

DRAFT ANALYTICAL REPORT

IRI-CEPRASS COVID-19 ACCOUNTABILITY STUDY

CENTER FOR POLICY RESEARCH AND STRATEGIC STUDIES (CEPRASS)

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1) EXECUTIVE SUMMARY

The novel Corona Virus- COVID-19 was first detected in The Gambia in March 2020 and since then has devastating impact on the health, social and economic wellbeing of the citizens. The government of the Gambia embarked on series of activities to contain the virus such as lockdown of the economy, the introduction of WHO guidelines (such as regular washing of hand, avoid handshaking, avoiding crowds and public gatherings, the use of face mask), and the closure of schools, places of worships, and markets. These were further followed by other activities such as social assistance to parse the economic hardship of the pandemic. About GMD 2.8 billion was spent by the government to stimulate the economy through various relief packages aimed at reducing the effect of the lockdown as well as allowed the continuation of economic activities in rejuvenating the livelihood of the citizens.

The Center for Policy Research and Strategic Studies (CepRass) undertook this study to track the government responses to the pandemic, especially the food and monetary aid packages, with the goal of providing reliable information on the government response to public. Another aim of the study is to ensure government accountability in the use of public funds. Hence, the study used a mixed method approach consisting of quantitative and qualitative approaches and desk research to assess perception on the impact of the pandemic, effects and satisfaction with the government response, and gauge knowledge on and attitudes towards COVID-19 and COVID-19 Vaccines. A nationwide survey targeting households was conducted. The data collected consists of household characteristics, income and poverty levels, access to food during COVID-19, food and monetary assistance provided as well as perception of COVID-19 and vaccines. The qualitative approaches involved key informant interview with relevant stakeholders in government, national assembly, CSOs, and communities. The desk reviewed was used to collect reliable information on the government response from secondary sources.

As disclosed by the findings, significant number of the respondents (more than 60 percent) attained non formal level of education. Similarly, an assessment on households' income of the respondents. disclosed that at least 40 percent of households are earning from less than GMD 5,000 monthly. Hence, most households are poor and therefore would have needed government assistance during the pandemic. Furthermore, all the households across the regions agreed that COVID-19 affected

access to food of which the major food items that were most impacted by the pandemic being horticultural products such as potatoes, onions, etc. These are mainly imported as Gambia is an import-oriented economy. Lot of its potatoes and onions produced in the country cannot meet the domestic demand and therefore were adversely noticed during the pandemic.

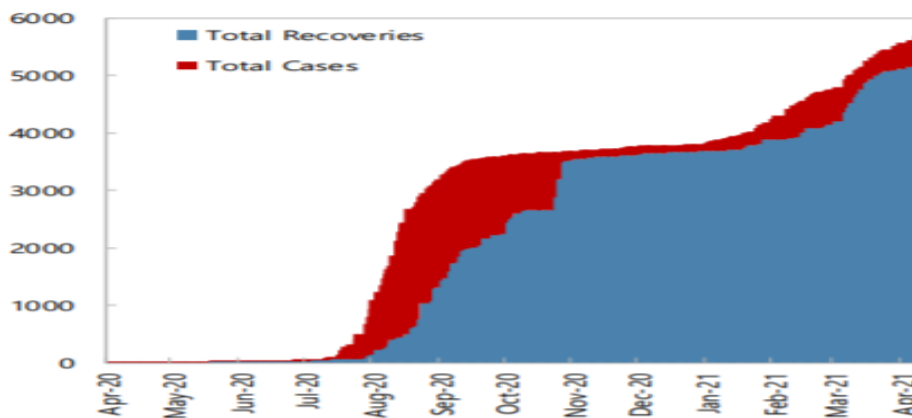
Regarding government assistance to address food difficulties that may arise from the COVID-19 containment measures, the results show that while coverage of the social assistance was high not all targeted beneficiaries received the social assistance. The coverage of the monetary aid in the areas targeted was equally high. Considerable proportion of respondents reported that the assistance was helpful, but it was not enough for their basic needs. Most respondents also prefer monetary aid to food aid. The study also revealed that while knowledge of COVID-19 was high, negative percept on the pandemic persist. Vaccine hesitance is also high in all the regions.

2) INTRODUCTION

The Coronavirus Diseases given the name (Covid-19) by the World Health Organization (WHO) on 11th February 2020 was first discovered in Wuhan, China and reported to WHO on 31st December 2019. Since its existence, it was first declared a Public Health Emergency of International concern on 30th January 2020 before being finally declared a Global Pandemic on March 11th, 2020, by the WHO. According to the 148th WHO situation Report on Covid-19, the disease has globally registered a total of 7,941,791 confirmed cases with 434,796 deaths.

