

# HOSPITAL

## **COMMUNITY SCORE CARDS FOR SOCIAL AUDITS ON PUBLIC DELIVERY SERVICES - BANJUL REHABILITATION PROJECT & BRIKAMA DISTRICT HOSPITAL**

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## INTRODUCTION

The idea of service delivery and developmental projects performance audits and score cards from the demand side of service and/or project beneficiaries has become an important socio-political tool of activism deployed in the course of the demand for accountability, transparency, effective services delivery and enhance overall governance process by communities. Indeed, there are numerous powerful tools for social accountability that civil society organizations and other social actors can deploy in their activism for effective service delivery especially at the local and/or district level. These approaches and tools typically serve to gather crucial evidence and data about local-level service delivery by governmental or non-governmental service providers. The overarching objective being to mobilize the political power of civil activists, local communities, and service beneficiaries to press for improvement in service delivery, demand accountability and transparency from local authorities, national agencies, private business concerns and other service providers in general (TAP Network, 2021).

In the category of approaches available for community to demand accountability in public service delivery, three ranked higher by virtue of their popular deployment and public discourse. These include social audits, community score cards and citizen report cards. Social audits help to measure the effectiveness of public services or development projects, their degree of inclusive participation and citizen satisfaction. Community score cards are instruments through which citizens monitor the quality of community-based public services through focus groups engagement between demand and supply side actors. Lastly, citizen report cards provide a channel to provide feedback to government offices/agencies/institutions after the evaluation of citizens' direct experiences, observations, and feelings about service delivery through a participatory survey method. Largely, citizen report cards play a significant role in making sure that information is received about the services being delivered, that citizen are well informed about processes and procedures, and that the service is result oriented (TAP Network, 2021).

While there are differences between these approaches, they all have something in common, which is to provide citizens the opportunity to audit public services in order to hold government accountable. Score cards are designed to increase transparency and community participation in the management of service provision process and by so doing help to improve and enhance the quality-of-service delivery (Advancing Partners & Communities, 2018). Social audits, community score cards and citizen report cards, because of their many similarities, are often used interchangeably in literature. That said, it is important to state that community score cards tend to be a hybrid of social audits and citizen report cards as it combines the strengths of both. While it pays attention to the

positions of communities that are the demand side of social service relationship, it also affords the supply side actors opportunities to access how their service delivery process are scored by communities that consume their services or benefits/beneficiaries in the case of developmental projects.

Thus, in general term, the idea behind the evolution and development of community scorecard (CSC) is that such will help to gauge community perception of the importance of developmental project in citizen's daily life, afford the people opportunity to assess the effectiveness of service delivery and enhance accountability especially of state agencies. Literarily, community score card provide opportunities for bridging communication and interactional gaps between communities and service providers Thus, community score card is a social accountability approach that help connect citizens with those responsible for providing services, whether public agencies, not for profit organizations and/ or private business concerns. In conceptual term, community score card is a participatory social accountability mechanism for assessment, planning, monitoring, and evaluation of services (CARE, 2021: 3; Kiracho, Namuhani, Apolot, Aanyu, Mutebi, Tetui, Kiwanuka, Ayen, Mwesige, Bumbha, Paina & Peters, 2020; Ido, Waiganjo & Mukulu, 2019). Community score card pays attention to process as well as outcomes, put emphasis on immediate feedback and reform of service delivery process, flexible and adaptive (no one way to implement) and more importantly, it is a tool for participatory monitoring but also deploy to exact accountability and community empowerment.

## Score Cards and the push for Social Accountability in a Democratic Transitioning Gambia: Sketching Context

The Community Score Card (CSC) process is a powerful tool to monitor services, empower citizens, and improve the accountability of service providers. The scoring exercises provide citizens the opportunity to analyze services such as healthcare or education services based on their personal perceptions and/or user's experience. Citizens can express their satisfaction or dissatisfaction for shoddy public service delivery all in the context of democratic accountability. When rights holders (citizens, service users) and duty bearers (government officials or service providers) collaborate, the provision of services can sustainably change for the better in the context of citizen feedback on services rendered by public service delivery authorities. To this end, the essence of community score card is to collect data on citizen feedback on services or development projects affecting their livelihood or community.

Community score card processes have been successfully conducted especially in South Asia and parts of Africa since the early 2000s and have become an internationally

recognized participatory governance tool (Escher, 2023). Thus, in the context of a society coming out of long-term authoritarian regime and transitioning to democratic rule with the intent to strengthened democratic ethos, principles, values and process, the conduct of community score cards to gauge citizen views on services delivery and utility of development projects is essential to enhance democratic accountability in the governance of the delivery of developmental projects and the provision of social services.

The Gambia returned to the path of democratic governance following the 2016 electoral defeat of former president Jammeh that brought an end to his twenty-two years' autocratic rule (Sayang and Camara, 2017). However, services delivery by state institutions remains epileptic, while the delivery of development projects cannot be said to fulfil the social metric of 'value for money'. The importance of the need for state institutions to improve on their capacity to deliver social services to the public continue to be reiterated by Gambians since the transition. In a 2018 Afrobarometer survey, it was reported that improvement in delivery of key public services dominate the list of problems that Gambians want their government to address with healthcare services leading the pack. The survey result reported that at (33%) health is the most frequently mentioned problem that respondents want their government to address, followed by water supply (31%), electricity was listed at no. 4 with (24%), and infrastructure listed at no. 7 with (21%) (Jaw & Isbell, 2019).

In the same wise, information provided on the official website of the Ministry of Health and Social Welfare, noted that the management of resources for health care (human, financial and material) remains centralized at the health headquarters. This invariably makes divisional health systems to remain weak with no clear operational linkages with the central level, the community and other private health care services providers. It was noted that there is the need to enhance efficiency and effectiveness in the organizational and management of the health sector in the Gambia. The improvement needs to be effected through: management reform; creation of popular governance structures (hospital board and local public health committees) for reinforcing community participation in decision making; and lastly, devolution of the responsibilities, authority and resources to the hospital and divisional health management teams and village development committee (Ministry of Health and Social Welfare, 2023).

There is also the increasing need to improve the provision of public infrastructure especially the expansion of urban and provincial road network and drainage system. Facing yearly flooding crisis, the national government has given priority to improving road and drainage system in Banjul, the nation's capital city, with the award of the Banjul Rehabilitation project. In the same vein, there has been some element of devolution in the management of health care system with the upgrading of the Brikama health facility to a

District hospital. To this end, there is the need to gauge public perception as it relates to health care service delivery at the newly upgraded Brikama District Hospital and the level of progress, value for money and public participation in the delivery of the Banjul urban renewal project. The choice of the services and two localities is premised on the importance of healthcare services for a densely populated community like Brikama and that of good road and drainage system for a capital city (Banjul) sitting on an island (St. Mary) and facing perennial flood crisis. To this end, Gambia Participates through its “Strengthening and Sustaining Fiscal Transparency and Accountability in The Gambia (SFTA)” project funded by the United States Embassy in Banjul contracted the Centre for Research and Policy Development to conduct social audits and produce a community scorecard on the Ministry of Health with focus on Brikama District Hospital and the Banjul Rehabilitation project.

