengthening the resilience of The Gambia's health system to better serve the health needs of Gambians and respond to future public health emergencies.

3. The costs include the funds provided by the World Bank, GFATM, HEPRTF and GoTG (US$95.33 million) to be disbursed according to an estimated schedule. Cost will also be incurred in operating and running the health facilities. The analysis uses the US$2.0 million GoTG counterpart funding as a proxy for the annual cost to be incurred for operating the new and renovated facilities.

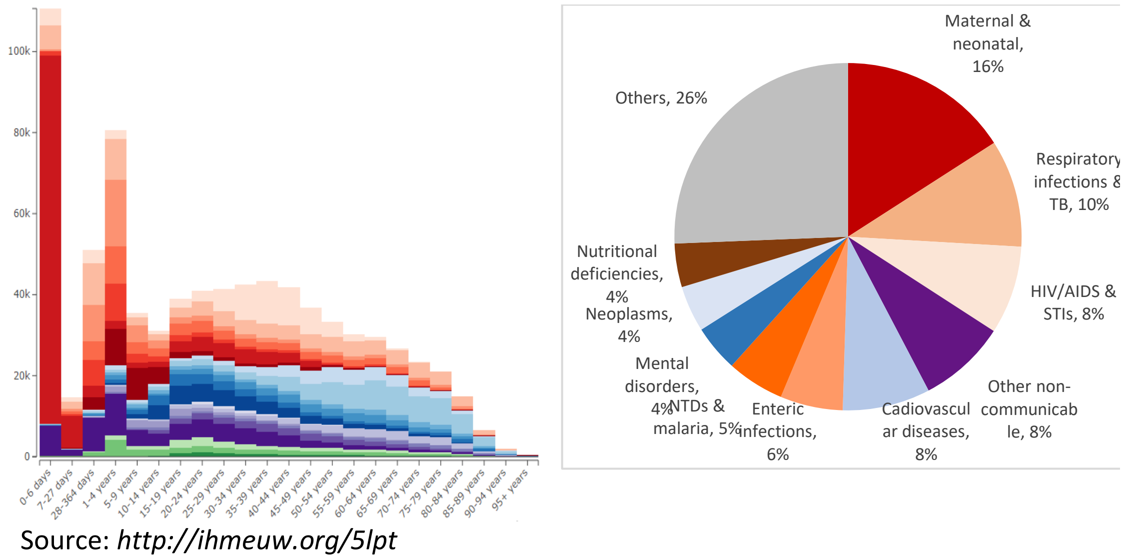
4. Benefits of the entire project were estimated based on the number of DALYs expected to be averted. To estimate the number of DALYs averted, the DALYs profile of The Gambia was employed (Figure A1). Although the project/proposed AF will improve all health services, this analysis assumes that the project will only have an impact on five selected causes DALYs (proxies related to the services expected to be delivered by the parent project, first AF and proposed second AF), which account for 44 percent of total DALYs in The Gambia. They include maternal and neonatal morbidity, respiratory infections (including tuberculosis), enteric infections, HIV/AIDS and sexually transmitted infections, and nutritional deficiencies. The health services expected to be provided through the entire project could be critical to avoid deaths and disabilities. It is therefore assumed that the project investments will help reduce the DALYs related to these health problems in the country by 10 percent in the base case scenario. To assess the sensitivity of the results to this key assumption, DALY reductions of 15 and 5 percent are applied as well.

5. Each DALY averted is valued at gross domestic product (GDP) per capita (US$787, World Development Indicators, 2020) although the Disease Control Priorities Project[21] and Copenhagen Consensus[22] guidelines consider three-times the per capita income as a conservative estimate. After

[20] DALYs for a disease or health condition are calculated as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) for people living with the health condition or its consequences (WHO).
[21] The Disease Control Priority Project is an ongoing project that aims to establish priorities for disease control across the world.
[22] *Copenhagen Consensus 2008. Malnutrition and Hunger. Challenge Paper.*

considering the effect of inflation, the real value of DALYs averted, investment, and recurrent costs are discounted at a rate of six percent, which is double the three percent suggested by the WHO.[23]

Figure A1: DALYs Profile in The Gambia, 2019



Source: *http://ihmeuw.org/5lpt*

6. The full range of the combined benefits of the parent project, first AF and proposed second AF is expected to start in 2024 once the construction is completed and the new and renovated facilities begin operating. The project interventions, including the new and renovated health facilities will bring a significant increase in the benefits and operating costs. The combined DALYs produced from the five selected conditions were 351,055 DALYs in 2019.[24] This analysis assumes that under the high-case scenario, services provided through project interventions and the facilities will reduce the DALYs by 15 percent (52,658 DALYs)[25] annually. Key indicators of the project are expected to drive the DALY reductions. For instance, skilled attendance at delivery is estimated to avert about 16 to 33 percent[26] of all maternal deaths by preventing obstetric complications. Similarly, vaccinations, in many low-income countries, are the main point of contact for monitoring newborns' health and detecting conditions such as malnutrition.[27] An increased utilization of newborn child and infant immunization and nutrition services are expected to reduce child and infant morbidity and mortality. Again, rollout of the NHIS is likely to offer some protection against out-of-pocket expenditure, making it possible for relatively poorer households to invest in their health.[28] Quality improvements and the newly renovated and/or constructed

[23] World Health Organization. Making Choices in Health: *WHO Guide to Cost-Effectiveness Analysis.2003*.
[24] Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Seattle, WA: IHME, University of Washington, 2019. Available from http:// vizhub.healthdata.org/gbd-compare. (Accessed October 23 5, 2021).
[25] It is pro-rated for 2022 as the construction and renovation works will be ongoing.
[26] Graham, W., J. Bell, and C. Bullough. 2001. "Can Skilled Attendance at Delivery Reduce Maternal Mortality in Developing Countries?" page 97–130. In Safe Motherhood Strategies: A Review of the Evidence. Studies in Health Services Organisation and Policy, 17.
[27] Karing, A. (2018). Social Signaling and Childhood Immunization: A Field Experiment in Sierra Leone. University of California, Berkeley. *https://economics.yale.edu/sites/default/files/jmp_socialsignaling.pdf* (Accessed on October,28 2021)
[28] The Gambia PER (June 2020)

facilities are likely to result in increased utilization of services and preparedness for public health emergencies thereby driving down DALYs.

7. As noted above, the value of each DALY averted is US$787 (GDP per capita). The number of DALYs averted per year is multiplied by the per capita GDP to monetize the benefits due to DALYs averted. The monetary value is then discounted at a rate of 6 percent.

8. In the base case scenario, the NPV of the entire project is US$95.23 million, and its IRR is 43.38 percent, which exceeds the discount rate used in this analysis. Additionally, the NPV remains positive even when the impact on DALYs averted is considered in high-case (15 percent) and low-case (5 percent) scenarios respectively (Table A1). The results show that the project/proposed AF activities will be economically viable. It is worth noting that benefits to be derived from the new and renovated health facilities are underestimated. Benefits such as local workforce capacity development, transportation cost savings for testing products locally instead of sending them abroad, revenues to be generated from the operations of the facilities are not factored into the calculations.

Table A1: Results of CBA Base-case scenario and Sensitivity Analyses

	DALY reduction rate* (%)	NPV (US$, millions)	IRR (%)
High case scenario	15	189.09	88.14
Base-case scenario	10	95.23	43.38
Low-case scenario	5	1.38	6.54

Note: (*) This refers to a reduction of DALYs related to maternal and neonatal morbidity, respiratory infections and TB, enteric infections, HIV/AIDS and STIs and nutritional deficiencies.