



CORONA, THE GAMBIA AND THE MILLIONS

Tracking funds for Covid-19 crisis in The Gambia

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ACRONYMS

CepRass	Center for Policy, Research and Strategic Studies
CEO	Chief Executive Officer
COVID-19	Coronavirus Disease 19
CRR	Central River Region
EU	European Union
FDI	Foreign Direct Investment
FGD	Focus Group Discussion
FPAC	Finance and Public Accounts Committee
GA	Gambia Participates
GCCI	Gambia Chamber of Commerce and Industry
GDP	Gross Domestic Product
GLF	Government Local Fund
IHS	Integrated Household Survey
IMF	International Monetary Fund
IOM	International Organization for Migration
IPC	Infection Prevention and Control
IRI	International Republic Institute
LRR	Lower River Region
MDA	Ministries, Departments and Agencies
MoFEA	Ministry of Finance and Economics Affairs
MOH	Ministry of Health
NA	National Assembly
NAWEC	National Water and Electricity Company
NPHL	National Public Health Laboratories
OBS	Open Budget Survey
OIC	Officer in Charge

PFM	Public Finance Management
PPEs	Personal Protective Equipment
SITREP	Situation Report
URR	Upper River Region
WHO	World Health Organization

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EXECUTIVE SUMMARY

Gambia Participates and Center for Policy, Research and Strategic Studies (CepRass) with support from International Republican Institute (IRI) and the American Embassy in Banjul implemented a project – COVID 19 Fund tracking – to research, analyze and track the use of D512 million government emergency response fund sourced domestically by cutting the budgetary allocations of the various government ministries, agencies, and departments. The report also looks at emergency aid assistance from the World Bank, IMF, EU, donations from private institutions and individuals. The government is less transparent on the expenditure of funds received from its bilateral/multilateral partners and donations locally received as compared to the D512m. The report according to MoFEA highlighted that as of end of April, the total expenditure from the D512 million was D160 million. The expenditure is mostly on procurement of medical equipment and vehicles, training, hotel accommodation for quarantined individuals, allowances, refurbishment of health facilities, among other needs. This information contradicts what we obtained across the country. In all the regions we visited, health workers and stakeholders complained of lack of training on COVID 19, unavailability of PPEs, unfurnished isolation centers, inadequate sanitary materials, fraudulent names in the list of frontline workers (for allowance) and above all lack of preparedness.

There are 12 identified treatment centers for COVID 19 in the Gambia each of which has an isolation room to isolate suspected cases. The research also revealed that especially in the rural Gambia, isolation rooms were ill equipped. Rural Gambia is the most vulnerable area where the coronavirus can spread easily due to high rate of poverty and little regard to social distancing. Experts project that the Gambia could register 181,000 between the periods of June -July 2020 if the required measures are not put in place.

During our research, we also discovered that the hospitals (Soma and Basse), which are the main referral centers do not have an overhead thermometer to check body temperature for COVID 19 detection. This simply makes their work difficult to identify suspected COVID19 cases. The hospital officials disclosed lack of trust in the manner in which the COVID 19 funds are managed, while citing the Ebola crisis as a possible repeat where emergency response funds were mismanaged.

By May 2nd 2020, the Gambia recorded 17 cases of Corona Virus, 1 death and 7 recoveries. COVID 19 scourge showed the weakness of health systems of the country, weak political institutions and how cultural practices can also escalate health crisis. Considering the challenge of transparency across the country, a lot of concern exists around the efficiency with which funds sourced locally and funds pledged by the International, private, and donor communities is being spent. This was corroborated in this report as from the paltry and prolonged delay risk allowance payment to Frontline health workers. This led to strike action by Public Health Emergency Operations Center workers in Kotu and similar strike threats in other regions. This has reflected that there is a common thread of profligacy when it comes to emergency funding.

This report has taken a ground-truthing approach, a diverse survey plan which includes interviews with various stakeholders. The questions were around the quality of care, level of preparedness, availability of resources/equipment and standard of remuneration.

According to an official at the Ministry of Health, there is a high risk of financial mismanagement of the Emergency Response Fund (D512m) due to poor coordination and corruption within the health sector. When health officials were tasked by the Health Ministry to prepare a list of frontline workers for risk allowances, a list close to 1000 names was prepared and it was later rejected by the COVID 19 Emergency Committee on Finance and Procurement. The research revealed that GHOST NAMES were included by individuals/department responsible for this task. Similar fraudulent activity happened in Basse where most frontline workers were omitted and new names added.