The Gambia confirmed her first COVID-19 case on 17th March 2020, the case was reported on 16th March by a 28-year female who travelled back from the United Kingdom (UK). Two days after the confirmation of the first case (19th March 2020), the first case of death from a 71-year man was registered after a posthumous diagnosis. In The Gambia, the cases increased rapidly between July, 2020 to October 2020 and between February 2021 to April 2021, corresponding to the first wave and the second wave of Corona virus in the Gambia respectively. Recovery rates were relatively higher during the second wave than the first wave, perhaps because the authorities have learnt fast during the first wave as well.

Figure 1: Trend in Covid-19 April 2020 – April 2021



Source: John Hopkins University and IMF Estimates

Accordingly, the government of the Gambia launched an Emergency Response plan that focuses on containing the spread of the virus and providing economic support to address the socio-economic impact of the pandemic. To contain the pandemic, government embarked upon a series of public health measures including the lockdown of the economy, introduction of WHO guidelines (regular washing of hand, avoid handshaking, crowds and use of face mask), closure of places of worship, schools, and markets. Series of sensitization campaigns were carried out by the government to increase citizen's awareness of the COVID-19 and how they can protect themselves. These were further followed by social assistance in the form of food distribution and cash transfers to relief the effect of lockdown of the economy as well allowed the continuation of economic activities in rejuvenating the livelihood of the citizens. There were lot of support also from donors; the World Bank for instance has provided about 19 million dollars support to the government COVID-19 preparedness and response plan. As of December 2020, the UNDP spent over 1.8 million dollars as support in various forms to state and non-state actors to help them cope with the negative effects of the pandemic (UNDP, 2020a). IMF and other donors have also provided support to the government to help in response to the pandemic.

The Gambian economy continues to be fragile with huge dependence on sectors such as agriculture, tourism, and services. As a result, the COVID-19 had its toll in the country affecting the health, social and economic wellbeing of the citizens. Hence, the response embarked upon by government in mitigating the socioeconomic impact of the pandemic on live and livelihood of citizens was necessary to make the economy more resilient to the pandemic. Moreover, the government's intervention motivates its bilateral and multilateral donors and national institutions, and organisations also follow suit as a national crusade to contain the spread of the virus and dampens its effect on the economy.

Against this backdrop, this study was designed to assesses perception on the socioeconomic impact of COVID-19 on households across the country. The study used a mixed method approach relying on both quantitative and qualitative methods of data collection and analysis as well as desk research. Hence, surveyed was used to collect quantitative data on holds such as household characteristics, income and poverty levels, access to food during COVID-19, government food and monetary assistance, and perception on COVID-19 vaccines. Regarding government assistance to food difficulties that may arise from the COVID-19 containment measures, the government in

March 2020, rolled out a nationwide food package targeting 84% of households and all (i.e., 100%) households in the rural areas (CRR, NBR, URR, LRR, and some part of WCR) of The Gambia. Vulnerable households in the urban areas were also eligible to receive the food items. The food items distributed were oil (147494), rice (229846) and sugar (229846), which are staples in The Gambia. Multiple government institutions were involved in the procurement (Ministry of Finance and Trade), transportation and distribution (National Disaster Management Agency – NDMA), grievance redress (local government), and storage (community heads). The office of the Vice President was designated for the coordination of the entire exercise. In addition, monetary assistance was also delivered to households. The monetary assistance was provided in partnership with World bank through the Nafa project, which is a social protection project aimed at supporting vulnerable households in the Gambia through cash transfers. The project was launched in 2019 and implementation was set to start after a national social protection registry was created and households were identified and enrolled into the program using a proxy-mean testing (PMT) approach. However, due to the pandemic, the project pilot phase was launched earlier than plan through a program called the Nafa Quick project, which was used to provide “emergency cash” to 78000 households across 30 districts in the Gambia.

In summary our results show that the coverage of the food aid in all the regions recorded significant high ranging above average but not all received the aid, which was the plan. The targeting of the food aid in some regions example the NBR didn’t go as plan. With regards to the monetary aid, the results indicate that the coverage of the monetary aid is high as the respondents confirmed receipt of the monetary aid mainly to buy food items to mitigate the economic effect of COVID-19. By and large, considerable number of respondents said the aid was not sufficient for meeting their basic needs but was very helpful and assisted their families to cope with the pandemic. Most people are also happier about the monetary aid than the food aid of which, they agree strongly that the assistance did help their families.

Generally, most of the respondents across the country are aware of the COVID-19, and they got most of their information through community engagement, radio and TV programs. Therefore, it appears that the information campaign helped in increasing awareness. This however, posed some variance across the regions specifically a significant proportion of people in the NBR don’t think that their community has benefited from health system strengthening interventions rolled out by

the government. Furthermore, the study disclosed that people generally are aware about vaccine but the hesitance in taking the COVID-19 vaccines is still widespread and most of it seems to be driven by misinformation. Thus, more information campaigns in this area are needed.

