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

AFRICA WEST | Gambia, The | Health, Nutrition & Population Global Practice | IBRD/IDA | Investment Project Financing | FY 2020 | Seq No: 3 | ARCHIVED on 30-Nov-2021 | ISR48750 |

Implementing Agencies: Ministry of Health, The Gambia

Key Dates

Key Project Dates

Bank Approval Date: 02-Apr-2020 Effectiveness Date: 03-Apr-2020

Planned Mid Term Review Date: 12-Nov-2021 Actual Mid-Term Review Date: 10-Nov-2021

Original Closing Date: 31-Mar-2022 Revised Closing Date: 31-Mar-2023

Project Development Objectives

Project Development Objective (from Project Appraisal Document)

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

Has the Project Development Objective been changed since Board Approval of the Project Objective?

No

Components Table

Name

Public Disclosure Authorized

Component 1: Emergency COVID-19 Response:(Cost \$4.23 M)

Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development and

Coordination of Prevention and Preparedness using One Health approach.:(Cost \$0.60 M)

Component 3: Supporting National and Sub-national, Prevention and Preparedness:(Cost \$5.71 M)

Component 4: Implementation Management and Monitoring and Evaluation:(Cost \$0.40 M)

Overall Ratings

| Name | Previous Rating | Current Rating |
|--------------------------------------|-----------------|----------------|
| Progress towards achievement of PDO | Satisfactory | Satisfactory |
| Overall Implementation Progress (IP) | Satisfactory | Satisfactory |
| Overall Risk Rating | □High | Substantial |

Implementation Status and Key Decisions

The progress towards the Project Development Objective and overall implementation are rated Satisfactory. All the targets of the PDO-level indicators have been met except for the COVID-19 vaccination rate is currently 9.7 percent against a target of 40 percent by March 31, 2023. The Project is contributing to the implementation of the national COVID-19 plan and the National Deployment and Vaccination Plan for COVID-19 vaccines. As of November 18, 2021, Of the total financing of US\$18.91 million, the disbursement is US\$14.86. Key issues and actions identified include:

Project vaccine coverage. The 9.7 percent of the total population vaccinated is far below the Project target of 40 percent by March 23, 2023. This is partly due to the vaccine hesitancy. Given that reaching out to people in the communities for vaccination yielded better results than vaccination at the health facilities, the MOH will shortly undertake another massive community engagement to increase vaccine uptake.

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- Project support to COVID-19 supplies. In April 2020, when there was an acute global shortage of COVID-19 medical equipment and supplies, including in the United States and Europe, the WB supported the MOH in procuring critical medical equipment and supplies. These included the following: 10 high-quality, well-equipped ambulances for intensive care; critical lifesaving medical equipment and supplies including 60 intensive care unit (ICU) beds, 600,000 surgical masks, 1.2 million gloves, 5,000 oxygen masks, four ultrasound machines, 20,000 face shields, 25,000 units of personal protective equipment (PPE, coverall), 30,000 respirators (N95), 205 oxygen flowmeters, three digital 4D color ultrasound machines, four ultrasound scanners and 100 non-touch thermometers;
- Establishing an environmentally friendly healthcare waste management system in The Gambia:
- a. The overall system was established but the construction of two clinical waste treatment centers was delayed. Residents in the vicinity of the site at Brusubi that the Ministry of Local Government and Lands located in March 2020 expressed misgivings on the location and a more suitable site at Farato was allocated in November 2020. Subsequently, a second access gate to Farato was locked by the security forces until October 2021 when it was opened to allow the transport of the construction materials to the site. The heavy rains during August-October 2021 also hampered the construction. The mission visited the Farato site on November 15, 2021 and was pleased with the progress made so far. GAP Consultants and Kurubally Construction Company Ltd were competitively selected for the architectural designs and construction respectively. The construction at the two sites are expected to be completed in January 2022. After completion, AMB Ecosteryl engineers from Belgium will do the installations and training of the operators.
- b. Procurement of seven containerized environmentally friendly and energy efficient dual chamber incinerators (i.e., pre-installed with electrical generator and control panels and other accessories), one for each region, can be moved from one place to another for waste treatment. Five have arrived and are being cleared from the Banjul port and the remaining two are expected in January 2022.
- c. Procurement of four 10-ton refrigerated waste collection trucks and 90 yellow wheelie bins (660 liters) for Ecosteryl 250 series, and 30 yellow wheelie bins (360 liters) for Ecosteryl 75 plus series will facilitate the collection and transport of healthcare waste from the various health facilities to the waste treatment centers. The wheelie bins arrived in September 2021 and the waste trucks are expected in December 2021.
- Project support to health infrastructure construction. The project supported the (i) renovation of the Ndemban Clinic (which was not used in years) and is now functional as a COVID-19 treatment center; the construction of the (a) National Emergency Treatment Centre Intensive Care Unit (20 beds); (b) the National Emergency Observation and Treatment Centre General Ward (84 beds); (c) the National Public Health Laboratory and Training Center; (d) National Blood Transfusion Centre, and (e) a Conference Centre. International (IDOM) and local (GAP Consultants) consulting firms have completed the architectural design, and a contract has been signed with an international construction firm with local presence. The construction will be financed under The Gambia Essential Health Services Strengthening Project.
- **Project support to the data management system**. The National Public Health Laboratory electronic data management system was improved through the procurement of five tablets, IT equipment, air conditioner, and expansion of local area network. During the March 2021 mission, it was noted that there were intermittent internet connectivity issues which hampered the timely issuance of test results. This has since been resolved and patients can now access their COVID-19 test results directly in the COVID-19 portal.

