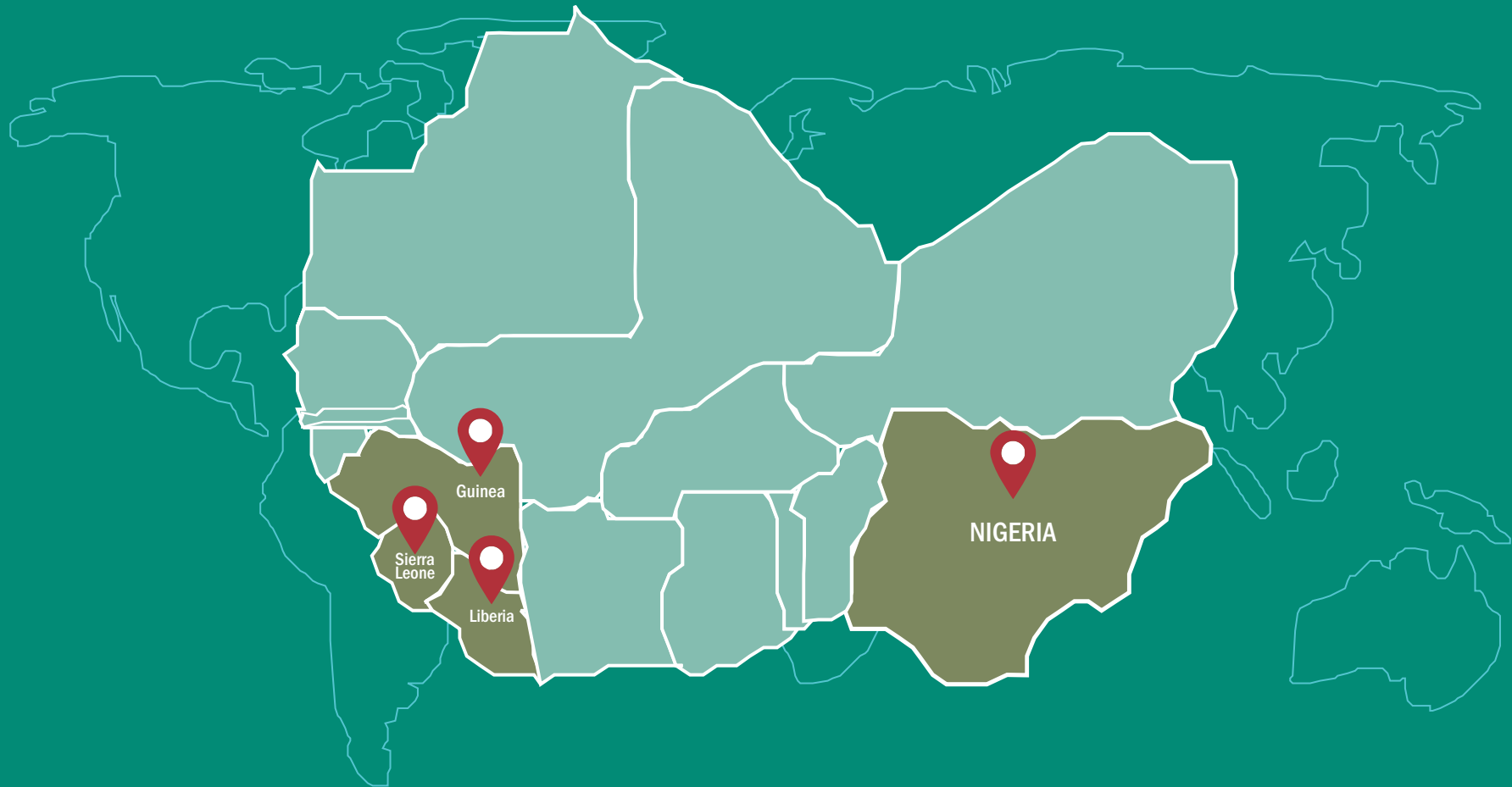
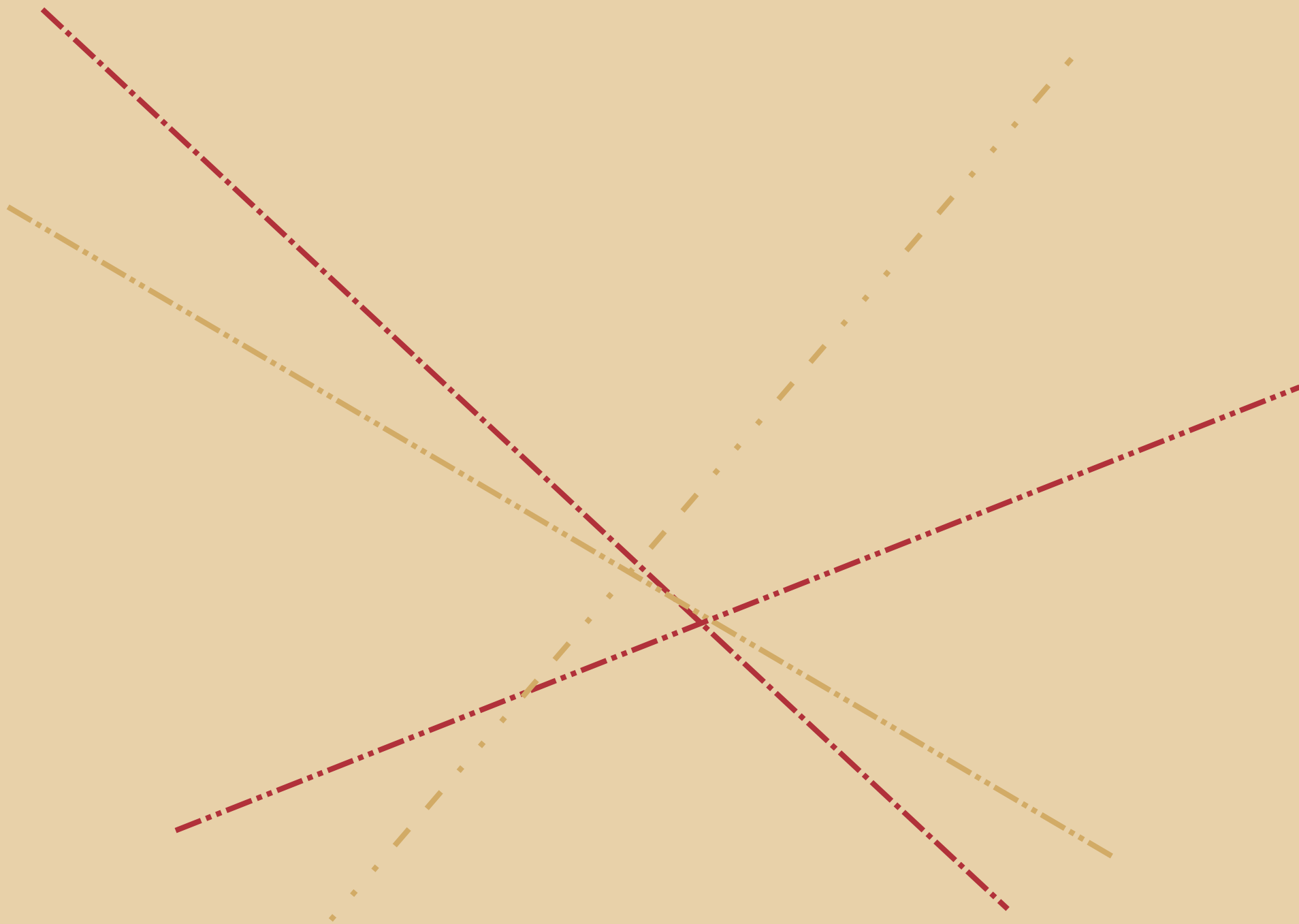


# EBOLA FUND WATCH



TRACKING FUNDS FOR EBOLA CRISIS IN WEST AFRICA







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## ACKNOWLEDGMENTS

We express our profound appreciation the Open Society Initiative for West Africa for their support and guidance. This report was made possible through a grant by OSIWA to track the inflow of Ebola relief funds to West Africa under the Ebola Fund Watch Project.