The analytical report proceeds as follows: in next section, a legal framework for the government response is examined; in section 4, a summary of the government response using data from secondary sources is provided; in section 5, a summary of findings from the fieldwork are presented; in section 6, the conclusions and recommendation are outlaid; and acknowledgement is provided in section 7.

3) LEGAL FRAMEWORK

During health emergencies, governments often need to make difficult choices to protect their people. Responding effectively to COVID-19 means having not only necessary equipment and trained personnel, but also effective laws that support public health and outline clear protocols for action in an emergency. At the onset of the pandemic, as the Gambia identified its first few cases, the country's response was hampered by an outdated legal framework unsuited for the responsibilities the government would soon have to shoulder. The government's powers to act were broad but unclear. Authorities could require people arriving in the country to isolate in order to prevent importation of the virus but could do little to enforce quarantine. Public health and social measures like universal mask wearing could be promoted on radio and television, but there was no legal basis for mandating them. Lacking legitimacy, the public health response was viewed as political by segments of the population, who then chose not to adhere to it.

The government of The Gambia in response to the global pandemic rolled out a range of measures including lockdowns, social distancing measures, and humanitarian support. The borders (land, sea, and air) were also closed and only open to "essential travel." The declaration of a state of public emergency (SoPE), as well as emergency powers, were relied upon for more stringent measures in response to the pandemic.

Section 34(1) of the 1997 Constitution gives the President of the Republic the exclusive power to make a declaration of SoPE but limits the exercise of this power under section 34(2) by prescribing that the SoPE shall lapse after 7 days or if the National Assembly is not in session after 21 days.

Under the aforementioned provision, the duration of the SoPE can only be extended before its expiration, if a resolution is tabled and approved by two-thirds of the National Assembly Members. In essence, the exercise of the presidential powers to declare a SoPE is subject to legislative oversight and scrutiny.

Since the start of the pandemic in March 2020, the government has adopted seven SoPEs. The President, through a proclamation published in the Gazette on 18 March 2020, declared that the vulnerability of The Gambia because of the global pandemic may lead to a state of public emergency. On 26 March 2020, the President in accordance with section 34(1)(a) of the 1997 Constitution declared a state of public emergency throughout The Gambia. The National Assembly extended the state of emergency for forty-five days (3 April- 18 May 2020) through a resolution supported by at least two-thirds of all members. The third state of emergency, through a Presidential proclamation published in the Gazette, was declared on 19 May 2020 until 9 June 2020. The same Presidential proclamation was utilized for the fourth extension from 10 June 2020 to 1 July, the fifth extension for 7 days from 1 to 8 July 2020, and the sixth from 8 July to 15 July 2020. It was further extended for 7 days from 15 July 2020 and then subsequently for 21 days ending on 26 August 2020. On 27 August 2020, the state of emergency was again extended by 21 days, and ended on 17 September 2020. The President then stopped issuing declarations and has resorted to using the Public Health Act through the Ministry of Health. The various extensions of the state of emergency came amid a surge in COVID-19 cases in The Gambia, with the number of confirmed cases in the country increasing exponentially.

Resolve to Save Lives (RTSL), an initiative of Vital Strategies, has worked in partnership with the Gambia since 2019 to better prepare for pandemics; this support pivoted quickly to help the country modernize its public health laws. RTSL first helped show that existing legislation granted the government authority to develop new rules. Then, having identified gaps in the existing legislation, RTSL provided resources for a team led by Janet Sallah-Njie, Commissioner of the Constitutional Review Commission and former Solicitor General of the Gambia, to develop a plan for addressing them. With new cases of COVID-19 cropping up every week and a full-blown pandemic bearing down on the country, the work was urgent.

Ms. Sallah-Njie and the team assessed both national and international law and identified areas where the Gambia's government needed legal authority to act—from physical distancing measures

and quarantine requirements, to school and business closures, and the operation of mass transit—in ways that would allow the country to address COVID-19 and prepare for future outbreaks of infectious disease.

In addition to allowing more decisive actions, the new legal framework creates stronger checks and balances. For example, before the government can mandate physical distancing, it must use an eight-part multifactor test to consider things such as: whether a less restrictive alternative could achieve the same objective, the recommendation of the World Health Organization, the mortality rate of the disease, and five others. This helps ensure the government won't use future health emergencies to trample civil liberties.

The new laws have allowed for improved enforcement of public health and social measures, including fines for those who violate quarantine. To ensure people wear masks while commuting, law enforcement officers are checking vehicles and issuing citations to people who fail to comply.