## Objective

The main objective of the Community Score Cards is to engage community members in auditing the Brikama District Hospital and the National Government's Banjul rehabilitation infrastructural project. The specific objectives are as follows:

- Assess the quality, affordability, and user satisfaction of health service delivery by the Ministry of Health focusing on Brikama District Hospital through user feedback and objective evaluation criteria.
- Evaluate the performance of the Government of The Gambia in the delivery of the Banjul rehabilitation project based on community input.
- Identify gaps and challenges in providing quality and affordable health care services to the public.
- Strengthen community participation and engagement in auditing and improving public services and developmental projects.
- Promote transparency and accountability in public service administration.

## Methodology

To achieve the objectives of the Community Score Cards for social audits on public delivery services and developmental projects, the following methodology was employed:

### Sample Selection

A total of 600 individuals were interviewed, with 300 respondents each in Banjul and Brikama. The sample size is determined to ensure a representative cross-section of the

community's opinions and experiences. A stratified random sampling technique was used to select households in different areas of Banjul and Brikama to ensure inclusivity.

### Data Collection

Data collection was carried out through random household interviews conducted by two teams. Each team consists of 5 data collectors and a supervisor, ensuring effective data collection and quality control. The data collectors were trained to follow a structured questionnaire designed to gather essential data related to the health services provided by Brikama District Hospital and the Banjul rehabilitation project.

### Questionnaire Design

The questionnaire was carefully designed to cover key aspects of the services, including quality, quantity, coverage, continuity, user satisfaction, and condition of service for both the Ministry of Health, with focus on Brikama District Hospital and the Banjul rehabilitation project. The instrument also assesses affordability and accessibility of services. Open-ended questions were included to gather qualitative data and capture respondents' experiences and perceptions in-depth.

### Data Collection Procedure

The data collectors visited selected households and conducted face-to-face interviews with respondents using the instrument developed for the purpose of the exercise. They use the structured questionnaire to record responses accurately and consistently. The data collection teams were provided with identification badges and official authorization letters to ensure credibility and trustworthiness from the part of the respondents from the two communities.

## DATA PRESENTATION AND ANALYSIS

### Banjul Rehabilitation Project

The Banjul Rehabilitation project is a 35.5 million US dollar project whose main components comprise roads, sewage and drainage system construction and rehabilitation for the capital city. The city of Banjul, formerly referred to as Bathurst until 1973 is The Gambia capital city and Atlantic port. Geographically, the city was situated on St. Mary's Island, near the mouth of the Gambia River as it emptied into the Atlantic Ocean. Been an Island, Banjul is practically a flat land and thus, the city is prone to flooding (Jallow,

Barrow & Leatherman, 1996). The flooding problem is one of the major issues that the Banjul Rehabilitation project is meant to address. The project was officially launched on Saturday 16<sup>th</sup> February 2019. The contract for the project was awarded to a local contractor, Gai Enterprises and approved by the cabinet in January 2019 with a commencement date set for the same year. The project is meant to rehabilitate 37 kilometers road network, drainages, and sewage system in Banjul. At inception, the project was slated to be completed in five years. The National Roads Authority, NRA and the National Water and Electricity Company, NAWEC were slated as the supervisory authorities (Momodou, 2019).

While the project completion timeline was set for five years and given that it was launched in 2019, by estimation, the project should have been completed by 2023. However, when asked whether the project is completed or the stage of its completion, not many respondents expressed the position that it is completed. Table 1 shows that 66.0 percent said it is almost complete, 31.7 percent said it is about halfway done, and 2.3 percent said it is less than halfway done. The positions as expressed by respondents were in variance with the projection and assurance by the then Minister of Transport, Works, and Infrastructure that the project will be completed around May 2022 (Njie, 2020a; 2020b).

Table 1: Proportions showing how much of the road and drainage construction for the Banjul rehabilitation project has been completed, according to respondents' observations.

<b>Response categories</b>	<b>Counts</b>	<b>Percent</b>
Almost complete	198	66.00
About halfway done	95	31.67
Less than halfway done	7	2.33
<b>Total</b>	<b>300</b>	<b>100.00</b>

Respondents were asked “if they noticed any significant milestones achieved within the timeline of the project”. Results from table 2 show that 69.33 percent of the respondents said yes, 27.67 percent said no, and 3.00 percent said not sure. This shows that among the people interviewed more than half of them have noticed significant achievements from the project within the timeline. The position expressed by many of the respondents correlate with the position of then Minister for Transport, Works, and Infrastructure Bai Lamin Jobe in 2020 (Njie, 2020a).

Table 2: Proportions showing significant milestones achieved within the scheduled timeline for the

project.

<b>Response Categories</b>	<b>Counts</b>	<b>Percent</b>
Yes	208	69.33
No	83	27.67
Not sure	9	3.00
<b>Total</b>	<b>300</b>	<b>100.00</b>

Results in table 3 show that 1.67 percent of respondents rated the quality of the improved roads and drainage systems in Banjul as very poor, 7.67 percent rated it as poor, 31.00 percent are neutral, 46.33 percent rated it as good, and 13.33 percent rated it as excellent. Those who said it was poor and very poor recorded the least rated proportions. This shows that at least the project has had a positive impact on the lives of the people interviewed. The positions of respondents that adjudged the project to be excellent and good for Banjul reinforced the position of then Minister Bai that the impact of the project is seen and felt in a positive way by the community of Banjul (Njie, 2020a).

**Table 3: Proportions showing on a scale of 1 to 5, how respondents rated the quality of the improved roads and drainage systems in Banjul.**

<b>Response Categories</b>	<b>Counts</b>	<b>Percent</b>
Very poor	5	1.67
Poor	23	7.67
Neutral	93	31.00
Good	139	46.33
Excellent	40	13.33
<b>Total</b>	<b>300</b>	<b>100.00</b>

Although the roads in Banjul have improved a lot compared to before, after the improvements, people were asked to give their feedback on any issues still encountered in areas where the roads have been improved. Table 4 shows that 53 percent said they still encountered issues, 43 percent said no, and 2 percent said they do not know. That fact that more than half of the respondents affirmed that they still encountered potholes and that Banjul still experience flooding is an indication that there is still more improvement needed for the project to achieve its intended objectives. The 2022 flooding experienced in Banjul speaks to the fact that there remains much to be done to achieve the intended objectives set for the Banjul Rehabilitation Project. Indeed, Banjul residents were reported to have expressed concern as one resident was quoted as stating,

“I have a great concern about the current situation as there is limited progress

made in the sewage and drainage component of the Banjul project particularly the ring canals. An additional machine has been installed to deter further flooding in the Bund Road area, but the threat lies in the redirection of the waterways and the shrinking of the canal.” (Bah, 2023).