MPA Program Development Objective

The Program Development Objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness

Multiphase Programmatic Approach (MPA) Status

As of November 15, 2021, 87 MPA-projects had been approved with a total commitment of US\$4.2 billion. One operation (Guatemala) was cancelled in mid-September, at the request of the Government. Therefore, there are 86 MPA active operations. The pace of disbursements during the past month has increased. Fifty-seven (57) country projects or 66% of projects approved have reached 70-100% disbursement (reasons for >100% disbursements relate to fluctuations between the Euro and the SDR against the US\$). The projects are benefitting around 3.7 billion people or 50% of the global population. Of the 86 active projects: (i) 33 are in Africa – 12 in AFE and 21 in AFW; (ii) 12 in East Asia; (iii) 14 in Europe and Central Asia; (iv) 11 in Latin America and the Caribbean; (v) 7 in Middle East and North Africa; and (vi) 9 in South Asia. Eighty-five (85) or 99% of projects approved are disbursing. Total disbursements as of November 15, 2021, amounted to US\$3.25 billion or 77% of overall commitments. Streamlined procedures, delegated approvals coupled with flexible project design and intensified efforts across the Bank have contributed to the progress. Several projects have/are being restructured to include vaccine-related procurement. Implementation is being guided by Bank teams working in parallel with other health related projects, including Additional Financing operations supporting vaccine procurement and deployment efforts. Implementation continues to face challenges as several countries are still under different levels of lockdown or

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mobility restrictions, and counterparts and Bank teams are operating from home or partially from home. Also, countries are dealing with new waves of infections as the Delta variant spreads rapidly among populations. Many Bank teams continue to conduct implementation support missions virtually, which is challenging for both Bank teams and counterparts. This "virtual" world poses connectivity challenges as internet is not reliable in many countries, especially IDA countries. Notwithstanding the challenges, the MPA is on track to achieve its PrDO, which is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness. The significant level of disbursements in just over 19 months attests to the strong implementation of the Bank' response thanks to the commitment of counterparts supported by Bank country teams.

Risks

Systematic Operations Risk-rating Tool

| Risk Category | Rating at Approval | Previous Rating | Current Rating |
|--|--------------------|-----------------|----------------|
| Political and Governance | □High | Substantial | Substantial |
| Macroeconomic | Substantial | Substantial | □Substantial |
| Sector Strategies and Policies | □Moderate | Moderate | □Moderate |
| Technical Design of Project or Program | □Moderate | □Moderate | □Moderate |
| Institutional Capacity for Implementation and Sustainability | Substantial | □Moderate | □Moderate |
| Fiduciary | □Moderate | □High | □Moderate |
| Environment and Social | Substantial | Substantial | Substantial |
| Stakeholders | □Moderate | □Moderate | □Moderate |
| Other | | | |
| Overall | □Substantial | □High | □Substantial |

Results

PDO Indicators by Objectives / Outcomes

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, Custom)

| | Baseline | Actual (Previous) | Actual (Current) | End Target |
|-------|-------------|-------------------|------------------|-------------|
| Value | 0.00 | 100.00 | 100.00 | 50.00 |
| Date | 02-Mar-2020 | 30-Jun-2020 | 29-Oct-2021 | 31-Mar-2022 |

