GAMBIA/APPRAISAL

file: Gambia/appraisal
HW

November 13, 1985

Nancy:

When in Gambia please make sure that Vitamin A is listed on the essential drugs list there, in conjunction with your pharmaceutical component. I don't believe it is and if not this would be useful. This is a small but important point.

Alan

file: for bir

GAMBIA PHN PROJECT

A. Policy and sectoral issues

1. Cost recovery/accounting/maintenance
2. MOH administration/management
3. Nutrition and food policy

B. Strengthen existing health and family planning services, without adding to recovery cost burden

1. Extension of village-based services
2. Rehabilitation of basic and referral facilities
   (a) centers, dispensaries
   (b) Bansang Hospital
3. Provision of drugs, spare parts, vehicles
4. Special support for new family planning services initiatives
5. Health education
6. Telecommunications
7. Nurse training

December 10, 1985

Cathie Fogle--

New approach to describing "The Project". Except for a small amount for A.3, all the money goes into various components of B (7 of them).

When you get started in earnest, I'll explain further. Meanwhile, please let me know if you think this breakdown would not work.

Nancy Birdsall

FORM NO. 75
(6-83)

THE WORLD BANK/IFC

ROUTING SLIP	DATE: 2.19.86

NAME	ROOM NO.
Ms. Bridsall, PHNPR	N-452

	APPROPRIATE DISPOSITION		NOTE AND RETURN
	APPROVAL		NOTE AND SEND ON
	CLEARANCE		PER OUR CONVERSATION
	COMMENT		PER YOUR REQUEST
	FOR ACTION		PREPARE REPLY
	INFORMATION		RECOMMENDATION
	INITIAL		SIGNATURE
	NOTE AND FILE		URGENT

REMARKS:

Please, find enclosed Attachment related to Issues Paper on Gambia - National Health Project. which was missing.

Sorry and Thanks.

FROM:	ROOM NO.:	EXTENSION:
J.R. Bumgarner:hm	N-302	61549

Aide Memoire

Proposed Population, Health and Nutrition Project

World Bank Appraisal Mission

January 13-25, 1986

(incorporates minor corrections made at wrap-up meeting)

1. An appraisal mission from the International Development Association (IDA) consisting of Ms. Nancy Birdsall, Mr. Richard Bumgarner, Ms. Catherine Fogle, Dr. Anthony Measham, Mr. Grant Sinclair and Mr. Mark Wheeler (consultant) visited the Gambia during the above dates. The mission was joined by: Mr. Meshack Shongwe, of the African Development Bank, to appraise the civil works rehabilitation components of the project which will be cofinanced by the ADB; and Ms. Maeve Moynihan, representing the Dutch Government, which is considering co-financing the supply of pharmaceuticals and other parts of the project. The mission intends to recommend to the IDA that, subject to completion by the Government of certain activities and to resolution of several outstanding issues summarized below, a Credit for the project be considered for approval by the Association's Board of Directors early in FY87 (July,1986/June 1987). Barring unexpected delays the Credit would become effective in late 1986.

2. The project consists of three main parts:

A) support for Government efforts to introduce critical reforms into the management and financing of the health sector, and to strengthen management and planning in the sector; such efforts include decentralization of management functions and strengthening and extension of existing programs of cost recovery in the sector;

B) support to Government efforts to maintain and develop health, family planning and nutrition services within the severe resource constraints the sector faces, particularly with respect to limits on operating costs;

C) support to finance critical support systems underpinning service delivery, including drugs and other consumables.

[Note the definition of the three major parts of the project differs from that used in the Aide-Memoire of the July-August pre-appraisal mission. There is, however, no basic change in the underlying rationale nor the major components of the project.]

3. Support under Part (A) is primarily for training and technical assistance in health management and finance, and for health and nutrition planning. Support under Part (B) is for the training and other start-up costs of extension of the primary health care effort; for training, equipment and technical assistance associated with family planning and nutrition initiatives; for development and implementation of a strengthened program of health , family planning and nutrition education and for rehabilitation, reconstruction and equipping of referral health facilities. Support under Part (C) is for drugs and other consumables, vehicles and spare parts and telecommunications .

4. The attached table provides more detail on the components of the project, and shows estimates of the costs of each component and its sub-components. Annex A summarizes the mission's understanding of the Government's proposals for the various components of the project. Further detail on the project is incorporated in various project papers the Government has presented to the mission and will be reflected in a draft Staff Appraisal Report prepared by the mission on its return to Washington. Annex B indicates the mission's understanding of the implementation schedule for design and construction work of the civil works included in the project.