**Table 4: Proportions showing infrastructure-related issues (e.g., potholes, flooding) in the improved areas after the project's completion.**

<b>Response Categories</b>	<b>Counts</b>	<b>Percent</b>
Yes	159	53.00
No	135	45.00
Don't know	6	2.00
<b>Total</b>	<b>300</b>	<b>100.00</b>

When asked whether the improved roads and drainage systems have enhanced connectivity and accessibility between communities and key areas in Banjul, majority of respondents expressed the position that it has. Results from table 5 show that 66.67 percent of said yes, significantly, 30.33 percent said yes, to some extent, 1.67 percent said no, there is no noticeable change, and 1.33 percent are not sure.

**Table 5: Proportions showing whether the improved roads and drainage systems have enhanced connectivity and accessibility between communities and key areas in Banjul.**

<b>Response Categories</b>	<b>Counts</b>	<b>Percent</b>
Yes significantly	200	66.67
Yes, to some extent	91	30.33
No there is no noticeable change	5	1.67
Not sure	4	1.33
<b>Total</b>	<b>300</b>	<b>100.00</b>

When asked to give their opinion on whether the improved roads and drainage systems have affected transportation in Banjul, 70.33 percent said it has easy access, 23.33 percent said it has no effect, 3.33 percent said yes, but still needs improvement, 1.00 percent said drainage is still a problem, and 0.33 percent said it causes traffic jam.

**Table 6: Proportions showing whether the improved roads and drainage systems have affected transportation in Banjul.**

<b>Response Categories</b>	<b>Counts</b>	<b>Percent</b>
Easy Access	211	70.33
No effect	70	23.33
Yes, but still needs improvement	10	3.33
Drainage is still a problem	3	1.00
Causes traffic jam	1	0.33
Neutral	2	0.67
Not Sure	3	1.00
<b>Total</b>	<b>300</b>	<b>100.00</b>

Table 7 shows that 5.33 percent the improved drainage systems are not effective in reducing flooding in previously affected areas, 11.33 percent said it is slight effective, 17.67 percent said it is moderately effective, 59.33 percent said it is highly effective, and 6.33 percent said it is extremely effective. While some respondents expressed the position that the improved drainage systems have not been effective in preventing flood in previously impacted areas of Banjul, however, the larger proportion of respondents do think the drainage project has had some level of effect at mitigating flooding in Banjul. To this end, one can at least say that there have been improvements arising from the project as highlighted by the responses. However, one can also state that there are room for improvement given position that has been expressed by some residents through newspapers especially following the 2022 flooding incidence in Banjul (Bah, 2023).

**Table 7: Proportions showing (on a scale of 1 to 5), how effective the improved drainage systems have been in reducing flooding in previously affected areas.**

<b>Response Categories</b>	<b>Counts</b>	<b>Percent</b>
Not effective	16	5.33
Slightly effective	34	11.33
Moderately effective	53	17.67
Highly effective	178	59.33
Extremely effective	19	6.33
<b>Total</b>	<b>300</b>	<b>100.00</b>

Results in table 8 show the proportions for level of satisfaction with consultation and community involvement in the planning and decision-making processes of the Banjul rehabilitation project. Table 8 shows that 5.33 percent said they were very satisfied, 53.33 percent said they were satisfied, 24.33 percent expressed neutrality, 11.67 percent said they were dissatisfied, and 5.33 percent said they were very dissatisfied.

**Table 8: Proportions showing level of satisfaction with consultation and involvement of the**

**community in the planning and decision-making processes of the Banjul rehabilitation project.**

<b>Response Categories</b>	<b>Counts</b>	<b>Percent</b>
Very satisfied	16	5.33
Satisfied	160	53.33
Neutral	73	24.33
Dissatisfied	35	11.67
Very dissatisfied	16	5.33
<b>Total</b>	<b>300</b>	<b>100.00</b>

Respondents were asked whether they had been invited or consulted for community meetings related to the project. Results from table 9 show that 0.67 percent said yes, they were consulted regularly, 13.33 percent said yes, occasionally, and 86.00 percent said no, they were never consulted. This shows that there is little community involvement through consultation and meetings to discuss project related activities. This is not a good practice because such meetings should have involved the community members more as they will be in a better position to advocate or put across the kinds of help and support, they require. The result for this question was also at variance with that which is reported for table 8 where a substantial percentage of respondents noted that they are satisfied with the consultation and community involvement in the planning and execution of the project.

**Table 9: Proportions showing invitation to community meetings or consultations related to the project.**

<b>Response Categories</b>	<b>Counts</b>	<b>Percent</b>
Yes regularly	2	0.67
Yes occasionally	40	13.33
No	258	86.00
<b>Total</b>	<b>300</b>	<b>100.00</b>

As it relates to accountability, respondents were asked whether the allocation and utilization of project funds have been transparent and accountable to the public. Table 10 shows that 14.67 of respondents said yes, 44.0 percent said no, and 41.33 percent said they were not sure. This response points to the fact that not much information on fund allocation for the project is available in the public space. This is an indication of the fact that transparency and accountability as it relates to public project funding and fund utilization continue to be a governance concern in The Gambia (Makasuba, 2022).

**Table 10: Proportions showing whether the allocation and utilization of project funds have been transparent and accountable to the public.**

<b>Response Categories</b>	<b>Counts</b>	<b>Percent</b>
Yes	44	14.67
No	132	44.00
Not sure	124	41.33
<b>Total</b>	<b>300</b>	<b>100.00</b>

Respondents were asked whether they feel that there are mechanisms in place for the public to access information about project finances and progress. Results from table 11 show that 5.00 percent of respondents said ye, 58.33 percent said no, and 36.67 percent said they do not know. The result underscores the importance of access to information by the public as mechanism to aid accountability, transparency, and public participation in governance process.

**Table 11: Proportions showing whether there are mechanisms in place for the public to access information about project finances and progress.**

<b>Response Categories</b>	<b>Counts</b>	<b>Percent</b>
Yes	15	5.00
No	175	58.33
Don't know	110	36.67
<b>Total</b>	<b>300</b>	<b>100.00</b>

Table 12 shows the proportions of households or properties that have been positively or negatively impacted by the Banjul rehabilitation project. Results show that 54.00 percent of respondents said they have experienced positive impact, 29.67 said they have experienced negative impact, and 16.33 percent said there is no significant impact.

**Table 12: Proportions showing households or properties that have been positively or negatively impacted by the Banjul rehabilitation project.**

<b>Response Categories</b>	<b>Counts</b>	<b>Percent</b>
Positive impact	162	54.00
Negative impact	89	29.67
No significant impact	49	16.33
<b>Total</b>	<b>300</b>	<b>100.00</b>

Table 13 shows that 1.67 percent of respondents rated the project's environmental sustainability and adherence to environmental regulations as poor, 28.67 percent rated it

fair, 47.00 percent rated it as good, 20.33 percent rated it as very good, and 2.33 percent rated it as excellent.

**Table 13: Proportions showing how respondents rated the project's environmental sustainability and adherence to environmental regulations.**

<b>Response Categories</b>	<b>Counts</b>	<b>Percent</b>
Poor	5	1.67
Fair	86	28.67
Good	141	47.00
Very good	61	20.33
Excellent	7	2.33
<b>Total</b>	<b>300</b>	<b>100.00</b>

Respondents were also asked if the project was a source of employment for them or anyone they knew. Table 14 shows that 51.33 percent said yes, 43.67 percent said no, and 5.00 percent said they do not know. That more than half of the respondents affirmed that the project had served as source of employment for them or someone they knew is a good indication that the contractor sourced local residents for the provision of labor and manpower in the execution of the project.