Testimonies gathered from major stakeholders constitute the blueprint of this report, which will hopefully serve as a basis to conduct investigations into public institutions. We believe citizens should have access to the data documenting how the COVID 19 funds were expended. We expect to aggregate feedback of our reports and send same to relevant government institutions, to guide policy reforms in preventing the occurrence of public sector corruption and as well to strengthen both Public Finance Institutions and Health facilities.

Notwithstanding the time and effort invested in this report, this work cannot be described as exhaustive, due to: the lasting effects of COVID 19 on victims, the ongoing collection and disbursement of funds between donors and the government. Therefore, enough has been done here to hopefully trigger larger-scale research into tracking fund.

SECTION 1: INTRODUCTION

1.1 Background of the Study

This report provides a descriptive evaluation of the utilization of COVID 19 funds in the Gambia. As the current COVID 19 Pandemic edges towards its peak, an emerging issue is how well Gambia has utilized locally and globally raised resources.

The world is facing an unprecedented medical crisis that is already applying pressure on all corners of the global economy and on individuals and families around the world. In the Gambia, the Ministry of Finance's assessment projected a decline in real GDP growth of the economy from 6.2 percent to 3.2 percent. It was realized that it would lead to disruptions to key sectors of the economy such as tourism, trade, FDI, remittances, employment, among others. Mandatory stay-at-home orders have resulted in record high unemployment, jeopardized the sustainability of small and large businesses, and left many uneasy with their own mortality.

Unfortunately, corruption, which, put simply, is the use of one's official position for personal gain, thrives in times of tragedy, especially in countries with limited transparency, high levels of pre-crisis corruption, limited free press, poor education, and/or weak law enforcement and anti-corruption measures. Much like COVID-19, corruption doesn't discriminate: It impacts everyone regardless of social class, economic status, color, creed, or religion. The Gambia has poor reputation in combating corruption. The 2019 Corruption Perception Index reports that the Gambia is ranked 96th out of 180 least corrupt countries in the world.

The global health system is notorious for corruption and The Gambia, with ill-equipped health facilities, is no exception. According to "The Financial Cost of Health Care Fraud 2015", global health expenditure is about US\$ 7.35 trillion out of which US\$ 300 bil-

lion (6%) is lost to corruption. Health sector corruption in itself is not new in The Gambia. In 2018, Saffie Lowe Ceesay, the then Minister of Health and Social Welfare of The Gambia publicly announced that the development of health sector in The Gambia is held back by corruption.

Disasters and outbreaks create an opportunity for corruption through the exploitation of fear, suffering, and a sense of urgency. Millions of dollars have been earmarked locally and internationally to aid The Gambia to prevent and control the spread of Coronavirus. While the government's bilateral and multilateral partners are assisting the Gambia with emergency response fund, millions of dalasis have been locally mobilized by the private sector to assist the Ministry of Health in preventing and controlling the spread of Coronavirus. In addition to these grants and loans, the government of The Gambia allocated Five Hundred and Twelve Million Dalasis (D512M) in March 2020 as an "Emergency Response Fund" to help tackle the pandemic. The government said such funds would help the nation in revamping the country's health sector. And this foments opportunity for those with nefarious intent, which is, unfortunately, all too often applicable to government employees with authority over the distribution of funds and contracts. Even more unfortunate under our current circumstance, it is also exceedingly relevant in healthcare industries during times of outbreak where equipment and resources are limited. Consider what it takes to obtain approval for government procurement. And now consider the relaxed procurement procedures in obtaining the coveted "sole" approval. This is but one example to highlight the opportunity for the occurrence of corruption. Exceptional times require exceptional measures, but these should never be used as excuse to relax obligations and cut down right procedures.

Public sector corruption thrives in countries with weak democratic and Public Finance Management (PFM) institutions and an opaque administrative system and The Gambia, as per the 2019 "Open Budget Survey (OBS)", scored 4/100 level of fiscal transpar-

ency. *“The urgent need to support countries in their efforts during the pandemic makes transparency and accountability in government spending critically important,”* said Delia Ferreira Rubio, Chair, Transparency International. *“The crisis requires the IMF to make funds available as quickly as possible, but it shouldn’t abandon its commitment to fighting corruption. The scale of the crisis raises the risks and dangers of the theft of public money that should be used to save lives and rebuild livelihoods.”*

Sadly, it would seem that the occurrence of the COVID 19 Pandemic created another conduit for opacity around the disbursement of funds. Considering the scale of the crisis and the response from many developed nations, agencies and individuals with finance and other forms of aid, it was very imperative to track the utilization of funds in whatever capacity.