4) GOVERNMENT INTERVENTIONS

Since the outbreak the government has undertaken many preventive measures including (i) suspension of non-essential travels by government officials, (ii) suspension of public gatherings, (iii) travelers from hotspot countries quarantine, (iv) border closures with Senegal, (v) the Government directives to maintain prices of essential commodities and prohibit the hoarding and re-exporting of essential commodities and petroleum products, (vi) keeping non-essential workers at home, and (vii) food and monetary aid packages to households in The Gambia. This section looks at the government response strategies adopted since the outbreak of the pandemic and the section is broadly divided into the Covid-19 awareness strategies, mitigation and preventive strategies, and treatment or Covid-19 vaccination.

However, before delving into what actions taken by government, it is important to have a good understanding of the context and the set of financial resources available to government since the outbreak of the pandemic. After the first case of Covid-19 was detected in the Gambia, The pandemic challenged the government in unprecedented ways and required unprecedented interventions. The government responded with two key emergency spending measures. The first was a D500 million COVID-19 Emergency Respond Fund introduced through an emergency

decree in March 2020. This fund was a swift reallocation from the 2020 budget to prevent and control the spread of the virus. The second was a Supplementary Appropriation Bill (Supplementary Budget) totaling D2.845 billion, which the National Assembly approved in July 2020. D363 million was allocated to Covid-19-related costs, including the payment of quarantine arrears owed to hotels, financial assistance to Gambian students abroad, recovery of the tourism sector, and support to farmers.

Table 1: Covid-19 Funds Received by Gambia Government

Amounts (in millions)	Sector	Source	Comment
D500	Variment – travel budget	GoTG budget 2019/20	This was the second resource envelope released- there is no evidence that it was subject to Cabinet approval
\$10	World bank COVID response	World Bank	This first resource envelope agreed to between the Ministry of Health and WB, and was drafted by the country WB staff who was present in the country when COVID-19 hit
\$ 6.4	Special Drawing Rights response to COVID-19	IMF	This was the third resource envelope announced by GoTG
D734	Debt repayment moratorium- part of COVID-19 relief funds	Multi-lateral funders/lenders to be paid back after five years	This was the third acquisition and reallocation of funds, and used arbitrarily to purchase rice, sugar, onions, over a period of 72 hours.

	Total in GMD	3.61 Billion	
	Total in USD	\$59,322,010.89	
	Comment	51% of the total budget	7 billion (32.8 percent of GDP) in 2019.

- AWARENESS CREATION STRATEGIES

The awareness creation was an important public health measure with the main aim of ensuring that Gambians have accurate information on the COVID-19, which is important for the country's containment efforts. Due to the massive awareness campaign by government, media houses and CSOs, household reported to have already heard about the covid-19 pandemic and are aware of at least one preventive measure against covid-19 according to the GBoS High Frequency Survey, Wave 3, 2020. Nearly all households apply at least one preventive measure, with the most widely applied measure being hand washing and the use of masks and gloves (GBoS High Frequency Data, Wave 1, 2020). The most widely used channel for disseminating information about covid-19 is radio, cited by 77% of households, particularly 80% of rural households. Next is television, cited by 65% of all households and 85% of households living in Banjul and Kanifing agglomeration.

- MITIGATION AND PREVENTIVE STRATEGIES

Several mitigation and preventive strategies were instituted by the government and households as well to contain the spread of Covid-19 and flatten the curve, and as well as support families to live with Covid-19 realities. The government for example ordered lockdown measures on 21 days which was extended for a couple times to ensure that people stay at home and avoid meeting each other. Sanitary measures such as handwashing dishes were situated at all public places, social distancing was ordered for a long time even after lockdown was lifted.

To help families to cope with the economic hardship of the pandemic, increased support from household relative in the form of remittance was realized, while the government provided social

support to vulnerable households as well as firms in sectors hit hard by the pandemic such as tourism. The GBoS High Frequency Survey report gathered perception on the overall government social assistance program and the special needs of women and children in households, whether in monetary or non-monetary aid form. Overall, 22% of households received remittances since March 2020 with 7% received local transfers and 15% received remittances from abroad. About 34% and 14% of recipients received remittances as recent as January and February 2021 respectively. More than half of households in the poorest quintile and in rural areas report that remittance levels have remained the same whereas more than half of households in the richest quintile, in and around the Capital and other urban areas have reported declines in remittance levels. About 10% of households receiving remittances report changes in their transfer channel since March 2020. Changes in channel appear to be more common among recent recipients- Jan. 2021 (29%); Feb. 2021 (17%); and those receiving through Western Union (31%); during last visit (27%); informal agents (12%), family/friends (12%).

