



FOR OFFICIAL USE ONLY

Report No: PAD3817

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT APPRAISAL DOCUMENT

ON A

PROPOSED INTERNATIONAL DEVELOPMENT ASSOCIATION GRANT

IN THE AMOUNT OF SDR 3.65 MILLION
(US\$5 MILLION EQUIVALENT)

AND A PROPOSED INTERNATIONAL DEVELOPMENT ASSOCIATION GRANT
IN THE AMOUNT OF SDR 3.65 MILLION (US\$5 MILLION EQUIVALENT)
FROM THE CRISIS RESPONSE WINDOW RESOURCES

TO THE

REPUBLIC OF THE GAMBIA

FOR THE

GAMBIA COVID19 PREPAREDNESS AND RESPONSE PROJECT

**UNDER THE
COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM (SPRP)**

USING THE MULTIPHASE PROGRAMMATIC APPROACH (MPA)
WITH FINANCING ENVELOPE OF
US\$2.7 BILLION IBRD AND US\$1.3 BILLION IDA IDA CRISIS RESPONSE WINDOW

APPROVED BY THE BOARD ON APRIL 2, 2020

Health, Nutrition and Population Global Practice
Africa Region

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CURRENCY EQUIVALENTS

(Exchange Rate February 29, 2020)

Currency Unit

SDR 0.7282 = US\$1

FISCAL YEAR

January 1 - December 31

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ABBREVIATIONS AND ACRONYMS

BFT	World Bank Facilitated Procurement
CDC	Disease Control and Prevention
COVID-19	Coronavirus Disease
DHIS2	District Health Information System 2
EVD-WA	West African Ebola Virus Disease
FM	Financial Management
GRCS	Gambia Red Cross Society
GRS	Grievance Redress Service
FCV	Fragility, Conflict, and Violence
IBRD	International Bank for Reconstruction and Development
ICT	Information and Communication Technology
IDA	International Development Association
IDSR	Integrated Disease Surveillance Response
IFC	International Finance Corporation
IHR	International Health Regulations
IMF	International Monetary Fund
JEE	Joint External Evaluation
LIC	Low-income Country
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MoU	Memorandum of Understanding
NDMA	National Disaster Management Agency
NDP	National Development Plan
NHEC	National Health Emergency Committee
NGOs	Non-governmental Organizations
OIE	World Organization for Animal Health
PAD	Project Appraisal Document
PCU	Program Coordination Unit
PDO	Project Development Objective
PHEOC	Public Health Emergency Operation Center
PHES	Public Health Emergency Services
PHO	Public Health Officer
PPE	Personal Protective Equipment
PPSD	Project Procurement Strategy for Development
SARS-CoV-2	2019 Novel Coronavirus
SDR	Special Drawing Rights
SOE	State-owned Enterprise
SOP	Standard Operating Procedure
UN	United Nations



The World Bank

The Gambia COVID-19 Preparedness and Response Project (P173798)

UNICEF	United Nations Children's Fund
WB	World Bank
WBG	World Bank Group
WHO	World Health Organization



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DATASHEET

BASIC INFORMATION

Country(ies)	Project Name	
Gambia, The	The Gambia COVID-19 Preparedness and Response Project	
Project ID	Financing Instrument	Environmental and Social Risk Classification
P173798	Investment Project Financing	Substantial

Financing & Implementation Modalities

<input checked="" type="checkbox"/> Multiphase Programmatic Approach (MPA)	<input type="checkbox"/> Contingent Emergency Response Component (CERC)
<input type="checkbox"/> Series of Projects (SOP)	<input type="checkbox"/> Fragile State(s)
<input type="checkbox"/> Disbursement-linked Indicators (DLIs)	<input type="checkbox"/> Small State(s)
<input type="checkbox"/> Financial Intermediaries (FI)	<input type="checkbox"/> Fragile within a non-fragile Country
<input type="checkbox"/> Project-Based Guarantee	<input type="checkbox"/> Conflict
<input type="checkbox"/> Deferred Drawdown	<input checked="" type="checkbox"/> Responding to Natural or Man-made Disaster
<input type="checkbox"/> Alternate Procurement Arrangements (APA)	

Expected Project Approval Date	Expected Project Closing Date	Expected Program Closing Date
02-Apr-2020	31-Mar-2022	29-Dec-2023

Bank/IFC Collaboration

No

MPA Program Development Objective

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness

MPA Financing Data (US\$, Millions)



MPA Program Financing Envelope	10.00
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Proposed Project Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national system for public health preparedness

Components

Component Name	Cost (US\$, millions)
Component 1: Emergency COVID-19 Response	4.00
Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach.	0.60
Component 3: Supporting National and Sub-national, Prevention and Preparedness	5.00
Component 4: Implementation Management and Monitoring and Evaluation	0.40

Organizations

Borrower: The Gambia
 Implementing Agency: Ministry of Health

MPA FINANCING DETAILS (US\$, Millions)

MPA Program Financing Envelope:	10.00
of which Bank Financing (IBRD):	0.00
of which Bank Financing (IDA):	10.00
of which other financing sources:	0.00

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	10.00
Total Financing	10.00



of which IBRD/IDA	10.00
Financing Gap	0.00

DETAILS**World Bank Group Financing**

International Development Association (IDA)	10.00
IDA Grant	10.00

IDA Resources (in US\$, Millions)

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
Gambia, The	0.00	10.00	0.00	10.00
National PBA	0.00	5.00	0.00	5.00
Crisis Response Window (CRW)	0.00	5.00	0.00	5.00
Total	0.00	10.00	0.00	10.00

Expected Disbursements (in US\$, Millions)

WB Fiscal Year	2020	2021	2022
Annual	0.32	4.37	5.31
Cumulative	0.32	4.69	10.00

INSTITUTIONAL DATA**Practice Area (Lead)**

Health, Nutrition & Population

Contributing Practice Areas**Climate Change and Disaster Screening**

This operation has not been screened for short and long-term climate change and disaster risks

Explanation

Emergency project. measures to address health are waste incorporated in the design



SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

Risk Category	Rating
1. Political and Governance	● High
2. Macroeconomic	● Substantial
3. Sector Strategies and Policies	● Moderate
4. Technical Design of Project or Program	● Moderate
5. Institutional Capacity for Implementation and Sustainability	● Substantial
6. Fiduciary	● Moderate
7. Environment and Social	● Substantial
8. Stakeholders	● Moderate
9. Other	
10. Overall	● Substantial
Overall MPA Program Risk	● Substantial

COMPLIANCE

Policy

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

Yes No

Does the project require any waivers of Bank policies?

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	Not Currently Relevant
Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Not Currently Relevant
Cultural Heritage	Not Currently 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).

Legal Covenants

Sections and Description

Project Operations Manual

Financing Agreement: Schedule 2, Section 1, B, 2(a)

Recurrent, Continuous

The Recipient shall, not later than two (2) months after the Effective Date, prepare and adopt a Project operations manual containing detailed guidelines and procedures for the implementation of the Project, including with respect to: administration and coordination, monitoring and evaluation, financial management, procurement and accounting procedures, environmental and social safeguards, corruption and fraud mitigation measures, a grievance redress mechanism, personal data collection and processing in accordance with good international practice, roles and responsibilities for Project implementation, and such other arrangements and procedures as shall be required for the effective implementation of the Project, in form and substance satisfactory to the Association (“Project Operations Manual”).



Sections and Description

Annual Work Plan and Budget

Financing Agreement: Schedule 2, Section 1, B, 3(a)

The Recipient shall, not later than one (1) month after the Effective Date, prepare and furnish to the Association, a work plan and budget containing all activities proposed to be included in the Project and a proposed financing plan for expenditures required for such activities, setting forth the proposed amounts and sources of financing.