5. The project has been developed assuming the availability of about $9 million over a period of five years through new donor credits and grants, and a domestic contribution consisting of revenues from collected charges for drugs and services of about $1 million. The proposed IDA Credit would be to $2 - 3 million. Cofinancing from the African Development Bank would amount to about $4 million, and from the Dutch Government about $1-2 million. Already committed and expected funds from other donor sources for project related inputs would probably amount to another $2-3 million including about $800,000 being made available for architectual design work through technical assistance grants of the United Kingdom and the African Development Fund.

6. The IDA has approved a Government request for $400,000 from the Project Preparation Facility to support preparation of the project. The Government has committed about $150,000 to date and plans to submit to IDA a request reflecting updated needs, covering use of the remaining $250,000 plus an additional amount of about $50,000.

Project Management

7. The mission's understanding of the Government's plan is as follows. The project will be implemented under the auspices of a Project Implementation Coordinating Committee (PICC) chaired by the Permanent Secretary of the Ministry of Health, Labour and Social Welfare (MHLSW) who would be Project Coordinator, and including the Permanent Secretaries of the Ministry of Economic Planning and Industrial Development (MEPID) and of Finance, staff of the President's Office, the Director of Medical Services, the Project Manager (who would serve as the Secretary of PICC) and Deputy project Manager, and possibly in an advisory capacity, representatives of the Medical Research Council, WHO, and the Gambian Family Planning Association (GFPA). The Project will be executed on a day-to-day basis through a Project t Unit Managemen (PMU) responsible to the Permanent Secretary, MHLSW. The PMU will consist of the Project Manager and Deputy Project Manager, a project accountant and support staff. Some senior staff of the PMU will be absorbed at the end of the project into the administrative structure of the MHLSW. Expatriates will be recruited for the PMU only in the event qualified Gambians cannot be found. The Government's tentative plan is to advertise for and recruit an expatriate Project Manager to serve for a limited

period of about one year, after which the initial Deputy Project Manager (a Gambian national would be recruited) would succeed to Project Manager, and an additional national would be recruited for the Deputy position.

8. Pending the appointment of a Project Manager, day-to-day responsibility for managing project preparation activities will be the responsibility of the Project Coordinator (P.S., MHLSW) working in liaison with senior staff of the Department of Medical and Health Services.

Preparation Activities

9. The mission understands the Government will undertake to complete certain additional preparation activities in the period between now and negotiations:

A. A statement of the plans for and a schedule for implementation of sector reforms in management and finance. An outline of the proposed reforms and their implications is included in Annex A. This statement would include (but not be confined to):

i) A statement of the policy and statutory arrangements providing for greater autonomy of Royal Victoria and Bansang Hospitals. The mission understands that the overall objective of Government is to improve the efficiency of hospital services, in part to ensure that resources for the lower levels of the health system increase at a faster rate than for hospitals. It is envisioned that the two hospitals will have autonomy in budget planning, staff management and expenditure control and will be governed by a single Hospital Board. The hospitals' annual budgets and manpower allocations will be vetted through the MHLSW; the Ministry (which is responsible for training policy for the health services as a whole) will be responsibile for training and posting policy for posts that are not permanent "hospital" posts; permanent hospital specialists will have responsibilities for specialist national health programs;

ii) A statement of plans for implementation of revolving funds for drugs and other consumables in the health service and within the hospitals, covering overall design, management of funds to ensure accountability, and initial estimates of recoverable costs;

iii) A preliminary schedule of drug charges and service fees, covering exemptions, any differential fees, a bypass structure, etc. and a protocol for periodic adjustment of fees;

iv) An assessment of non-salary recurrent spending requirements in the health sector over the next five years, including for building and vehicle maintenance and maintenance of the mechanical and electrical plant.

B. A description of technical and program activities under the new nutrition and family planning initiatives, including establishment of a National Population Council, and under the health education initiative included in the project; and a statement of plans for and sites of training of various nurse cadres and of in-service training over the next 5 to 10 years;

C. A statement summarizing mechanisms for control of vehicle use and for fuel allocation and disbursement within the sector, assuring adequate availability for service activities.

Outstanding Issues and Other Mission Notes

10. With the agreement of the Government the mission has indicated that staff of the World Bank will initiate discussions with the Italian Government regarding planned Italian assistance to the health sector in the Gambia. The mission's view is that existing plans for construction of a new pediatric ward at RVH, a large School of Health Sciences and a new laboratory are not consistent with long term needs in the sector and are likely to imply increases in operating costs that are not affordable.

11. The mission has noted Government's efforts to improve the training environment at Bansang Hospital by arranging for an increase in English-speaking medical staff there, through further discussions with the Chinese Government. At the request of the MHLSW the mission will initiate discussions with the Chinese in an effort to coordinate IDA and Chinese assistance in the health sector.