- TREATMENT AND COVID-19 VACCINATION

The pandemic had its toll in The Gambia affecting the health, social and economic wellbeing of the citizens. Amidst the COVID-19 pandemic when all countries are desperate to contain the virus transmission, the beginning of COVID-19 vaccine rollout for many countries made a lot of people hopeful about the pandemic. In early part of 2021, The Gambia received the first consignment of 36,000 doses of COVID-19 vaccine (AstraZeneca) through the COVAX facility, which was a significant step in government's national COVID-19 response plan. This was followed by the receipt of 929,200 syringes and 9300 safety boxes (UNICEF The Gambia) also through the COVAX facility. Senegal also donated 10,000 Sinopharm vaccines to the country, but their roll out was delayed due to widespread public suspicion on their efficacy. Additionally, the World Bank approved \$8 million financing for The Gambia to strengthen immunization systems and service delivery capacity to support the COVID-19 vaccination roll-out. This is part of a \$19 million financing towards the implementation of government National COVID-19 preparedness and response plan (World Bank, 2021).

According to the High Frequency Survey report, more than two out of three households expressed willingness to be vaccinated against covid-19 if a vaccine were approved. However, household

heads in the wealthiest strata and in urban areas are much less favorable to vaccination. The reasons cited by households reluctant to be vaccinated vary widely, the main reasons being lack of confidence in the vaccine or the authorities responsible for vaccine distribution and fear of deteriorating health. Moreover, regarding willingness to pay for vaccination, 58% of households are in favor of it; however, the majority are only willing to pay an amount of less than 500GMD.

5) SUMMARY OF FIELD WORK (QUANTITATIVE AND QUALITATIVE)

This section recounts the summary of the field work that were conducted during the project implementation according to phases based on regions across the country. In line with the this regional approach to conducting the field works and reporting, this section will give summaries from each region¹.

- SUMMARY FIELD WORK FROM GREATER BANJUL AREA (GBA)

The impacts of COVID-19 continue to evolve more than one year on from the initial declaration of the pandemic, with spikes in cases in late 2020 and early 2021. People in the Gambia have endured lockdowns, changes in travel protocols and drastic declines in tourism during this time. Governments have put in place various measures to provide support, with food hampers and income support or cash transfers the most widely reported. The overall result indicates that more than 60 percent of households in BJL, Brikama, and KM confirm receiving government food assistance, while household in Brikama got the highest coverage and households in Banjul the lowest. On the food items received by households, rice is the most widely distributed, followed by sugar and then oil.

Impacts to livelihoods remain widespread. On whether COVID-19 affected access to food by households, a substantially high proportion of the respondents (about 90 percent) reported that the pandemic has affected access to food in households. Across LGAs, we see that access to food was

¹ Details reports from each region are found on the dissemination portal of CepRass found at: <https://ceprass.gm/info/documents/>

affected more in Brikama and KM than in Banjul. The main factors behind the disruptions continue to be concerns about the outbreak, majority of the respondent (almost about 50 percent) reported that it was because the pandemic reduced employment opportunities followed by insufficient income (about 35 percent) and price hikes (about 15 percent).

The cash transfer was reportedly very helpful, with satisfaction rate highest in KM. However, the question asked on the level of satisfaction was asked to all households covered in the survey. The cash transfer was reportedly very helpful, with satisfaction rate highest in KM. However, the question asked on the level of satisfaction was asked to all households covered in the survey. Overall, more than 60 percent of the households surveyed that received the government social assistance reported that the transfers were used to a great extent to prioritize the needs of women and children. However, this perception is higher among households surveyed in Brikama as well as in the rural areas. For type of protection risk influenced by the social assistance, most of the respondents (over 35 percent) reported that the social assistance reduced economic violence followed by emotional (about 22 percent), physical violence (about 20%), and sexual violence (over 15 percent). Forced marriage is reported as the least affected by the respondents.

Overall, most respondents (about 58 percent) reported that the wife mostly decides on the use of social assistance followed by husband (about 38 percent) and other household members (about 4 percent). This finding is in contravention with lot of evidence, especially in developing country context, that men rather women make most of the decision on the distribution of household wealth. Furthermore, a wife deciding on the use of the social assistant is more in KM than in other regions.

The demand for PPE has soared globally to unprecedented levels. Healthcare workers rely on personal protective equipment to protect themselves and their patients from being infected and infecting others. From the survey, majority of the respondents' either disagree or strongly disagree that health service provision has improved significantly in the communities since the start of COVID 19 as well as the availability of medical equipment. However, majority of the respondents either agree or strongly agree that Health care workers have access to more healthcare kits.

Radio, TV, and Newspaper is the main source of information in all LGA, rumours are significant source of information on Covid-19 in Banjul, and the internet as a source of information is most prominent in KM. NGOs and CSOs play important role in informing the rural community about

Covid-19 shown by a significant proportion of the rural household who say that they got information from CSO and NGO.