► Isolation and treatment centers with pandemic preparedness and response plans per Ministry of Health Guidelines (Percentage, Custom)

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| | Baseline | Actual (Previous) | Actual (Current) | End Target |
|---|---------------------------------------|------------------------------------|-------------------------------|------------------------------|
| /alue | 0.00 | 100.00 | 100.00 | 50.00 |
| Pate | 02-Mar-2020 | 30-Jun-2020 | 29-Oct-2021 | 31-Mar-2022 |
| ►Health staff traine | d in infection prevention per MOH- | approved protocols (Number, C | Custom) | |
| | Baseline | Actual (Previous) | Actual (Current) | End Target |
| /alue | 0.00 | 807.00 | 1,307.00 | 500.00 |
| Date | 02-Mar-2020 | 30-Jun-2020 | 29-Oct-2021 | 31-Mar-2022 |
| ►Hospitals with per Percentage, Custon | sonal protective equipment and inf | ection control products and sup | oplies, without stock-outs or | n the first day of each quar |
| | Baseline | Actual (Previous) | Actual (Current) | End Target |
| Value | 0.00 | 100.00 | 100.00 | 50.00 |
| Date | 02-Mar-2020 | 30-Jun-2020 | 29-Oct-2021 | 31-Mar-2022 |
| Value | Baseline 0.00 | Actual (Previous) 55.00 | Actual (Current) | End Target |
| | | | | |
| Date | 02-Mar-2020 | 30-Jun-2020 | 29-Oct-2021 | 31-Mar-2022 |
| ►Population vaccina | ated, which is included in the priori | ty population targets defined in | national plan (Percentage, | Custom) |
| | Baseline | Actual (Previous) | Actual (Current) | End Target |
| Value | 0.00 | 0.00 | 9.70 | 40.00 |
| Date | 31-Mar-2021 | 31-Mar-2021 | 15-Nov-2021 | 31-Mar-2023 |
| □Population vacci Breakdown) | nated, which is included in the pric | ority population targets defined i | n national plan, female (Pe | rcentage, Custom |
| | Baseline | Actual (Previous) | Actual (Current) | End Target |
| Value | 0.00 | 0.00 | 5.20 | 20.00 |
| | | | | |

Intermediate Results Indicators by Components

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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, Custom)

| | Baseline | Actual (Previous) | Actual (Current) | End Target |
|-------|-----------------|--|--|-------------|
| Value | Not operational | PHEOC activated to coordinate response | PHEOC operational - has dedicated toll-free 1025 number, equipped with computers and communication equipment and emergency vehicles, and a designated National Focal Point | Operational |
| Date | 02-Mar-2020 | 30-Jun-2020 | 29-Oct-2021 | 31-Mar-2022 |
| | | | | |

▶ Points of Entries equipped and staff trained in SOPs (including for infection prevention and control, screening of passengers (Number, Custom)

| | Baseline | Actual (Previous) | Actual (Current) | End Target |
|-------|-------------|-------------------|------------------|-------------|
| Value | 0.00 | 9.00 | 9.00 | 9.00 |
| Date | 02-Mar-2020 | 30-Jun-2020 | 29-Oct-2021 | 31-Mar-2022 |

Comments:

The number of staff at the points of entry (POEs) has increased. For instance, there were 20 personnel from MOH assigned to POEs prior to COVID-19 but it has since increased to 43. A total of 105 POE staff (including police, immigration and 43 MOH POE staff) have been trained on a comprehensive POE standard operating procedures that cover infection prevention and control, International Health Regulations, contact tracing, surveillance, quarantine, border issues, and transportation of suspected cases. Additionally, 30 MOH POEs have been trained on COVID-19 Rapid Diagnostic Testing and the DHIS2 platform. The staff at the POEs are now conducting test on incoming travelers and entering data in the DHIS2. Though some MOH staff had initial difficulty in accessing DHIS2 but this has improved.