12. The total financing package for the proposed project is not yet secure. Estimates of costs for various components are still tentative, and the total estimate shown in the table above exceeds the amount of about $10 million ($9 million external plus $1 million local) noted in paragraph 5. The mission wishes to note the necessity to continue its dialogue with Government on priorities within the proposed project in the event of a shortfall in required funds.

13. The mission understands the Government is seeking assistance from the European Communities and from the Chinese for the rehabilitation of the RVH, and has indicated to Government that it sees no barrier to planning other investments included in the project, which are warranted in their own right, while these efforts continue.

14. The mission understands that the Government's policy on whether and under what conditions funds recovered in the health sector via drug and other user charges and service fees should be retained in the sector versus reverting to the Government's general revenues is not entirely formulated. It is the mission's understanding that at a minimum: (a) funds recovered against drugs and other consumables provided by donor grants can be retained in the health sector; (b) exclusive of debt servicing,

the proportion of the central government budget allocated to health services shall not decline over the project period; (c) some proportion of funds recovered in health (over and above those for grant-provided drugs and consumables referred to under (a) above) shall add to the guaranteed proportion going to health under (b).

15. The mission understands that Government plans to commission a study under the Bank-support Urban Management Project, of alternative approaches to dealing with provision of solid waste disposal services in the Banjul and surrounding area, an activity which now takes over 20 percent of the operating budget for health compared to about 12 percent in 1980/81. The study should be completed and Government reactions regarding various options over the medium term should be available by the time of negotiations.

Project Structure and Estimated Cost
($ thousands)

Part A. Sector Management, Financing and Planning: Reforms and Strengthening. about 700

1. New Government posts funded under the project
2. Management and financing reforms: Training
3. Management and financing reforms: Technical Assistance
4. Health economist, technical assistance and counterpart training
5. Nutrition and food planning: Technical Assistance

Part B. Strengthening Health Services about 10000

1. National extension of village health care services (1-7 subtotal
2. Maternal care and new family planning initiatives, about 5000) including staffing and equipping 5 model health centers
3. Strengthening nutrition services
4. Health education(including family planning and nutrition)
5. Development and implementation of periurban analogue to village services.
6. Nurse and other training
7. Monitoring and evaluation
8. Rehabilitation, upgrading, equipping: (item 8 subtotal about 5000)
   - Bansang Hospital
   - Outpatient clinic/RVH and periurban health center
   - Health Centers and dispensaries (24 sites)
   - Staff Housing (11 sites)
   - Electricity, water, furniture

C. Strengthening Support Systems about 2500

1. Drugs and other consumables
2. Vehicles and spare parts
3. Telecommunications

D. Project Management Unit about 250

E. Project Preparation Facility about 450

Total about $13,900

Annex A. Summary of Project Components

This Annex summarizes the mission's understanding of the Government's proposals for each component of the proposed project.

A. Management, Planning and Financing of Health Sector: Reforms and Strengthening (Estimated Cost: $700,000)

I. Management and Planning
   A. Proposed Changes
      1. Central management reform and strengthening
         a) improved integration of management and planning functions with service delivery function
         b) personnel management and training functions to be included in the functions of a senior officer

      2. Decentralization
         a) Managers responsible at central level for implementing service programs to have day-to-day responsibility for managing personnel, transport use and general expenditures associated with such implementation.
         b) Royal Victoria and Bansang Hospitals
            (i) Responsibiltiy for managing personnel and expenditures vested in Hospital Board, with senior-level hospital administrator as executive;
            (ii) Annual budget and manpower allocation proposed by Hospital Board and vetted through Ministry;
            (iii) New Hospital Board to include Permanent Secretary of Ministry, Director of Medical Services, Administrators of each hospital;
            (iv) Hospital keeps its own complete set of accounts
            (v) Ministry responsible for training and posting policy for posts that are not permanent hospital posts; hospital specialists continue functions in service to national health programs.
         c) Managers responsible at regional level (3 health regions) for implementing service programs to have day-to-day responsibility for managing personnel, transport use and general expenditures associated with such implementation.

      3. Field Management reform and strengthening
         a) Improved integration of village services with health center apparatus;
         b) Training of VDC members in management (training needs are consolidated below)

      4. Strengthening of MHLSW Planning Unit capability in health economics and demography;

      5. Strengthening of overall government capactiy in food and

nutrition planning.