On the issue of Covid-19 vaccine, more than 40 percent of households do not generally trust Covid-19 vaccines, and the distrust is highest in Banjul. A greater dive into the reason for not trusting indicate that household believe that Covid-19 can cause health complication. Hence, government, NGOS, and CSO should work hard to reduce the inflation. Good number of households either refused or hesitated in taking Covid -19 test. The refusal rate is highest in Brikama and lowest in Banjul and higher for male headed households.

The number of households that have their members receive zero dose of the first jab is significant (about 70%), which is greatest for KM Brikama, and lowest for Banjul. The coverage rate is even lower for the second jab as more than 80 percent of the households reported to have not receive a second jab. Like the first jab, the second jab coverage is highest in Banjul than in Brikama and KM. Information on Covid-19 virus, more household seem to be aware of Covid-19 than awareness of the Covid-19 vaccine. Almost half of the households claim to not have received enough information about Covid-19 vaccine.

- SUMMARY FIELD WORK FROM LOWER RIVER REGION (LRR)

Since the advent of COVID-19 in The Gambia in March 2020, it has been observed that the pandemic had its toll in The Gambia affecting the health, social and economic wellbeing of the citizens. Thus, government of the Gambia embarked upon a series of activities to contain the virus with a lockdown of the economy, with the introduction of WHO guidelines, regular washing of hand, avoid handshaking, crowds and use of face mask. Series of sensitization campaigns were carried out by the government to increase citizens awareness of the COVID-19 and how they can protect themselves. These were further followed by social assistance in the form of food distribution and cash transfers to relief the effect of lockdown of the economy as well allowed the continuation of economic activities in rejuvenating the livelihood of the citizens. There were lot of support also from donors; the world bank for instance has provided about 19 million dollars support to the government COVID-19 preparedness and response plan. As of December 2020, the UNDP spent over 1.8 million dollars as support in various forms to state and non-state actors to

help them cope with the negative effects of the pandemic (UNDP, 2020a). IMF and other donors have also provided support to the government to help it respond to the pandemic.

In view of these, the survey assesses the household characteristics in terms of economic activity, income and poverty levels, access to food during COVID-19 and government food and monetary assistance provided as well as perception about COVID-19 and vaccines by households in the Lower River Region (LRR). As disclosed by the findings, there is a significant low level of educational attainment in the region, hence the need for government to do more. Similarly, an assessment on households' income of the respondents shows that majority of the household income range fall between D1,000.00 to D5,000.00 with more than 40 percent earning from D1,001.00 to D5,000.00. Only above 20 percent and much closed to 30 percent are earning less than GMD1000.00. On the contrary those earning D5, 001.00 to D10, 000.00 constitute nearly 20 percent while those within D10, 001.00 and up to D25, 000.00 are less than 10 percent of the respondents. Overall, majority fall within the low quintile income range. This is a sign of poverty which correspond with their economic absorptive capacity as shown in the asset ownership.

In the LRR, almost all the households agree that COVID-19 affected access to food. Regarding the major food items that were most impacted by the pandemic, most of the respondents (about 35%) said horticultural products were the most challenging to obtain. About 30% of the families surveyed reported that oil is the most challenging while about 20% reported that it is fish or meat. Eggs and fruits were less of a challenge than the other food items. Not surprising given that these items are not commonly purchased by poor families, especially those in the rural areas.

To address the food difficulties that may arise from the COVID-19 containment measures, the government in March 2020, rolled out a nationwide food package targeting 84% of households and all (i.e., 100%) households in the rural areas (CRR, NBR, URR, LRR, and some part of WCR) of The Gambia. Vulnerable households in the urban areas were also eligible to receive the food items. The food items distributed were oil (147494), rice (229846) and sugar (229846), which are staples in The Gambia. Multiple government institutions were involved in the procurement (Ministry of Finance and Trade), transportation and distribution (National Disaster Management Agency – NDMA), grievance redress (local government), and storage (community heads). The office of the vice president was responsible for coordinating the entire exercise. In addition, with

the support of the World Bank through the Social Safety Net Program, monetary assistance was also delivered to 78000 households in the 30 poorest districts of the country.

The overall satisfaction with the food aid was very low as not more than 3% of the respondents reported that they are either moderately or very satisfied with the assistance. This implies that over 90% of the respondents in the LRR are reportedly not satisfied with the government food assistance, which is indeed very high and higher than the level of dissatisfaction observed in NBR, Greater Banjul, and West Coast Region. With regards to the monetary aids, the results show that the aid is pivotal in supporting families to meet their basic needs as all household indicate that the main use of the aid was to provide food for the household. However, nearly 90% of respondents said the aid was not sufficient for meeting their basic needs.