**Table 14: Proportions showing whether respondents or anyone they know benefited from local employment opportunities generated during the project's implementation.**

<b>Response Categories</b>	<b>Counts</b>	<b>Percent</b>
Yes	154	51.33
No	131	43.67
Don't know	15	5.00
<b>Total</b>	<b>300</b>	<b>100.00</b>

Respondents were also asked whether they observed economic benefits resulting from the project within the Banjul community. Results for table 15 show that 49.7 percent said they observed positive effect, 13.00 percent said there is no effect, 1.00 percent said there is negative effect, 6.33 percent were not sure, and 30 percent said they observed youth employment.

**Table 15: Proportions showing observed economic benefits resulting from the project within the community.**

	<b>Counts</b>	<b>Percent</b>
Positive effect	149	49.67
No effect	39	13.00
Negative effect	3	1.00
Not Sure	19	6.33
Youth Employment	90	30.00
<b>Total</b>	<b>300</b>	<b>100.00</b>

Table 16 shows the proportions of overall satisfaction with the Banjul rehabilitation project outcomes. Results from the table indicated that 11.33 percent said they were very satisfied, 64.33 percent said they were satisfied, 20.67 percent expressed neutral view, 3.00 percent said they were dissatisfied, and 0.67 percent said they were very dissatisfied.

**Table 16: Proportions showing overall satisfaction with the Banjul rehabilitation project outcomes.**

	<b>Counts</b>	<b>Percent</b>
Very satisfied	34	11.33
Satisfied	193	64.33
Neutral	62	20.67
Dissatisfied	9	3.00
Very dissatisfied	2	0.67
<b>Total</b>	<b>300</b>	<b>100.00</b>

The main response given by respondents when asked how the project has improved their quality of life is the ease of movement (46.0%), followed by it created a clean and healthy environment (29.0 %). While 23.0 percent stated that it did not improve their quality of life and 1.3 percent gave no response.

**Table 17: Proportions showing How the project improved the quality of life, if at all**

<b>Response Categories</b>	<b>Counts.</b>	<b>Percent</b>
Easy movement of people and cars	138	46.00
Created a clean and healthy environment	87	29.00
No improvement	69	23.00
Not Sure	2	0.67
No comments	4	1.33
<b>Total</b>	<b>300</b>	<b>100.00</b>

A question from the assessment asked respondents (open ended question) to give their

suggestions on how they think the Banjul City Council can ensure the long-term maintenance and sustainability of the project. The most expressed suggestion was to have regular maintenance (35.0%), followed by regular inspections to make sure roads/drainages are not littered (22.3 %) and to use the proper construction materials (14.7%). Improving the drainage system and employing the right personnel also recorded a proportion of 9 percent each.

**Table 19: What suggestions do you have to ensure the long-term maintenance and sustainability of the project?**

<b>Suggestions</b>	<b>Counts.</b>	<b>Percent</b>
Regular maintenance	105	35.00
Regular inspections to make sure roads/drainages are not littered	67	22.33
Improve the drainage system	27	9.00
Not Sure	11	3.67
Needs improvement	4	1.33
No suggestion	10	3.33
Employ the right personnel	27	9.00
Use the proper construction materials	44	14.67
Reduce the number of trucks on the road	5	1.67
<b>Total</b>	<b>300</b>	<b>100.00</b>

Table 20: Proportions showing additional Comments if any or concerns, or feedback related to the Banjul rehabilitation project.

<b>Additional Information</b>	<b>Counts</b>	<b>Percent</b>
No comments	148	49.33
Provide more bins	4	1.33
Improve other areas	7	2.33
More transparency with government funds	4	1.33
Improve the drainage system	33	11.00
Roads need more improvement	32	10.67
The project is good	32	10.67
Regular maintenance	23	7.67
Employ Gambian youths	17	5.67
<b>Total</b>	<b>300</b>	<b>100.00</b>

## SERVICE DELIVERY AT THE BRIKAMA DISTRICT HOSPITAL

**Table 1A: Proportion of Respondents by Sex**

<b>Sex</b>	<b>Counts</b>	<b>Percent</b>
Male	139	46.33
Female	161	53.67
<b>Total</b>	<b>300</b>	<b>100.00</b>

Women who took part in the exercise were further asked about their awareness of the availability of maternal health services offered at the district hospital. Table 1b shows that out of the women interviewed (161), 77.0 percent responded that they were aware, 6.8 percent said they were unaware, and 16.2 percent said they were partially aware of these services. This means much efforts have been expended in the task of sensitizing women about the availability of maternal health services they can make use of at the Brikama District Hospital. Such efforts should be continued to further create awareness among community members in Brikama and surrounding area as it relates to the availability of maternal health services at the district hospital.

**Table 1B: Proportion of women who are aware of the availability of maternal health services at the Brikama District Hospital.**

<b>Responses</b>	<b>Counts</b>	<b>Percent</b>
Yes	124	77.02
No	11	6.83
Partially aware	26	16.15
<b>Total</b>	<b>161</b>	<b>100.00</b>

Respondents were asked how they would rate the overall condition and cleanliness of the health facility. Table 2a shows that 47.3 percent rated it as average, 24.3 percent rated it as good, and 22.3 percent rated it as poor. However, very poor and excellent accounted for the least proportions, 3 percent each.

**Table 2A: Proportion of responses on how respondents rate the overall condition**

**and cleanliness of the health facilities in Brikama District Hospital**

<b>Responses</b>	<b>Counts</b>	<b>Percent</b>
Excellent	9	3.00
Good	73	24.33
Average	142	47.33
Poor	67	22.33
Very Poor	9	3.00
<b>Total</b>	<b>300</b>	<b>100.00</b>

Table 2b shows the respondents rating by sex. Both males and females have similar rating responses. They both recorded highest proportions for average, good and poor, with having a slightly higher response for poor, while females have a higher response for average.

**Table 2B: Proportion of overall condition and cleanliness of the health facilities in Brikama District Hospital by sex.**

<b>Sex</b>	<b>Responses</b>					<b>Total</b>
	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>	<b>Very Poor</b>	
Male	2.16	24.46	46.76	23.74	2.88	100.00
Female	3.73	24.22	47.83	21.12	3.11	100.00
<b>Total</b>	<b>3.00</b>	<b>24.33</b>	<b>47.33</b>	<b>22.33</b>	<b>3.00</b>	<b>100.00</b>

Table 3a shows the proportion of infrastructure-related issues during respondents' visits to health facilities in Brikama District Hospital. Results from the table show that the highest percentage was recorded for those who said "no" (44.0 %), followed by those who said "yes" (35.7 %), and the least was recorded for those who responded "not sure" (20.3 %).