Conditions



I. STRATEGIC CONTEXT

1. This Project Appraisal Document (PAD) describes the emergency response to the Republic of The Gambia under the Coronavirus Disease (COVID-19) Strategic Preparedness And Response Program (SPRP) (P173789) using the Multiphase Programmatic Approach (MPA), approved by the World Bank's Board of Executive Directors on March 20, 2020 with an overall Program financing envelope of International Development Association (IDA) US\$1.3 billion and of International Bank for Reconstruction and Development (IBRD) US\$2.7 billion.¹

A. Country Context

2. **Three years into the transition from the previous regime which ruled from 1994 to 2017, the Government of The Gambia has taken important steps to lay the foundations for democracy and set the country on a new development path.** Following Parliamentary elections in 2017, local elections were conducted in April 2018. The new Government has allowed for a free press, rejoined the Commonwealth, and rebuilt relations with Senegal and international financial institutions. Further, it has taken critical measures to restore independence of the judiciary, strengthen the governance and operational independence of the Central Bank, establish a treasury single account (TSA), and audit the civil service, uniformed services, and strategic state-owned enterprises (SOEs). In February 2018, the Government adopted a National Development Plan (NDP) 2018-2021 for more inclusive and private sector led growth, with strong financial support from donors. The Annual Progress Report on implementation of NDP for 2018 showed satisfactory progress, notwithstanding the challenges faced. A draft Constitution is now published for comments including strengthening and clearly defining term limits, limits of presidential powers, and accountability to the National Assembly.

3. **Poverty incidence remains high and is associated with low endowment in human capital and assets.** Due to lack of growth in per capita income, the proportion of the population living in poverty—measured using the national poverty line—remained unchanged between 2010 and 2015, at about 48 percent.^[1] In absolute terms, however, the number of poor people grew from 0.79 million in 2010 to 0.93 million in 2015. Poverty remains concentrated in rural areas, with almost 70 percent of the rural population being poor. Inequality has been low and stable since 2010 with a Gini coefficient of 35.9 percent. Marked improvements have been achieved in literacy, especially among the youth (15-24 years) whose literacy rates doubled from 31.8 percent in 2010 to 67.2 percent in 2015. Chronic malnutrition (stunting) affects 25 percent of children under the age of five, and non-monetary indicators of poverty linked to infrastructure, health and nutrition illustrate that the country is lagging vis-à-vis peers in Sub-Saharan Africa. There remain considerable inequities in access to basic facilities and services such as electricity and sanitation facilities. Jobs are predominately informal, and lack of off-farm activities in rural areas results in underemployment and outmigration among youth.

B. Sectoral and Institutional Context

4. **The Gambia performs poorly on public health emergency preparedness and response and recorded three confirmed cases of COVID-19 with one death. The Gambia is vulnerable to disasters and disease outbreaks due to its geography (including being surrounded by Senegal which has confirmed 79 cases of COVID-19 as of March**

^[1] Based on the country's absolute poverty line of GMD 18,040 per person per year. These are the latest official data; a new household survey will not be available until 2020.



24, 2020 and having densely populated urban areas in the western regions) and the weak emergency preparedness systems currently in place that limit effective response. Given that there is no public health facility adequately equipped to treat COVID-19 cases, the confirmed cases are being treated at a private health facility. Additionally, there is no public health laboratory for COVID-19 testing. The International Health Regulations (IHR) (2005), requires The Gambia to ensure that national public health systems have the capacity to detect, assess, notify and respond promptly and effectively to any public health emergency and/or outbreak. The Gambia has had an Integrated Disease Surveillance Response (IDSR) implementation process in place since 2003 and has commenced the integration of IDSR into District Health Information System 2 (DHIS2).

5. A Joint External Evaluation (JEE) in September 2017 assessed The Gambia's IHR core capabilities² and found that out of the 19 technical areas assessed on a scale of 1 (no capacity) to 5 (sustainable capacity), only immunization had a favorable rating of 4 (demonstrated capacity) while the majority of the technical areas rated as 1 or 2.³ The following technical areas were rated as 1 (no capacity) for all of their indicators: IHR coordination, communication and advocacy; antimicrobial resistance; biosafety and biosecurity; linking public health and security authorities; medical countermeasures and personnel deployment; and point of entry. Some technical areas were rated as 2 (limited capacity) or below for all their indicators: national laboratory system, zoonotic diseases, reporting, preparedness, and emergency response operations, among others. In particular, laboratory systems, which is the backbone of effective emergency preparedness and response, are assessed as weak in The Gambia due to: (i) the absence of policies, guidelines and standards in line with the IHR (2005); (ii) limited availability of laboratory infrastructure for timely and quality diagnosis of epidemic-prone diseases; (iii) lack of coordination between human and veterinary laboratories; (iv) lack of licensed and qualified laboratory staff in disease surveillance, preparedness and response; and (v) limited interoperability of different information systems and information and communication technology (ICT) infrastructure. Thus, there is a need to establish or reinforce the Ministry of Health (MoH)'s capacity to reduce the risk of disease outbreaks.

6. The Government of The Gambia is committed to scale-up its disease surveillance, preparedness and response capacity. The Government has remained engaged in global and regional dialogues regarding emergency preparedness and has expressed a strong political commitment to protect the hard-won gains from investments in human capital. The MoH has also adapted the second edition of the IDSR, which is a framework that can be used to fulfill the IHR (2005) mandate and has commenced its integration into the DHIS2.

7. The Government of The Gambia has developed a National COVID-19 Preparedness and Response Plan (COVID-19). The COVID-19 Plan focuses on scaling-up and strengthening all aspects of preparedness and response including coordination, surveillance, case management, communication and social mobilization, psychosocial as well as logistics and safety. The National Health Emergency Committee (NHEC) will oversee the overall coordination and implementation of the COVID-19 Plan. The implementation will be in line with other regional projects such as Regional Disease Surveillance Systems Enhancement (REDISSE) and Africa Centers for Disease Control and Prevention (CDC).

² Joint External Evaluation of IHR Core Capacities of the Joint Republic of The Gambia. Geneva: World Health Organization; 2017. License: CC BY-NC-SA 3.0 IGO.

³ The following technical areas were rated as 1 (no capacity) for all of their indicators: IHR coordination, communication and advocacy; antimicrobial resistance; biosafety and biosecurity; linking public health and security authorities; medical countermeasures and personnel deployment; and point of entry. Some technical areas were rated as 2 (limited capacity) or below for all their indicators: national laboratory system, zoonotic diseases, reporting, preparedness, and emergency response operations, among others.



C. Relevance to Higher Level Objectives

8. The project is aligned with World Bank Group (WBG) strategic priorities, particularly the WBG's mission to end extreme poverty and boost shared prosperity. The Program is focused on preparedness is also critical to achieving Universal Health Coverage, It is also aligned with the World Bank's support for national plans and global commitments to strengthen pandemic preparedness through three key actions under Preparedness: (i) improving national preparedness plans including organizational structure of the government; promoting adherence to the IHR; and utilizing international framework for monitoring and evaluation (M&E) of IHR. The economic rationale for investing in the MPA interventions is strong, given that success can reduce the economic burden suffered both by individuals and countries. The project complements both WBG and development partner investments in health systems strengthening, disease control and surveillance, attention to changing individual and institutional behavior, and citizen engagement. Further, as part of the proposed IDA19 commitments, the World Bank is committed to "support at least 25 IDA countries to implement pandemic preparedness plans through interventions (including strengthening institutional capacity, technical assistance, lending and investment)." The project contributes to the implementation of IHR (2005), IDSR, and the World Organization for Animal Health (OIE) international standards, the Global Health Security Agenda, the Paris Climate Agreement, the attainment of Universal Health Coverage and of the Sustainable Development Goals (SDG), and the promotion of a One Health approach.

9. The WBG remains committed to providing a fast and flexible response to the COVID-19 epidemic, utilizing all WBG operational and policy instruments and working in close partnership with government and other agencies. Grounded in One-Health, which provides for an integrated approach across sectors and disciplines, the proposed WBG response to COVID-19 will include emergency financing, policy advice, and technical assistance, building on existing instruments to support IDA/IBRD-eligible countries in addressing the health sector and broader development impacts of COVID-19. The WBG COVID-19 response will be anchored in the World Health Organization (WHO) COVID-19 global Strategic Preparedness and Response Plan (SPRP) outlining the public health measures for all countries to prepare for and respond to COVID-9 and sustain their efforts to prevent future outbreaks of emerging infectious diseases. The proposed project is aligned with the Country Engagement Note (report number 123654) for the period fiscal year 2018-2021 which has improving nutrition and primary health care as one of its focus areas.