▶ Rapid-response teams members trained and equipped to investigate cases and conduct contact tracing (Percentage, Custom)

| | Baseline | Actual (Previous) | Actual (Current) | End Target |
|-----------|-------------------|-------------------|------------------|-------------|
| Value | 0.00 | 35.00 | 36.70 | 80.00 |
| Date | 02-Mar-2020 | 30-Jun-2020 | 29-Oct-2021 | 31-Mar-2022 |
| Comments: | 36.7 (55/150*100) | | | |

▶ Table-top simulation exercises and findings documented to inform future preparedness and response activities (Text, Custom)

| | Baseline | Actual (Previous) | Actual (Current) | End Target |
|-------|-------------|---|---|---|
| Value | None | 1 table-top simulation exercise conducted | 1 table-top simulation exercise conducted | Report on table-top simulation exercises with recommendations or lessons learned |
| Date | 02-Mar-2020 | 30-Jun-2020 | 29-Oct-2021 | 31-Mar-2022 |

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| | Baseline | Actual (Previous) | Actual (Current) | End Target |
|--|--|--|---|--|
| /alue | 0.00 | 3.00 | 3.00 | 27.00 |
| Date | 02-Mar-2020 | 30-Jun-2020 | 30-Jun-2020 | 31-Mar-2022 |
| Comments: | Cumulative number | of supervisory visits undertaken to | all nine Points of Entry | |
| ►Border officers train | ed on COVID-19 prevention and | control and contact tracing (Numb | er, Custom) | |
| | Baseline | Actual (Previous) | Actual (Current) | End Target |
| √alue | 0.00 | 105.00 | 135.00 | 50.00 |
| Date | 02-Mar-2020 | 30-Jun-2020 | 29-Oct-2021 | 31-Mar-2020 |
| ►Community-based r | nurses and PHO trained on COV | ID-19 prevention and control and c | ontact tracing (Number, Cu | ıstom) |
| | Baseline | Actual (Previous) | Actual (Current) | End Target |
| | | 243.00 | 500.00 | 100.00 |
| √alue | 0.00 | 243.00 | 300.00 | |
| Value ———————————————————————————————————— | | | 29-Oct-2021 | 31-Mar-2022 |
| | 02-Mar-2020 | 30-Jun-2020 Community Health Nurses | | |
| Date | 02-Mar-2020 | 30-Jun-2020 | | |
| Date Comments: | 02-Mar-2020 | 30-Jun-2020 Community Health Nurses | | |
| Date Comments: | 02-Mar-2020 382 PHOs and 218 ance Services operational (Numbe | 30-Jun-2020 Community Health Nurses er, Custom) | 29-Oct-2021 | 31-Mar-2022 |
| Date Comments: | 02-Mar-2020 382 PHOs and 218 | 30-Jun-2020 Community Health Nurses | | |
| Date Comments: ►Emergency Ambula Value | 02-Mar-2020 382 PHOs and 218 ince Services operational (Number Baseline | 30-Jun-2020 Community Health Nurses er, Custom) Actual (Previous) | 29-Oct-2021 Actual (Current) | 31-Mar-2022 End Target |
| Date Comments: ►Emergency Ambula | 02-Mar-2020 382 PHOs and 218 ince Services operational (Number Baseline 0.00 | 30-Jun-2020 Community Health Nurses er, Custom) Actual (Previous) 8.00 30-Jun-2020 | 29-Oct-2021 Actual (Current) 18.00 | 31-Mar-2022 End Target 9.00 |
| Date Comments: ►Emergency Ambula Value Date | 02-Mar-2020 382 PHOs and 218 ince Services operational (Number Baseline 0.00 02-Mar-2020 | 30-Jun-2020 Community Health Nurses er, Custom) Actual (Previous) 8.00 30-Jun-2020 | 29-Oct-2021 Actual (Current) 18.00 | 31-Mar-2022 End Target 9.00 |
| Date Comments: Emergency Ambula Value Date Comments: | 02-Mar-2020 382 PHOs and 218 ince Services operational (Number Baseline 0.00 02-Mar-2020 | 30-Jun-2020 Community Health Nurses er, Custom) Actual (Previous) 8.00 30-Jun-2020 18 ambulances | 29-Oct-2021 Actual (Current) 18.00 | 31-Mar-2022 End Target 9.00 |
| Date Comments: Emergency Ambula Value Date Comments: | 02-Mar-2020 382 PHOs and 218 since Services operational (Number Baseline 0.00 02-Mar-2020 Currenrly, there are | 30-Jun-2020 Community Health Nurses er, Custom) Actual (Previous) 8.00 30-Jun-2020 18 ambulances | 29-Oct-2021 Actual (Current) 18.00 29-Oct-2021 Actual (Current) | 31-Mar-2022 End Target 9.00 |
| Date Comments: Emergency Ambula Value Date Comments: | 02-Mar-2020 382 PHOs and 218 Ince Services operational (Number Baseline 0.00 02-Mar-2020 Currenrly, there are epublic of Senegal PHES (Text, Control of Se | 30-Jun-2020 Community Health Nurses er, Custom) Actual (Previous) 8.00 30-Jun-2020 18 ambulances Custom) | 29-Oct-2021 Actual (Current) 18.00 29-Oct-2021 | 31-Mar-2022 End Target 9.00 31-Mar-2022 |