In trying to unearth information about the usage of COVID 19 funds, this report compiled the accounts of COVID 19 survivors, health workers, administrative staff in hospitals, and social workers. All answered questions (via physical and virtual interviews) relating to the quality of healthcare received by COVID 19 patients, as well as questions about the type, and extent of aid from government and non- governmental organizations.

1.2 Purpose and Objectives of the study

Corruption investigations can be difficult for a number of reasons, not the least of which is the lack of transparency, which makes it difficult to access information from government institutions. In a global crisis, priorities and resources are often diverted, paving the way for the fringe to move into the mainstream through systematic acts of corruption. Otherwise incomprehensible behavior can quickly become the new norm under the guise of an emergency response measure.

The study has the following objectives:

1. To examine the extent of financial abuse on

COVID 19 fund.

2. To ascertain the availability of emergency response materials and how equipped identified treatment centers are
3. To examine the causes of financial abuse on COVID 19 FUND; and to
4. Allow citizens’ track the performance of funds earmarked for COVID 19 containment in the country.

In order to achieve the objectives outlined above, the researchers had examined key areas to overcoming corruption: Community education and awareness, transparency, the strategic placement and execution of proper oversight, a competitive bid process, and a commitment to the ethical distribution of funds.

SECTION 2: METHODOLOGY

To achieve the research objectives, a sound methodology was employed. This is important not only to ensure reliable data is collected and analyzed, but also that valuable lessons are fed back into The Gambia Covid 19 response. Hence, the research adopted a methodology that ensures that valuable information is sought to ensure that a prescription of unabashed integrity by leadership and a vigilant posture against corruption by all is critical to saving livelihoods and saving lives.

In light of the above, the methodology adopted for this assignment involved the use of different approaches to gather information that was used to shed light on the status quo of the COVID 19 Fund. The method adopted involved:

- a) Ground investigation on identified treatment centers across the country
- b) Focus group discussions (FGD) with stakeholders.

- c) Key informant interviews (e.g. key personnel in all ministries and agencies involved in COVID 19 etc).
- d) Desk reviews or literature reviews

SECTION 3: ANALYSIS AND MAIN FINDINGS

3.1 Review and analysis

COVID19 Government Local Fund (GLF)

In our quest to bring about transparency and accountability on the emergency response funds, different approaches were used to track the allocation and expenditures of these funds. We have conducted extensive interviews with stakeholders to determine if the right procedures were followed regarding the approval of the D512 million COVID19 fund. Our research indicated that contrary to what people believe, the D512 million emergency fund was a reallocation of the 2020 budget and was sourced domestically by cutting the budgetary allocations of the various government ministries, agencies, and departments. Section 29, Sub-Section 4 of the Public Finance Act 2014 allows the Minister of Finance to approve the “virements” of funds within the same administrative heading/budget agency up to a maximum of 75%. It also allows the Finance Minister to also “vire” funds between administrative categories and budget headings “provided that the amount being vired does not exceed 50% of the total appropriations. Thus, the reallocation of the budget was not subjected to National Assembly approval as far as reallocations cannot affect the total overall amount of approved expenditure. Any increase in the total amount approved expenditure has to be approved by the National Assembly through a supplementary budget. This provision of the Public Finance Act allows the MoFEA to operate frequent, and possibly large, adjustments in a manner that is not transparent or predictable for MDAs.

Multilateral and Bilateral Assistance

To “cover unanticipated spending needs”, the European Union Delegation in The Gambia granted D512m (900,000 Euros) to the Gambia as a budget support in the midst of the crisis. The same amount locally sourced from the 2020 budget. The budget support will be transferred to the National Treasury and the government of The Gambia will manage as per its own public finance policy. Budget supports are difficult to track in the sense that, the government has the discretion to dictate how the money will be used and it is hardly transparently communicated to the public.

The World Bank on April 2nd 2020 also approved a \$10m (D500m) grant to assist The Gambia in combating coronavirus pandemic. The \$10m from World Bank will aid The Gambia with medical supplies and not in cash. This research discovered that the government of the Gambia requested for \$12m from World Bank but only \$10m was granted. To fill the gap of the \$2m, The Gambia government from its (D512m) emergency response fund withdrew D100m (\$2m) to add it on the \$10m grant to procure medical supplies.