D. Multiphase Programmatic Approach

MPA Program Context

10. **An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China.** On March 11, 2020, the WHO declared a global pandemic as the coronavirus rapidly spreads across the world. As of March 24, 2020, the outbreak has resulted in an estimated 375,498 cases and 16,362 deaths in 196 countries.

11. **COVID-19 is one of several emerging infectious diseases (EID) outbreaks in recent decades that have emerged from animals in contact with humans, resulting in major outbreaks with significant public health and economic impacts.** The last moderately severe influenza pandemics were in 1957 and 1968; each killed more than a million people around the world. Although countries are now far more prepared than in the past, the world is also far



more interconnected, and many more people today have behavior risk factors such as tobacco use⁴ and pre-existing chronic health problems that make viral respiratory infections particularly dangerous⁵. With COVID-19, scientists are still trying to understand the full picture of the disease symptoms and severity. Reported symptoms in patients have varied from mild to severe, and can include fever, cough and shortness of breath. In general, studies of hospitalized patients have found that about 83 percent to 98 percent of patients develop a fever, 76 percent to 82 percent develop a dry cough and 11 percent to 44 percent develop fatigue or muscle aches⁶. Other symptoms, including headache, sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While 3.7 percent of the people worldwide confirmed as having been infected have died, WHO has been careful not to describe that as a mortality rate or death rate. This is because in an unfolding epidemic it can be misleading to look simply at the estimate of deaths divided by cases so far. Hence, given that the actual prevalence of COVID-19 infection remains unknown in most countries, it poses unparalleled challenges with respect to global containment and mitigation. These issues reinforce the need to strengthen the response to COVID-19 across all IDA/IBRD countries to minimize the global risk and impact posed by this disease.

Learning Agenda

12. The country project under the MPA Program will support adaptive learning throughout the implementation, as well as from international organizations including WHO, International Monetary Fund (IMF), CDC, United Nations Children's Fund (UNICEF), and others. At the country level the following will be targeted for learning:

- **Forecasting:** modeling the progression of the pandemic, both in terms of new cases and deaths, as well as the economic impact of disease outbreaks under different scenarios.
- **Technical:** Cost and effectiveness assessments of prevention and preparedness activities; research may be financed for the re-purposing of existing anti-viral drugs and development and testing of new antiviral drugs and vaccines.
- **Supply chain approaches:** Assessments may be financed on options for timely distribution of medicines and other medical supplies.
- **Social behaviors:** Assessments on the compliance and impact of social distancing measures under different contexts.

⁴ Marquez, PV. 2020. "Does Tobacco Smoking Increases the Risk of Coronavirus Disease (Covid-19) Severity? The Case of China." <http://www.pvmarquez.com/Covid-19>

⁵ Fauci, AS, Lane, C, and Redfield, RR. 2020. "Covid-19 — Navigating the Uncharted." *New Eng J of Medicine*, DOI: 10.1056/NEJMe2002387.

⁶ Del Rio, C. and Malani, PN. 2020. "COVID-19—New Insights on a Rapidly Changing Epidemic." *JAMA*, doi:10.1001/jama.2020.3072.



II. PROJECT DESCRIPTION

A. Project Development Objective

13. The Project objectives are aligned to the results chain of the COVID-19 Strategic Preparedness and Response Program (SPRP).

PDO Statement

14. To prevent, detect and respond to the threat posed by COVID-19 and strengthen national system for public health preparedness.

PDO Level Indicators

15. The PDO will be monitored through the following PDO level outcome indicators:
- Suspected cases of COVID-19 cases reported and investigated per approved protocol (Percentage);
 - Isolation and treatment centers with pandemic preparedness and response plans per MoH Guidelines (Percentage);
 - Health staff trained in infection prevention per MoH-approved protocols (Number);
 - Hospitals with personal protective equipment (PPE) and infection control products and supplies, without stock-outs on the first day of each quarter (Percentage); and
 - Diagnosed cases treated per approved protocol (percentage).

B. Project Components

Component 1: Emergency COVID-19 Response (US\$4 million equivalent)

16. The project will contribute to financing the following activities:

- a. **Case Detection, Confirmation, Contact Tracing, Recording, Reporting.** Enhancing case detection, confirmation, tracing, recording and reporting through inter alia: (a) strengthening disease surveillance systems; (b) strengthening the capacity of the Public Health Emergency Operation Center (PHEOC); (c) combining detection of new cases with active contact tracing locally and at various points of entry; (d) providing on-time data and information for guiding decision-making, response and mitigation activities; (e) strengthening the health management information system to facilitate recording and on-time virtual sharing of information; (f) developing a public health emergency plan; and (g) implementing the Recipient's health care waste management plan including, inter alia, medical waste management and establishing disposal systems such as non-incineration cluster treatment in health facilities. The project will also contribute to inter alia, i) strengthening the supply chain management system; ii) developing a 2021-2023 national emergency preparedness plan anchored in 2021-2025 national health sector strategic plan; iii) capacity building for strengthening the national results-based financing program; and iv) finalizing the essential healthcare package and improving quality of care



- b. **Social Distancing Measures; Communication Preparedness.** Supporting the implementation of social distancing measures through *inter alia*: (a) developing and implementing guidelines related to social distancing measures; (b) developing and production of risk communication and community engagement materials; (c) community engagement and social mobilization of target audiences; (d) operationalizing existing or new laws and regulations on social distancing measures; and (e) supporting preventative actions complementary to social distancing including the promotion of personal hygiene; the promotion of handwashing and proper cooking; the distribution and use of masks, and the promotion of community participation in slowing the spread of the pandemic.

17. This component would provide immediate support countries to prevent COVID-19 from arriving or limiting local transmission through containment strategies. It would support enhancement of disease detection capacities through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan. It would enable countries to mobilize surge response capacity through trained and well-equipped frontline health workers.

Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach. (US\$0.6 million equivalent)

18. The project will contribute to financing the following activities:

- a. Strengthening national disease surveillance and diagnostic capacities for public health emergencies and other hazards and enhancing national diseases information and analytical systems.

19. Based on the JEEs of country IHR core capacities and related Performance of Veterinary Services pathways assessments and gap analysis, support would be provided to strengthen national public health preparedness using one health approach.

Component 3: Supporting National and Sub-national, Prevention and Preparedness (US\$5 million equivalent)

20. The project will contribute to financing the following activities:

- a. Developing and implementing a costed plan for the collection, packaging, transportation and testing of COVID-19 samples to the WHO recommended laboratories for COVID-19 (i.e., Medical Research Council in The Gambia and Pasteur Institute in Dakar, Senegal), including, *inter alia*, preparation of associated standard operating procedures, guidelines and terms of reference and provision of containers for handling specimen.
- b. Strengthening the capacities of laboratories in various health facilities for provision of full hematology, biochemistry, microbiology and other critical services and provision of critical consumables, reagents, PPEs such as gloves, surgical mask, respirator, eye protection and isolation gowns to health workers for their safety and other infection prevention and control materials (including detergents and disinfectants, and safety/sharp boxes), and other equipment stock for emergencies.
- c. Provision of training to medical and veterinary laboratory personnel on handling highly specialized PPE and testing of hazardous biological samples efficiently and effectively.
- d. Acquisition of vehicles, motorcycles and ambulances for emergency operations and cold chain apparatus for transportation of biological surveillance samples and blood products.



- e. Acquisition of emergency medical and non-medical supplies such as gloves, surgical masks, respirators, eye protection wear and isolation gowns as well as infection prevention and control materials for health workers and health facilities.
- f. Supporting rehabilitation and upgrading of selected treatment and isolation centers, and rehabilitation and/or construction of a designated public health emergency treatment center.
- g. Supporting rehabilitation and/or construction of new laboratories.

