



REPUBLIC OF THE GAMBIA

National Assembly, New Assembly Building, Reginald Pye Lane
Banjul, The Gambia



REPORT OF THE SELECT COMMITTEE ON GENDER, CHILDREN AND SOCIAL WELFARE

ON ITS SITE VISITS

TO THE PEADIATRICS, MATERNITY AND THE LABOUR WARDS OF EFSTH BANJUL AND THE CHILDREN CENTRE IN BAKOTEH

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INTRODUCTION

The National Assembly has powers under The Constitution to perform oversight functions over Ministries, Departments And Agencies (MDA) and activities. Section 109 of the Constitution of the Republic of the Gambia, 1997 empowers the National Assembly to establish Committees with the general mandate to inquire into the activities or administration of Ministries or Departments of the government. Committees may also investigate or inquire into any matter of National importance.

The Select Committee on Gender, Children and Social Welfare was established by a resolution of the National Assembly in the Sixth Legislature. The Committee has the general mandate to examine such matters within its remit as it may determine appropriate or refer it to the appropriate Committee.

Both the Constitution and the Standing Orders empowered the Committee, in the performance of its functions, all the powers, rights and privileges as are vested in the High Court at a trial in respect of

- (a) enforcing the attendance of witnesses and examining them on oath, affirmation or otherwise;
- (b) compelling the production of documents; and
- (c) the issue of a commission or request to examine witnesses abroad.

It's against this background, that the Committee embarked on a two day site visits to the Children's Centre in Bakoteh and the Paediatrics Ward at EFSTH.

RATIONALE AND OBJECTIVES

The rationale and objective of the Site visit are:

- To find out the root causes of the reported malnourished babies in the Children's Centre at Bakoteh
- To find out the way and manner the babies are being taken care of at the Paediatrics Ward at EFSTH

EXPECTED OUTCOMES

At the end of the visit, the Committee expects the following:

- i. To be well informed on the service delivery for children at the paediatrics ward
- ii. Prepare a detailed report with recommendations to the Assembly for consideration and approval

NAMES OF THE COMMITTEE MEMBERS

Hon. Members

- | | | |
|-------------------------|---|------------------|
| 1. Hon. Fatoumatta Njai | - | Chairperson |
| 2. Hon. Fatou Cham | - | Vice-Chairperson |
| 3. Hon. Amie Colley | - | Member |
| 4. Hon. Fatou k. Jawara | - | Member |
| 5. Hon. Maimuna Ceesay | - | Member |
| 6. Hon. Alhagie Mbow | - | Member |
| 7. Hon. Suwaibou Touray | - | Member |
| 8. Hon. Kebba T. Sanneh | - | Member |
| 9. Hon. Sulayman Saho | - | Member |

Subject Matter Specialists

- | | | |
|-----------------------------|---|-----|
| 1. Mr. Yahya Muhammed Bah | - | SMS |
| 2. Mrs. Aminata LR Ngum | - | SMS |
| 3. Mrs. Tabu Njie | - | SMS |
| 4. Mrs. Fatou Sosseh Jallow | - | SMS |

Support Staff

- | | | |
|------------------|---|-----------------------|
| 1. Sarata Bojang | - | Committee Clerk |
| 2. Modou Sillah | - | Committee Clerk |
| 3. Fatou Sisawo | - | Researcher |
| 4. Ebrahima Bah | - | Communication Officer |
| 5. Buba Colley | - | Driver |

Day One

Chief Medical Director (CMD) OFFICE IN EFSTH (BANJUL)

The Committee had a courtesy call on the Chief Medical Director at EFSTH in Banjul who expresses his appreciation of receiving the delegates from the National Assembly Select Committee on Gender, Children and Social Welfare to the EFSTH. He informed us that he needed the support of all partners especially the National Assembly, to fulfil the objectives he has for the Gambia and the Health Sector. He informed the Committee that he was appointed on the 3rd of August 2022 and started work immediately he assumed office.

According to him, the situation at the paediatrics unit is unacceptable because two to three babies are in one incubator which is unacceptable. He also informed the Committee that the unit is operating with only three incubators. The Committee found that the doors at the facility toilets are without locks and the condition of the sanitary is not satisfactory for human consumption.

He informed the Committee that some Gambian in Spain are interested to donate ten incubator and ten Phototherapy but still to no avail. The CMD has the intention to buy but he has been told that the Hospital would be receiving donation from partners, but this never happened and its now a challenge as the CMD of the hospital.

The subvention they received from the Ministry of Health is 27million for salaries but sometimes they received 24million and the OC is 2.6 million, but they received 1.8million for the last three (3) months.

He expresses that the mortality rate is very low compared to before. He also mentioned that there is a challenge at the Paediatrics Unit.

One big challenge he said is the late referral of patients from other hospitals to EFSTH which causes more deaths at the Hospital.

PAEDIATRICS WARD EFSTH

Dr. Vivian, head of the Paediatrics Ward also expresses her concerns on the operation of the Ward. The Ward is operating with only one (1) phototherapy which 3 to 4 babies are sharing, they borrow phototherapy from Kanifing hospital. There is no bubble breather in the Ward. The Radial Warmer which is very important for warming babies is insufficient as the ward is operating with only six (6). Parents normally give birth at the other side of the Hospital which is at the far side, and babies easily get cold before reaching at the Paediatrics Ward and they normally died, because they are too small and normally lose their temperature before reaching the Ward. According to her, the World Bank promises to build a new Ward on top of the Labour Ward to ease the transfer of new-born babies. Children with un-stabilised diet is causing difficulties in controlling their blood sugar due to high consumption of Carbohydrates.