IMF reached an agreement of \$47.1 million with the Government of The Gambia from its Extended Credit Facility. The government of The Gambia in response withdrew 25% of the approved \$47.1 million loan from the Central Bank of The Gambia (domestic loan) which will have to be paid back by the government once the IMF loan arrives. This was done without parliament’s knowledge or approval. The government’s position is they are following a trend, which has been practiced “centuries ago”. However, the government of the Gambia violated section 155(3) of the 1997 Constitution which says “*No loan shall be raised by the Government on behalf of itself or any other person or authority otherwise than by or under the authority of an Act of the National Assembly.*” This has sparked a lot of questions from Parliamentarians especially members of the Finance and Public Accounts Committee (FPAC). Touma Njie, a Member of Parliament believes that the National Assembly should start taking accountability measures against the government as laws are broken and the

government makes it seem like it is a tradition.

Local Donations

Like budget support, it is very difficult to track the expenditure of local donations as the government is not accountable to the donors neither does it make its expenditure on donations from local donors/philanthropist publicly available. The following are the local donations received by the Central Government:

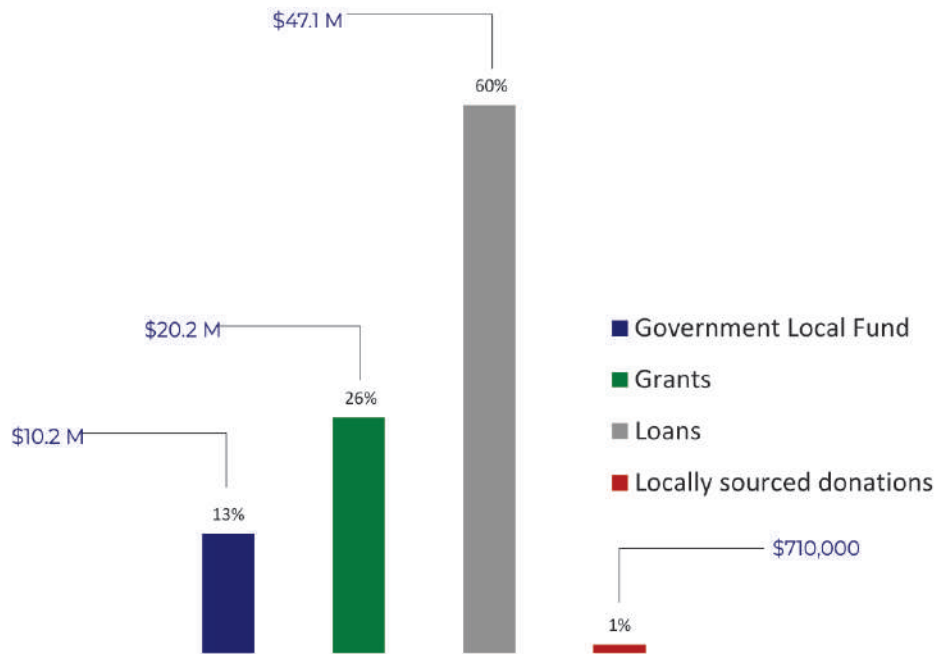
- Gambia Chamber of Commerce and Industry (GCCCI): D20 million
- Africell: D12 million
- Gambia Bankers Association: D3 million
- Omar Colley \$10,000 (D500,000)

Covid-19 Funds and how is it Being Spent

The objective here was to gather evidence from front-line workers, stakeholders and coordinators concerning the type of support received. This would serve as an indicator on how funds were channeled into the treatment of COVID 19.

On the ground of how the funds are being released/spent by the ministry responsible, a request for information was sent to the ministry of finance as well as a proof of the expenditures at the time of the research but it proved futile. Our research further revealed that out of the domestically sourced D512M from the 2020 budget, D160 million has been spent as of April 28th 2020. The sum of D100m was spent on procurement of medical equipment and ambulances while the D60m was spent on hotels, allowances, training, imprest, rehabilitation of health centers etc.

