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# Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 19-Apr-2024 | Report No: PIDA37434



**BASIC INFORMATION**

**A. Basic Project Data**

Country Gambia, The	Project ID P181659	Project Name Third AF to The Gambia Essential Health Services Strengthening Project	Parent Project ID (if any) P173287
Parent Project Name The Gambia Essential Health Services Strengthening Project	Region WESTERN AND CENTRAL AFRICA	Estimated Appraisal Date 17-Apr-2024	Estimated Board Date 09-Jul-2024
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) The Gambia	Implementing Agency Ministry of Health

Proposed Development Objective(s) Parent

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

Components

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

**PROJECT FINANCING DATA (US\$, Millions)**

**SUMMARY**

<b>Total Project Cost</b>	35.00
<b>Total Financing</b>	35.00
<b>of which IBRD/IDA</b>	35.00
<b>Financing Gap</b>	0.00

**DETAILS**

**World Bank Group Financing**

International Development Association (IDA)	35.00
IDA Grant	35.00



Environmental and Social Risk Classification

Moderate

Other Decision (as needed)

## B. Introduction and Context

### Country Context

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

2. **However, economic, and social gains have slowed down amid the COVID-19 pandemic.** As a result of pandemic-induced disruptions in trade and tourism, economic growth stagnated, with GDP falling by 0.2 percent in 2020 (-3.0 percent in per capita terms). However, GDP growth is estimated at 5.6 percent in 2021 (2.6 percent in per capita terms), with all economic sectors (agriculture, construction, tourism, and other services) showing growth and yet another year of record-high remittances supporting private investment and consumption. The Gambia's Human Capital Index (HCI) is low at 42 percent which is slightly higher than the average for Sub-Saharan Africa (40 percent) and lower than the global average (56 percent)<sup>1</sup>. The country was ranked 174 out of 189 countries on the Human Development Index<sup>2</sup> with a gross national income (GNI) per capita of US\$710 in 2018. Overall, 48.6 percent of the population live below the poverty line (Integrated Household Survey [his] 2015/16) with a large difference between urban (31.6 percent) and rural areas (69.5 percent). The Gender Inequality Index rank of the country decreased from 128 in 2012 to 148 in 2015<sup>3</sup>. Women, especially those in rural areas, are faced with disparities in literacy, access to education, health care, and salaried employment, among others. In addition, women have limited access to resources such as land and financing and their rate of participation in the labor force is only 37.8 percent as compared to 53.2 for men.<sup>4</sup>

### Sectoral and Institutional Context

3. The Gambia's health outcomes have gradually and steadily improved over the last two decades, yet the country continues to face some important challenges. The under-five mortality rate has decreased from 167 to 58 deaths per 1,000 live births from 1990 to 2018. The prevalence of stunting among children under the age of five decreased between 2010 and 2018, from 23.4 to 19.0 percent, and wasting among children under five years also decreased, from 9.5 to 6.2

<sup>1</sup> The Human Capital Index 2020 Update: Human Capital in the Time of COVID-19; Human Capital Project (HCP) - [https://databank.worldbank.org/data/download/hci/HCI\\_2pager\\_GMB.pdf?cid=GGH\\_e\\_hcpexternal\\_en\\_ext](https://databank.worldbank.org/data/download/hci/HCI_2pager_GMB.pdf?cid=GGH_e_hcpexternal_en_ext)

<sup>2</sup> UNDP's 2017 Global Human Development Report 2017.

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

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



percent during this period. Life expectancy at birth has increased from 52 years in 1990 to 61 years in 2015. The maternal mortality ratio has decreased by 40 percent, from 778 maternal deaths per 100,000 live births in 2000 to 458 per 100,000 live births in 2020. 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, to 82.7 percent in 2018, and to 89.7 percent in 2023. The limited provision of emergency comprehensive obstetric and neonatal care along with the low level of delivery by cesarean section at 5.5 percent (up from 3.7 percent in 2020) may be contributing to the high MMR despite the relatively high proportion of births attended by skilled health personnel. The social distancing in response to the COVID-19 pandemic affected the provision of essential health services but has since improved. Most health facilities are dilapidated and not able to cope with the existing services that are being offered at the health facilities.

C. Proposed Development Objective(s)

Original PDO

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

Current PDO

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

Key Results

4. Progress toward the PDO was rated Satisfactory in the last Implementation Status and Results Report (ISR) dated April 4, 2024, and the project continues to make good progress. The PDO is to improve quality and utilization of essential health services and strengthen the national system for public health preparedness 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 86.9 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 52.8 percent, up from 45.9 percent at baseline, and is on track to meet the endline target of 56.4 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).