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| | Baseline | Actual (Previous) | Actual (Current) | End Target |
|--|--|---|--|---|
| Value | 0.00 | 1.00 | 1.00 | 10.00 |
| Date | 02-Mar-2020 | 30-Jun-2020 | 29-Oct-2021 | 31-Mar-2022 |
| ➤ Sites for treatment o | f healthcare waste established (N | Number, Custom) | | |
| | Baseline | Actual (Previous) | Actual (Current) | End Target |
| Value | 0.00 | 0.00 | 0.00 | 7.00 |
| Date | 02-Mar-2020 | 30-Jun-2020 | 29-Oct-2021 | 31-Mar-2022 |
| Comments: | | nvironmentally friendly and ene ed from the Banjul port | ergy efficient dual chamber | incinerators have arrived |
| ►COVID-19 sensitizat | ion campaigns conducted in all r | egions (Number, Custom) | | |
| | Baseline | Actual (Previous) | Actual (Current) | End Target |
| Value | 0.00 | 7,380.00 | 14.00 | 7.00 |
| value | | | | |
| | | 30-Jun-2020 ensitization campaigns were co | | |
| Date Comments: | 12,726 COVID-19 se system. 13,121 hous Regions. However, to ensure region is counted as | | nducted in the 7 health regation campaigns were concensitization campaign during (making a total of 7) and the | iions using a mega phone ducted in the 7 Health g March-June 2021 in eac ne campaign undertaken |
| Date Comments: | 12,726 COVID-19 se system. 13,121 hous Regions. However, to ensure region is counted as | ensitization campaigns were co se to house COVID-19 sensitize consistency in reporting, the se one campaign for each region 2021 in each region is counted | nducted in the 7 health regation campaigns were concensitization campaign during (making a total of 7) and the as one campaign for each | iions using a mega phone ducted in the 7 Health g March-June 2021 in eac ne campaign undertaken |
| Date Comments: | 12,726 COVID-19 se system. 13,121 hous Regions. However, to ensure region is counted as during July-August 2 | ensitization campaigns were co se to house COVID-19 sensitize consistency in reporting, the se one campaign for each region 2021 in each region is counted | nducted in the 7 health regation campaigns were concensitization campaign during (making a total of 7) and the as one campaign for each | iions using a mega phone ducted in the 7 Health g March-June 2021 in eac ne campaign undertaken |
| Date Comments: ► Grievances responde | 12,726 COVID-19 se system. 13,121 hous Regions. However, to ensure region is counted as during July-August 2 | ensitization campaigns were cose to house COVID-19 sensitization consistency in reporting, the secone campaign for each region 2021 in each region is counted and ards for response (Percental | nducted in the 7 health regation campaigns were concensitization campaign during (making a total of 7) and the as one campaign for each of the concensition of the con | ions using a mega phone ducted in the 7 Health g March-June 2021 in eac ne campaign undertaken region (making a total of 7 |
| Date Comments: ►Grievances responde Value | 12,726 COVID-19 se system. 13,121 hous Regions. However, to ensure region is counted as during July-August 2 | ensitization campaigns were cose to house COVID-19 sensitization consistency in reporting, the secone campaign for each region 2021 in each region is counted and ards for response (Percental Actual (Previous) | inducted in the 7 health regation campaigns were concensitization campaign during (making a total of 7) and the as one campaign for each of the concensition of the co | iions using a mega phone ducted in the 7 Health g March-June 2021 in eac ne campaign undertaken region (making a total of 7 |
| Date Comments: | 12,726 COVID-19 se system. 13,121 house Regions. However, to ensure region is counted as during July-August 2 ed to within stipulated service state Baseline 0.00 31-Mar-2020 A total of 27,456 call their concerns and a | ensitization campaigns were cose to house COVID-19 sensitization campaigns were cose to house COVID-19 sensitization consistency in reporting, the secone campaign for each region 2021 in each region is counted andards for response (Percental Actual (Previous) 20.00 30-Jun-2020 Is to the 1025 toll-free line were asking questions on available suseeking clarifications on quara | nducted in the 7 health regation campaigns were concensitization campaign during (making a total of 7) and the as one campaign for each of the second | ions using a mega phone ducted in the 7 Health g March-June 2021 in each e campaign undertaken region (making a total of 7 End Target 40.00 31-Mar-2022 rtained to people sharing w to get their sample |
| Date Comments: Grievances responde Value Date Comments: | 12,726 COVID-19 se system. 13,121 house Regions. However, to ensure region is counted as during July-August 2 ed to within stipulated service stated by the system of the | ensitization campaigns were cose to house COVID-19 sensitization campaigns were cose to house COVID-19 sensitizations. consistency in reporting, the secone campaign for each region is counted and ards for response (Percental Actual (Previous) 20.00 30-Jun-2020 Is to the 1025 toll-free line were sking questions on available suseeking clarifications on quaranation services. | inducted in the 7 health regation campaigns were concensitization campaign during (making a total of 7) and the as one campaign for each of the asone campa | ions using a mega phone ducted in the 7 Health g March-June 2021 in each e campaign undertaken region (making a total of 7 Health and Target 40.00 31-Mar-2022 rtained to people sharing w to get their sample protocol and seeking |
| Date Comments: Grievances responde Value Date Comments: | 12,726 COVID-19 se system. 13,121 house Regions. However, to ensure region is counted as during July-August 2 ed to within stipulated service stated Baseline 0.00 31-Mar-2020 A total of 27,456 call their concerns and a collected for testing, information on vaccied, which is included in the priorited. | ensitization campaigns were cose to house COVID-19 sensitization campaigns were cose to house COVID-19 sensitizations. consistency in reporting, the secone campaign for each region 2021 in each region is counted and ards for response (Percental Actual (Previous) 20.00 30-Jun-2020 Is to the 1025 toll-free line were asking questions on available subsetting questions on available subsetting clarifications on quarantation services. | inducted in the 7 health regation campaigns were concensitization campaign during (making a total of 7) and the as one campaign for each in the asone campa | ions using a mega phone ducted in the 7 Health g March-June 2021 in each e campaign undertaken region (making a total of 7 End Target 40.00 31-Mar-2022 rtained to people sharing w to get their sample protocol and seeking |
| Date Comments: Grievances responde Value Date Comments: | 12,726 COVID-19 se system. 13,121 house Regions. However, to ensure region is counted as during July-August 2 ed to within stipulated service stated by the system of the | ensitization campaigns were cose to house COVID-19 sensitization campaigns were cose to house COVID-19 sensitizations. consistency in reporting, the secone campaign for each region is counted and ards for response (Percental Actual (Previous) 20.00 30-Jun-2020 Is to the 1025 toll-free line were sking questions on available suseeking clarifications on quaranation services. | inducted in the 7 health regation campaigns were concensitization campaign during (making a total of 7) and the as one campaign for each of the asone campa | ions using a mega phone ducted in the 7 Health g March-June 2021 in each e campaign undertaken region (making a total of 7 Health and Target 40.00 31-Mar-2022 rtained to people sharing w to get their sample protocol and seeking |