We are grateful for the opportunity, comments and feedback on drafts of this report, including inputs to strengthen it from many partners- Campaign for Good Governance, Ebola Alert, Accountability Lab and the government institutions involved. Thanks go to our Editor, Ruona Meyer, Fisayo Soyombo for his contributions to the Liberia report and Njoya Arouna for the French transcription.

To the thousands of Ebola fighters- “the ones who answered the call” as described by the TIME Magazine. The health workers- (Doctors, Nurses, Paramedics) Ambulance drivers, Hospital Cleaners, Lab workers, and other Volunteers who willingly, worked tirelessly to fight the virus in West Africa. Who did not give up even when faced with the scourge of death, exposed to the virus without sufficient working materials. Quoting an excerpt from an MSF health volunteer, Ella Watson-Stryker, they found themselves “fighting a forest fire with spray bottles.”

The Doctors Without Borders (MSF) for their quick intervention in Guinea and relentless work to contain the Ebola Virus Disease in Liberia and Sierra Leone. Other Global institutions- The World Health Organization, The United States Center for Diseases Control and various Organizations who managed the situation. Donors- Private, Organizations and Countries who sent in funds and support materials into the region.

### About BudgIT

BudgIT as an idea was conceptualised and hacked at the Tech-In-Governance, a 48 hour gathering organised by Co-Creation Hub in February 2011. BudgIT as a tool aims to redefine participatory governance. Many Nigerians, with little or no knowledge of accounting and public financial management, are lost when they see (if they ever get the chance to) the budgets of the different arms of government.

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### About OSIWA

The Open Society Initiative for West Africa pursues the development of open societies by supporting and building partnerships with local and regional groups that promote inclusive democratic governance, transparency and accountability, and active citizenship. The initiative also supports public education and awareness raising activities on human rights issues, natural resources management, and freedom of information.

### © 2015

Disclaimer: This report went to print on 17 November 2015 and some of the figures and commitments documented in the report are out of date. The information herein was to the best of our knowledge. While reasonable care were taken to prepare this document, no responsibility or liability is accepted for errors or views expressed herein by BudgIT, for actions taken as a result of information provided in this Report.



# EXECUTIVE SUMMARY



Medical personnel wearing Personal Protection Equipment  
Source: Dominique Faget / AFP / Getty Images

# EXECUTIVE SUMMARY

Oluseun Onigbinde  
Lead Partner, BudgIT

Mid-May 2015, the recent epidemic of Ebola Virus Disease (EVD) which infected and killed over 11,000 people across West Africa. Ebola scourge showed the weakness of health systems of African countries, weak political institutions and how cultural practices can also escalate health crisis. Considering the challenge of transparency across the sub-region, a lot of concern exists around the efficiency with which funds pledged by the International, private, public and donor communities is being tracked and audited. This was corroborated in this report as from the paltry payment to Ebola victims in Liberia, the corruption investigation in Nigeria and the damning Audit Report in Sierra Leone, it 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 - caregivers, journalists, survivors, victim dependants, civil servants and others. The questions were around the quality of care, quality of post-Ebola care/follow-up, quality of preparedness and planning, availability of resources/equipment, quality of remuneration and post-Ebola commitment.

BudgIT, with support from the Open Society Initiative for West Africa, has been working with development partners; Ebola Alert, Campaign for

Good Governance, The Cable Newspapers, private consultant and HEIT Solutions to conduct research, which curates and tracks the use of funds for EVD management across the sub-region.

Following up with public institutions, key stakeholders and citizens in Nigeria, Liberia, Guinea and Sierra Leone, the Ebola Fund Watch had its main objectives as:

- Gathering evidence on the efficient use of committed funds for the containment of the Ebola outbreak as provided by donors.
- Creating a narrative of cumulative experiences and a coherent body of anecdotal evidence detailing how emergency funds were applied to survivors, victims, healthcare workers, institutions and other beneficiaries.
- Exploring online and offline means of communicating with, to and for the public about the Ebola Funds and also partnering with relevant institutions across the sub-region to deliver the qualitative and quantitative results of these communication mechanisms.
- Facilitating an efficient feedback loop between civil society and government on the implementation, appropriation and auditing of funds for Ebola funds across the sub-region.

An overview of the requirements for an adequate response plan for the Ebola Virus outbreak in Guinea, Liberia, Sierra Leone and Nigeria shows the sub-region requires about \$2.27 billion to contain and manage the virus.

Data from the United Nations Office for the Coordination of Humanitarian Affairs as at 4 November 2015 reveals that only 69% of the needed funds have been raised (\$1.56bn). Sierra Leone got over \$618,223,533, Guinea \$330,240,072, while Nigeria received \$4,463,098 and Liberia got \$1,009,935,411 in donations and support for related projects.

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 Ebola funds were expended. We expect to aggregate feedback of our reports and send same to relevant government institutions, to guide policy reforms around health and epidemic issues in Nigeria.

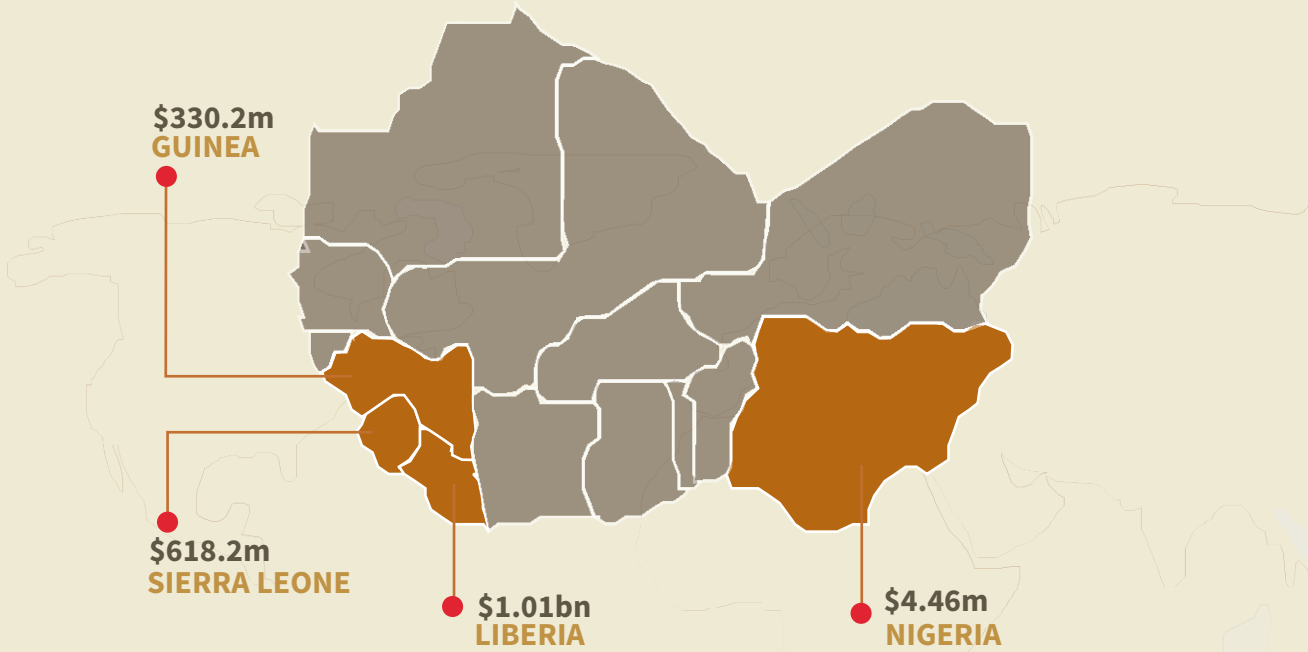
Notwithstanding the time and effort invested in this report, this work cannot be described as exhaustive, due to: the lasting effects of Ebola on victims, the ongoing collection and disbursement of funds between donor and receiver countries, as well as the fact that Ebola's resurgence is only one case away. Therefore, enough has been done here to hopefully trigger larger-scale research into the use of donor funds, to assess the needs of Ebola survivors relative to government investment, and to lay a foundation for robust conversations around bolstering health sectors on the continent.