B. Implications of proposed changes

1. Possible new posts
   - Personnel function at grade 15/16
   -"Financial" officer to each hospital
   -"Financal" officer to each regional medical team
   -RVH senior administrator

2. Certain health officers to be newly authorized to receive warrants; increase in size and flexibility of imprest accounts.
3. Training and technical assistance needs (consolidated below)

II. Financial Reforms and Strengthening

A. Proposed changes

1. Revolving fund for drugs and consumables
2. Revolving fund for hospital consumables
3. Service fees (amounts shown are examples: they do not reflect devaluation, are not definite, would change over time, etc.)
   -health centers and Bansang hospital: D 0.50
   - RVH: D 1.0
   - Exemptions: antenatal care, chronic diseases, under fives
   - Use of bypass fee structure
   - Deliveries at health centers: D 5.0
   - Deliveries at RVH: D 20.0
   - charge for special diagnostics
   - per diem charge: RVH D 1.0
     Bansang D0.50
   - differential charges for use of private wards and for non-nationals and for patients referred by private practitioners.

4. Decentralization of budget planning and execution (as described under I above)

B. Health sector control of funds obtained through drug charges and service fees, at a minimum:

1. For drugs and expendables supplied via grants, establish a central revolving account for use in repurchases on the international market.
2. Central budget allocation to health services,including allocation for drugs from the exchequer, to be protected at current percent of budget (exclusive of debt servicing) for life of project.
3. Some (indefinite) proportion of funds collected as fees for health services to be added to guaranteed budget allocation to health.

C. Implications

1. New posts "Financial Officer" for each hospital and Regional Medical Team (see new posts under management reforms)
2. Training and technical assistance needs (consolidated below)
3. Campaign to inform and educate public.

III. Funding Implications under proposed project

A. New Staff: 7 posts

B. Health Economist (possibly 2 years, expatriate) + counterpart training

C. Training

1. Management training, RMOs, RPHNs, RPHSs, nursing officers, health center level;
   a) 20 people, 2 weeks each
   b) 4 people, 8 weeks overseas
   c) Project Manager, 6 weeks
   d) Deputy Project Manager, 6 weeks

2. Management training of hospital officers
3. VDC training
   a) 2 people a year per villages, 250 villages, 1 week
   b) 2 additional people per village, second year
4. Training in use of revolving funds, accounts, collection of service fees, for central accounts staff, Ministry staff, hospitals, regions
   a) 8 people, 3 weeks, local for health center and dispensary staff
   b) 30 people, 3 days, local
5. Orientation of senior management and accounts staff regarding decentralization of budgetary procedures. 10 people, 2 days.

D. Technical Assistance

1. To design short-term management training for senior health personnel, train trainers (at MDI); develop management curriculum for inclusion in regular training of nurse-cadres and health inspectors.
2. To prepare a manual for health sector staff on accounting and audit procedures, cost recovery objectives, procedures.
3. To develop mechanisms for revolving funds, develop inventory and accounting systems, implement and monitor proposals for operation.
4. Hospital reform -- long term consultancy to develop and adjust procedures for implementing hospital decentralization and cost accounting. (intermittent over several years).
5. To carryout a feasibility study of a health insurance scheme.

E. Public campaign
Technical assistance, materials development

B. Strengthening Services

1. National Extension of Village Health Care Services

The proposal is to a) extend the existing system of village services into the rural Western Division, the only Division not yet covered, to cover about 49 villages; b) to extend malaria control through nationwide chemoprophylaxis aimed at children under five and pregnant women, with treatment done by village health workers; c) to extend control of leprosy and tuberculosis; d) following further trials, to initiate control of schistosomiasis in endemic areas; e) to extend low-cost dental care.

Complemetary inputs are expected from WHO Trust Funds, Italian bilateral aid funds administered by UNICEF (for immunizations), the UK-funded CCCD project, and the Netherlands Leprosy Relief Association.

2. Maternal care and new family planning initiatives, including staffing and equipping of 5 model health centers.

Objective:

a)lower maternal mortality and morbidity;
b) lower infant (especially perinatal) mortality; and
c) reduce unwanted fertility

Activity - Providing model centers for high risk maternity care, family planning and infertility

1. Choose five health centers from among those to be upgraded through the project, or not requiring upgrading, and provide the necessary manpower, equipment and additional physical upgrading to permit the following services to be offered:

a) management of high risk pregnancies and obstetrical emergencies, including Caesarian section (this would also provide capacity to deal with some other types of surgical emergencies);

b) IUD insertion, surgical contraception (laparascopic and minilaporonies for tubal ligation), medical termination of pregnancy, and investigation and treatment of infertility; and

c)training in management of high risk pregnancies and in providing surgical, clinical and non-clinical contraceptive methods to primary and secondary level staff.