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| | Baseline | Actual (Previous) | Actual (Current) | End Target |
|--|---|--|---|--|
| Value | 0.00 | 0.00 | 145,865.00 | 480,000.00 |
| Date | 26-Feb-2021 | 26-Feb-2021 | 29-Oct-2021 | 31-Mar-2023 |
| ► Health personnel (Custom) | such as nurses and Public Health Offic | ers) trained in capacity and s | kills to administer the COV | ID-19 vaccine (Number, |
| | Baseline | Actual (Previous) | Actual (Current) | End Target |
| /alue | 0.00 | 0.00 | 200.00 | 200.00 |
| Date | 26-Feb-2021 | 26-Feb-2021 | 29-Oct-2021 | 31-Mar-2023 |
| □Health personnel (Number, Custom I | (such as nurses and Public Health Off Breakdown) | icers) trained in capacity and | skills to administer the CO | VID-19 vaccine, female |
| | Baseline | Actual (Previous) | Actual (Current) | End Target |
| Value | 0.00 | 0.00 | 100.00 | 100.00 |
| Date | 26-Feb-2021 | 26-Feb-2021 | 29-Oct-2021 | 31-Mar-2023 |
| √alue | No COVID-19 vaccination database in | Actual (Previous) No COVID-19 vaccination database in | Actual (Current) COVID-19 vaccination database, with birth registration biographical | End Target Electronic COVID-19 vaccination system |
| | place | place | information, established | established |
| Date | 26-Feb-2021 | 26-Feb-2021 | 29-Oct-2021 | 31-Mar-2023 |
| Comments: | registration and vital stat sheets to capture the nu- result, not all the vaccina electronic database as a computations of the total November 2021 mission | al to allow linkage of COVID- istics (eCRVS) system. Howe mber of people vaccinated ar ations are captured in the data gainst 236,470 recorded using I numbers vaccinated but do advised that the data in the of and the proportions used to pro- | ever, some of the vaccination do not record the full vacabase: as of November 14, and the tally sheets. The use not provide accurate disagglatabase could be consider | on teams mainly use tall ccination information. As 2021, 183118 in the of tally sheets allows gregated data. The |
| ►Implementation of Custom) | a civil society-based mechanism to mo | nitor, report and facilitate res | ponses to problems in the 0 | COVID-19 response (Te |
| | Baseline | Actual (Previous) | Actual (Current) | End Target |
| /alue | Civil society-based monitoring mechanism not in place | Civil society-based mechanism in place | A comprehensive Gender-based Violence, Sexual Exploitation and Abuse, and Sexual Harassment (GBV/SEA/SH) Action | Civil society-based monitoring mechanis in place |