**Table 3A: Proportion of infrastructure-related issues during respondents' visits to health facilities in Brikama District Hospital**

<b>Responses</b>	<b>Counts</b>	<b>Percent</b>
Yes	107	35.67
No	132	44.00
Not Sure	61	20.33
<b>Total</b>	<b>300</b>	<b>100.00</b>

Results in table 3b further shows the proportions by sex. That is, out of the proportion of respondents who said “no”, a higher percentage was recorded by males (46.0 %) than their female (42.2 %) counterparts. Whereas females (36.7, 21.1 %) recorded a higher percentage for those who responded “yes” and “not sure” than males (34.5, 19.4 %) respectively.

**Table 3B: Proportion of infrastructure-related issues during respondents’ visits to health facilities in Brikama District Hospital by Sex**

Sex	Responses			
	Yes	No	Not Sure	Total
Male	34.53	46.04	19.42	100.00
Female	36.65	42.24	21.12	100.00
<b>Total</b>	<b>35.67</b>	<b>44.00</b>	<b>20.33</b>	<b>100.00</b>

Table 3c shows results of respondents who answered “yes” in Table 3a above. Out of the 107 respondents that answered “yes”, 66.4 percent cited lack of water and electricity as the main issue encountered at the Brikama District Hospital, followed by poor sanitation (29.9 %) and lack of medication and medical equipment (3.7 %).

**Table 3C: Proportion of issues encountered by respondents at Brikama District Hospital**

Responses	Counts	Percent
Lack of water and electricity	71	66.36
Lack of medication and medical equipment	4	3.74
Poor sanitation	32	29.91
<b>Total</b>	<b>107</b>	<b>100.00</b>

Table 4a shows proportion of responses for essential drugs readily available at Brikama District Hospital. More than half of respondents reported that they rarely find essential drugs readily available at the hospital, while 29.0 percent said sometimes, and 18.3 percent reported to never find essential drugs at the hospital during their visits. Only a small proportion of respondents reported ready availability of essential medicine with (0.7 %) responding readily available and (1.3 %) responding that essential medicines are available most of the time at the hospital.

**Table 4A: Proportion of responses for essential drugs readily available at Brikama District Hospital**

<b>Responses</b>	<b>Counts</b>	<b>Percent</b>
Always	2	0.67
Most of the time	4	1.33
Sometimes	87	29.00
Rarely	152	50.67
Never	55	18.33
<b>Total</b>	<b>300</b>	<b>100.00</b>

Results in table 4 b further shows that more males (33.1 %) reported that they sometimes find essential drugs at the hospital than females (25.5 %). Whereas females (55.3 %) recorded a higher percent of non-availability of essential drugs at the hospital than their male counterparts (45.3 %).

**Table 4B: Proportion of responses for essential drugs readily available at Brikama District Hospital by Sex**

<b>Sex</b>	<b>Responses</b>					<b>Total</b>
	<b>Always</b>	<b>Most of the time</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Never</b>	
Male	0.72	1.44	33.09	45.32	19.42	100.00
Female	0.62	1.24	25.47	55.28	17.39	100.00
<b>Total</b>	<b>0.67</b>	<b>1.33</b>	<b>29.00</b>	<b>50.67</b>	<b>18.33</b>	<b>100.00</b>

Tables 5 shows the proportions of respondents who said they had to buy prescribed essential drugs from private pharmacies because of non-availability at the Brikama District Hospital. Results from the table shows that majority (96.0%) of the respondents reported that they had to buy essential drugs from private pharmacies, while 1.3 percent said no, and 2.7 percent reported that this was not applicable to them.

**Table 5: Proportions of responses to buy prescribed essential drugs from private pharmacies because of non-availability at the Brikama District Hospital**

<b>Responses</b>	<b>Counts</b>	<b>Percent</b>
Yes	288	96.00
No	4	1.33
Not Applicable	8	2.67

<b>Total</b>	<b>300</b>	<b>100.00</b>
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Respondents were asked whether they thought the district hospital had enough staff to attend to patients and the results in table 6a gives information on this. The table shows that out of the 300 people interviewed, 53.3 percent reported that there were enough staff, while 45.0 percent reported that although the staff available is adequate there is still need for more and 1.7 percent said the staff available are insufficient.

**Table 6A: Proportions showing whether there are enough healthcare professionals to attend to patients at the Brikama District Hospital**

<b>Responses</b>	<b>Counts</b>	<b>Percent</b>
Yes, enough staff	160	53.33
Staff is adequate but there could be more	135	45.00
Insufficient staff	5	1.67
<b>Total</b>	<b>300</b>	<b>100.00</b>

Results by sex in table 6b further shows that out of the fifty-three percent (53%) who responded that there are “enough staff” 54.7 percent are males, and 52.2 percent are females. While for those who responded that available staffs are “adequate but still need more”, 42.5 percent are males and 47.2 percent females.

**Table 6B: Proportions showing whether there are enough healthcare professionals to attend to patients at the Brikama District Hospital by Sex**

<b>Sex</b>	<b>Responses</b>			<b>Total</b>
	<b>Yes, enough staff</b>	<b>Staff is adequate but there could be more</b>	<b>Insufficient staff</b>	
Male	54.68	42.45	2.88	100.00
Female	52.17	47.20	0.62	100.00
<b>Total</b>	<b>53.33</b>	<b>45.00</b>	<b>1.67</b>	<b>100.00</b>

Table 7a below shows information on the proportion of how respondents rated the competence of healthcare staff at the district hospital. The results from 7a shows that majority of respondents rated staff competence as good (51.7%) followed by those who

said satisfactory (25.3%), and below average (13.3%). Whereas excellent and poor had the least proportions with 7.0 and 2.7 percent respectively.

**Table 7A: Proportion showing the rate of competence of the healthcare staff at the Brikama District Hospital**

<b>Responses</b>	<b>Counts</b>	<b>Percent</b>
Excellent	21	7.00
Good	155	51.67
Satisfactory	76	25.33
Below average	40	13.33
Poor	8	2.67
<b>Total</b>	<b>300</b>	<b>100.00</b>

Results by sex in 7b further shows that males had the highest proportion for those who rate the competency of staff at the Brikama District Hospital as good (53.2%) and satisfactory (21.6%), while females had the highest proportions for those who said satisfactory (28.6%) and below average (11.8%).

**Table 7B: Proportion showing the rate of competence of the healthcare staff at the Brikama District Hospital disaggregated by Sex.**

<b>Sex</b>	<b>Responses</b>					
	<b>Excellent</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Below average</b>	<b>Poor</b>	<b>Total</b>
Male	6.47	53.24	21.58	15.11	3.60	100.00
Female	7.45	50.31	28.57	11.80	1.86	100.00
<b>Total</b>	<b>7.00</b>	<b>51.67</b>	<b>25.33</b>	<b>13.33</b>	<b>2.67</b>	<b>100.00</b>

Results from table 8a shows that the highest proportion for satisfaction of quality healthcare services was recorded for those who said neutral (40.4%), followed by those who said satisfied (34.0%) and those who were dissatisfied (21.3%). However, those who said they were very satisfied (3.3 %) and very dissatisfied (1.3%) recorded the least proportions. A similar trend is observed for the results by sex.