2. Possible sites for these activities are Mansakonko, Basse, Farrafeni, Essau and Kaur

3. Where appropriate, provide low cost hostels so that high risk mothers can stay during the last weeks of pregnancy, especially during the rainy season,

Project financing for:

A. Technical Assistance

-2 expatriate obstetrician-gynecologists for 2 years each (would be replaced after two years by trained Gambians, who wouldrequire in-service apprenticeship

- 5 expatriate nurse midwives for 2 years

B. Civil Works

necessary upgrading of 5 centers

C. Equipment

-Anesthesia equipment
-5 laparascopes
- operating room equipment

D. Training

1) In-country training costs for 10 Gambian doctors and 40 Gambian nurse midwives;
2) Overseas family planning training in JHPIEGO (Baltimore, U.S.) for 6 Gambian doctors and 12 Gambian nurse midwives.

The Netherlands Government would be asked to finance all the above items except the overseas family planning training.

Indicators of progress would be:

a) number of doctors and nurse midwives trained in obstetrics and family planning using their skills;
b) number of high risk deliveries handled;
c) number of infertility cases managed; and
d) number of FP acceptors.

Other Initiatives in FP/Maternal Care

National Population Council -The project will provide support to the secretariat of the proposed Council

FP Study Tours - Provision is made for about 6 - 8 Gambians to visit successful family planning programs, e.g. in Zimbabwe or Indonesia, for 2-3 weeks.

Women in Development - The project will support innovative womens' activities, e.g. income generation, education, health or nutrition related, designed to improve their socio-economic status and therefore lower their fertility desires. An innovative activities fund would be managed by an appropriate government department not yet identified.

3. New Nutrition Service Initiatives:

The objective is to reduce mortality and morbidity associated with poor nutritional status with a focus on children under five and pregnant and lactating women, especially during the hungry season. The project would support operational research carried out by the Nutrition Unit of the Department of Medical and Health Services of the MHLSW, in close cooperation with a Nutrition Unit in the Ministry of Agriculture, finance basic office equipment and transport (motorbikes) to enable the Unit to implement such operational research, and finance technical assistance, possibly in the form of a link with an appropriate international institution, to provide technical advice on the design of field trials, use of appropriate technology for hand millet mills, etc. The operational research would consist of field trials to test various interventions for improving nutrition through the existing village primary health care program, including use of food supplements as "food-as-medicine" for sick children and pregnant and lactating women, congregated feeding (each using both food aid and local food sources), development of day care nurseries in villages, mobilization of village women's groups for development of communal vegetable gardens, education of fathers, and so on.

Complementary inputs are expected from the UK-funded CCCD project, which supports the Nutrition Unit.

4. Health Education

Objectives:

a) To support the training of health workers through: i) the development of training materials for family planning and nutrition; and ii) improving health education skills of health workers;

b) to develop appropriate communication channels and messages for dissemination through media and health workers to target audiences;

c) to conduct operational research and evaluation as needed.

Current Status of Health Education Unit (HEU)

The HEU was established in 1981, and has a technical staff of four. The HEU has been engaged in a wide range of activities including strengthening face-to-face community health education, development of radio programs, print materials, films and videos in support of health education goals, school health activities, participation in health campaigns such as the adoption of oral rehydration therapy and KAP studies.

Until recently, HEU operations were curtailed by lack of supplies and logistic support. This situation is improving, as recently available core support funds are now being provided from CCCD, UNICEF, and UNFPA in the form of inservice training, basic equipment, audio-visual materials and a vehicle. The proposed project would provide support to a series of health education initiatives in the areas of family planning and nutrition during the project's first three years and these and other topics during the final two years. These initiatives would be an integral support function of the family planning and nutrition components of the project.

Implementation of the Health Education Component.

The component has been designed to strengthen linkages between the units and organizations active in the provision of family planning services and nutrition in the Gambia. To achieve this end a subcommittee would be formed to plan, implement and monitor national strategies in these two areas. This subcommittee would be under the proposed Population Council, and its members would include, among others, representatives of the HEU, the MCH Unit, the PHC Training Unit, the RHTs, GFPA, the Department of Information and Broadcasting, Radio Gambia and the Women's Bureau. Components of information and motivation campaigns on family planning and nutrition would include production of radio programs (both for health workers and target audiences), songs and dramas in local languages, production of a family planning manual for field staff, production of posters, etc. films and videos, training for health workers in health education skills and program monitoring and evaluation. The toal will include funds earmarked for a cooperative information, education, communication program with the GFPA.

5. Development and implementation of peri-urban analogue to village services.

The objective is to develop and implement a program of community-supported services analogous to the village system now operating in rural areas, to serve the large (over 100,000) and rapidly-growing population of the greater Banjul area.
The project would support study of the social structures in the peri-urban area, a pilot test of a program design based on the study, and training and start-up costs for progressive implementation of a program over the project period.

