

## **Press Briefing Statement by Director of Performance Audit, Baba S Drammeh**

Good morning Auditor General, colleagues and everyone present here this morning. My Name is Baba S Drammeh, Director of Audit, responsible for performance audit.

Having heard from AG the background of the competition, I will briefly talk about performance audit, work done since the establishment of PA unit and the winning report.

As the Supreme Audit Institution (SAI) of The Gambia, it is a constitutional mandate for the Auditor General to carry out Performance Audits. This is enshrined in Section 160 (2a) of the 1997 Constitution of the Gambia which states as follows:

*"In the exercise of his or her functions under this Constitution or any other law, the Auditor General shall - at all times carry out economic, efficient and effective examination to satisfy himself or herself that public funds are spent in such manner as to reduce waste, eliminate inefficiency and maximise the benefits to be gained from the use of resources;"*

Resources are scarce and should be used in the best possible way. The main reason for carrying out performance audits is that the audits can lead to better use of resources by public entity/entities and provide support to democratic government.

Performance audit deals with deficiencies in economy, efficiency, and effectiveness.

- Economy is measured as the cost of resources used for an activity, regarding the appropriate quality.
- Efficiency is measured as the relationship between outputs, in terms of goods, services and other results, and the resources used to produce them.
- Effectiveness is measured as the extent to which objectives are achieved and the relationship between the intended impact and the actual impact of an activity.

It can be seen from this explanation that performance audits help ministries, departments, and agencies to improve their operations. It identifies important problems, analyse the causes and effects and present recommendations for the usage of public resources in a better.

Performance audit also promotes **accountability** by assisting those charged with governance and oversight responsibilities to improve performance. It also promotes **transparency** by affording parliament, taxpayers and public an insight into the management and outcomes of different government activities.

Press members and partners, I would like to shift to **the establishment of Performance Audit Unit and Work Done so far.**

The performance audit was established as a function in 2014 and developed into a unit in January 2019. We started with 5 members which was over the period increased to 7, 9, 13 in November 2020 and 16 members three weeks ago.

Since the establishment of the function, seven (7) reports have been completed and sent to National Assembly.

<b>Report</b>	<b>Completion date</b>	<b>Date submitted to N/A</b>
Solid Waste Management by the Banjul City Council	Dec. 2015	Feb. 2016
HIV/ AIDS Prevention, Treatment, Care and Support in The Gambia	Jan. 2016	Feb. 2016
Distribution of Electricity by NAWEC within the Greater Banjul Area	Mar.2017	Apr. 2017
Management of the Community Fisheries Centers	Apr. 2018	Aug. 2018
Drug Storage and Distribution by the Central Medical Store	Jun. 2018	Aug. 2018

Monitoring of Education System by the Ministry of Basic and Secondary Education	Dec. 2019	Feb. 2020
Emergency Obstetric Care (EmOC) in Public Health Facilities	Nov.2020	Dec. 2020
Cargo Handling by the Gambia Ports Authority	ongoing	ongoing

It would be important for me to mention that, Unfortunately, all these reports have not yet been discussed by National Assembly. The discussions would have help published the report, put pressure on the relevant officers to implement the recommendation and eventually translate into better service delivery to improve the life of the citizens of the Gambia.

Press members and partners, let me move on to the **SYNOPSIS OF THE WINNING REPORT starting with the background.**

Maternal health in The Gambia is one of the key components of equitable provision of quality health care to the citizenry which has attracted both national and international attention. In the light of this, the government of the Gambia has put in place a National Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) Policy 2017 - 2026 that targets all service delivery points of emergency obstetric care (EmOC) to ensure that they are fully equipped both in terms of human resources and the necessary drugs/medical supplies to enable them to provide quality emergency maternal health services.

EmOC comprises all the set of interventions that are used to treat complications that arise during pregnancy, childbirth and short after childbirth.