**Table 8A: Proportion showing satisfaction with the quality of healthcare services provided in Brikama District Hospital**

<b>Responses</b>	<b>Counts</b>	<b>Percent</b>
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Very Satisfied	10	3.33
Satisfied	102	34.00
Neutral	120	40.00
Dissatisfied	64	21.33
Very dissatisfied	4	1.33
<b>Total</b>	<b>300</b>	<b>100.00</b>

Results from table 8b shows that when disaggregated by sex, the highest proportion for satisfaction of quality healthcare services was high among females standing at 37.27 percent compared to males at 30.22 percent. Those that responded that they were neutral was high among males at 41.01 percent compared to females standing at 39.13 percent. For those dissatisfied males recorded 23.02 percent compared to females at 19.88 percent. The high responses of those that expressed neutral position on satisfaction is problematic and an indication that the management of the Brikama District Hospital and the Ministry of Health and Social Welfare that manage the hospital systems in the Gambia need to work at improving users' satisfaction of the various public healthcare facilities manage and control by the Ministry of Health.

**Table 8B: Proportion showing satisfaction with the quality of healthcare services provided in Brikama District Hospital by Sex**

Sex	Responses					
	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Total
Male	3.60	30.22	41.01	23.02	2.16	100.00
Female	3.11	37.27	39.13	19.88	0.62	100.00
<b>Total</b>	<b>3.33</b>	<b>34.00</b>	<b>40.00</b>	<b>21.33</b>	<b>1.33</b>	<b>100.00</b>

Table 9 shows the proportions of medical errors and negligence during respondents visit to the district hospital. Results show the highest proportion was recorded for those who said no (76.7%), followed by those who reported that they don't know (12.7%) and those who said yes (10.7%).

**Table 9A: Proportions showing medical errors or negligence during your visits to Brikama District Hospital**

Responses	Counts	Percent
Yes	32	10.67

No	230	76.67
Don't know	38	12.67
<b>Total</b>	<b>300</b>	<b>100.00</b>

In addition, out of the seventy-six percent who responded no, males accounted for 77.7 percent which is slightly higher than their female counterparts (75.9%). While out of the 12.7 and 10.7 percent of those who said don't know and yes; females have a slightly higher percent for who said don't know (11.2 % vs. 10.1%) and those who responded yes (13.0 % vs. 12.3 %).

**Table 9B: Proportions showing medical errors or negligence during your visits to Brikama District Hospital by Sex**

Sex	Responses			
	Yes	No	Don't know	Total
Male	10.07	77.70	12.23	100.00
Female	11.18	75.78	13.04	100.00
<b>Total</b>	<b>10.67</b>	<b>76.67</b>	<b>12.67</b>	<b>100.00</b>

Table 10 shows results for awareness of maternal mortality due to certain factors. Most of the respondents (58.3%) reported that they are aware of it, while only 7.3 percent said they were not aware of it and 34.3 percent said they don't know.

**Table 10A: Proportions showing awareness of any case of maternal mortality at the Brikama District Hospital due to insufficiency of health personnel, medical material, electricity, or other facilities necessary for effective maternal health care service delivery.**

Responses	Counts	Percent
Yes	175	58.33
No	22	7.33
Don't know	103	34.33
<b>Total</b>	<b>300</b>	<b>100.00</b>

Results by sex further show that females are more aware of the causes of maternal mortality than men which is expected because they are directly affected by it. While men reported

higher proportions of no and don't know.

**Table 10B: Proportions showing awareness of any case of maternal mortality incidences at the Brikama District Hospital due to insufficiency of health personnel, medical material, electricity, or other facilities necessary for effective maternal health care service delivery by Sex.**

Sex	Responses			
	Yes	No	Don't know	Total
Male	48.92	9.35	41.73	100.00
Female	66.46	5.59	27.95	100.00
<b>Total</b>	<b>58.33</b>	<b>7.33</b>	<b>34.33</b>	<b>100.00</b>

When asked the question on satisfaction of child healthcare services provided at the district hospital, 44.7 percent were neutral, 35.0 percent said they were satisfied, 15.7 percent were very dissatisfied, and 4.7 percent were dissatisfied. Results by sex shows that females had the highest proportions of those who were satisfied and dissatisfied, while males had the highest proportions of those who were neutral and very dissatisfied.

**Table 11A: Proportions showing satisfaction with the child health services provided in Brikama District Hospital**

Responses	Counts	Percent
Satisfied	105	35.00
Neutral	134	44.67
Dissatisfied	14	4.67
Very dissatisfied	47	15.67
<b>Total</b>	<b>300</b>	<b>100.00</b>

**Table 11B: Proportions showing satisfaction with the child health services provided in Brikama District Hospital by Sex**

Sex	Responses				Total
	Satisfied	Neutral	Dissatisfied	Very dissatisfied	
Male	28.06	51.08	2.88	17.99	100.00

Female	40.99	39.13	6.21	13.66	100.00
<b>Total</b>	<b>35.00</b>	<b>44.67</b>	<b>4.67</b>	<b>15.67</b>	<b>100.00</b>

Table 12 shows that 48.0 percent of respondents are confident in Brikama District Hospital ability to diagnose infectious diseases. Twenty-five percent are neutral, 17.7 percent are not confident, 6.0 are not sure and 3.0 are confident. These results highlight that respondents are not very confident in the ability of the district hospital to diagnose infectious diseases.

**Table 12: Proportions showing confident in the healthcare system's ability to diagnose and manage infectious diseases (e.g., malaria, tuberculosis)**

<b>Responses</b>	<b>Counts</b>	<b>Percent</b>
Very confident	9	3.00
Confident	144	48.00
Neutral	76	25.33
Not confident	53	17.67
Not sure	18	6.00
<b>Total</b>	<b>300</b>	<b>100.00</b>

Table 13 shows the proportions of respondents who witnessed any disease outbreaks in their communities within the past year. Results from the table shows that out of the people interviewed, 36.3 percent said no they have not witnessed any disease outbreaks in their communities while 13.3 percent said yes, and half of the respondents said they don't know.

**Table 13: Proportions showing those who witnessed any disease outbreaks in the community within the past year.**

<b>Responses</b>	<b>Counts</b>	<b>Percent</b>
Yes	40	13.33
No	109	36.33
Don't know	151	50.33
<b>Total</b>	<b>300</b>	<b>100.00</b>

Table 14 a show the proportion of how frequent respondents receive health education or awareness campaigns in their communities. The results from the table show that people who said never (64.7%) recorded the highest proportion, followed by those who said rarely

(20.0%) and 14.7 percent for those who said occasionally. Those who said regularly recorded the least proportion 0.7 percent. In addition, it is important to note that out of those who said never, males recorded a higher percent than females, while females recorded a higher percent for those who said occasionally.