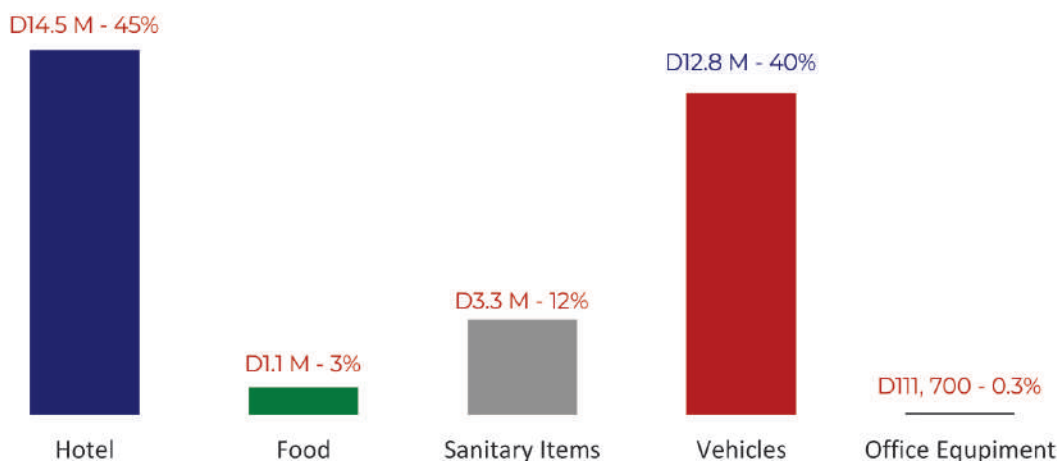
As for the expenditure on food, sanitary items, vehi-



SOURCES OF FUNDING FOR COVID-19 EMERGENCY RESPONSE

was spent as of April 29th 2020. Purchase of new motor vehicles accumulates 40% of the expenditure,

The government of The Gambia has established an independent intergovernmental body to serve as an



EXPENDITURE OF GOVERNMENT LOCAL FUND

which could have been avoided as the government of The Gambia has fleet of project cars that they could have leveraged. This is an added financial burden on the government during and after the pandemic, as they will incur more motor expense on fuel and maintenance. This expenditure contradicts what has been obtained across the country during the course of the research. For example, D3.7m has been spent on sanitary items but facilities like Basse District Hospital lacks adequate hand sanitizers. Out of 126 staff, the health facility was only supplied with 6 hand sanitizers.

In all the regions visited, health workers and stakeholders complained of lack of training on COVID 19, unavailability of PPEs, unfurnished isolation centers, inadequate sanitary materials, fraudulent names in the list of frontline workers for the allowance etc.

oversight committee on the COVID19 Emergency Response Fund which is kept in a separate project account. The committee comprises of the Accountant General, Permanent Secretaries of both Health and Finance Ministries, Director General of The Gambia Public Procurement Authority, Director of Health services and Director General of Internal Audit Directorate. This committee is believed to be a “credible oversight committee” in performing oversight role but the high risk of corruption is in the utilization of the approved funds in the area of procurement, allowances, and training among others.

Mismanagement of funds and slow response to the outbreak will put The Gambia at high risk of medical crisis where many could lose their lives.

Frontline Allowance Debacle

This section had as its primary goal the investigation of the actual amounts received by frontline health workers and the challenges they faced in getting their allowances. It also intended to compare the remuneration packages to the actual work done.

On April 13th 2020, frontline health workers for COVID19 emergency response team at the National Public Health Laboratories (NPHL) complex in Kotu, which is housing the Public Health Emergency Operations Center decided to embark on a Sit Down strike after a prolonged delay to pay for their risk allowances'. According to front liners interviewed (names withheld), the response team threatened to withhold the data collected on COVID19 in The Gambia which is used by the Ministry of Health for "Situation Report" (SITREP) should their allowances be not paid. The strike came two weeks after top officials of the Ministry of Health were entitling themselves for COVID19 allowances while allowances for fieldworkers were withheld. The Minister of Health in a letter dated 1st April 2020 "strictly warned" officials in his Ministry not to include his name on any list of allowance. The Minister of Health disclosed to parliamentarians that there are officials in his Ministry who are planning to share the cake of COVID19 emergency response fund on allowances and threatened to hold officials accountable should the emergency fund be mismanaged.

According to a stakeholder at the Ministry of Health, there is a high risk of financial mismanagement of the Emergency Response Fund due to poor coordination and corruption within the health sector. When health officials were tasked by the Health Ministry to prepare a list of front liners for risk allowances, a list close to 1000 names was prepared and it was later rejected by the COVID 19 Emergency Committee on Finance and Procurement. The reason is simple; GHOST NAMES were included by individuals/departments responsible for this task. A notorious practice in the public sector of The Gambia that was discovered by the

Janneh Commission of Inquiry (tasked to investigate the financial dealings of Yaya Jammeh, former president of The Gambia). The Rapid Assessment Report identified "496 health workers and security staff who should be the focus of capacity strengthening in case management, surveillance, storage and warehouse management and infection Prevention and Control."