6.Nurse Training

Objective: Increase the supply and quality of nursing personnel, giving priority to the provinces and rural areas.

Proposed Activities:

1. In-country training of a 3 person national nurse training team;
2. Strengthening of the CHN nursing school in Mansakonko;
3. Establishment of a state enrolled nurse (SEN) training school in Bansang hospital;
4. In-country training of ward managers and nurse tutors and overseas attachment for Gambian nurses for 6-9 month periods;
5. Training in diagnosis and prescription.

Three Person Nurse Training Team.

Three senior Gambian nurses will be trained in family planning through the proposed Sahel Population Initiative project. They will also be trained as trainers in midwifery, MCH, nutrition and rational use of drugs. The national team will then have joint responsibility with the Regional Health Teams, for all in-service training of all categories of health personnel except doctors.

Strengthening CHN School, Mansakonko.

Gambians currently fill 2 of the 4 faculty posts. The faculty would be strengthened by the provision of expatriate tutors and simultaneous overseas training of Gambian tutors. The project would also support necessary adjustments to the curriculum, teaching materials and equipment as necessary.

Establishment of SEN school at Bansang

This would provide badly needed nursing staff to the Bansang hospital, health centers and dispensaries in the provinces and would proceed in parallel with the physical upgrading and increased staffing of the hospital. SENs would be trained and housed in facilities financed under a Bank-financed education project. The project would provide two physicians and four tutors for the nursing school and hospital, and overseas training for Gambians to replace the expatriates by the end of the project period. Regional expatriates would be preferred both here and at

the CHN school in Mansakonko.

Short-term in-country training for nurse tutors and ward managers and overseas attachment for Gambian nurses.

This was receommended by the nursing consultant andwould be wlelcomed by the Ministry of Health. MOH asked the mission to request UK/ODA (in Banjul and London) assistance to enable the University of Cardiff to provide the in-country training and to receive Gambian nurses for 6-9 months attachment periods.

Retraining in Diagnosis and Prescription.

Most Gambian nursing personnel require in-service training to strengthen their diagnostic and perscription skills. A regional expatriate physician would spend one year in the Gambia as an itinerant nurse in-service trainer.

Retraining in Diagnosis and Prescription.

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Support for the Mansakonko and Bansang nursing schools would be sought from the Dutch Government. If funding from Netherlands is not possible these two items would be included in the IDA credit if available funds allow.

7.Monitoring and Evaluation:

The project will include the following activities in this area;

a) Strengthening of the Epidemiology and Statistics Unit of DMS. This will include the addition of 6 health inspectors to the Unit.

b) Project monitoring and evaluation. Progress will be judged, in part, by means of the following indicators:

a) proportion of women receiving at least 3 antenatal checks;

b) contraceptive prevalence rate;

c) children aged 12 -23 months fully immunized against EPI diseases;

d) infants receiving a minimum of 2 well-baby checks;

e) proportion of children under 5 with moderate or severe malnutrition;

f) number of VHWs and TBAs in PHC program;

g) revenue from cost recovery.

A further set of indicators is included in the model centers and training items of the project.

In addition, an evaluation of achievements under the project will be conducted at approximately its mid-point, and again after project completion.

8. Physical upgrading, equipping of referral health facilities.
(Estimated Cost: $5,000,000)

The objectives are to a) rehabilitate, modestly expand and provide essential equipment for Bansang Hospital, to permit it to perform its intended role as the referral hospital for the eastern half of the country, and as a rural-based hospital training facility; b) to physically upgrade 24 health centers and dispensaries throughout the country which serve as first referral facilities for the village-based system, most of which are generally dilapidated, with poor staff housing, highly fallible or non-existent water supplies and electricity and damaged or non-existent equipment (and transport - see part C. below); and c) to construct an urban polyclinic to relieve RVH of routine outpaitent care and to construct a new health center in the rapidly-growing periurban area outside Banjul, where existing centers are already crowded.

Complementary inputs are expected from UNICEF (for equipping health centers and dispensaries), a UK-funded MCH project and the UK-funded CCCD project (for upgrading of two additional health centers), and Italian funds administered by UNICEF (for refrigeration, emergency lighting and water heating, powered by photovoltaic solar cells).

C. Strengthening Support Systems
(Estimated Cost: $2.5 million)

1. Revolving Fund for Drugs and other consumables

Objective: To expand the existing system of cost recovery at the village level to encompass drug and consumables provided at referral facilities in order that the health sector can finance an increased portion of its operating costs. In the short term only a portion of the costs might be recoverable with prices to users set low enough to accomplish primary health care objectives and not impose an economic burden on poor consumers. In the longer term prices could be increased, both in general and selectively, and exempted categories of consumers reduced, to increase revenues and finance a greater proportion of costs.