Finally, we find that most respondents in LRR are aware of the COVID-19, and they get most of their information through community engagement and radio and TV programs. Therefore, it appears that the information campaign helped in increasing awareness. However, a significant proportion of people in the LRR don't think that their community has benefited from health system strengthening interventions rolled out by the government. Furthermore, we find that people generally aware about vaccine but the hesitance in taking the COVID-19 vaccines is still widespread and most of it seems to be driven by misinformation. Hence, more information campaigns in this front are needed.

- SUMMARY FIELD WORK FROM CENTRAL RIVER REGION (CRR)

This Snapshot Report presents the findings from the the government COVID-19 response tracking survey conducted in the CRR. Main Findings are: the pandemic affected access to food in the region particularly for poorer households and therefore most families needed support; the government food package didn't reach all households in the region and this is more pronounced in Janjanbureh; The monetary aid didn't reach all households but has a slightly better more outreach than the food package; Overall dissatisfaction with social assistance is high as a substantial majority of families said the assistance was not enough for their basic needs. Also, they prefer the aid in cash than in kind; Awareness of COVID-19 is high and generally people know what to do when they have

COVID-19; the main source of information in the region is Radio and TV; overall, the perception that COVID-19 has improved health service delivery in the region is high; although, awareness of COVID-19 vaccine is high, vaccine hesitancy is also high; however, many think that there is enough information on vaccines.

- SUMMARY FIELD WORK FROM UPPER RIVER REGION (URR)

This Snapshot Report presents the findings from the government COVID-19 response tracking survey conducted in the URR. Main Findings are: the pandemic affected access to food in the region due to insufficient income and therefore most families needed support; the government food package was received by majority but outreach was not 100%; dissatisfaction with the food aid not as high as in CRR; The monetary aid didn't reach all households but has a slightly better outreach than the food package; dissatisfaction with monetary aid is high as a substantial majority of families said the assistance was not enough for their basic needs; Overall satisfaction with the social assistance program is high among respondents; Awareness of COVID-19 is high and generally people know what to do when they have COVID-19; the main source of information in the region is from the community; overall, the perception that government response has improved health service delivery in the region is high; Awareness of COVID-19 vaccine is high and vaccine hesitancy is not as high as in CRR; many think that there is enough information on vaccines, but the perception that information is not enough is still high (about 33%).

- SUMMARY FIELD WORK FROM NORTH BANK REGION (NBR)

Since the advent of COVID-19 in The Gambia in March 2020, it has been observed that the pandemic had its toll in The Gambia affecting the health, social and economic wellbeing of the citizens. Thus, government of the Gambia embarked upon a series of activities to contain the virus with a lockdown of the economy, with the introduction of WHO guidelines, regular washing of hand, avoid handshaking, crowds and use of face mask.

Series of sensitization campaigns were carried out by the government to increase citizens' awareness of the COVID-19 and how they can protect themselves. These were further followed

by social assistance in the form of food distribution and cash transfers to relief the effect of lockdown of the economy as well allowed the continuation of economic activities in rejuvenating the livelihood of the citizens. There were lot of support also from donors; the world bank for instance has provided about 19 million dollars support to the government COVID-19 preparedness and response plan. As of December 2020, the UNDP spent over 1.8 million dollars as support in various forms to state and non-state actors to help them cope with the negative effects of the pandemic (UNDP, 2020a) . IMF and other donors have also provided support to the government to help it respond to the pandemic.

In view of these, the survey assesses the household characteristics in terms of economic activity, income and poverty levels, access to food during COVID-19 and government food and monetary assistance provided as well as perception about COVID-19 and vaccines by households in the North Bank Region (NBR). As disclosed by the findings, significant number of the respondents (more than 60 percent) attained non formal level of education. Similarly, an assessment on households' income of the respondents shows that majority (above 50 percent) are within the range of GMD5,001 to GMD10,000, while those in the range GMD1,001 to GMD5,000 constitute about 40 percent with only 5 percent of households earning from GMD10,001 to GMD15,000 respectively. Overall, the findings disclosed that at least 40 percent of households are earning from GMD1,001 to GMD 10,000.00 monthly.

In the NBR, almost all the households agree that COVID-19 affected access to food. The major food items that were most impacted by the pandemic, shows that over 90 percent of the households surveyed reported that horticulture products (mainly vegetables such as potatoes, onions, etc.). These are imported as Gambia is an import-oriented economy, hence lot of its potatoes and onions are imported as the local production of these items cannot still meet the domestic demand.

Regarding government assistance to food difficulties that may arise from the COVID-19 containment measures, the government in March 2020, rolled out a nationwide food package targeting 84% of households and all (i.e., 100%) households in the rural areas (CRR, NBR, URR, LRR, and some part of WCR) of The Gambia.