Soma District Hospital

As of April 14th 2020, an amount of D100,000 (\$2000) was the only amount given to the Public Health Emergency Operation Centre by the Ministry of Health (MOH) as an imprest for COVID19 which is "grossly inadequate" according to an officer at the center. Similar amount was given to Regional Health Directorate in Basse as an imprest for the 35 quarantined individuals at Agib Guest house to cater for their feedings. On April 22nd 2020, D345,000 (three hundred and forty-five thousand dalasis) which is 0.07% of the D512m was approved for the payment of 69 health officials in Upper River Region where one COVID 19 case was tested positive. However, the final list of 69 was fraudulent as most front line workers were omitted without their knowledge and new names added.

According to the Regional Health Directorate in Lower River Region (LRR), health officials in the region have been working 24hrs at the Gambia-Senegal border post for three (3) months away from their family without any form of remuneration (as of April 21st 2020) since the outbreak of COVID19 pandemic. Like in the greater Banjul, these officials are surrounded with frustration after the news of how top officials at

the Ministry of health have started paying themselves allowances while they are risking their lives on the ground. “We sacrifice our lives while they (government) are benefiting from it” a frontline health worker stressed. A supervisor of the health workers revealed that his staff wanted to withdraw from the field and go back to their families after hearing the government announcing that D143m (27.9%) of the D512m was already spent on payment of allowances, procurement etc. This amount increased to D160m (31%) a week later.

The field workers continue to execute their responsibilities to protect vulnerable Gambians with ill-equipped emergency response materials and without incentives (during the course of the research). The Supervisors in these regions have played key role in maintaining frontline workers in the field. One of the supervisors in LRR said he always asks his team this question; “who is going to protect the lives of Gambians if you withdraw from the field” which reminds them of their duty as health workers.

Quality of Preparedness and Planning

This section is aimed at examining whether budgets were prepared and implemented in the utilization of COVID 19 funds. The goal is to gain insights into the country’s preparedness and as far as is possible, assess the performance level of budgets, where these exist.

There are 12 identified treatment centers for COVID 19 in the Gambia each of which has an isolation room to isolate suspected cases. Rural Gambia is the most vulnerable area where the coronavirus can easily spread due to high rate of poverty and little regard to social distancing. According to the 2015/16 “Integrated Household Survey (IHS)”, rural Gambia has a population of 865,483 which is steadily growing over the past years. Experts project that the Gambia could register 181,000 between the periods of June-July 2020 if the required measures are not put in place. The Gambia with a population of 2.2 million has 3 functional ventilators with the exception of the dona-

tion from a Chinese billionaire (Jack Ma). In addition, the 12 identified treatment centers in the country have a total of 67 beds to receive suspected and positive COVID19 cases. This is a manifestation that health facilities in The Gambia will be overwhelmed should The Gambia register more than 100 cases.

Soma District Hospital is amongst the Twelve (12) identified treatment centers in the country with a population of 82,201 (2015/16) in the region. The isolation room at the Soma District Hospital can only accommodate up to 6 suspected cases. The Ministry of health has not supply the hospital with any material from the emergency response fund to equip the isolation room during the course of the research. The 6 beds in the isolation room are close to 20 years according to officials of the hospital and it is not fit to accommodate COVID 19 cases. Officials of the hospital said they will hasten to transfer any suspected case in the region to Banjul which is about 178km; as they cannot keep suspected COVID 19 cases due to lack of the necessary materials needed. The ground workers said they can’t afford to keep patients in that room for more than 24 hours, “because it is an open room and cannot accommodate both positive and suspected cases on isolation/ quarantine.”

Officials believed that Soma District Hospital is not qualified to be a treatment center for COVID 19 as the capacity required is not available. In fact the region has no ventilator and the whole region has only one overhead Thermometer which is used by the borderline health officials. The only thermometer available at the Soma District Hospital is an armpit thermometer which cannot be used during this pandemic. Emphasizing the poor health system in the country, one of the frontline health workers asked a rhetorical question; “If the Gambian President is sick, which hospital will he be taken to?” he added that “the health system in The Gambia is in a serious problem” and this is because of corruption.