Structure of the revolving fund:
It is proposed that under the proposed project, the Government should establish, with grant funds expected to be provided by the Netherlands and perhaps other donor sources, a revolving fund for drugs and medical consumables.

The CIF value of all grant funded drugs imported to the Gambia would be credited to the Fund as capital. All drugs and medical consumables would continue to be managed by Central Medical Stores which would establish sound accounting and inventory control procedures to manage the assets of the Fund.

Record keeping, security, storage facilities, fire prevention and distribution procedures would all be improved to provide the basis for sound inventory management and to control losses.

It would not be feasible to distinguish at the time of drug procurement or distribution to dispensing units which items would be "sold" and which would be dispensed free for exempted groups or programs. Therefore all drug supplies would be managed, replenished and controlled under existing unified procedures.

The Ministry of Health would establish effective sales and cash receipt control procedures so that proceeds of sales from health centers and dispensaries can be collected on a regular basis by the RMOs and submitted to the sub-Treasury offices of the Ministry of Finance in the regions. These revenues would be clearly denominated as "income from sales of drugs and consumables" and would be consolidated as such at the national level.

These revenues would be credited as income to the revolving fund until such time as the revolving fund's sustainable level of assets are adequate to finance the import or purchase of CMS's drug and medical consumable requirements.

In management of its operations the Fund should have the long term aim to achieve a break-even status and preserve an adequate amount of working capital as well as to cover the operating costs of CMS (staffing, handling, storage, distribution and other operating costs). However, it is noted that total revenues collected by the revolving fund may not be expected to allow it to break even for some years because of low consumer income levels and the need to supply drugs free of charge for key public health needs.

In order to prevent hidden and uncontrollable subsidies from the Fund to the RVH and Bansang hospitals, all drugs and consumables supplied from CMS to the hospitals should be compensated by payments or subventions from the hospital budgets to the Fund income account. The cost of these supplies to the hospitals should be fixed at actual CIF value as maintained on the books of CMS plus a fixed handling fee to cover costs. As part of their greater autonomy under planned reforms the hospitals should establish cost accounting systems for recording these and other costs and for recording the income from patients attributable to the sale of the drugs and provision of special services.

Technical assistance, intensified training and some equipment and modest facility improvements would be required for CMS to manage its inventory, implement tight control systems and manage the assets and accounts of the Fund. Expatriate technical assistance to establish the framework and procedures of the Fund and to assist the Chief Pharmacist and RMOs in establishing and maintaining the operations of CMS and the regional revenue collection systems would be included in the project, as would

local staff training.

2. Improvement of Transport Systems.

Under the project the government will develop and implement a program of reform and improvement of the Health Ministry's transport services. This will emphasize the following: repair and adequate maintenance of serviceable vehicles; replacement of unserviceable vehicles to standardize and stabilize fleet size at about 90 units; adequate stocking of spare parts; development of three routine service facilities in the regions and a routine maintenance facility at Kanifing; contracting of major maintenance and repairs to the Government workshop at Kotu; an improved and rationalized fuel distribution system, with regional reserves; the institution and enforcement of a vehicle use and managemet system in accordance with existing regulations;and the appointment of a qualified Vehicle Management and Maintenance Engineer. Procurement of vehicles under the project would be phased during the last three years of the project to take account of vehicles already supplied and enroute from other donors. Because of the critical shortage of fuel for vehicles and Gambia's extremely tight foreign exchange and revenue position, the project will also include a fuel purchase budget.

3. Improvement of Telecommunications.

Telephone services in the Gambia are now unreliable at best and non-existent for most of the areas served by key health facilities. The only alternative often is a difficult and expensive road journey. As a result, communications for administrative, logistical, and professional purposes is now very slow or totally foregone. Under the project, a radio communications system will allow the Medical Services Department, the Regional Medical Teams, selected key health centers and dispensaries and the Hospitals to be interlinked for easy communication.

About 30 low powered VHF transceivers will be installed in field locations, with slightly larger units at the Department, Regional Medical offices, and hospitals. Units would be battery powered, with solar rechargers in most cases and would use simple dipole antennas. A technical consultant will prepare an initial system design for the Ministry and together with technical specifications for tender. The contract with the supplier would provide for the equipment, installation, spares, technical training to a qualified local service vendor, and preparation of a simple, field handbook for proper operation and maintenance of the stations.