**The audit was motivated by a number of factors**

1. Our preliminary review (pre-study) revealed the failure of the Ministry of Health to meet Maternal Mortality Rate targets over the years because of inadequate access to EmOC services.
2. UN Sustainable Development Goal 3 target global and national efforts to improve women's health and tackle maternal deaths to which the Gambia is committed to as enshrine in the National Development Plan 2018-2021.
3. The WHO handbook on Monitoring Emergency Care, 2009 reported that vast majority of maternal deaths are caused by preventable and/or treatable obstetric complications.
4. The Gambia National Health Strategic Plan (2014-2020) also states that there is a gross unmet need (79%) for emergency obstetric care in facilities in The Gambia.
5. There was also public outcry in the country regarding poor obstetric care provided to pregnant women and new mothers.

## **Audit Methodology**

Information was gathered through document reviews, interviews/discussions and site visits.

### **1. Documentary reviews**

*to get comprehensive, relevant, and reliable information on emergency obstetric care in The Gambia.*

### **2. Interviews**

- *Seventy-four (74) interviews and/or discussion were held with heads of health facilities and MoH officials*
- *A total of one hundred and seventy-four (174) questionnaires were administered to care providers and postpartum patients at the facilities*

### **3. Site visits and physical verification**

- *All the fourteen (14) designated Comprehensive Emergency Obstetric Care (CEmOC) facilities (ie major health centres and hospitals)*

- *Twenty-four (24) out of forty-five (45) designated Basic Emergency Obstetric Care (BEmOC) facilities were visited.*

## **Key Findings**

- Functionality of EmOC centres
- Midwifery workforce management
- Monitoring EmOC Services
- Prevention of emergency cases
- Availability of medical equipment

### **1. Functionality of EmOC centres**

The Gambia meets the acceptable level of the CEmOC centres in number, but there are still gaps as to the distribution of these centres.

LRR and NBWR have no facility providing full sets of comprehensive EmOC functions.

Recommended number of functioning BEmOC centres as per the WHO recommendations is not met in the country.

Blood transfusion service is not performed in 29% of the designated CEmOC centers due to the unavailability of blood bank facilities.

Cesarean-Section is not provided in half of the mandated CEmOC facilities due to lack of human capacity, for two of the facilities visited, there were theatres with necessary equipment but there were no qualified personnel to deliver this service.

Most of the facilities failed to operate as BEmOC centres due to non-performance Assisted Vaginal Delivery. 95% of the 22 health facilities that did not provide AVD in the last three months did not have vacuum equipment and human capacity.

### **2. Midwifery workforce management**

Seventeen (17) of the sampled facilities (representing 45%) have failed to meet the minimum mix of midwifery requirements. There was also a geographic variation in the extent of staffing shortfalls. All three general hospitals in the rural areas (Farafenni,

Bansang and Bwiam) fell below the minimum staffing norms while the two in the urban area (Bundung and Serekunda) have gone above it. The biggest difference occurred in the RN/Ms, which is the highest level of midwifery in the country. This level of the staffing gaps between rural and urban facilities is not limited to the general hospitals but also across all the health facility levels.

### **3. Monitoring EmOC Services**

There is no monitoring mechanism to ascertain the functionality of EmOC centres in the country. Adequate data is not collected on the utilization of the EmOC services to be able to determine if facilities have provided the signal functions in the last three months or not.

### **4. Prevention of emergency cases**

Anaemia testing was carried out in all the health facilities visited, except in Foday Kunda. However, such laboratory diagnostic services are largely unavailable in Reproductive Child Health trekking stations. These subjected antenatal mothers to travel long distance for appointments.

Some of the women were not offered ultrasound scanning as required by the WHO. This is mainly due to the non-availability of ultrasound machines, especially in the rural Gambia. For example, there is only one machine in the entire Upper River Region.

Some of these machines that were found in some facilities were broken down at the time of our visit and were neither replaced nor repaired.

### **5. Availability of medical equipment**

Some key Medical tools and/or certain important maternal and neonatal assessment equipment are not adequately available in some of the facilities visited. These include suctioning machines, oxygen cylinders and dopplers.

58% of the facilities visited go out for outreach programs without portable haemoglobin-meter which are crucial to saving lives.

Press members and partners, this is the synopsis of the report.

The full report can be found on NAO website [www.nao.gm](http://www.nao.gm).

I encourage you to visit the website and read the full report.

Thank you all for your kind attention.