Health workers of the hospital are not exposed to any form of training in responding to COVID19

even though part of the D160m is spent on training and workshop. The hospital is without an Infection Control Officer, testing center and it lacks a dedicated doctor for surveillance and case management for COVID19.

In the midst of the pandemic, with millions of dollars coming to the Gambia to fight the virus, however lack of financial resources compelled the LRR Regional Health Directorate to apply for a \$1000 small grant from IOM (International Organization for Migration) Gambia office to reach out and sensitize 38 borderline communities engaging 51 health workers. According to officials, the regional health directorate do not even have a running administrative petty cash to effectively execute their mandate. In addition, Soma District Hospital is without a budget for COVID19. During the course of the research, the hospital was only supplied with sanitary materials by the Ministry of Health to help prevent the Coronavirus.

The Haunted Ebola Isolation Centre in Mansakonko

During the 2014 Ebola epidemic, the Regional Health Directorate of Lower River Region identified a block which could be used to isolate Ebola suspected cases. The ministry of health in response contracted Wandifa Fofana the proprietor of “Foday Madi Kunda Enterprise” to refurbish the block. An invoice from the contractor dated 17th October 2014 detailed the expenditure for the refurbishment which amounted to D410,000. Officials responsible for the payment only paid the Contractor half of the amount (D238,000) and as a result the work was never completed and the balance was never accounted for.

This could have been used as the isolation center for COVID19 in Mansakonko if the total fund budgeted for the project was fully used for its purpose. Knowing the history of public health corruption in The Gambia, officials are pessimistic that the Gambia will do well in responding to the pandemic if the identified resources are not well utilized. Currently the identified isolation center lies in ruins on the outskirts of

Mansakonko infested by termites.



Mansakonko Ebola Isolation Center

Lack of Transparency in our Health System

Bansang Hospital is one of Gambia’s oldest hospitals that has been in operation since 1936 serving a population of more than 230,000 people in the Central River Region. The hospital is one of the identified treatment centers for COVID19 in The Gambia. Twenty-three (23) officials, including the Chief Executive Officer (CEO) form the COVID19 emergency response team in the hospital. These officials were engaged to ascertain the level of preparedness of the hospital as an identified treatment center and if they have received any financial or technical support from the Ministry of Health from the earmarked COVID 19 emergency response fund, but officials refused to cooperate. To merely explain the preparedness of the hospital in responding to the pandemic, the hospital officials said they MUST have an authorization from the ministry of health in the capital city.

This is a clear indication that the Ministry of Health is restricting officials from sharing what is supposed to be a public knowledge. During the research period,

Gambia Participates wrote to the Ministry of Health on April 6th 2020 requesting for information on COVID19 fund and numerous follow ups were made but without response from the Ministry.

Due to lack of transparency in the health system, according to Omar Jammeh, villagers in his region “lack basic information about COVID19” in the Central River Region. Omar Jammeh, a renowned youth activist in CRR believes the Bansang hospital is not prepared for COVID19.



Bansang Hospital

Omar recalled that there was a suspected COVID19 case that was taken to the Bansang Hospital but the officials at the hospital couldn't receive the patient because the hospital is not prepared at the moment to receive COVID19 cases.

The Governor of CRR Abba Sanyang said he is “scared of the preparedness of the country” due to the absence of basic materials needed to curb the pandemic. There are about 40 entry points in the region and all these entry points do not have an overhead Thermometer. He added that his office has not receive any support from the Central government in curbing the pandemic but there are plans to help families with food and cash support from the central government, he concluded.

Poor Facilities ail Basse Hospital, the Economic Capital of Upper River Region

Upper River Region is the farthest region in The Gambia and it is home to about 250,000 people in-

cluding the President of The Gambia. With a staff of 126 staff, Basse District Hospital is supplied with a disappointing number of 6 hand sanitizers. As an identified treatment center, Basse Hospital has one isolation center which is close to the pediatric ward. The room has only two beds which is not in good condition with dilapidated toilet facilities.

This research can firmly conclude that, the identified isolation room in Basse District Hospital is not fit for any medical use. The hospital is unable to determine the fever of suspected COVID19 cases because they lack basic equipment like overhead thermometer. An identified treatment center for COVID19 is at least required to have basic materials like respirators, oxygen concentrators, regulating machines, PPE's etc. which are not available at the hospital. This makes Basse and the surrounding villages vulnerable to the pandemic as the hospital is unable to use any medical equipment to identify and isolate suspected cases.