The Director of Medical Services and Regional Medical Officers (RMO's) would develop a schedule and protocols for daily operation of the system to include the following purposes: regular administrative reporting, clarification, and announcements; arranging logistics and ordering urgently needed

supplies; administration of personnel leave and resolution of problems; medical consultation and referral; cloer supervision of health center staff by the RMOs; epidemic and communicable disease emergencies; regular inservice training and continuing education (e.g. "grand-round" case discussions with senior physicians to reinforce diagnostic procedures, new techniques and discuss problems) ; followup and monitoring of patient progress in selected cases. Use of the system is also expected to substantially benefit field staff morale by removing the sense of isolation and helping to boost confidence.

Annex B

Implementation of Construction Program:

1. The mission understands that the Government will request assistance for the design and supervision of the construction component from the Overseas Development Administration (ODA). Assistance has also been requested from the African Development Fund (ADF). ODA has informally indicated a positive reaction and the ADF has approved the Government's request. This annex is intended to set out these responses as well as the mission's observations.

2. Following discussions with Mr. W. Housego-Woolgar, a senior ODA architectual advisor who visited The Gambia from January 18-21, the mission understands that ODA are willing to provide and pay for the services of the UK Projects Office (UKPO) to undertake the design and supervision of items 1 to 5 as proposed earlier to the World Bank by Government. It is expected that the proposed construction program would require overall about three and a half years from the start of design work to the completion of construction. The ODA representative stressed that they would wish the UKPO also to undertake a training role and the training of 4 to 6 architectual technicians was proposed. The mission discussed the possibility of the UKPO also providing some limited degree of management and technical assistance, through the project, to several of the smaller Gambian contractors. This was admitted as a distinct possibility but would depend on the UKPO having sufficient capacity to provide this additional training element and on project procedures providing a suitable framework. It was agreed that it would be necessary to increase the staff of the UKPO from the present three positions to four by the addition of an architectual/building technician with a training/site supervisory role. The unit would at that point be staffed by one architect, a quantity surveyor (Q.S.) and by two architectual/building technicians. The ODA assistance would be limited to the provision of technical staff plus their support costs including office accomodations. This would nonetheless be a substantive contribution to the project of about US$800,000 equivalent over the implementation period. Additional support amounting to US$100,000 equivalent would be required from the project for the UKPO to cover the costs of two vehicles and consultant sevices for the final preparation and printing of bills of quantities prior to bidding. With such staffing and project support the mission is satisfied that the physical implementation of the project can be assured with the proposed time period (1986-1990).

3. In response to the Government request the mission understands that the ADF is prepared to finance a total of four man-months of architectual/engineering services. The ADF have engaged the services of an architect and an engineer who are expected to arrive in The Gambia soon. It is important that the services of

these consultants are fully and productively employed and their availability could permit some of the slippage on the preparatory phase to be made up. The mission suggests that the preparation of site plans and building and services surveys for the 24 health centers to be upgraded would be particularly valuable and in addition, time permitting, for the Bansang Hospital. It would be unreasonable to expect that more could be achieved during this short time period. It is also essential that the ADF consultants liaise closely with the UKPO in order to ensure that the consultants' output can be fully integrated into the UKPO's work program.

4. The mission discussed with Mr. L. Sane, Acting Director of the Department of Technical Services, MWC, the probable construction program under the project as well as the Ministry of Works' and ODA's potential role in the program. Due to a long-standing shortage of personnel Mr. Sane was unable to offer DTS services for the design or supervision. The mission was advised however that there was very good liaison between the UKPO and the DTS, and Mr. Sane favors a Government request for technical assistance from the ODA. The DTS would be willing to second technical staff to the ODA unit for training. It is expected that the DTS will participate at the technical review of designs and at certain stages of the bid/award process.

5. Next Steps

5.01 The ODA would require as soon as possible a letter confirming Government's discussions with the mission on the scope of the construction program likely to be undertaken and requesting that the ODA make available immediately the services of the UKPO. The mission recommends that the UKPO and the Ministry of Health revise an existing schedule of activities for attachment to such a letter. This should be sufficient basis for the UKPO services to the Ministry.

5.02 The mission proposes to recommend to the World Bank that, by project negotiations, tentatively scheduled for June, 1986, site surveys, sketch plans and preliminary cost estimates should be prepared and submitted to the World Bank for review for:

a) at least 10 of the 24 Health Centers to be upgraded;
b) the Bansang Hospital.

In addition an overall constructtion schedule should be drawn up.

5.03 It should be noted that there is a risk that World Bank management will not permit negotiations to be held on thee IDA Credit unless it can be demonstrated that a substantial portion of the construction component is sufficiently advanced and that adequate implementation arrangemets have been made for the overall program.