



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 03-Nov-2020 | Report No: PIDA30761



BASIC INFORMATION

A. Basic Project Data

Country Gambia, The	Project ID P175740	Project Name AF to The Gambia COVID-19 Preparedness and Response Project	Parent Project ID (if any) P173798
Parent Project Name The Gambia COVID-19 Preparedness and Response Project	Region AFRICA WEST	Estimated Appraisal Date 12-Nov-2020	Estimated Board Date 13-Nov-2020
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) The Gambia	Implementing Agency Ministry of Health

Proposed Development Objective(s) Parent

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

Components

- Component 1: Emergency COVID-19 Response
- Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach.
- Component 3: Supporting National and Sub-national, Prevention and Preparedness
- Component 4: Implementation Management and Monitoring and Evaluation

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	0.94
Total Financing	0.94
of which IBRD/IDA	0.00
Financing Gap	0.00

DETAILS

Non-World Bank Group Financing



Trust Funds	0.94
Pandemic Emergency Financing Facility	0.94
Environmental and Social Risk Classification	
Substantial	

B. Introduction and Context

Country Context

- The impacts of COVID-19 pandemic in The Gambia are expected to be severe.** Externally, the main impact will come from a reduction in tourists, particularly from Europe (its key market) and from trade disruptions. However, official remittances have reached record highs (a growth of 48 percent in the first half of the year of 2020 compared to the same period last year), bolstering international reserves. Domestically, private consumption is affected by containment measures and the recent imposition of a curfew. As a result, the GDP is projected to contract by 1.8 percent in 2020 compared to the pre-COVID projection of 6.3 percent. The fiscal deficit is projected to increase to 3.8 percent of GDP in 2020 (compared to the pre-COVID projection of 1.7 percent of GDP), financed by donor support. COVID-19 threatens livelihoods and undermines drivers of poverty reduction, including job creation and human capital accumulation. Furthermore, capacity constraints in the health sector could derail the fight against malaria, HIV and tuberculosis.
- In response to COVID-19, the Government quickly addressed the health emergency and has taken a series of socio-economic measures to protect livelihoods and support businesses.** The Gambia registered its first COVID-19 case on March 17, 2020 and as of September 15, 2020, 3,473 cases have been confirmed with 107 deaths. As a result, a National Response Strategy Road Map was adopted in March to ensure proper preparedness and response actions spanning health, social protection and socio-economic measures. Subsequently, on July 22, 2020, the Government secured parliamentary approval for a supplementary appropriation bill including further provisions for health, social protection and an economic stimulus package. The Government also secured additional donor support in order to scale up its disease surveillance, preparedness and response capacity.
- The World Bank Group (WBG), the IMF and other development partners have deployed a large array of technical and financial assistance to help mitigate the impact of the pandemic.** The World Bank approved a COVID-19 Preparedness and Response Project (P173798, US\$10 million) in April 2020 in the health sector. The Social Safety Net Project (P167260, US\$30 million) was restructured in June 2020 to widen the cash transfer program to 60,000 households. Global Partnership for Education funded Emergency Education COVID-19 Response Project (P174035, US\$3.46 million) was approved in July 2020. The IMF approved a disbursement under the Rapid Credit Facility (RCF, SDR 15.55 million/US\$21.3 million), Extended Credit Facility (ECF, SDR 35 million/US\$47.1 million), and debt service relief under the Catastrophe Containment and Relief Trust (CCRT, SDR 2.1 million) in April 2020. The European Union (EU) and African Development Bank (AfDB) will disburse an additional US\$19.4 million and US\$7 million respectively as budget support grants in 2020. The Gambia is also participating in the Debt Service Suspension Initiative (DSSI).¹ The medium-

¹ Letters have been sent to all bilateral, plurilateral and private creditors. The fiscal space that may be created by DSSI is around US\$4.15 million



term outlook is broadly positive with the economy expected to gradually recover, driven by a robust private consumption and rapidly growing public investment.

Sectoral and Institutional Context

4. The Gambia registered its first Coronavirus Disease 2019 (COVID-19) case on March 17, 2020 and as of October 23, 2020, 3,660 cases have been confirmed with 119 deaths. The initial confirmed COVID-19 cases were few and were mainly imported cases (25 confirmed cases during March to May 2020) but subsequently The Gambia experienced local transmission with 100 confirmed COVID-19 cases on average a day between July and August 2020. There has been a sharp decline in October 2020 with only 11 cases in the week preceding October 23, 2020 (a range of 0 to 2 cases a day).