Component 4: Implementation Management and Monitoring and Evaluation (US\$0.4 million equivalent)

21. The MoH Project Coordination Unit (PCU) would be entrusted with coordination of project activities, as well as fiduciary tasks of procurement and financial management (FM). The project will support strengthening the capacity of the PCU and the MoH for day to day implementation, coordination, supervision and overall management (including, fiduciary aspects, M&E, carrying out of audits and reporting) of project activities and results all through the provision of technical advisory services, training, operating costs, non-consulting services and acquisition of goods for the purpose. A Senior Operations Officer will be recruited to support project implementation including, *inter alia*, a) assist the MoH Environmental and Social Safeguards focal points to implement the Environmental and Social Commitment Plan and help ensure the project is carried out in accordance with the Environmental and Social Standards; b) develop and follow-up with the implementation of the project operations manual; and c) prepare project reports.

C. Project Beneficiaries

22. The expected project beneficiaries will be the population at large given the nature of the disease, infected people, at-risk populations, particularly the elderly and people with chronic conditions, medical and emergency personnel, medical and testing facilities, and public health agencies engaged in the response in participating countries.



Theory of Change: The Gambia COVID-19 Preparedness and Response Project

Project Development Objective

To strengthen The Gambia's ability to prevent, detect, and respond to the threat posed by COVID-19 and strengthen national system for public health preparedness.

Problem Statement

Although COVID-19 has not yet been detected in The Gambia, strengthening the preparedness and response systems will serve to reduce morbidity and mortality from COVID-19 and future public health emergencies, should they emerge.

Problems and Constraints

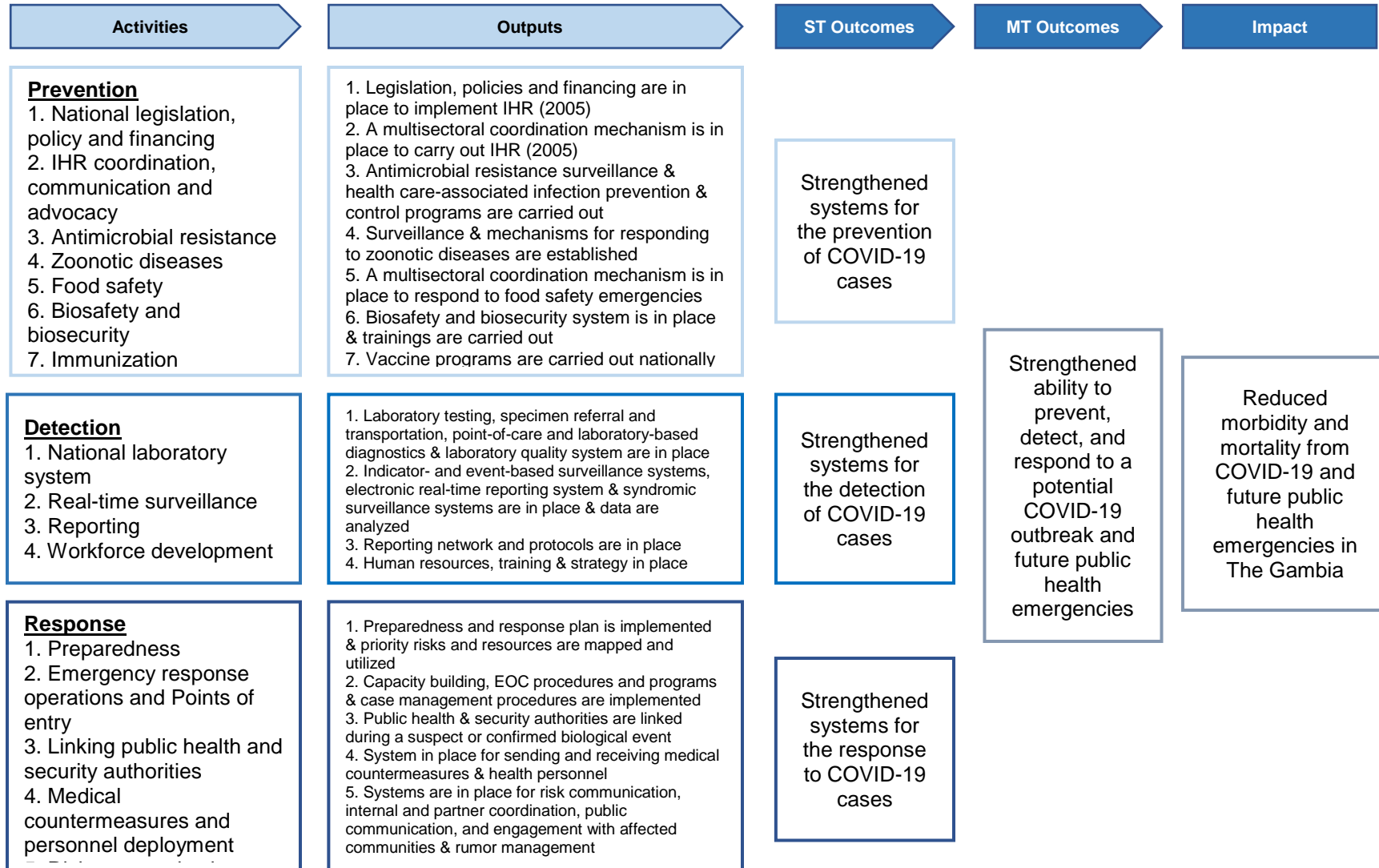
- Relatively weak national legislation, policy and financing
- Low IHR coordination, communication and advocacy
- Weak antimicrobial resistance detection, infection surveillance, and stewardship activities
- Weak surveillance systems in place for priority zoonotic diseases/pathogens, and low veterinary or animal health workforce
- Poor biosafety and biosecurity systems, training and practices
- Low quality of national laboratory system and specimen referral and transport system
- Weak interoperable, interconnected, electronic real-time reporting system for real-time surveillance
- Poor system for efficient reporting to Food and Agriculture Organization (FAO), OIE and WHO
- Low human resource availability to implement IHR core capacity requirements
- Poor national multi-hazard public health emergency preparedness and response plan development and implementation
- Weak PHEOC operating procedures and plans and emergency operations programme for emergency response operations
- Poor linking of public health and security authorities
- Poor medical countermeasures and personnel deployment
- Ineffective public health response and capacity establishment at points of entry
- Poor mechanisms establishment/functioning for detecting and responding to chemical events or emergencies
- Poor mechanisms establishment/functioning for detecting and responding to radiological and nuclear emergencies

Assumptions

- A1: The strengthened systems will be maintained in case of a future public health emergency
- A2: The strengthened ability to prevent, detect, and respond to a potential COVID-19 outbreak or other public health emergency will be done in a timely way so as to reduce morbidity and mortality, prior to economic repercussions or to minimized food availability, among others negative repercussions which may be indirect consequences of such an emergency, which could lead to higher morbidity and mortality



Figure 1. Results Chain





III. IMPLEMENTATION ARRANGEMENTS

A. Institutional and Implementation Arrangements

23. **The MoH PCU which will be responsible for the implementation of the project**, has some experience working on projects financed by multilateral development partners, mainly Global Fund to Fight AIDS, Tuberculosis and Malaria.

24. **The existing multisectoral NHEC which has responsibility for overall coordination of the implementation and monitoring of the COVID-19 Plan, will provide strategic guidance for overall project implementation.** The NHEC is chaired by the Honourable Minister of Health and co-chaired by a prominent citizen, and its members comprise representatives of United Nations (UN) agencies, Medical Research **Council**, line ministries, non-governmental organizations (NGOs), National Disaster Management Agency (NDMA), the Gambia Red Cross Society (GRCS), WBG and others. The six technical committees that report to the NHEC are: a) coordination; b) epidemiology and laboratory surveillance; c) case management; d) communication and social mobilization; e) psychosocial support; and f) logistics and safety.