Table 1. PDO Indicators and Targets

PDO Indicator	Baseline		Mid-Term	Endline
<b>Improve quality of essential health services</b>				
Health Facility Quality Index (Percentage)	69.0	Target	75.0	85.0
		Actual	<b>86.87</b>	
<b>Improve utilization of essential health services</b>				



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	<b>52.78</b>	
Contraceptive prevalence rate (Percentage)	17.1	Target	22.00	33.00
		Actual	<b>21.10</b>	
Antenatal care, four or more visits (Percentage)	78.5	Target	81.00	84.00
		Actual	<b>86.90</b>	
Delivery in a health facility (Percentage)	83.7	Target	85.00	88.00
		Actual	<b>89.70</b>	
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	<b>88.30</b>	
Children aged 6-23 months who received minimum acceptable diet (Percentage)	14.0	Target	16.00	19.00
		Actual	<b>16.40</b>	
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	<b>90.80</b>	

5. **The overall implementation is rated Satisfactory.** As of April 3, 2024, disbursements amount to US\$61.21 million (72 percent of commitments). The status of the implementation of the three components is described below.

#### D. Project Description

##### Project Components

##### Component 1. Improving the Delivery and Utilization of Quality Essential Primary Health Care (PHC) Services

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



*Subcomponent 1.1: Improving the quality of essential PHC services delivery using an Results-based Financing (RBF) approach*

2. The proposed activities under this subcomponent will support the delivery of quality and essential health services at each level of the health care delivery system (that is, village health services, community clinics, minor health centers, major health centers, district hospitals, general hospitals, and the teaching hospital). This subcomponent will finance (a) provision of PBF grants to health facilities for the delivery of the newly defined Essential health Care Package (EHCP), (b) support for verification of the quality of services, and (c) enhancing of capacity for the expansion of RBF nationally. The National Health Insurance Authority (NHIA) has become the purchaser of services delivered by health facilities, including community clinics.

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

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

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

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

5. This subcomponent will support the MoH's efforts to building resilient and sustainable health systems to support the delivery of quality health services including:

- supporting strengthening of health systems, including the health information systems, electronic civil registration and vital statistics (eCRVS) system, the integration and interoperability of the eCRVS with other information systems, monitoring and evaluation, national public health laboratory, supply chain for the availability of safe medicines and consumables, and human resources for health;
- supporting Noncommunicable Disease risk factor survey and production of survey data for the monitoring of the essential health services coverage index;
- supporting renovation and/or construction, and provision of equipment to selected health facilities, including a biomedical engineering unit and a national food and drug quality control laboratory to improve the healthcare delivery system and for national pandemic preparedness, establishment of a



national blood transfusion service, improvement of healthcare waste management, and preparatory work for potential public-private partnership for diagnostic imaging services and laboratory services;

- installation of energy-efficient measures to reduce greenhouse gas emissions.
- Supporting capacity building of Ministry of Health personnel 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 priority diseases and events.

**Component 2. Project Management**

6. Project management and coordination, including financial management and procurement, monitoring and evaluation, environmental and social risks management compliance and assessment of implementation progress; and

7. Strengthening the capacity of the Projects Coordination Unit and the Ministry of Health for Project management, including strengthening of their fiduciary management capacity, budget management and fiduciary management systems

**Component 3. Contingent Emergency Response Component (CERC)**

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

**Proposed scaling up and new activities**

9. **The project components will remain unchanged except for the Subcomponent 1.3 description.** This Third AF will entail scaling up and cost overrun of the following activities under Subcomponent 1.1 on Improving the quality of essential PHC services delivery using an RBF approach and Subcomponent 1.3 on building resilient and sustainable health systems. Of the proposed US\$35 million IDA, US\$31 million will be for scale-up and US\$4 million will be for overrun.

**Subcomponent 1.1 on Improving the quality of essential PHC services delivery using an RBF approach**

Activities	Type of activity	Amount (US\$, millions)
Improving the quality of essential PHC services delivery including PBF grants to the NHIA for the delivery of a Package of Essential Health Services. The parent project and first AF will continue to support the delivery and utilization of quality essential PHC services	Scale-up	6.8
<b>Total</b>		<b>6.8</b>