Basse District Hospital

On March 2nd 2020, the hospital encountered an electric blow during a maintenance work by the National Water and Electricity Company (NAWEC). NAWEC ended up blowing all the electronic medical equipment in the hospital, which exposed the poor state of the hospital's infrastructure. According to a top official in the hospital, “Even to type a document, I will have to do it outside because our computers are not functional.” The hospital made a request to the Ministry of Health to replace the destroyed materials but to no avail.

According to a member of the Rapid Response Team

in the Hospital “the government said they have bought PPE’s, fine, but we are not seeing it (PPEs). Obviously we must smell something is happening (with the money) he added” Part of the D160m of the emergency response fund was spent on training but officials of the Basse Hospital COVID19 Rapid Response Team said they have not received any form of training on COVID19. “What we had was an orientation but not a training” which is confirmed by an officer at the Basse Regional Health Directorate.

‘At War With No Ammo’: Basse’s Isolation Center lies virtually empty

Since the region of Basse recorded its first case, the people of the region became more worried about the coronavirus considering the capacity of the district hospital and its long distance from the capital city which is about 372km.

As an identified treatment center, the hospital identified, what looks like, an abandoned room within its health facility as COVID19 isolation room. With disappointments all around the faces of the Rapid Response Team, the officials unanimously agreed that the isolation room in its current state is not even fit to accommodate a healthy person talk less of a COVID19 case. The condition of its toilets could infect a healthy person and it could in fact add sickness to a suspected patient.



Condition of Basse Isolation Center - Toilet

Apart from the two beds in the isolation room, there are no other materials supplied to prepare the hospital in receiving suspected cases. The Officer in Charge

(OIC) at the hospital said they are currently “improvising” with what they have but he does not think the hospital is prepared for COVID19”



Condition of Basse Isolation Center - Bed

Like in Mansa Konko (LRR), the government of The Gambia identified a space in Upper River Region to build an isolation center for the Ebola epidemic. According to a public health worker, the money was allocated for the erection of this center but it was never built and the money was never accounted for. Public Health Officials believe if the money was judiciously spent during that (Ebola) period, the isolation center would have been available at their disposal to isolate COVID19 cases in a state-of-the-art facility making their work easier.

SECTION 4: CONCLUSIONS

The history of health sector corruption during the cholera and Ebola epidemic made officials of the health sector believe that there is a high risk of corruption in the management of COVID19 emergency funds.

As most of our findings were qualitative, for we did not get access to some required records, apart from the D512 Million Government Local Fund, we could not provide exact figures as to how much and how well all Funds for COVID19 were utilized. However, the findings did reveal that resources were not always enough for the emergency activities and there were discrepancies in remuneration. These are pointers to

where to focus a quantitative investigation. Also, the government is less transparent on donor funds and loans on COVID19. Limited information is available to determine the actual expenditure of these funds and what they are meant to cover. In the initial phases of the emergency response, there was no plan or budget in place to guide fund use.

The Ministry of Health has several project vehicles that they could have used for COVID19 operations. There was no need to purchase 8 Brand New Nissan pickups for D12.8m when there are fleet of project cars at the disposal of the Ministry of Health. Like other countries, the government could have save cost by leveraging on existing resources (vehicles) that are not fully operational due to the pandemic. Like Ministry of Health, the Agriculture Ministry has several project vehicles that the government could have leverage on. The Eight new vehicles will be an added financial burden on the government of The Gambia as that they could have avoided.

Remuneration is an important aspect of COVID 19 (and any other emergency) response. Frontline health workers are only paid \$100 (D5000) as of 30th April 2020 since the beginning of the pandemic as an allowance. However, they have not been told what the

package of payment will be. Likewise, responses received showed that adequate thought needs to be given to the remuneration of frontline workers. As in most cases, people should be paid on the basis of the amount of risk exposed to.

In terms of preparedness, the Gambian healthcare system is not adequately prepared for the outbreak, judging by its slow initial response, the absence of a template to work with and the quality of facilities available to COVID 19 patients. The government of The Gambia must improve on its transparent administration and make data on COVID19 expenditure publicly available.

Another fact pointed out by respondents is the need for a structure for responding to epidemics in the future. Currently, it does not appear that there is one in place and if there is, it is either not operational or little is known about it.

SECTION 5: REFERENCES

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