B. Results Monitoring and Evaluation Arrangements

25. **Monitoring and evaluation (M&E) activities will be the responsibility of the MoH.** A focal point from the M&E unit of the MoH Directorate of Planning and Information will work closely with the PHEOC and, in coordination with the heads of the technical committees, produce data for monitoring the Results Framework and prepare weekly and monthly reports for dissemination to the NHEC and for informed decision making and course correction, where necessary. Additionally, the technical committees will undertake site visits to closely monitor implementation. The frequency of reports produced by the PHEOC will depend on any of the four transmission scenarios that is prevailing at the time (a) no reported cases; b) sporadic cases; c) clusters of cases; and d) community transmission. Accordingly, the types of data that will be covered could include: i) Event specific data such as what, how many, where, who, how quickly and clinical and epidemiological status; ii) Event management information such as human and material resources on hand, status of interventions, partner activities, resource deployments, expenditure, and progress on achievement of objectives; and iii) context data such as geographic information mapping, population distribution, transportation links, locations of fixed and temporary facilities, availability of clean water, climate, weather and any other significant contextual information.

26. An 'after action review' will be undertaken after each exercise and live activation and the report will be used to make informed decisions and take appropriate corrective actions based on the recommendations. At the end of the one-year project duration, an implementation completion and results report will cover achievement of each of the project components, procurement, FM, grievance redress and citizen engagement, safeguards, dissemination and data use, compliance with legal covenants, and lessons learned (positive and negative). The reports, including lessons learned, will be widely disseminated to stakeholders, including to civil society organizations and the public.

C. Sustainability



27. The sustainability of the project would largely depend on the capacity of the implementing agencies and the specific activities. The focus of some of the project activities on training and capacity building will further enhance the sustainability of the project.

IV. PROJECT APPRAISAL SUMMARY

A. Technical, Economic and Financial Analysis (if applicable)

28. Although there are very significant gaps in knowledge of the scope and features of the COVID-19 pandemic. It is apparent that one main set of economic effects will derive from increased sickness and death among humans and the impact this will have on the potential output of the global economy. In the Spanish Influenza pandemic (1918-19) 50 million people died -about 2.5 percent of the then global population of 1.8 billion. The most direct impact would be through the impact of increased illness and mortality on the size and productivity of the world labor force. The loss of productivity as a result of illness which, even in normal influenza episodes is estimated to be ten times as large as all other costs combined will be quite significant.

29. Another significant set of economic impact will result from the uncoordinated efforts of private individuals to avoid becoming infected or to survive the results of infection. The SARS outbreak of 2003 provides a good example. The number of deaths due to SARS was estimated at “only” 800 deaths and it resulted in economic losses of about 0.5 percent of annual GDP for the entire East Asia region, concentrated in the second quarter. The measures that people took resulted in a severe demand shock for services sectors such as tourism, mass transportation, retail sales, and increased business costs due to workplace absenteeism, disruption of production processes and shifts to more costly procedures. Prompt and transparent public information policy can reduce economic losses.

30. A last set of economic impacts are those associated with governments’ policy efforts to prevent the epidemic, contain it, and mitigate its harmful effects on the population. These policy actions can be oriented to the short, medium or long-term or, in spatial terms to the national, regional or global levels.

31. Investing in preparedness yields significant returns. The expected value of economic benefits of better preparedness would be well above the estimated investment according to WBG estimates based on previous pandemics. Investing in pandemic preparedness helps alleviate poverty, especially because infectious diseases tend to affect the poor disproportionately. Preparedness also contributes to shared economic prosperity, particularly by avoiding losses when disasters occur and by stimulating innovation and economic development because investment risks are reduced.⁷

B. Fiduciary

(i) Financial Management

32. The Gambia COVID-19 Preparedness and Response Project will be implemented by the MoH PCU established to provide integrated and coordinated project management interventions in health related programs in

⁷ World Bank Group. September 2019. Pandemic Preparedness Financing: Status Update.



collaboration with the existing NHEC. The NHEC has responsibility for overall coordination of the implementation and monitoring of COVID-19 Plan and will therefore provide strategic guidance for overall project implementation.

33. The Gambia COVID-19 Preparedness and Response Project will be the first World Bank-financed operation to be implemented by the current PCU team. However, the overall performance of the National Malaria Control Program financed by The Global Fund to fight AIDS, Malaria and Tuberculosis and executed by the PCU is Satisfactory. Staffing has remained adequate and proper books of accounts and supporting documents have been kept. The auditor has issued an unqualified opinion on the audited financial statements from 2016 to 2018. The PCU has signed a Memorandum of Understanding (MoU) with the Internal Audit Directorate within the Ministry of Finance to cover the audit of the Global Fund to Fight AIDS, Tuberculosis and Malaria grants. MoH has recently signed an MoU with the Internal Audit Directorate to cover other funding sources. The accounting system in place is adequate but will be customized to include the bookkeeping of the project. The current FM team which consists of a Financial Controller, a Senior Accountant and five (5) accountants is also adequate and will be able to manage the project.

34. The manual of procedures is adequate for proper FM but does not include World bank disbursement and financial reporting procedures. In order to accommodate the project in the existing FM system and ensure readiness for implementation, a note of procedure describing the disbursement and financial reporting procedures of World bank should be elaborated. The following measures should also be taken: (i) the customization of the existing accounting software to include the bookkeeping of the project and generate interim financial reports and financial statements no later than one month after effectiveness; (ii) training of FM unit on World Bank FM procedures no later than one month after effectiveness; (iii) update of the MoU sign with the Internal audit Directorate to include the project in their scope of intervention and carry out in depth review of transactions no later than one month after effectiveness; (iv) recruit an external auditor with experience satisfactory to the World Bank to carry out a single audit of the project no later than six months after effectiveness. The World Bank will provide FM hands-on expanded implementation support the Recipient to expedite FM.

(ii) Procurement

35. Procurement under the project will be carried out in accordance with the World Bank's Procurement Framework. Procurement by countries will follow the World Bank's Procurement Regulations for IPF Borrowers for Goods, Works, Non-Consulting and Consulting Services, dated July 1, 2016 (revised in November 2017 and August 2018). The Projects will be subject to the World Bank's Anticorruption Guidelines, dated October 15, 2006, revised in January 2011, and as of July 1, 2016. Countries will use the Systematic tracking of Exchanges in Procurement (STEP) to plan, record and track procurement transactions

36. The major planned procurement includes: (i) medical/laboratory equipment and consumables; (ii) medical equipment; (iii) medical consumables; (iv) PPE in facilities and triage; (v) clinical management equipment; (vi) refurbishment and equipment of health facilities and healthcare waste equipment and materials; (vii) technical assistance for updating or reviewing national plans and costs; (viii) human resources for response; and (ix) expertise for development and training of front-line responders. Given the emergency nature of the requirement, it was agreed that the Recipient develops a streamlined Project Procurement Strategy for Development (PPSD) during the project preparation phase and finalizes the same early during implementation. A one (1) year procurement plan has been agreed with the Recipient and will be updated during implementation.



37. The proposed procurement approach prioritizes fast track emergency procurement for the required emergency goods, works and services, particularly for the prevention phase and the relief phase. In this regards, key measures to fast track procurement include the following measures:

- use of simple and fast procurement and selection methods fit for an emergency situation including direct contracting, as appropriate;
- use of simple and fast procurement and selection methods fit for an emergency situation including direct contracting, as appropriate;
- procurement from UN Agencies enabled and expedited by World Bank procedures and templates
- use of procurement agents;
- force account, as needed;
- increased thresholds for Requests For Quotations s and national procurement, among others;
- other measures like shorter bidding time, no bid security, advance payments, direct payments, will be applied on a case by case basis upon advice/guidance from the Accredited Procurement Specialist;
- retroactive financing up to an aggregate amount not to exceed SDR 2,900,000 from March 1, 2020 i.e. procurement prior to project effectiveness;
- conducting post reviews.