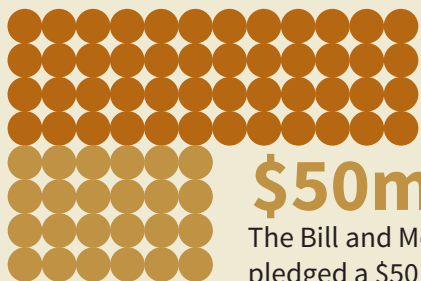
# EBOLA FUNDS AT A GLANCE

#EbolaFundWatch  
TRACKING FUNDS FOR EBOLA CRISIS IN WEST AFRICA



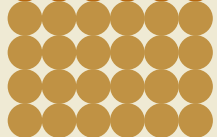
Source: United Nations Office for the Coordination of Humanitarian Affairs as at 4 November 2015

## PRIVATE SECTOR DONATIONS TO COMBAT EBOLA IN WEST AFRICA



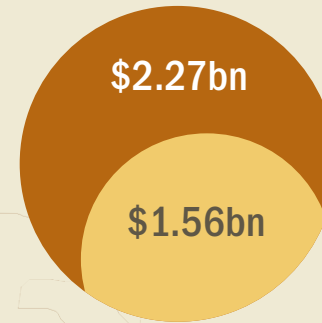
### \$100m

The Paul G. Allen foundation donated \$100 million - the highest individual donation



### \$50m

The Bill and Melinda Gates Foundation also pledged a \$50 million grant.



## 69%

Of needed funds have been raised (\$1.56bn)



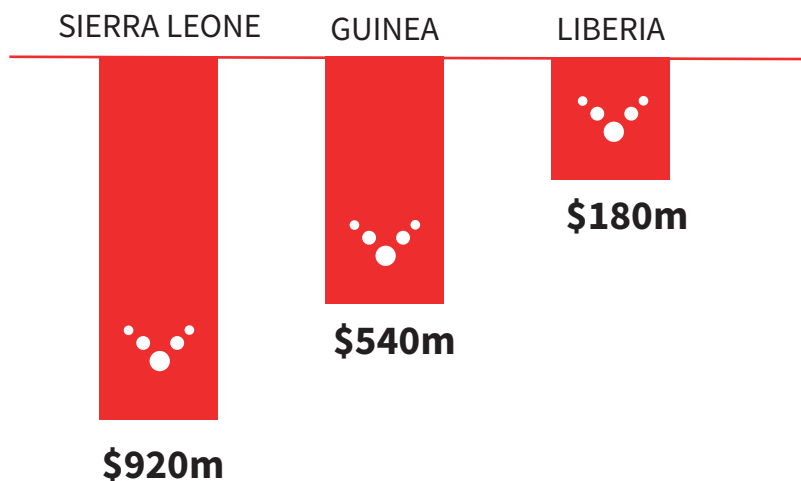
### \$450m

The European Union by July 2015 pledged Euros 450 million to Ebola-affected countries

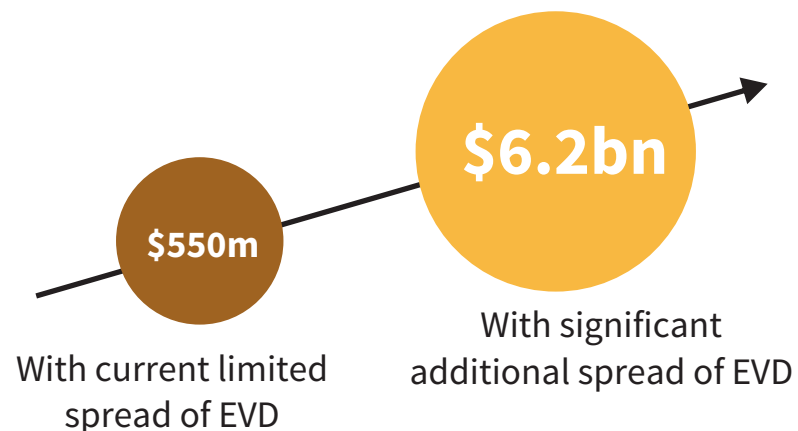


The World Bank Group has mobilized \$1.62 billion for Ebola response and recovery efforts to support affected countries.

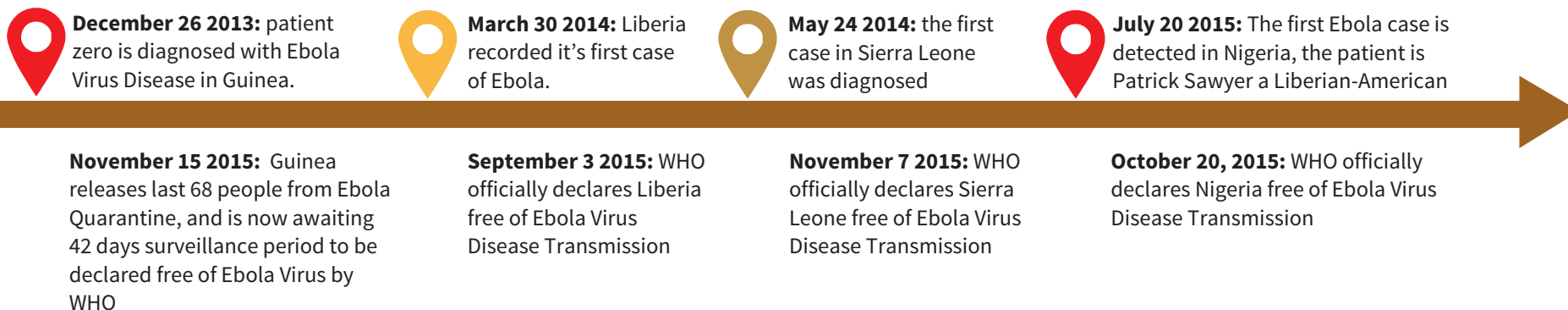
### Expected Forgone GDP in 2015 due to Ebola and Global Economic Conditions (in US dollars)



### Expected Forgone GDP in 2015 based on the spread of Ebola Virus Disease (EVD) in Sub-Saharan Africa



### TIMELINE OF THE EBOLA EPIDEMIC IN WEST AFRICA



# INTRODUCTION



**Medical personnel receiving their food portion**  
Source: CBS News



# INTRODUCTION

This report provides a descriptive evaluation of the utilization of Ebola funds in West Africa. As the current Ebola outbreak in the region edges towards total containment, an emerging issue is how well each beneficiary country has utilized locally and globally raised resources.

Most of the devastation wreaked by the Ebola Virus Disease occurred in Guinea, Liberia and Sierra Leone. In these three countries, dozens died before medics achieved a full comprehension of what they were dealing with; medical facilities were overwhelmed at an alarming rate; already-lean government purses were stretched to the limits; the courage of health workers was severely tested.

Sadly, it would seem that the occurrence of the Ebola epidemic as an emergency 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 Ebola funds, this report compiled the accounts of Ebola survivors, health workers, administrative staff in hospitals, and social

workers. All answered questions (via physical interviews) relating to the quality of healthcare received by Ebola patients, as well as questions about the type, and extent of aid from government and non-governmental organisations.

Although there were slight country-by-country variations in the accounts of these respondents, the dominant theme was that the handling of the funds lacked transparency.

We embarked upon this descriptive study of the West African Ebola funds with the purpose of evaluating each country's implementation framework. Our motivation was based on the assumption that the perception and testimonies of funds utilization by Ebola survivors, relatives of victims, implementers and volunteers is a valid tool for greater accuracy about this crucial subject.

A Delphi session was held, where health policy experts and public health physicians highlighted questions that would elicit interviewees' in-depth perception and direct experiences of the appropriateness of Ebola funds utilization.

Representatives of each focal group were selected from a list of persons in each of target category, and were contacted. Those who

consented to participating were interviewed, with interviews recorded in audio form, then transcribed, and analyzed. Investigators' deductions will therefore be added at the end of each interview segment, a summation of all inferences gathered.

## OBJECTIVES OF OUR WORK

1

To break the cycle of opacity surrounding the funds donated for the management and containment of Ebola Virus Disease across West Africa.

2

To engage with and enlighten the public about the Ebola relief funds and also partner with key institutions across the sub region to deliver qualitative and quantitative results about the disbursement, receiving and auditing of same.

3

To allow citizens' of affected countries track the performance of funds earmarked for Ebola containment in the sub region.

4

To stimulate the judicious implementation of Ebola relief funds.