5. The Gambia COVID-19 Preparedness and Response Project (P173798) approved by the Board on April 2, 2020 and about 88 percent of the allocated \$10 million was disbursed as of October 19, 2020. The project has supported the following: procurement of medical equipment and supplies, state-of-the-art healthcare waste treatment machine, AMB Ecosteryl 250 and an AMB Ecosteryl 75 plus, 6 pickup trucks and 18 motorcycles to facilitate contact tracing and response; enhancing 1025 toll-free call center and establishing media monitoring and public information center; support for risk communication and community engagement; and renovation of Ndemban Clinic.

C. Proposed Development Objective(s)

Original PDO

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

Current PDO

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

Key Results

6. 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 Ministry of Health (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).

in 2020 (0.23 percent of GDP).



D. Project Description

7. The AF will support scaling up of activities noted below (Components 1 and 3) that are already in the procurement plan of The Gambia COVID-19 Preparedness and Response Project (P173798). The project operational manual will be updated accordingly.

Component 1: Emergency COVID-19 Response (US\$4 million equivalent plus AF of US\$0.39 million)

8. **Activities in the original COVID-19 Project (P173798)** are:

- 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.

9. **Proposed AF activities:**

- a. Procurement of two medical waste disposal trucks in the original procurement plan will be increased to 4 trucks. This will allow collection of healthcare waste from a larger number of facilities to the clinical waste treatment center

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)



10. **Activities in the original COVID-19 Project (P173798) are:**

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

11. **No new proposed AF activities**

Component 3: Supporting National and Sub-national, Prevention and Preparedness (US\$5 million equivalent plus AF of US\$0.56 million)

12. **Activities in the original COVID-19 Project (P173798) are:**

- 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.

13. **Proposed AF activities:**

- a. Procurement of laboratory equipment and supplies in the original procurement plan will be financed by both the original COVID-19 Project (P173798) and the AF.

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

14. 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.

15. No new proposed AF activities

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

Summary of Assessment of Environmental and Social Risks and Impacts

The main environmental risks emanate from the management of biomedical waste (especially handling highly infectious medical wastes) as well as from the renovation of isolation and treatment centers. Labor management and health and safety risks also need to be taken into account given the limited capacity of the PCU on these issues.

Misinformation and rumors regarding COVID-19, and stigma for those who will be quarantined or admitted to isolation and treatment centers is a major risk. However, one of the components of the propose project entails risk communication, social mobilization and community engagement to raise public awareness and knowledge on prevention and control of COVID-19 among the general population and vulnerable groups. Beyond conflicts resulting from false rumors, vulnerable groups are at risk being excluded from vital services, and quarantine interventions could entail sexual exploitation and abuse; as well as culturally inappropriate accommodation and services.

The MOH dedicated focal points for environmental and social safeguards and the recruitment of an Operations Officer along with capacity building activities will help to mitigate the risks.

E. Implementation

Institutional and Implementation Arrangements

A. Economic and Financial Analysis

16. The economic justification remains the same as that for the COVID-19 project (P173798) except for the additional financing of \$1 million.

B. Financial Management



17. The Financial Management arrangements remain the same as those included in the COVID-19 project (P173798).

C. Procurement

18. Although the activities are already in the procurement plan in STEP, the procurement plan will be updated with information on the two sources of financing (COVID-19 project (P173798 and AF) and the cost of the activities.

D. Monitoring and Evaluation

19. Although COVID-19 operations are exempt from the International Development Association (IDA) corporate commitment to include reporting on beneficiary feedback indicators, Operations Policy and Country Services (OPCS) recently advised that all COVID-19 operations should be retrofitted to include a beneficiary feedback indicator. Thus, the proposed AF includes in the results framework the indicator: grievances responded to within stipulated service standards for response (numerator as number of grievances addressed within seven working days and denominator as number of grievances reported to MOH). Further, there is a duplicate indicator in the results framework (percentage of health centers reporting stock-out of tracer Infection prevention and control materials on the first day of each month), which should be dropped.

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APPROVAL

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