Vulnerable households in the urban areas were also eligible to receive the food items. The food items distributed were oil (147494), rice (229846) and sugar (229846), which are staples in The Gambia. Multiple government institutions were involved in the procurement (Ministry of Finance and Trade), transportation and distribution (National Disaster Management Agency – NDMA), grievance redress (local government), and storage (community heads). The office of the vice president was responsible for coordinating the entire exercise. In addition, monetary assistance was also delivered to 78000 households in the 30 poorest districts of the country.

We find that most the coverage of the food aid in the NBR is high (81% received the aid) but not all received the aid, which was the plan. Hence, the targeting of the food aid in the NBR didn't go as plan. With regards to the monetary aid, the results indicate that the coverage of the monetary aid in NBR is high as 88% of respondents confirmed receipt of the monetary aid mainly to buy food items to mitigate the economic effect of COVID-19. However, over 80% of respondents said the aid was not sufficient for meeting their basic needs.

Notwithstanding, over 80% also said the aid was very helpful and assisted their families to cope with the pandemic. Most people are also happier about the monetary aid than the food aid. Notwithstanding, they agree strongly that the assistance did help their families.

Finally, we find that most respondents in NBR are aware of the COVID-19, and they get most of their information through community engagement and radio and TV programs. Therefore, it appears that the information campaign helped in increasing awareness. However, a significant proportion of people in the NBR don't think that their community has benefited from health system strengthening interventions rolled out by the government. Furthermore, we find that people generally aware about vaccine but the hesitance in taking the COVID-19 vaccines is still widespread and most of it seems to be driven by misinformation. Hence, more information campaigns in this front are needed.

6) CONCLUSION AND RECOMMENDATIONS

The Corona Virus measures was discovered in Wuhan, China on 31st December 2019 and declared a global pandemic by the WHO on 11th March 2020. In the Gambia, it was first detected on 17th

March 2020 and began fatal for the first time in the country on 19th March 2020. Since then the country suffered from a rising in cases which can be conveniently summarized into two distinct waves during the July-November 2020 and January-April 2021 periods. The Gambia government responded to the advent and upsurge in Covid-19 first by creating the legal framework that allows government to response swiftly within the remits of law while trying to flatten the curve. It also engaged in awareness campaigns through radio, TV, and social media; instituted mitigation and preventive strategies such as travel bans, quarantine measures, general lockdown, ban on public gatherings, and restrictions on the trade of essential goods and service. Furthermore, government distributed food aid and made cash transfers to the most affected households throughout the country to reduce the economic hardship that vulnerable households face. These efforts were supported by a large influx of money from the government own appropriation bills, the World Bank, IMF and other bilateral and multilateral donors.

It is therefore imperative to follow the Covid-19 money and see how impactful it was for households and investigate how wisely it was spent. It is against this backdrop that CepRass embarked a project called “Covid-19 Accountability Study” supported by funding from IRI through USAID. The project conducts a desk review of previous Covid-19 studies in the country; qualitative method of KII with stakeholders in the government ministries and agency, community leaders and other opinion leaders in the society; and a survey conducted by CepRass team of researchers. Data from the field work was triangulated in the analysis stage with GBoS Covid-19 High Frequency Survey data.

The data collected and the secondary data available were mainly divided into household characteristics, income and poverty levels, access to food during COVID-19 and government food and monetary assistance, and perception on COVID-19 vaccines. The sampling was done at regional, then district levels and as such data was collected at regional level. The finding at each the level of each regions is summarized above and show that (i) the containment measure that people are most satisfied with is awareness campaign; (ii) health sector support and food aid are most satisfying to household of all government supports given ; (iii) Covid-19 impacted livelihoods across the country especially access to food ; (iv) cash transfer was helpful for household and in about 50-60 percent of households reported that the transfers prioritized the needs of women and children, while majority of the households reported that the wife decides on the use

of the social assistance; (v) most households across the country disagree or strongly disagree that health service provision has improved since the advent of Covid-19; and (vi) vaccine penetration is low with many household suffering from misinformation around vaccines.

Hence, while this is not the first study on Covid-19 in the Gambia, its focus, depth and methodological richness is stellar. It has shown that amount of funds that were put into supporting household livelihoods was impactful and reach most affected households in all regions except the NBR where the distribution was less than 100%. Awareness campaigns that were launched tend to achieve its objective with support from NGOs in rural areas. It is recommended that the Gambia government should use its awareness campaign strategies to tackle misinformation around Covid-19 vaccines to increase the vaccine uptake. The government should build a resilient health care system that can effectively respond to an emergency health care demand while not losing focus on other diseases at the same time. Finally, more care should be taken in the distribution of social assistance in NBR to ensure affected households are all effectively reached just as in other regions.

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