5

To, where relevant, kick-start and strengthen deliberations about the building a more responsive health system for the region and tangibly contribute to a broader understanding of preparedness for future outbreaks.

The responses from those surveyed were grouped into 6 categories:



QUALITY OF CARE



QUALITY OF POST-EBOLA CARE/FOLLOW UP



QUALITY OF PREPAREDNESS/ PLANNING (BUDGET, M&E)



AVAILABILITY OF RESOURCES/EQUIPMENT



QUALITY OF REMUNERATION



POST EBOLA COMMITMENT (FACILITIES)





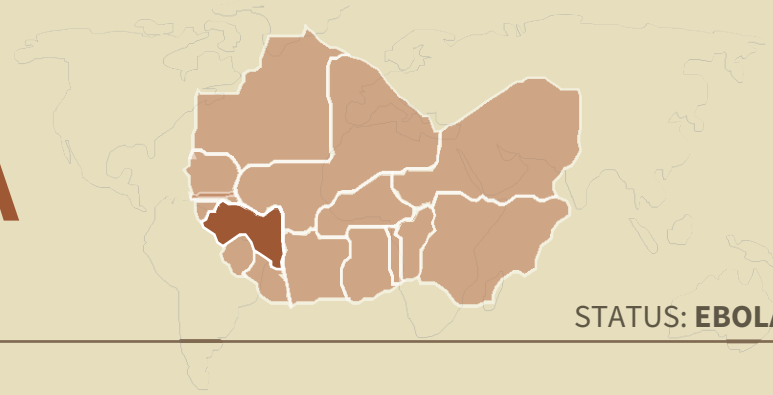
# COUNTRY FOCUS GUINEA



A team of Ebola Virus Disease Researchers in Guinea  
SOURCE: World Health Organisation

# Ebola Virus Disease in WEST AFRICA

## COUNTRY FOCUS: GUINEA



STATUS: **EBOLA ACTIVE**



TOTAL CASES  
**3,805**



LAB CONFIRMED  
**3,351**



RIP  
TOTAL DEATHS  
**2,536**



AID RECIEVED  
**\$330,240,072**

SOURCE: UNOCHA as at 4th November, 2015



Weak public financial management systems coupled with high levels of corruption create many opportunities for the abuse of power, bribery and unethical actions that can limit the ability of donations to stop the Ebola outbreak. When so much money floods into the region in such a short period of time, accountability for those funds should shoot to the top of any list of priorities.



- José Ugaz,  
*Chair of Transparency International.*

Source: Center for Disease Control & Prevention



FOR MORE INFORMATION

[www.ebolafundwatch.org](http://www.ebolafundwatch.org)



# GUINEA



## \$330m

According to UNOCHA \$330 million has been donated to Guinea as at 4th November, 2015 to combat Ebola.

## 33%

Of €450 million pledged to Ebola-affected Countries by the EU, Guinea was set to receive €148.9 million.

## 9,500



According to Transparency International, systemic corruption in the West Africa Ebola epidemic has killed more than 9,500 people.

The Ebola Virus Disease (EVD) epidemic began in Guinea, and in over a year, it has infected about 4,000 people and killed at least 2,500 in the country.

The virus was first traced to a remote area called Meliandou, on 26 December 2013 when a 2-year-old boy was reported to have fallen ill and died mysteriously. Subsequent investigations by the World Health Organization traced it to hunters who were said to have slaughtered and distributed infected wild animals - most likely monkeys, forest antelope, or squirrels.

The World Health Organization (WHO) published an official notification of the virus on its website on 23 March 2015, by which time the virus continued its relentless spread to Conakry, the capital city, where it quickly multiplied and became a national casualty and an international spectacle. Due to a deep mistrust in government, the disease spread, with the killing of health workers who tried to educate the rural population about Ebola.

At its peak, at least 175 cases were reported weekly in Guinea. Currently, there has been a significant drop in the number of new cases of Ebola in the Country but the people and economy of Guinea will remain at a great risk until Ebola is fully eradicated from the region.

As at the week leading up to 4 October 2015,

over 500 high-risk contacts from Conakry, Coyah and Forecariah remain on the country's radar, and 11 patients are in Ebola treatment centers.

## 1. QUALITY OF CARE

The objective here was to gather evidence from survivors, health caregivers and coordinators concerning the type and quality of healthcare received and given. This would serve as an indicator on how funds were channeled into the treatment of Ebola patients.

### RESPONSE FROM HEALTH WORKERS

Q

“Briefly describe the quality of care provided to Ebola victims at the treatment Centre.”

A

“They received good treatment: medication, clothing, eating etc...the care was at the height of expectations.”

- Dr. Sekou Cisse,  
Coordinator of Ebola Treatment Centre, Coyah

# GUINEA



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According to Transparency International, systemic corruption in the West Africa Ebola epidemic has killed more than 9,500 people.

Poor risk monitoring in managing Ebola relief funds has given room for corruption and mismanagement in a region famous for such impunity.

There are reports “that mismanagement of funds and a slow response to the outbreak put the country at a disadvantage compared with Nigeria and Senegal, which mobilized quickly and effectively.”

At the moment, there are no audit reports for Ebola funds donated to and received by Guinea. However, it has become very crucial for its government to identify and mitigate corruption issues and simultaneously focus on strengthening the country's health system as the country with the largest iron ore deposits worldwide and its biggest exporter of bauxite combats the final waves of Ebola.

“

Ebola will further impede investment... Mismanagement has been part of the reality of government in Guinea. Because of it, contracts aren't signed and investments aren't made.

”

**- Cellou Dalein Diallo,**  
Guinean Opposition leader and former Prime Minister

Q

“Briefly describe the quality of care provided to Ebola victims at the treatment Centre.”

A

“When the patient arrives at the Ebola Treatment Centre, we take a systematic treatment. In this treatment, there are antibiotics and anti-malaria before testing. The reason is that we are in a tropical zone, if the test is positive, it makes it a specific treatment which is based on symptoms”  
- **Dr. Fode'**

Q

To this extent, can you tell if care quality lives up to what was expected?

A

Yes, it was at the height of what was expected but, unfortunately, the sick do not come on time; rather at a later stage.  
- **Dr. Fode'**

Q

Were the equipment and work materials sufficient?

A

“The facilities were adequate and met the standards but in the beginning the first outfits were not adequate; they were sent back and we later received new ones.”

- **Dr Sekou Cisse,**  
Coordinator of Ebola Treatment Centre, Coyah.

A

“No, initially work equipment were not sufficient and definitely not up to standard”

- **Dr Pierre Defontaine,**  
Ebola Treatment Centre, Wonkifong







Medical personnel arriving at an Ebola Treatment Center in Guinea, West Africa.



## RESPONSE FROM SURVIVORS

Q

Can you briefly describe the quality of care given to you at the treatment center?

A

“I got sick at the beginning of the outbreak as of March 24, 2014, so nothing was prepared as at then but at the same time, the quality of care was effective. Although there were many deficiencies but each time there were complaints there are drugs there was always a team that was there to ask us there were instructions, hygienists to clean the rooms so it was really effective.”

– **Fanta Oulen,**  
Survivor

A

“The quality of care varied; the first set of patients did not receive adequate care as the treatment centers were crowded but at least some of us got healed and were sensitized and encouraged.”

– **Abdoulaye Toure,**  
Survivor

Q

In measuring this care, can you say it is up to par with what was expected?

A

“I cannot dwell on the question because I do not know what the set standard is.”

– **Abdoulaye Toure,**  
Survivor



Q

How can we ensure that adequate compensation care is granted to citizens in an

A

“There are well-organized structures to take care of the communication, awareness and also the involvement of NGOs.”

– **Diallo Oumuo,**  
Deputy Director-General,  
International Organization at  
the Ministry of Cooperation

A

“Compared to care requires research centers and that we did not lose three months for a disease. As for the compensation of victims, we need to strengthen the social system that will take into account the widows, widowers and orphans.”

– **Camara Aliou,**  
Special Adviser to the President.

## 2. QUALITY OF PREPAREDNESS AND PLANNING

This section aims to understand if budgets were prepared and implemented in the utilization of Ebola funds. It is hoped that this will give insights into the preparedness level during the outbreak.

Q

How would you assess the quality of preparedness and planning for the Ebola outbreak?