38. All procurement under the project will be undertaken by the existing MoH PCU. As requested by the Recipient, the World Bank will provide procurement hands-on expanded implementation support to help expedite all stages of procurement – from help with supplier identification, to support for bidding/selection and/or negotiations to contract signing and monitoring of implementation. A World Bank procurement accredited staff/consultant will provide support to the implementation unit during all emergency procurement stages. In addition, the procurement capacity of the PCU will be strengthened through a capacity building program particularly on the World Bank’s New Procurement Framework. For instance, the MoH and PCU procurement staff participated in procurement training provided by the WBG during February 26-27, 2020. The training covered PPSD, and World Bank’s New Procurement Framework. A Project Operations Manual which includes the detailed process for procurement activities and relation between the PCU and other key actors of the project will be developed two (2) months after the effectiveness of the project.

39. Country projects may be significantly constrained in purchasing critically needed supplies and materials due to significant disruption in the supply chain, especially for PPE. The supply problems that have initially impacted PPE are emerging for other medical products (e.g. reagents and possibly oxygen) and more complex equipment (e.g. ventilators) where manufacturing capacity is being fully allocated by rapid orders from developed countries.

40. Recognizing the significant disruptions in the usual supply chains for medical consumables and equipment for COVID-19 response, in addition to the above country procurement approach options available to countries, the World Bank will provide, at Recipients’ request, World Bank Facilitated Procurement (BFP) to proactively assist them in accessing existing supply chains. Once the suppliers are identified, the World Bank could proactively support borrowers with negotiating prices and other contract conditions. Borrowers will remain fully responsible for signing and entering into contracts and implementation, including assuring relevant logistics with suppliers such as arranging the necessary freight/shipment of the goods to their destination, receiving and inspecting the goods and paying the suppliers, with the direct payment by the World Bank disbursement option available to them The BFP would constitute additional support to borrowers over and above usual Hands on Expanded Implementation Support which will remain available. If needed, the World Bank could also provide hands-on support to Borrowers in contracting to outsource logistics.



41. BFP in accessing available supplies may include aggregating demand across participating countries, whenever possible, extensive market engagement to identify suppliers from the private sector and UN agencies. The World Bank is coordinating closely with the WHO and other UN agencies (specifically WHO and UNICEF) that have established systems for procuring medical supplies and charge a fee which varies across agencies and type of service and can be negotiated (around 5 percent on average.) In addition, the World Bank may help borrowers access governments’ available stock.

Table 2. Major Risks to Procurement and Proposed Mitigation Measures

Risks	Mitigation Measures
Lack of sufficient global supply of essential medical consumables and equipment needed to address the health emergency as there is significant disruption in the supply chain, especially for PPE.	The World Bank will provide BFP leveraging its comparative advantage as convener with the objective of facilitating borrowers’ access to available supplies at competitive prices, as described in the procurement section of this document. BFP in identifying suppliers and facilitating contracting between them and borrowers may bring a perception that the World Bank is acting beyond its role as a financier with greater reputational and potentially litigation risks – these would relate to questions of transparency, equity in terms of which borrowers get access to what and when, issues with quality, timeliness of delivery, value for money, and any other issues of contractual non-performance by the suppliers identified by the World Bank.
Recipient import restrictions in place for goods/service providers/consultants/contractors from certain countries, as well as constraints in institutional and implementing capacity in borrowing countries, particularly where there are quarantines be in place or other restrictions that impact on public administration.	The World Bank and the Recipient will clearly delineate the roles and responsibilities of the World Bank and the Borrowers for whom the World Bank facilitates access to available supplies. Moreover, BFP is provided to mitigate the greater risk that the World Bank could be providing financing for medical supplies that may not be readily available to developing countries. This is more proactive approach in assisting borrowers is justified as an effective way to complement other procurement options and help clients achieve COVID19 projects’ development objectives on a fit-for-purpose basis.
Limited capacity to conduct emergency procurement.	The PCU will maintain staff with the appropriate capacity dedicated to the COVID-19 response. The WBG will provide support through a procurement accredited staff and a HEIS.
Managing fraud and corruption and noncompliance.	Ex ante due diligence of firms being selected will be attempted using databases available in country and externally. Post review of contracts will be scheduled immediately on award of contracts for all contracts that would have been usually prior reviewed.
Capacity of the market and supply chain to meet the demand.	Proposed mobilization of existing service providers with the possibility to proceed with contracts extension for additional activities through contract amendment are expected to address the emergency medical service requirements. Measures for supplier preferences such as direct payments by World Bank, and advance payments, will be applied on as needed basis.
Social impacts of emergency on markets, especially (i) on labor markets and (ii) eventual reluctance to accept foreign laborers.	There are no known restrictions on use of foreign personnel. So, the PIU needs to envision referring to specialist in sociology to prevent such events.



C. Legal Operational Policies

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

D. Environmental and Social

42. The project will have positive impacts on improving COVID-19 surveillance, monitoring and containment. However, the project could also cause significant environment, health and safety risks due to the proposed activities to control COVID-19 and reagents and other materials to be used in the project-supported laboratories and quarantine facilities. Healthcare associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory workers. The laboratories and relevant health facilities which will be used for diagnostic testing and isolation of patients can generate biological waste, chemical waste, and other hazardous bioproducts.

43. To mitigate against these risks, the project will develop an Environmental and Social Management Plan (ESMP), which will adequately cover environmental and social infections control measures and procedures for the safe handling, storage, and processing of COVID-19 materials including the techniques for preventing, minimizing, and controlling environmental and social impacts during the operation of project supported laboratories and medical facilities. The relevant parts of COVID-19 Quarantine Guideline and WHO COVID-19 biosafety guidelines will be incorporated into the ESMP. These guidelines include provisions to address the needs of patients, including the most vulnerable. They also include provisions on the establishment of quarantine and isolation centers and their operation considering the dignity and needs of patients.

44. A draft Stakeholder Engagement Plan (SEP) was developed during project preparation, which was publicly disclosed on March 25, 2020. The project will support a communication, mobilization, and community engagement campaign to raise public awareness and knowledge on prevention and control of COVID-19 among the general population. It will contribute to strengthening the capacities of community structures in promoting coronavirus prevention messages. The project will coordinate and monitor all communication interventions and material development at both the national and regional levels. The project will ensure that activities are inclusive and culturally sensitive, making sure the vulnerable groups outlined above also benefit from the project. Toward this effort, the project will prioritize face-to-face communication, including household-outreach, focus-group discussions, and village consultations using different languages and pictures, as necessary. The social and behaviour change communication will be carried out nationally. However, the timing and method of communication will be adapted according to each segmented audience, for example, for people living near laboratories, borders, international airport, and people who are staying in quarantine centers, among others.

45. An Environmental and Social Commitment Plan (ESCP) which was developed during project preparation and publicly disclosed on March 25, 2020 sets out material measures and actions, any specific documents or plans, as well as the timing for each of these. The implementation of the material measures and actions set out in this ESCP will be monitored and reported to the WBG.



V. GRIEVANCE REDRESS SERVICES

Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB'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 WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

VI. KEY RISKS

46. The overall risk of the proposed operation to improve utilization and quality of essential health services and increase health insurance coverage in The Gambia is assessed as Substantial.

47. Political and governance risks are assessed as high. The political coalition established in late 2016 after President Barrow assumed office is fragile. Previous reform efforts have been significantly delayed because of loosening of the reform momentum. The authorities remain committed to the implementation of the reform agenda but at the same time lack a solid institutional system and governance structures to backup and support the reform momentum.

48. Macroeconomic risks are assessed as substantial. While the economic recovery strengthened further in 2019, debt sustainability remains on a knife's edge. There is very limited fiscal space for addressing urgent social needs and for undertaking major infrastructure investments in energy and other areas needed to support higher growth. It is critical that the Government maintains fiscal discipline while pursuing structural reforms and improving debt and public investment management, including limiting contingent liabilities from the SOEs and capacity to properly select, implement, monitor, and maintain new investment projects.

49. Institutional capacity for implementation and sustainability risks are assessed as substantial. The PCU has limited previous experience working on WBG operations and the MoH is new to WBG procedures and policies. For instance, this is the first time that the MoH is exposed to the WBG environmental and social framework. However, the MoH seems committed and the senior management team have been fully engaged in project identification. During project implementation, the capacity of MoH will be enhanced.