**Table 14A: Proportion showing how frequently respondents receive health education or awareness campaigns in the community.**

<b>Responses</b>	<b>Counts</b>	<b>Percent</b>
Regularly	2	0.67
Occasionally	44	14.67
Rarely	60	20.00
Never	194	64.67
<b>Total</b>	<b>300</b>	<b>100.00</b>

**Table 14B: How frequently do you receive health education or awareness campaigns in your community by Sex.**

<b>Sex</b>	<b>Responses</b>				<b>Total</b>
	<b>Regularly</b>	<b>Occasionally</b>	<b>Rarely</b>	<b>Never</b>	
Male	0.72	8.63	22.30	68.35	100.00
Female	0.62	19.88	18.01	61.49	100.00
<b>Total</b>	<b>0.67</b>	<b>14.67</b>	<b>20.00</b>	<b>64.67</b>	<b>100.00</b>

Table 15 shows the proportions of respondents' satisfaction with the healthcare services provided at the district hospital. Results from the table show that 48.3 percent said they were neutral, 32.0 percent said they were satisfied, and 16.0 percent said they were dissatisfied. However, respondents who said they were very satisfied (1.7 %) and very dissatisfied (2.0%) recorded the least proportions.

**Table 15: Proportions showing satisfaction with the healthcare services provided at Brikama District Hospital**

<b>Responses</b>	<b>Counts</b>	<b>Percent</b>
Very Satisfied	5	1.67
Satisfied	96	32.00
Neutral	145	48.33
Dissatisfied	48	16.00
Very dissatisfied	6	2.00

<b>Total</b>	<b>300</b>	<b>100.00</b>
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People interviewed were asked what improvements they would like to see in the health services provided at the district hospital. Results in table 16 below shows that one of the major improvements that respondents would want to see at the district hospital is adequate supply of drugs and medical equipment (63.0 %), followed by recruitment of more qualified medical personnel (17.7%), regular supply of water and electricity (7.3%) and better sanitation (6.7%).

**Table 16: Proportions showing improvements respondent would you like to see in the health services provided in Brikama District Hospital**

<b>Responses</b>	<b>Counts</b>	<b>Percent</b>
Recruitment of more qualified medical personnel	53	17.67
Have adequate supply of drugs and equipment	189	63.00
Improve the hospital sanitation	20	6.67
Have regular supply of water and electricity	22	7.33
Expand the building infrastructure	12	4.00
None	4	1.33
<b>Total</b>	<b>300</b>	<b>100.00</b>

## Conclusion

In the context of democracy and democratic process, inclusive participation in governance process has been deemed essential for enhancing the promotion of the delivery of public goods by the state and its agencies. Traditionally, tackling accountability and governance challenges has put much emphasis on strengthening oversight of governance institutions through political checks and balances, law enforcement inclusive of the establishment of new anti-corruption and other related oversight bodies, administrative regulations, and policing among others. However, these top-down approaches in enhancing accountability and strengthening governance of service delivery processes has not been overtly successful in developed and developing societies. Thus, there are increasing emphasis on reinforcing the demand-side mechanism of which social audit, community score card and citizen report cards pioneered by civil society and community-based organization have been deploying to demand accountability, strengthen transparency and enhance services delivery.

To this end, Gambia Participates through its “Strengthening and Sustaining Fiscal Transparency and Accountability in The Gambia (SFTA)” project funded by the United States Embassy in Banjul contracted the Centre for Research and Policy Development to conduct social audits and developed community scorecard as it relates to the services of

the Ministry of Health with focus on Brikama District Hospital and the value for money as it relates to the delivery of Banjul Rehabilitation project. The CRPD interacted with respondents drawn from Banjul in a bid to assess the effectiveness and value for money worth of the Banjul Urban Renewal Project. It also deployed the same methodology in assessing the effectiveness of healthcare services delivery at the Brikama District Hospital through interactions with end-users of the services delivered at the district hospital. This report captures the positions as expressed by people from the two communities as it relates to their assessment and audit of the Banjul Rehabilitation project as a major developmental project embarked upon for benefits of residents of Banjul and the effectiveness of healthcare services delivery at the Brikama District hospital.

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## Appendixes

### Appendix I: INSTRUMENTS (Brikama District Hospital & Banjul Rehabilitation Project)

#### Survey Questionnaire: Assessment of Health Services in Brikama District Hospital

##### Demographic Information

Age: \_\_\_\_\_

Gender: Male / Female / Other (please specify) \_\_\_\_\_

Educational Level: \_\_\_\_\_

Occupation: \_\_\_\_\_

Household Size: \_\_\_\_\_

Religion

Ethnicity

### **Healthcare Infrastructure**

a. How would you rate the overall condition and cleanliness of the health facilities in Brikama?

1. Excellent
2. Good
3. Average
4. Poor
5. Very Poor

b. Have you encountered any infrastructure-related issues during your visits to health facilities? (e.g., water supply, electricity, sanitation)

1. Yes
2. No
3. Not sure

c. If yes, please specify the issues you have encountered: \_\_\_\_\_

### **Availability of Essential Medicines**

a. Are essential drugs readily available when you visit health facilities?

1. Always
2. Most of the time
3. Sometimes
4. Rarely
5. Never

b. Have you ever experienced a situation where essential medicines were out of stock?

1. Yes
2. No
3. Not sure

### **Staffing and Human Resources**

a. Are there enough healthcare professionals to attend to patients at the health facilities?

1. Yes, enough staff
2. Staff is adequate, but there could be more
3. Insufficient staff

b. How would you rate the qualifications and competence of the healthcare staff you interacted with?

1. Excellent
2. Good
3. Satisfactory
4. Below average
5. Poor

### **Quality of Care**

a. Overall, how satisfied are you with the quality of healthcare services provided in Brikama?

1. Very satisfied
2. Satisfied
3. Neutral
4. Dissatisfied
5. Very dissatisfied

b. Have you ever experienced any medical errors or negligence during your visits to health facilities?

1. Yes
2. No
3. Not sure

c. If yes, please provide details: \_\_\_\_\_

### **Antenatal and Maternal Care**

a. During your pregnancy, did you receive the recommended number of antenatal care visits?

1. Yes
2. No
3. Not applicable

b. Are you aware of the available maternal health services in Brikama?

1. Yes
2. No
3. Partially aware

### **Child Health**

a. Have your children received the recommended vaccinations according to the immunization schedule?

1. Yes
2. No
3. Not applicable

b. How satisfied are you with the child health services provided in Brikama?

1. Very satisfied
2. Satisfied
3. Neutral
4. Dissatisfied
5. Very dissatisfied

### **Infectious Disease Management**

a. How confident are you in the healthcare system's ability to diagnose and manage infectious diseases (e.g., malaria, tuberculosis)?

1. Very confident
2. Confident
3. Neutral
4. Not confident
5. Not sure

b. Have you witnessed any disease outbreaks in your community in the past year?

1. Yes
2. No
3. Not sure

c. If yes, how do you rate the response time of the health authorities in handling the outbreak?

### **Health Education and Promotion**

a. How frequently do you receive health education or awareness campaigns in your community?

1. Regularly
2. Occasionally
3. Rarely
4. Never

b. Are you satisfied with the health education initiatives conducted in Brikama?

1. Very satisfied

2. Satisfied
3. Neutral
4. Dissatisfied
5. Very dissatisfied

### **Health Insurance Coverage and Affordability**

a. Do you have health insurance coverage?