A

“The preparation has been impeccable. We launched an opinion-formed youth movement where, community leaders and authorities helped with the recruitment and they were trained to work on the field.”

- **Toure Mohammed**,  
Assistant Minister of Youth and Youth Employment

A

“The first aspect; sensitization, preparation of hand-washing kits, and the second aspect (which) concerns the (responsiveness of the) committees which were set up following a decree.”

- **Camara Aliou**,  
Special Adviser to the President.

A

“In the humanitarian field, there is a very important word...urgency. When a crisis comes in the strength of unknown origins, it is very difficult to organize and plan a response. This crisis is a global humanitarian crisis and when it is global, we must organize multi-sectorial groups, each of which would take care of a sector. It's true that there were areas that were hidden, but it is the State that we must look. Compared to the organization, we will say that it's good or bad, but as the disease is not buttressed, we continue to look for work innovations.”

- **Keita Denta**,  
National Service Director for Humanitarian Actions

Q

Was there an additional provision in the national budget to support the fight against Ebola?

A

“There was some fund from the State subsidy during the first impact assessment and a little UNDP grant, but there was no structured budget to manage Ebola.”

- **Lamar Joachim**,  
National Director of Economic Research and Prevention

A

“The Government provided funds to help in the fight against Ebola. In addition, the Government increased the health budget from 2.5% to 10% for three (3) years, showing their willingness.”

- **Dr. Robert Camara**,  
National Director of Prevention and Community Health at the Ministry of Health.



Q

Did the government launch an aid operation as soon as the outbreak occurred? Would you say the Guinean Government was receptive to foreign support immediately the outbreak occurred?

A

“As soon as the outbreak occurred, the Government established a National Coordination response team that fought against Ebola and it drove all interventions. In most impact studies, the Government has had support from the outside and the President himself has disbursed in a first case five million dollars in the national budget...the government has set up a special budget of national affection.”

**- Lamah Joachim,**  
National Director of Economic Research and Prevention,  
Guinea



Medical Workers wearing Personal Protective Equipment

A

“It is a disease that Guinea did not foresee; the outbreak was the worst that ever hit West Africa and because of the poor condition of our health system, we could not launch an operation immediately and the Virus spread very rapidly.”

**- Diallo Oumuo,**  
Deputy Director-General,  
International Organization at  
the Ministry of Cooperation

A

“Gradually, as the epidemic persisted, the Government incorporated acts and posed (sic) in the fight against Ebola, including the sending of Ministers, each in his Prefecture to raise awareness and delivery of the gifts in the localities.”

**- Dr Robert Camara,**  
National Director of Prevention  
& Community Health, Ministry  
of Health.

Q

Would you say Ebola spread rapidly across the Country due to the slow response of international organizations?

A

“No. It was due to the lack of communication and coordination.”

- **Mr. Diallo Oumuo,**  
Deputy Director-General,  
International Organization at the  
Ministry of Cooperation

A

“I don't think so. The institutions reacted early in the epidemic. Although, the strategies were biased in some places where they perceived how some communities are. Most of the people were ignorant about the disease and the poor means of communication also affected the process, as there was a wide belief that there was no vaccine to cure it.”

- **Toure Mohammed,**  
Assistant Minister of Youth and  
Youth Employment.

A

“The slowness was at two levels: First, at the institutional level - all the promised money did not come, the time lag between the announcement of the epidemic and the receipt of funds, diversification of UN officials. Second, internally: 90% of faults incumbent upon us not only because there was a delay in the reporting of the epidemic, but also the health system was failing. It should also be noted that most of the population was not convinced of the existence of the disease. Some political groups said it was a fabricated illness. As for the funeral rites, if one was inspired by the performance of the Nigerian health system, we could have avoided this delay.”

- **Camara Aliou,**  
Special Adviser to the President.

A

“There was no delay in the process. It is the health system... there was no laboratory and population persisted in misinformation. Some say when you go to the hospital, it is to die because the disease has no cure. If the citizens were as informed as the Government and experts, the disease would have been better contained.”

- **Keita Denta,**  
National Service Director for  
Humanitarian Actions

A

“Yes; because MSF was the first to get involved, only for some months; it was after some time that other players got involved. Not only that, it is MSF that first indicated that it was an epidemic out of control.”

- **Marc Ferget,**  
Emergency Coordinator, MSF

### 3. QUALITY OF PREPARATION AND RESPONSE PLANNING

**Q** How would you assess the quality of preparation and response of the various bodies and officials (Medical officials, Government officials, Members of Parliament and The Ministry of Social Welfare)?

**A** We have much response from the United Nations system partners through donations, awareness and monitoring. There was enough equipment, materials and medical kits that I can evaluate in millions of dollars. Today all Prefectures have air vehicles, motorcycles, ambulances and kits - anything that falls in the response against the Ebola epidemic. There are also bilateral partners who have made donations through the UN agencies  
**- Diallo Oumuo,**  
Deputy Director-General, International Organization at the Ministry of Cooperation

### 4. QUALITY OF REMUNERATION

**Q** Were you compensated and can you grade the level of compensation?

**A** “The World Food Programme donated some materials but there were insufficient. I would not say survivors should be compensated, but rather help them to resume their daily activities. Giving money to everyone is not valid; lets not be parasitic and live at the expense of others. Government should help our integration into society and help secure jobs  
**- Fanta Oulen,**  
Survivor.

**A** “Victims should not be compensated because compensation is only for those who have been wronged, what they need is social assistance.”  
**- Dr. Sekou Cisse,**  
Coordinator of Ebola Treatment Centre, Coyah

**A** “Compensation relative to what? I heard people received 70 million Guinean Francs (\$9,350) even I was treated to have had 70 million Guineans Francs. I asked them where the money comes from, who gave it to me... When I left the treatment center, arrived home I was told that World Food Programme came there with a 25kg bag of rice and a can of oil (5litres) plus an amount of about one million Guinean Francs. (\$134).”

**- Dr Mamadou Oury Diallo,**  
Health Personnel and Survivor.







An Ebola Surveillance vehicle at an Ebola Treatment Center in Guinea



**Q** In your opinion do survivors need to be compensated, and why?

**A** “Of course; because they received harsh shocks, most of them lost everything. Some children who survived the disease became orphans, the state must help them; it's the humanitarian thing to do.”

**-Amadou Diallo,**  
Communication Director,  
City Air.

**Q** In your opinion do survivors need to be compensated, and why?

**A** “Yes, they have suffered a lot. On a professional level, health workers lost their friends and colleagues, now without a job, they are without family support.”

**- Dr Mamadou Oury Diallo,**  
Health Personnel and Survivor.

## 5. CORRUPTION AND LEAKAGES

**Q** Have you suspected cases of embezzlement and corruption and/or do you think they are more common?

**A** “Compared to finance, wherever there is money there is embezzlement and misuse of funds. True, Ebola business sounds bad in the ear...in a sense there was actually Ebola business.”

**- Camara Aliou,**  
Special Adviser to the President.

“ When so much money floods into a region in such a short period of time, accountability for Ebola Relief Fund should shoot to the top of any list of priorities. ”

**- Jose Ugaz,**  
*Chair of Transparency International*

# DEDUCTIONS

## QUALITY OF CARE

Among the population, it is widely believed that the epidemic spread fast due to the slow reaction of international organizations and agencies: The World Health Organization, UNICEF, Red Cross, MSF, Action against Hunger (ACF), the French Army, Center for Disease Control and prevention, as well as local NGOs such as Alliances for Africa (AFA) and Guinea's Scouts.

Many believe this created a vacuum in response to the outbreak, allowing traditionalists and therapists step in to contain the situation by attempting to treat and take care of Ebola victims. This resulted in more people contracting the virus, due to the contagious nature of EVD.

## QUALITY OF PREPARATION & RESPONSE PLANNING

According to the World Health Organization, 57% of health facilities in Guinea were rated to be in a poor state in early 2014, before the Ebola outbreak. There was also a major shortage of health workforce, with all these being mentioned, the health system was fragile and it lacked the capacity to manage the Ebola outbreak.