50. Environmental and social risk is rated substantial. The risks linked to the management of healthcare waste (especially handling highly infectious medical wastes associated with COVID-19) are substantial. Labor management and health and safety risks will be taken into account across the project through the application of WHO protocols. The capacity of the MOH to manage the environmental and social risks will be built through ongoing support and training during project implementation as well as dedicated MOH focal points for environmental and social safeguards and the recruitment of a Senior Operations Officer.



Table 3. Risk Assessment and Mitigation Measures

INHERENT RISK	Assessment of Mitigation measures (indicative)
<p>Political and Governance Lack of accountability measures to ensure that resources supporting COVID-19 activities reach intended health care facilities and beneficiaries. Low priority given to public accountability and transparency in program management.</p> <p>Governance challenges in the health and other sectors involved in country responses.</p> <p>Lack of adequate legal and regulatory framework to ensure legitimate and proportionate collection, use and processing of personal data.</p>	<p>Commitment and state of processes to disclose/document funding to support COVID-19 response (e.g., publication of audit results and achievements; transparency in decision and resource allocation, extent of stakeholder consultations).</p> <p>Availability of feedback mechanisms to confirm that financing has reached intended health care facilities, beneficiaries.</p> <p>The program would support the implementation of anti-corruption strategies and activities that have been adopted to guide the implementation of WBG-funded portfolio of projects in participating countries.</p>
<p>Macroeconomic Reduction in fiscal capacity of governments due to global economic disruption and slowdown, and potential unavailability of fiscal resources. This would negatively impact public health service delivery with respect to COVID-19 prevention, mitigation, and treatment, in addition to other essential health service delivery.</p>	<p>Extent of government commitment to provide fiscal resources to core COVID-19 and essential health service delivery activities. The program would minimize this risk by supporting critical public health programs, in addition to the COVID-19 response and mitigation effort.</p>
<p>Sector policies/strategies National health policies do not provide adequate enabling environment for COVID-19 emergency response and supported activities (e.g., case detection & reporting, social distancing measures, health system strengthening, communications, multi-sector policy for prevention and preparedness, infrastructure, etc.).</p>	<p>Commitment to supplementary or emergency measures to support COVID-19 emergency response and supported activities, including for prevention, mitigation, treatment, surveillance, and health system strengthening.</p>
<p>Technical design Intervention activities not effective in containing the spread of COVID-19, as well of other infectious diseases of animal origin.</p>	<p>Extent to which project activities focus on strengthening response capacity in selected priority areas in the short- and medium terms and lay the foundations for a broader-based One Health strategy and approach, including broad awareness and communication campaigns, which would be critical to containing the spread of these diseases.</p> <p>Supporting project activities that are designed and implemented in partnership with leading multilateral agencies, such as WHO and UN agencies, regional/subregional entities; and bilateral and other donor organizations.</p>



<p>Lack of sufficient quantity of drugs and other medical inputs needed to address the health needs of the general population during a pandemic.</p> <p>Lack of adequate national M&E to track progress and emerging issues.</p>	<p>Extent of government capacity and commitment to coordinate project activities with efforts undertaken by other international organizations such as WHO, to facilitate access to laboratory and medical care supplies.</p> <p>Support of national and/or project-specific M&E to flag emerging issues and to strengthen and learn from the crisis response.</p>
<p>Institutional capacity Inadequate capacity for planned surveillance, surveys and M&E.</p> <p>Inadequate or lack of multi-sectoral participation.</p>	<p>Adequacy of planned capacity building and institutional development for the short and medium terms to help build system resilience. Broader engagement and partnerships to be fostered to support effort. The World Bank will provide fiduciary hands-on expanded implementation support the Recipient to expedite procurement.</p> <p>Extent of arrangements for technical assistance and partnership between local organizations and international institutions will be provided. M&E plan will include information on instruments for data collection, agencies responsible and a detailed timetable.</p> <p>Extent to which implementation mechanisms explicitly address the link between the required centralized decision making (the principle of ‘direct chain of command’) with the needed local-level implementation, communication strategies include local-level implementing actors as targets; capacity building at different levels engaged in the response.</p> <p>High level of political attention given the significant economic impact is helping galvanize the need for a One-Government response strategy</p>
<p>Fiduciary Financial resources not accessible in a timely manner, weak procurement management.</p>	<p>Availability of rapid disbursement procedures and simplified public sector procurement within projects in accordance with emergency operations norms.</p> <p>Extent to which implementation arrangements ensure that robust Internal Audit function is independent from the operations and reports to the top management and the steering committee.</p> <p>Commitment to enlist independent operational auditors to conduct operational reviews.</p>
<p>Environment and Social</p>	<p>There is a high/substantial likelihood that exogenous</p>



	<p>environmental or social risks could adversely affect the achievement of the operation’s objectives or the sustainability of results. These emergency operations will take specific measures to address environmental issues (including explicitly supporting established COVID-19 infection prevention and control guidelines and guidelines for medical waste management).</p>
<p>Stakeholders The existence of denial and misinformation associated with COVID-19, in addition to mistrust of some governments, which could lead to the rejection of public health interventions and information in some country contexts, contributing to the continued spread of the disease.</p> <p>Controlling the spread of COVID-19 spread may expose the Government to criticism for the curtailment of civil rights due to the adoption of quarantines and other related measures.</p>	<p>Extent of government and civil society outreach, advocacy and coalition building to sensitize key groups including policy makers, the media, and ensure consistent communication.</p> <p>Extent to which project will support advocacy and coalition building to sensitize key groups including policy makers, the media, and religious leaders. This will be complemented by carefully designed mass communication campaigns to build support for response and mitigation measures among the wider population.</p>



VII. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY: Gambia, The

The Gambia COVID-19 Preparedness and Response Project

Project Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national system for public health preparedness

Project Development Objective Indicators

Indicator Name	DLI	Baseline	End Target
Strengthen the national public health preparedness capacity to prevent, detect and respond			
Suspected cases of COVID-19 cases reported and investigated per approved protocol (Percentage)		0.00	50.00
Isolation and treatment centers with pandemic preparedness and response plans per Ministry of Health Guidelines (Percentage)		0.00	50.00
Health staff trained in infection prevention per MOH-approved protocols (Number)		0.00	500.00
Hospitals with personal protective equipment and infection control products and supplies, without stock-outs on the first day of each quarter (Percentage)		0.00	50.00
Diagnosed cases treated per approved protocol (Percentage)		0.00	50.00



Intermediate Results Indicators by Components

Indicator Name	DLI	Baseline	End Target
Component 1: Emergency COVID-19 Response			
Public Health Emergency Operation Center (PHEOC) activated and operationalized to support coordination and planning for COVID-19 or other future emergencies (Text)		Not operational	Operational
Points of Entries equipped and staff trained in SOPs (including for infection prevention and control, screening of passengers (Number)		0.00	9.00
Rapid-response teams members trained and equipped to investigate cases and conduct contact tracing (Percentage)		0.00	80.00
Table-top simulation exercises and findings documented to inform future preparedness and response activities (Text)		None	Report on table-top simulation exercises with recommendations or lessons learned
Supervisory visits undertaken to nine Points of Entry (Number)		0.00	27.00
Border officers trained on COVID-19 prevention and control and contact tracing (Number)		0.00	50.00
Community-based nurses and PHO trained on COVID-19 prevention and control and contact tracing (Number)		0.00	100.00
Emergency Ambulance Services operational within one month of start of project (Number)		0.00	9.00
MoU signed with Republic of Senegal PHES (Text)		None	signed
Table-top simulation exercises conducted (Number)		0.00	10.00
Non-incineration cluster treatment of healthcare waste from several health facilities established (Text)		None	Established
COVID-19 sensitization campaigns conducted in all regions (Number)		0.00	7.00
Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development			
Electronic Integrated Disease Surveillance Response (IDSR) using DHIS2 platform interfaced with laboratory management		None	Established