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| | | | participation of civil society and is under implementation. | |
|------|-------------|-------------|---|-------------|
| Date | 02-Mar-2020 | 26-Feb-2021 | 29-Oct-2021 | 31-Mar-2023 |

| Date | 02-Mar-2020 | 26-Feb-2021 | 29-Oct-2021 | 31-Mar-2023 |
|--|---|---|---|--|
| omponent 2: Stren | gthening Multi-sector, National Instit | utions and Platforms for Policy De | velopment | |
| ►Electronic Integra ystem established | ted Disease Surveillance Response (Text, Custom) | (IDSR) using DHIS2 platform inte | rfaced with laboratory mar | nagement information |
| | Baseline | Actual (Previous) | Actual (Current) | End Target |
| Value | None | Ongoing | Electronic Integrated Disease Surveillance Response has been integrated into District Health Information System 2 (DHIS2) produces weekly aggregated data on human diseases but does not include indicators on animal | Established |
| | | | health. | |
| Component 3: Supp | 02-Mar-2020 orting National and Sub-national, Proporting stock-out of tracer Infection | | 29-Oct-2021 | 31-Mar-2022 th (Percentage, Cust |
| Component 3: Supp | orting National and Sub-national, Pr | evention and Preparedness orevention and control materials or | 29-Oct-2021 | |
| component 3: Suppr ►Health centers re | orting National and Sub-national, Proporting Stock-out of tracer Infection | evention and Preparedness | 29-Oct-2021 n the first day of each mon | th (Percentage, Cust |
| Component 3: Suppo ► Health centers re | orting National and Sub-national, Proporting stock-out of tracer Infection passeline | evention and Preparedness orevention and control materials or Actual (Previous) | 29-Oct-2021 In the first day of each mon Actual (Current) | th (Percentage, Cust End Target |
| Component 3: Suppose Health centers re Value Date | orting National and Sub-national, Proporting stock-out of tracer Infection passeline 0.00 02-Mar-2020 | evention and Preparedness orevention and control materials or Actual (Previous) 0.00 | 29-Oct-2021 In the first day of each mon Actual (Current) 0.00 29-Oct-2021 | th (Percentage, Custon End Target 50.00 31-Mar-2022 |
| Component 3: Support S | orting National and Sub-national, Proporting stock-out of tracer Infection passeline 0.00 02-Mar-2020 | evention and Preparedness orevention and control materials or Actual (Previous) 0.00 30-Jun-2020 ally collected for accurate reporting | 29-Oct-2021 In the first day of each mon Actual (Current) 0.00 29-Oct-2021 In MOH to keep accurate recognitions. | th (Percentage, Customer End Target 50.00 31-Mar-2022 ecords for monitoring |
| Component 3: Support S | porting National and Sub-national, Proporting stock-out of tracer Infection passeline 0.00 02-Mar-2020 Data not systematical | evention and Preparedness orevention and control materials or Actual (Previous) 0.00 30-Jun-2020 ally collected for accurate reporting as to the WHO recommended labor Actual (Previous) | 29-Oct-2021 In the first day of each mon Actual (Current) 0.00 29-Oct-2021 I. MOH to keep accurate researchers for COVID-19 and Actual (Current) | th (Percentage, Customer End Target 50.00 31-Mar-2022 ecords for monitoring |
| ► Health centers re Value Date Comments: ► Costed plan to co | porting National and Sub-national, Proporting stock-out of tracer Infection passeline 0.00 02-Mar-2020 Data not systematical llect, package and transport sample emented (Text, Custom) | evention and Preparedness orevention and control materials or Actual (Previous) 0.00 30-Jun-2020 ally collected for accurate reporting as to the WHO recommended labor | 29-Oct-2021 In the first day of each mon Actual (Current) 0.00 29-Oct-2021 Ig. MOH to keep accurate researchers for COVID-19 and | th (Percentage, Custon End Target 50.00 31-Mar-2022 ecords for monitoring future emergencies |