Most citizens believe the government should be blamed for failing to provide quality health care. People believed the Ebola virus was a terminal and incurable disease

“They say once you catch Ebola, there is no hope, you will die”

There were also speculations that many of these International Organizations failed to communicate their message effectively at the beginning of the epidemic and that is why it incited revolts in some parts of the country, which eventually resulted in the death of some medical workers and anti-Ebola staffs.

Indigenes are now concerned about the post-Ebola strategy, how to reintegrate survivors into the society and help victims families rebuild their lives. They require compensation and jobs to take care of their children. There were announcements about the compensations measures, each Survivor was promised 7 million GNF, (about \$1,000 USD)

## OVERALL DEDUCTIONS

- At the beginning of the outbreak, the facilities and working equipment available were not adequate and sufficient for the number of viral cases reported daily.
- Ebola hit most health workers in Guinea, leading to a further shortage in the number of caregivers in the country.
- The Government of Guinea did not burst into action immediately Ebola broke out due to the strangeness of the virus.
- At the beginning of the outbreak, residents killed and attack health workers. Mistrust in Government aided rumours denying the existence of the Ebola Virus Disease in the country.
- Funeral transmissions and lack of local community engagement attributed to the high rise of Ebola cases in the country.







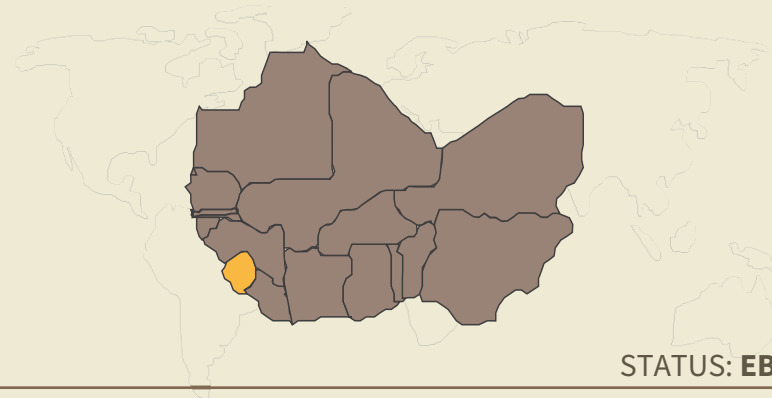
COUNTRY FOCUS  
SIERRA LEONE





# Ebola Virus Disease in WEST AFRICA

COUNTRY FOCUS: SIERRA LEONE



STATUS: EBOLA-FREE

SIERRA LEONE



TOTAL CASES  
14,122



LAB CONFIRMED  
8,704

RIP

TOTAL DEATHS  
3,955



AID RECEIVED

\$618,223,533

SOURCE: UNOCHA as at 4th, November 2015

“ Monies that have been set aside for the purpose of combating the ebola outbreak may have been used for unintended purposes, thereby slowing the govt’s response to eradicate the virus. ”

- Auditor General, Sierra Leone

Source: Center for Disease Control & Prevention

FOR MORE INFORMATION



[www.ebolafundwatch.org](http://www.ebolafundwatch.org)

# SIERRA LEONE



## \$658m

According to the United Nations Office for the Coordination of Humanitarian Affairs, Sierra Leone could have received as much as \$658 million in cash and material support.

## \$19m

Within May to October 2014, a report showed the Sierra Leone Government spent more than \$19 million (84 billion Leones) to tackle the Ebola epidemic.

## 30%

According to the Auditor-General's report, 30% of the Ebola funds sent into Sierra Leone was spent without documentation. The Ministry of Health and Sanitation were noted as having awarded contracts despite insufficient bidder documentation and disregard of the necessary due diligence.

A few months after the Ebola Virus Disease (EVD) surfaced in Guinea, West Africa, the virus found its way, for the first time, to Sierra Leone, a neighboring country in March 2014.

The first confirmed case in Sierra Leone was that of a young woman admitted to a government health facility in Kenema on 24 May 2014 after she suffered a miscarriage. The source of infection was traced to the funeral of a famous "traditional doctor" whose healing powers was famous across the border and had therefore attracted a lot of Ebola patients from Guinea. The traditional healer is believed to have died of Ebola himself.

Many mourners attended and participated in the traditional burial ceremony and local health authorities claim it could be linked to about 356 Ebola deaths in the country. An outbreak hit Eastern Sierra Leone's Kailahun district and was being treated and confined at the Lassa fever isolation hospital in Kenema.

By mid-June, the outbreak spread so rapidly that the government hospital in Kenema could no longer manage the situation. Ebola hit a large proportion of caregivers; doctors and nurses in the country hence, gravely retarding initial response strategies.

A little over a year into the Ebola outbreak in Sierra Leone, it had recorded over 13,000 cases and cumulative deaths at 3,500. From the

citizens' point of view, the fast spread of the virus was mostly attributed to poor health care structures, traditional beliefs, burial rites and rituals, backed by a lack of education and sensitization around the disease, as well as an uncoordinated response at national and sub regional level, at the onset of the outbreak.

This study has adopted a Case Evaluation approach, to enquire into stories of direct contacts and actors in the fight against Ebola in Sierra Leone. It seeks to understand how the availability or lack of adequate and timely resources played out in the Ebola outbreak. The methodology has helped in understanding the complex phenomenon of resources and the fight against Ebola.

### FINDINGS

A total of 12 correspondents were extensively interviewed, with a brief introduction on how they contracted the virus. Although there are only a few cases of Ebola left in Sierra Leone, the study Team made considerable efforts to garner a number of perspectives about the peculiar circumstances that aided widespread transmission of EVD.

## SIERRA LEONE



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According to the Auditor-General's report, 30% of the Ebola funds sent into Sierra Leone was spent without documentation. The Ministry of Health and Sanitation were noted as having awarded contracts despite insufficient bidder documentation and disregard of the necessary due diligence.

The audit report noted multiple inconsistencies, including: 26 billion Leones incentive payments for frontline workers without proof of payments. The Incentive payment list had names of about 271 ghost workers, totalling 216 million Leones unaccounted for.

A failure to produce contract agreements for vehicles, ambulances and construction of an Ebola Treatment Centre in Port Loko, the northern district of the country was reported. The opposition Sierra Leone People's Party (SLPP) has called for "a public inquiry into the audit report and the management of the national fight of the Ebola Virus Disease since May 2014 to present and to bring all wrong doers to book."

On 17 February, Sierra Leone's Anti-Corruption Commission issued a public notice calling on 40 named individuals, institutions and companies to report to its offices. All District Medical Officers will be summoned at a later date.

#### Sierra Leone's Presidency has responded, saying:

“ Government notes the ongoing public interest concerning the Auditor-General's report...as the law provides, parliament will debate the audit report and make appropriate recommendations on the issues raised therein...Government attaches paramount importance to the judicious use of the Ebola funds and will ensure proper accountability for the use of these funds...those who are found guilty of misusing Ebola funds will face the full force of the law.”

## 1. QUALITY OF CARE

The objective here was to gather evidence from survivors, health caregivers and coordinators concerning the type and quality of healthcare received and given. This would serve as an indicator on how funds were channeled into the treatment of Ebola patients.

**Q** Can you briefly describe the quality of care given to you at the treatment center?

**A** “At the PTS 1 (Police Training School) The care was good, Medical officials used their money to buy things for us. They gave us enough medicine and (intravenous) drips and also offered us food three times in a day.”

- **Brima Amidu**, Survivor

**A** “We called the ambulance on 117 for two days and got no response till the town Councillor made arrangements to pick me later in the day.”

- **Abdul**, Survivor

**A** “I was taken to Jui Holding Center; it's a Chinese Clinic and the sight was very bad. I had to walk over sick people to move around, people were vomiting and bleeding” “I had to persuade a Nurse to separate weak and fairly okay victims like myself...I was eventually moved to the PTS center, (Police Training School where mobile police and military doctors treat victims.) We had better care there; they gave me almost 27 (intravenous) drips to recover lost liquids.”

- **Abdul**, Survivor

**A** “After these first sets of cases, patients were then taken to Kenema initially later a center was put up in Kailahun. The first set of patients did not survive but when Medicine Sans Frontier (MSF) came. People started surviving (when) these technical people were coming from various countries.”

- **Chief Fallah Jusu**,  
Community leader, KissiTeng.

Q

Can you briefly describe the quality of care given to you at the treatment center?