Indicator Name	DLI	Baseline	End Target
information system and animal health surveillance system established (Text)			
Component 3: Supporting National and Sub-national, Prevention and Preparedness			
Health centers reporting stock-out of tracer Infection prevention and control materials on the first day of each month (Percentage)		0.00	50.00
Costed plan to collect, package and transport samples to the WHO recommended laboratories for COVID-19 and future emergencies developed and implemented (Text)		No plan	Plan in place
Standard Operating Procedures (SOPs) on sample collection, packaging, transportation and testing of samples (Text)		None	SOP in place
Health centers reporting stock-out of tracer Infection prevention and control materials on the first day of each month (Percentage)		0.00	50.00
Treatment and isolation centres renovated and/or equipped (Number)		0.00	3.00

Monitoring & Evaluation Plan: PDO Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Suspected cases of COVID-19 cases reported and investigated per approved protocol	The numerator is number of suspected cases COVID-19 cases that are reported and investigated per approved protocol and the denominator is number of	Six-monthly	PHEOC administrative data	Records kept by PHEOC	PHEOC and MOH M&E Unit



	suspected COVID-19 cases				
Isolation and treatment centers with pandemic preparedness and response plans per Ministry of Health Guidelines	Numerator is number of Isolation and treatment centers with pandemic preparedness and response plans per Ministry of Health Guidelines and denominator is number of Isolation and treatment centers designated for COVID-19 isolation and treatment	Six-monthly	PHEOC administrative data	Records kept by PHEOC	PHEOC and MOH M&E Unit
Health staff trained in infection prevention per MOH-approved protocols	Number of health staff trained in infection prevention per MOH-approved protocols	Six-monthly	PHEOC administrative data	Records kept by PHEOC	PHEOC and MOH M&E Unit
Hospitals with personal protective equipment and infection control products and supplies, without stock-outs on the first day of each quarter	Numerator is number of hospitals with personal protective equipment and infection control products and supplies, without stock-outs on the first day of each quarter and the denominator is number of hospitals	Six-monthly	PHEOC administrative data	Records kept by PHEOC	PHEOC and MOH M&E Unit
Diagnosed cases treated per approved protocol	The numerator is number of diagnosed cases treated per approved protocol and the denominator is number of diagnosed cases	Six-monthly	PHEOC administrative data	Records kept by PHEOC	PHEOC and MOH M&E Unit



Monitoring & Evaluation Plan: Intermediate Results Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Public Health Emergency Operation Center (PHEOC) activated and operationalized to support coordination and planning for COVID-19 or other future emergencies	Public Health Emergency Operation Center (PHEOC) has dedicated toll-free telephone lines, equipped with computers and communication equipment and emergency vehicles, and a designated National Focal Point	Six-monthly	PHEOC administrative data	Records kept by PHEOC	PHEOC and MOH M&E Unit
Points of Entries equipped and staff trained in SOPs (including for infection prevention and control, screening of passengers)	All 9 Points of Entries are equipped and the staff trained	Six-monthly	PHEOC administrative data	Records kept by PHEOC	PHEOC and MOH M&E Unit
Rapid-response teams members trained and equipped to investigate cases and conduct contact tracing	Numerator is number of rapid-response teams members trained and equipped to investigate cases and conduct contact tracing and denominator is number of rapid-response teams members	Six-monthly	PHEOC administrative data	Records kept by PHEOC	PHEOC and MOH M&E Unit
Table-top simulation exercises and findings documented to inform future preparedness and response activities	Table-top simulation exercises are carried out and the findings documented to inform future preparedness and	Six-monthly	PHEOC administrative data	Records kept by PHEOC	PHEOC and MOH M&E Unit



	response activities				
Supervisory visits undertaken to nine Points of Entry	Cumulative number of supervisory visits undertaken to all nine Points of Entry	Six-monthly	PHEOC administrative data	Records kept by PHEOC	PHEOC and MOH M&E Unit
Border officers trained on COVID-19 prevention and control and contact tracing	Cumulative number of border officers trained on COVID-19 prevention and control and contact tracing	Six-monthly	PHEOC administrative data	Records kept by PHEOC	PHEOC and MOH M&E Unit
Community-based nurses and PHO trained on COVID-19 prevention and control and contact tracing	Cumulative number of community-based nurses and PHO trained on COVID-19 prevention and control and contact tracing	Six-monthly	PHEOC administrative data	Records kept by PHEOC	PHEOC and MOH M&E Unit
Emergency Ambulance Services operational within one month of start of project	Number of Emergency Ambulances for COVID-19 operational within one month of start of project	Six-monthly	PHEOC administrative data	Records kept by PHEOC	PHEOC and MOH M&E Unit
MoU signed with Republic of Senegal PHES	MoU signed with Republic of Senegal PHES within one year of start of project	Six-monthly	PHEOC administrative data	Records kept by PHEOC	PHEOC and MOH M&E Unit
Table-top simulation exercises conducted	Cumulative number of table-top simulation exercises conducted	Six-monthly	PHEOC administrative data	Records kept by PHEOC	PHEOC and MOH M&E Unit
Non-incineration cluster treatment of healthcare waste from several health facilities established	Non-incineration cluster treatment of healthcare waste from several health facilities established in Western regions 1 and 2	Six-monthly	PHEOC administrative data	Records kept by PHEOC	PHEOC and MOH M&E Unit



COVID-19 sensitization campaigns conducted in all regions	Cumulative number of COVID-19 sensitization campaigns conducted	Six-monthly	PHEOC administrative data	Records kept by PHEOC	PHEOC and MOH M&E Unit
Electronic Integrated Disease Surveillance Response (IDSR) using DHIS2 platform interfaced with laboratory management information system and animal health surveillance system established	Electronic Integrated Disease Surveillance Response (IDSR) using DHIS2 platform interfaced with laboratory management information system and animal health surveillance system established within one year of start of project	Six-monthly	PHEOC administrative data	Records kept by PHEOC	PHEOC and MOH M&E Unit
Health centers reporting stock-out of tracer Infection prevention and control materials on the first day of each month	Numerator is the number of health centers reporting stock-out of tracer infection prevention and control materials (such as detergents and disinfectants, gloves, surgical face masks/shields, and safety/sharp boxes) on the first day of each month; and denominator is the total number of health centers nationally	Six-monthly	PHEOC administrative data	Records kept by PHEOC	PHEOC and MOH M&E Unit
Costed plan to collect, package and transport samples to the WHO recommended laboratories for COVID-19 and future emergencies developed and implemented	Costed plan is developed and implemented for collecting, packaging and transporting samples to the WHO recommended	Six-monthly	PHEOC administrative data	Records kept by PHEOC	PHEOC and MOH M&E Unit



	laboratories for COVID-19 and future emergencies				
Standard Operating Procedures (SOPs) on sample collection, packaging, transportation and testing of samples	SOPs is developed for sample collection, packaging, transportation and testing of samples	Six-monthly	PHEOC administrative data	Records kept by PHEOC	PHEOC and MOH M&E Unit
Health centers reporting stock-out of tracer Infection prevention and control materials on the first day of each month	Numerator is the number of health centers reporting stock-out of tracer infection prevention and control materials (such as detergents and disinfectants, gloves, surgical face masks/shields, and safety/sharp boxes) on the first day of each month; and denominator is the total number of health centers nationally	Six-monthly	PHEOC administrative data	Records kept by PHEOC	PHEOC and MOH M&E Unit
Treatment and isolation centres renovated and/or equipped	Cumulative number of treatment and isolation centres renovated and/or equipped	Six-monthly	PHEOC administrative data	Records kept by PHEOC	PHEOC and MOH M&E Unit



ANNEX 1: PROJECT COSTS
COSTS AND FINANCING OF THE COUNTRY PROJECT

Program Components	Project Cost	IBRD or IDA Financing	Trust Funds	Counterpart Funding
Component 1: Emergency COVID-19 Response	4.0			
Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach.	0.6			
Component 3: Supporting National and Sub-national, Prevention and Preparedness	5.0			
Component 4: Implementation Management and Monitoring and Evaluation	0.4			
Total Costs	10.0			
	Total Costs	10.0		
	Front End Fees			
	Total Financing Required	10.0		