She informed the Committee that the hemodialysis at Paediatrics Ward is yet to be completed and the only water plant they have is not functioning. The Paediatrics ward is without a child theater and whenever they have operations, they use the adult's theater.

She also elaborated on the need to have a Nutritionist and Dietitian Specialist at the Hospital to give aid to children to minimize the Malnutrition.

UNITS UNDER THE DEPARTMENT

1. **Newborn Unit:** - where they admit newborns up to one month. The unit has a Kangaroo mother care facility, breastfeeding accommodation areas and doctors on call room,
2. **Emergency Paediatrics Unit:** - They have 8 bedded facilities where children in an emergency are admitted.
3. **Paediatricss Neurology**
4. **Paediatricss Cardiology**
5. **Paediatricss Nephrology**
6. **Paediatricss pulmonology**

Findings

- Three (3) functioning Incubators - (2 to 3 babies of different parents sharing an Incubator)
- One (1) Phototherapy - (3 to 4 babies sharing a phototherapy)
- There is no proper waiting room at the Paediatrics ward.
- Children and Adult share the same social workers.
- The space of the treating room is very small with five (5) beds packed together
- The infrastructures are old and need renovation.
- One functioning toilet for both patients and the staff at the Emergency

Challenges: -

- Need Radian Warmer (which is still at the Central Medical Store)
- Need a Dietician and a Nutritionist at the hospital
- Operating with only one (1) Phototherapy for both inborn and out born babies
- Malnutrition in children because of the poor diet (they normally take carbohydrate, i.e., bread and rice)
- Need capacity building for nurses on assisting babies during and after delivery.
- Inadequate space at the admission ward

MATERNITY WARD (GAMTEL WARD)

This is part of the Hospital that looks after Women with pregnancies and complication during pregnancy (Gynaecology Ward). Pregnant women with 29 weeks condition are admitted at the ward as well as cancer patients at different stages. They also have Gender Based Violence One Stop Centre at the Ward that handles the counselling and work closely with the police and ministry of justice if there is a need of prosecution. Their primary responsibility is looking after women relating to their reproduction, pregnancies, deceases that occur during pregnancies, deliveries, and complications. They are operating with 28 beds which is not enough.

There are five teams of doctors that take their turns to look after patients on emergencies and selective cases.

The West African College of surgeons has accredited the Department a licence to train post graduate Doctors and as at present they have trained six people who have passed the West African College Exam and passed membership.

Also, they have Chinese Technical Team who give them technical support and state of the earth machines.

Challenges:

- The Gamtel Ward has only one (1) social worker providing psychological support to all the victims.
- Infrastructures are old and small for their purpose as it was built in the colonial days
- Challenges with the perpetrators as they are operating without forensic lab to justify the doctors test to victim patients (i.e. GBV/Sexual Harassment Victims).
- Not enough social workers at the Ward
- Human capacity is lacking like specialists for cancer patients.
- Limited space

Recommendation

- Capacity building
- They need investment in the Paediatrics Ward for it to become standard.
- To train the Mid-Wives to handle babies who don't cry at birth.
- Renovation of the Paediatrics Ward
- To provide a new theater for the ward
- Improve the toilet facilities for both patients and staff of the ward
- Provide them with more Incubators and Phototherapies
- The Hospital should be provided with specialists such as Nutritionist and Dietitian.

DAY TWO

AT THE SHELTER FOR CHILDREN CENTRE

The Honorable Chairperson in her statement said the site visit was a fact-finding mission that would help to empower other Members to advocate for a better service delivery on the Children's welfare and to enable them to pave an enabling environment for the babies and the elderly.

The Bakoteh Children's Shelter is a government-run shelter for vulnerable individuals, including Children, Babies, Women with Gender Based Violence, Elderly, stranded migrants, unaccompanied children and victims of trafficking and inmates, people with Unwanted pregnancy and Children who run away from the madrasas and those Children who come all the way from Senegal and beyond.

Madam Danty, the Shelter Manager informed the Committee that the Shelter has not been receiving inadequate Subvention to run the Shelter. She said they used to generate income through the Clinic at the shelter but now with the Charitable Clinic, this has become a challenge to the State clinic as the public prefer to go to a free clinic.

Madam Danty also informed the Committee that some children became sick due to the dehydration and infection and not because of hunger or Malnutrition. She added that though they received little from the Government, the shelter receives donations from individuals and organizations.

The Committee was also informed that among the children in the shelter are disabled and abandoned children.

They have two (2) elderly persons under their care, a Gambian and a Ghana old man who is there with his two children.

Findings

The Committee went round the shelter and found out the following.

- ✚ The Children were properly kept, and the place is clean and hygienic.
- ✚ All the food stuff as at the time of our tour were donated by donors.
- ✚ There is no security wire at the shelter.
- ✚ The shelter is not given petty cash to support them in financing their day-to-day expenses.

Challenges

- ✚ Low Subvention from the Government
- ✚ Financial constraints
- ✚ Inadequate drugs
- ✚ Inadequate Electricity
- ✚ Lack of Mobility
- ✚ Lack of Ambulance

Recommendation

The Committee recommends as follows.

- ✚ To provide a security wire to protect the shelter.
- ✚ Shelter should be involved during the Budget Bilateral
- ✚ The institution needs to be giving petty cash and adequate budget allocation

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| 3. Hon. Fatou k. Jawara | - | Member |
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