A

“I have no idea as to whether the care given to me is at par with what was expected because I don't know ideally what is in the package for victims.”

- **Survivor** in Port Loko



CORRESPONDENT, MARCELLA WITH SULAIMAN KANNEH



CHIEF MATTHEW YOUNG

## 2. QUALITY OF POST-EBOLA CARE

This section focused on the measures and steps taken by the government in caring for survivors, after the Ebola outbreak. The categories of respondents here are survivors and victims' relatives.

Q

How would you describe the rehabilitation plan and discharge package given to the Survivors?

A

“The Ministry of Social Welfare encouraged Survivors to operate as an entity and issued a certificate (for us) to operate as an association. At regional level, office spaces and motor, bikes have been donated to the survivors to aid operations. Since (the) ministry is in charge of survivors a number of humanitarian agencies such as the World Food Programme and Welthungerhilfe require their services and data to reach out to survivors.”

- **Charles Vandy**,  
Director of Gender, Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA)

The discharge package given to survivors were in two forms:



A family tracing and reunification package for children (given to caregivers to look after them).



A relief package for survivors, which is about 695,000 Leones (\$167) in total per package. It included a mattress, a sum of 300,000 Leones (\$72), sanitary pads, condom, and toiletries.

As survivors were discharged from health facilities, these items were given to them. Additionally World Food Programme provided cooking oil and other food items to augment the support to survivors.



AMIE JAMES, SURVIVOR

### 3. QUALITY OF PREPAREDNESS AND PLANNING

This section is aimed at examining whether budgets were prepared and implemented in the utilization of Ebola funds. The goal is to gain insights into the country's preparedness level during the outbreak, and as far as is possible, assess the performance level of budgets, where these exist. The following reports were received from the respondents:

Q

Would you say Sierra Leone had plans for an emergency outbreak and was there a budget to carry out the Ebola-tackling operations?

A

“Sierra Leone was ill-prepared as there weren't enough trained nurses, no Ebola response institutions like the CDC (the US Center for Disease Control and Prevention), the country hadn't (sic) an emergency preparedness policy, making it difficult to implement policies that would have helped the fight against Ebola.”

- **Dr Raymond Kabia**, Coordinator-District Ebola Response Center (DERC)

A

“Our level of preparedness was very weak, there was only one lab competent enough to test for viral haemorrhagic fever, no proper isolation centers established. The Lassa Fever ward in Kenema was the only facility available for isolation with one doctor; no surveillance officer or contact tracer to respond to the outbreak.”

- **Sidi Yayah Tunis**,  
Director of Communications,  
National Ebola Response Center (NERC)

A

“The second issue that affected the initial response was the misinformation about the disease that it had no cure, most Carriers gave up before the virus knocked them out”

**Tejan Kamara**,  
Medical Personnel, Port Loko

A

“Sierra Leone is vulnerable to crises...slow response to an unforeseen outbreak only overwhelms the poor and inadequate facilities left from the Civil war.”

- **Chief Fallah Jusu**, of KissiTeng

A

“Our Government was ill-prepared even though there was news of the virus in neighbouring countries, it did not spur them to action. Medical facilities were inadequate, Victims could not get treatment at the holding centers and laboratories were not equipped to test for Ebola.”

- **Chief Fallah Jusu**, of KissiTeng

A

“When the disease got to Kailahun district, Government should have immediately quarantined the district not to curb the spread of the virus.”

- **Chief Fallah Jusu**, of KissiTeng



CORRESPONDENT, MARCELLA WITH CHIEF FALLAH JUSU





**KERRY TOWN TREATMENT CENTER, SIERRA LEONE DURING CONSTRUCTION**

Q

Would you say Sierra Leone had plans for an emergency outbreak and was there a budget to carry out the Ebola-tackling operations?

A

“Initially, we were not prepared - there were a lot of confusion on messaging. Such messages include (that) there was a 10% survival rate on Ebola. Emphasis was put on health rather than prevention, social mobilization and surveillance. As the country saw what was happening a whole lot of lessons were learnt and we are now prepared at country level.”

**-Charles Vandy,**  
Director of Gender, Ministry of Social Welfare, Gender and Children's affairs.



A certified Ebola-free survivor leaving a treatment center  
Source: UNICEF

Q

Is there a proper, laid-out documentation or Monitoring and Evaluation plan for this utilization?

A

“Taking Ebola to be a community fight became a step in the right direction. The contact tracing policy implemented exposed a line listing of fake suspects because World Food Programme was supplying food most of the information obtained in the field were inaccurate. The Ministry was able to confirm that fictitious addresses were given in Freetown that had no history of Ebola; people collected supplies in their interest.”

**- Charles Vandy** MSWGCA

A

“Organisations such as FORUT-SL, the Sierra Leone Red Cross Society, Restless Development and Oxfam did well in my community. I will say they did about 70% of the work and they have been active in my Community even before Ebola emerged.”

**- Pa. Alimamy Conteh** Section Chief, Port Loko

A

“The Sierra Leone Red Cross society in my view did remarkably well in terms of taking care of victims. They are in social mobilisation, burial teams giving safe and dignified burial, undertook counselling of Ebola survivors and those in quarantined homes, gave first-aid treatment, distribution of food and Non-food items to Ebola victims, widows and orphans. To me, they are the leading agencies in terms of support.”

**- Jonbull Hamoud,**  
(Chief in PortLoko)



“I was alone on that fatal day trying to remove the PPE (Personal Protective Equipment) and got infected on the 27th June after treating a patient who claimed to be hypertensive and did not manifest Ebola symptoms till three days after.”

**- Sulaiman Saidu Kanneh,**  
Medical Personnel & Survivor



## 4. QUALITY OF REMUNERATION

This section had as its primary goal the investigation of the actual amounts and/or articles given to volunteers, survivors and victims. It also intended to compare the remuneration packages to the actual work done. The questions asked frontline Ebola healthcare workers were:

**Q** How much were you paid for your services and was the payment on time? Would you say the pay was commensurate with the work done? In managing the cases, can you briefly describe the remuneration packages provided? Was this remuneration commensurate with your input?

**A** “Some staff ran away due to lack of support within May 2014 to September 2014. Frontline workers lost their lives by coming in contact with Ebola virus carriers. I only stayed because of my love for the Country and was eventually exposed to it.”...  
**- Sulaiman Saidu Kanneh,**  
Medical Personnel & Survivor

**A**

“Remuneration for medical officials was perfect. The remuneration package was Le 500,000 for middle-level staff. It is because of the risk involved that we were paid as such. I don't know what senior management level received. I am satisfied with the package and the support staff was also satisfied with what was given to them. The only challenge was the delay in payment.”

**- Abu Bakarr Kamara,**  
Medical Personnel, Port Loko District.

**A**

“The pay was okay, but there were long delays in payment. The remuneration for District officers paid by the National Ebola Response Center NERC in the form of Risk Allowance were as follows: The medical staff were paid a risk allowance of Le 100,000 per week. The surveillance officers were paid Le 400,000 per week. The surveillance officers at district level were also equipped with vehicles supported by UNICEF and WHO.”

**- Dr. Raymond Kabia,**  
Coordinator-District Ebola Response Center (DERC)

## 5. QUALITY OF POST-EBOLA CARE

This category of questions aimed to ascertain and appraise ongoing surveillance and preparedness activities beyond the Ebola outbreak. Here are some of the respondents' views on post-Ebola commitments:

**A**

“The Chiefdom Surveillance Officers were given bikes by WHO in Freetown and fuel provided by the Catholic Relief Services. The Risk Allowances, however, stopped in March 2015. Support staff were also paid, but it was not commensurate to the type of work done and there were delays in the payment - at times, two months' backlog.”

**- Tejan Kamara**

**QUICK FACT**

### **271** GHOST WORKERS

An audit report noted multiple inconsistencies, including: 26 billion Leones incentive payments for frontline workers without proof of payments and also a list of payments to about 271 ghost workers, totalling 216 million Leones unaccounted for.