1. Yes
2. No

b. If no, what are the reasons for not having health insurance?

c. On average, how much do you spend on healthcare services out-of-pocket per month?

### **Community Satisfaction**

a. Overall, how satisfied are you with the healthcare services provided in Brikama?

1. Very satisfied
2. Satisfied
3. Neutral
4. Dissatisfied
5. Very dissatisfied

b. What improvements would you like to see in the health services provided in Brikama? Please provide specific suggestions: \_\_\_\_\_

Additional Comments If you have any additional comments, concerns, or feedback related to health services in Brikama, please feel free to share them here: \_\_\_\_\_

Thank you for participating in this survey. Your feedback is valuable in improving healthcare services in Brikama.

## **Banjul Rehabilitation Project**

To assess the Banjul rehabilitation project, which involves improving road and drainage systems in Banjul, we believe these indicators will help measure various aspects of the project's performance and impact. These indicators cover various dimensions of the Banjul rehabilitation project and will enable community members to assess its progress, effectiveness, and impact.

Below are the suggested indicators for the CSC:

## **1. Project Implementation**

- Percentage of planned road and drainage construction completed.
- Number of project milestones achieved within the scheduled timeline.

## **2. Quality of Infrastructure:**

- Community rating of the quality of roads and drainage systems (measured on a Likert scale).
- Number of reported infrastructure-related issues (e.g., potholes, flooding) after completion.

## **3. Accessibility and Connectivity:**

- Percentage of road sections improved that connect communities and key areas.
- Community feedback on the impact of improved road and drainage systems on accessibility and transportation.

## **4. Impact on Drainage and Flooding:**

- Community rating of the effectiveness of the improved drainage systems in reducing flooding (measured on a Likert scale).
- Number of reported instances of reduced flooding in previously affected areas.

## **5. Stakeholder Engagement:**

- Community satisfaction with the level of consultation and involvement in the project planning and decision-making (measured on a Likert scale).
- Number of community meetings and engagements held during the project.

## **6. Transparency and Accountability:**

- Perception of transparency in the allocation and utilization of project funds (measured on a Likert scale).
- Existence of mechanisms for public scrutiny of project finances and progress.

## **7. Social and Environmental Impact:**

- Number of households or properties impacted positively or negatively by the project.
- Assessment of the project's environmental sustainability and adherence to environmental regulations.

## **8. Job Creation and Local Benefits:**

- Number of local employment opportunities generated during project implementation.
- Community feedback on the economic benefits resulting from the project.

**9. Community Satisfaction with Project Outcomes:**

- Overall satisfaction of community members with the Banjul rehabilitation project (measured on a Likert scale).
- Percentage of respondents who believe the project has improved their quality of life.

**10. Cost-effectiveness and Value for Money:**

- Assessment of the project's cost-effectiveness and value for money by comparing it to similar projects in other areas.

**11. Maintenance and Sustainability:**

- Existence of plans and provisions for the long-term maintenance and sustainability of the improved road and drainage systems.

The indicators should be measurable and relevant to the specific goals of the project, allowing for a comprehensive and objective evaluation through the Community Score Card process.

**Survey Questionnaire: Banjul Rehabilitation Project Community Score Card**

Demographic Information

Age: \_\_\_\_\_

Gender: Male / Female / Other (please specify) \_\_\_\_\_

Occupation: \_\_\_\_\_

Length of residency in Banjul: \_\_\_\_\_

Place of birth

**Project Implementation**

a. How much of the road and drainage construction for the Banjul rehabilitation project has been completed, according to your observation?

1. Almost complete
2. About halfway done
3. Less than halfway done
4. Not started or minimal progress

b. Have you noticed any significant milestones achieved within the scheduled timeline for the project?

1. Yes
2. No
3. Not sure

### **Quality of Infrastructure**

a. On a scale of 1 to 5, how would you rate the quality of the improved roads and drainage systems in Banjul?

1 (Very Poor)

2 (Poor)

3 (Neutral)

4 (Good)

5 (Excellent)

b. Have you encountered any infrastructure-related issues (e.g., potholes, flooding) in the improved areas after the project's completion?

1. Yes
2. No
3. Not sure

### **Accessibility and Connectivity**

a. Have the improved roads and drainage systems enhanced connectivity and accessibility between communities and key areas in Banjul?

1. Yes, significantly
2. Yes, to some extent
3. No, there is no noticeable change
4. Not sure

b. How have the improved roads and drainage systems affected transportation in Banjul? (Open-ended response)

### **Impact on Drainage and Flooding**

a. On a scale of 1 to 5, how effective have the improved drainage systems been in reducing flooding in previously affected areas?

1 (Not effective)

2 (Slightly effective)

3 (Moderately effective)

4 (Highly effective)

5 (Extremely effective)

b. Have you witnessed any reduction in flooding incidents in areas where drainage systems were improved?

1. Yes
2. No
3. Not sure

### **Stakeholder Engagement**

a. How satisfied are you with the level of consultation and involvement of the community in the planning and decision-making processes of the Banjul rehabilitation project?

Very satisfied

Satisfied

Neutral

Dissatisfied

Very dissatisfied

b. Where you invited to community meetings or consultations related to the project?

1. Yes, regularly
2. Yes, occasionally
3. No

### **Transparency and Accountability**

a. Do you feel the allocation and utilization of project funds have been transparent and accountable to the public?

1. Yes
2. No
3. Not sure

b. Are there mechanisms in place for the public to access information about project finances and progress?

1. Yes

2. No
3. Not sure

### **Social and Environmental Impact**

a. Has your household or property been positively or negatively impacted by the Banjul rehabilitation project?

1. Positive impact
2. Negative impact
3. No significant impact

b. How would you rate the project's environmental sustainability and adherence to environmental regulations? (Scale: Poor, Fair, Good, Very Good, Excellent)

### **Job Creation and Local Benefits**

a. Have you or anyone you know benefited from local employment opportunities generated during the project's implementation?

1. Yes
2. No
3. Not sure

b. In what ways have you observed economic benefits resulting from the project in the community? (Open-ended response)

### **Community Satisfaction with Project Outcomes**

a. Overall, how satisfied are you with the Banjul rehabilitation project's outcomes? - Very satisfied - Satisfied - Neutral - Dissatisfied - Very dissatisfied

b. How has the project improved your quality of life, if at all? (Open-ended response)

### **Cost-effectiveness and Value for Money**

a. Do you believe the Banjul rehabilitation project has been cost-effective and provided value for money? - Yes - No - Not sure

b. If you answered "No" or "Not sure," please provide specific reasons for your response: \_\_\_\_\_

### **Maintenance and Sustainability**

a. Are there plans and provisions in place for the long-term maintenance and sustainability of the improved road and drainage systems? - Yes - No - Not sure

b. What suggestions do you have to ensure the long-term maintenance and sustainability of the project?

(Open-ended response)

Additional Comments If you have any additional comments, concerns, or feedback related to the Banjul rehabilitation project, please feel free to share them here: \_\_\_\_\_

Thank you for participating in this survey. Your feedback is valuable in assessing and improving the Banjul rehabilitation project.

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