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Baseline

Actual (Previous)

Actual (Current)

End Target

| Value | None | SOPs on sample collection, packaging, transportation and testing are available and in place. All laboratory personnel involved in COVID-19 response have been trained. This was done with the support of AFENET. | SOPs on sample collection, packaging, transportation and testing are available and in place. All laboratory personnel involved in COVID-19 response have been trained. This was done with the support of AFENET. | SOP in place | | | |
|---|-------------|--|--|--------------|--|--|--|
| Date | 02-Mar-2020 | 30-Jun-2020 | 29-Oct-2021 | 31-Mar-2021 | | | |
| ►Treatment centres renovated/constructed and/or equipped (Number, Custom) | | | | | | | |
| | Baseline | Actual (Previous) | Actual (Current) | End Target | | | |
| Value | 0.00 | 1.00 | 2.00 | 2.00 | | | |
| Date | 02-Mar-2020 | 26-Feb-2021 | 29-Oct-2021 | 31-Mar-2023 | | | |

Performance-Based Conditions

Data on Financial Performance

Disbursements (by loan)

| Project | Loan/Credit/TF | Status | Currency | Original | Revised | Cancelled | Disbursed | Undisbursed | % D | isbursed |
|---------|----------------|-----------|----------|----------|---------|-----------|-----------|-------------|-----|----------|
| P173798 | IDA-D5970 | Effective | USD | 10.00 | 10.00 | 0.00 | 9.75 | 0.37 | | 96% |
| P173798 | IDA-D8020 | Effective | USD | 8.00 | 8.00 | 0.00 | 4.20 | 3.74 | | 53% |
| P173798 | TF-B4724 | Closed | USD | 0.94 | 0.91 | 0.03 | 0.91 | 0.00 | | 100% |

Key Dates (by Ioan)

| Project | Loan/Credit/TF | Status | Approval Date | Signing Date | Effectiveness Date | Orig. Closing Date | Rev. Closing Date |
|---------|----------------|-----------|---------------|--------------|--------------------|--------------------|-------------------|
| P173798 | IDA-D5970 | Effective | 02-Apr-2020 | 03-Apr-2020 | 03-Apr-2020 | 31-Mar-2022 | 31-Mar-2022 |
| P173798 | IDA-D8020 | Effective | 16-Apr-2021 | 28-Apr-2021 | 06-May-2021 | 31-Mar-2023 | 31-Mar-2023 |
| P173798 | TF-B4724 | Closed | 22-Dec-2020 | 22-Dec-2020 | 22-Dec-2020 | 31-Jan-2021 | 31-Jan-2021 |

Cumulative Disbursements

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PBC Disbursement

| PBC ID | DDC Type | Description | Coo | DDC Amount | Achievement | Disbursed amount in | Disbursement % |
|--------|----------|-------------|-----|------------|-------------|---------------------|----------------|
| PBC ID | PBC Type | Description | Coc | PBC Amount | Status | Coc | for PBC |

Restructuring History

Level 2 Approved on 17-Jun-2021 ,Level 2 Approved on 14-Sep-2021

Related Project(s)

P175740-AF to The Gambia COVID-19 Preparedness and Response Project ,P176125-Second AF to The Gambia COVID-19 Vaccine Preparedness and Response Project

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