**Subcomponent 1.3 on building resilient and sustainable health systems**



Activities	Type of activity	Amount (US\$, millions)
Climate-friendly construction and equipment of health facilities: <ul style="list-style-type: none"> <li>• Construction of the NFDQCL and BEU</li> <li>• Equipment of NFDQCL and BEU</li> <li>• Construction of the NDIC</li> <li>• Equipment of the NDIC</li> <li>• Equipment of dilapidated asbestos-containing health facilities</li> <li>• Renovation of Bwiam General Hospital</li> <li>• Equipment of Bwiam General Hospital</li> <li>• Construction of Neonatal Intensive Care Unit at EFSTH</li> <li>• Equipment of Neonatal Intensive Care Unit</li> </ul>	Scale-up Scale-up Scale-up Scale-up Scale-up Cost overrun Cost overrun Cost overrun Cost overrun	6.4 7.0 3.7 3.0 0.7 2.4 0.1 1.0 0.5  24.8 (total)
Support preparatory activities for the Basse and Brikama hospitals such as finalizing the designs, conducting environmental and social impact assessments (ESIA), site clearing, building fences to secure the two sites, and other preparatory activities.	Scale-up	2.0
Support preparatory work of potential PPP in diagnostic imaging services as well as PPP in laboratory services: This will entail technical assistance to a) undertake an assessment of the operations of the existing laboratory and diagnostic imaging services, and review of PPP legal and regulatory frameworks; b) support the Government in assessing suitable options including costing and financial structuring; and c) provide capacity building of the public sector in a PPP arrangement.	Scale-up, new activity	0.4
Support interoperability of eCRVS and other information systems. This will entail the expansion of the established eCRVS system to become the foundational system that enables interoperability between the information systems within the MOH as well as with various ministries and authorities; procuring user devices (including laptops, desktops, tablets, printers, and biometric equipment); providing Internet service; providing cloud-based services; training of information and communication technology staff and health personnel	Scale-up, new activity	1.0
<b>Total</b>		<b>28.2</b>

Legal Operational Policies

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





Summary of Assessment of Environmental and Social Risks and Impacts

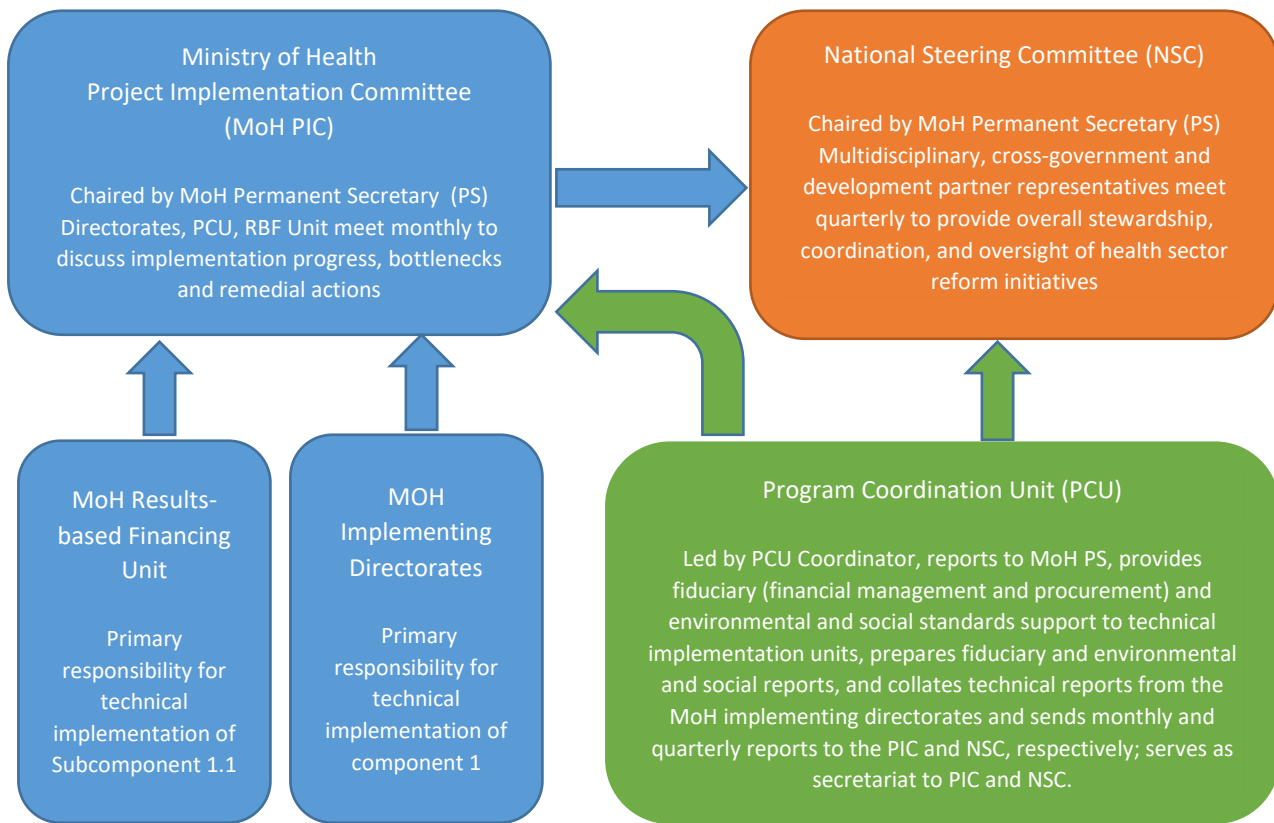
E. Implementation

Institutional and Implementation Arrangements

Institutional and Implementation Arrangements

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

Figure 1: Institutional Arrangements





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**APPROVAL**

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