A

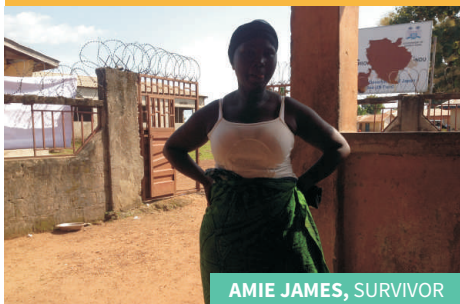
“Survivors' compensation should be beyond food and non-food items packages; they are experiencing a lot of post-Ebola deformities. We cannot pay them for what they incurred; the virus can be in their system for up to 90 days after being declared free. Survivors can have the virus in the breast or semen, with possibilities of infecting others. Their needs should be given due consideration; ad-hoc items are not sustainable.”

- **Hon. Claude Kamanda,**  
Member of Parliament

A

“I lost eight of my family members to Ebola and all we got was a big bag of rice and two gallons of palm oil.”

- **Amie James,** Survivor



AMIE JAMES, SURVIVOR

A

“I have never been compensated, though I was part of the team that attended to the first 9 cases of Ebola in Sierra Leone. When Ebola broke out in Guinea, the district medical officer appointed me to hold meetings with Community stakeholders to investigate the spread and alert the Sierra Leonean Government.”

- **Sulaiman Saidu Kanneh,**  
Community Health Officer

A

“The Social Welfare (ministry) gave me a discharge package of a bag of rice, 50USD equivalent and other food items. Christian Aid (NGO) offered food items, rice, sugar, sardines, oil, soap, mattress and transportation aid of 40USD equivalent. Also, the Council of Churches, Sierra Leone gave me more food items. The Government needs to support us financially, we (also) need livelihood support; help us get jobs and maybe offer us free medication to cover side effects (of Ebola).”

- **Mamusu Mansaray,** Survivor

A

“If not for the delay in payments, medical personnel were quite satisfied with 100USD equivalent as Risk Allowance for medical staff in the Northern District of Port Loko, one of the hardest hit by Ebola.”

- **Sulaiman Saidu Kanneh,**  
Medical Personnel & Survivor

A

“Though the pay was okay, but medical personnel were quite unclear about what the standard remuneration package should entail, or how they arrived at the figures.”

“Stakeholders should ensure that they are transparent and accountable to the people. They should be able to inform the people adequately about what is in the package for them.”

**Abu Bakkarr Kamara,**  
Medical Personnel Port Loko District

Q

How can we ensure that adequate care/ compensation is given to citizens in cases of emergency?

A

“No, they should not be compensated. What is needed is a means of livelihood support after going through stigmatization, rejection and all the health ailments related to Ebola. They need to be looked after in an organized way through health insurance schemes, for example. It should not be compensation but to empower them so that they know there is life after Ebola Virus Disease so if there is a resurgence they will become the champions.”

- Charles Vandy,  
Director of Gender, (MSWGCA).

“To think that your government presided over such ignoble corruption with money that should have gone to the Ebola response is a depressing day indeed for our country.”

- Alie Kabba,  
Executive director at United African Organization, to President Koroma.

## 6. CORRUPTION AND LEAKAGES

Perceptions of corruption in Ebola management were mixed, while about 8 respondents stated they were not aware of, or suspect any leakages of designated funds. Some highlighted a few areas where they perceived corrupt practices:

Q

Do you suspect leakages and cases of corruption and where do you think it is more common?

A

“There are leakages from National Ebola Response Center, especially in the verification of health workers. Some names were omitted and after verification, not everyone received the monthly hazard payment as the medium used—Airtel mobile money—had some challenges.”

“Initially, NERC started with cash payments and it ran smoothly, till they asked us to open an account to transfer and receive hazard incentives. Unfortunately, it failed woefully.”

- Tejan Kamara,  
Medical Personnel, Port Loko District Hospital.

A

“The staff lists are bloated. Medical personnel were verified but are yet to be paid incentives. The discharge package also varies by districts and communities. What is been done in the bigger towns are a lot more, compared to small and remote communities. I have fought the battle and I demand to be compensated.”

- Dr. Raymond Kabia,  
Coordinator-District Ebola Response Center (DERC)

A

“There are some leakages from the NGOs coordinating Ebola programs. Most of them operate a One-man system and have received huge funds to do Ebola response work, but nothing is being done. These funds would have made much more impact if given to well organized NGOs, especially the local ones.”

- Dr Raymond Kabia,  
Coordinator-District Ebola Response Center (DERC)



**EXHIBIT:** Supporting materials to prove mismanagement of Ebola Funds in Sierra Leone

**WITHDRAWALS FROM EBOLA RESPONSE EMERGENCY ACCOUNT NUMBER  
003001118285030109 WITHOUT ANY SUPPORTING DOCUMENTS**

Date	Cheque No.	Details	Payee	Amount Le
16/9/14	TF	Two weeks allowances for health and non-health workers in the districts	Unknown	219,800,000
17/9/14	TF	Cash withdrawal	Dr. Donald A. Bash Taqi	33,300,000
22/9/14	TF	10 Hard Top DM-SRS ambulances, 20 Hard Top Standard Basic ambulances & 20 Hard Top customised utility/hearse vehicles	Unknown	12,700,885,120
25/9/14	TF	Cash withdrawal	Jalokatu Mustapha	6,960,000
3/10/14	TF	Cash withdrawal	Dr. Donald A. Bash Taqi	33,300,000
16/10/14	TF	Funds to facilitate weekly incentives to health and non-health workers nationwide	Unknown	437,600,000
16/10/14	TF	-do-	Unknown	160,800,000
24/10/14	TF	-do-	-do-	129,400,000
24/10/14	TF	Funds to facilitate weekly incentives to health and non-health workers nationwide	Unknown	128,500,000
<b>TOTAL</b>				<b>13,850,545,120</b>

**Source:** Report on the Audit of the management of Ebola Funds by Audit Service Sierra Leone

**EXHIBIT:** Supporting materials to prove mismanagement of Ebola Funds in Sierra Leone

No	Date	Details	PV No.	Payee	Amount Le	Amount \$	Comment
	14/10/14	Additional payment IRO rations and water for additional personnel	MoFED 11	Republic of Sierra Leone Armed Forces	918,734,477		-do-
	14/10/14	Extension of kitchen for the holding centre at Jui Government Hospital	MoFED 09	Davdapaul Ent.	52,540,000		Contract agreement, certificate of completion
	14/10/14	Funding of activities relating to Ebola monitoring/sensitisation	MoFED 08	Provincial Secretary North- Makeni	250,000,000		Expenditure returns
	14/10/14	Fuel for September and October for officials at 34 Military Hospital	MoFED 05	Joint Medical Unit	1,170,000		-do-
	14/10/14	Feeding of patients admitted at isolation centre at 34 military hospital	MoFED 04	Joint Medical Unit	14,400,000		-do-
52	15/10/14	Printing of 2,000 stickers for vehicles identification	MoFED 18	SBTS Group Holdings SL Limited	14,000,000		Three competitive RFQs, distribution lists
53	15/10/14	Printing of 10,000 individual identification cards	MoFED 17	SBTS Group Holdings SL Limited	80,000,000		-do-
54	16/10/14	Additional support for security coordination and intelligence gathering in support to MOHS	MoFED 30	Office of National Security	262,500,000		Expenditure returns
55	16/10/14	Capacity building of 27 IMC National Media Monitors on listening and report of EVD sms	MoFED 28	Independent Media Commission	25,171,000		-do-
56	16/10/14	Monthly feeding of patients and staff of the police training school- Hastings and Jui holding centres	MoFED 22	Sierra Leone Police	176,184,500		Expenditure returns
61	20/10/14	Coordination of pillar 6	MoFED 36	Min. Of Social Welfare Gender & Children's Affairs	317,180,000		-do-
62	20/10/14	Accommodation & furniture	MoFED 33	Momoh Gbentuwa	10,800,000		-do-
64	23/10/14	Re-imbursment of fuel used by the bike riders union	MoFED 39	Sierra Leone Comm. Motorbike Riders Union	10,192,500		-do-
65	28/10/14	Supply and delivery of Toshiba laptops for NERC admin use	MoFED 45	Voz Services	66,500,000		LPO, distribution list
66	28/10/14	Supply and delivery of furniture, cleaning materials for PTS Ebola treatment centre	MoFED 43	Mohehe Pharmacy & General Merchandise	175,960,000		Certificate of receipt
67	28/10/14	Supply and installation of 30 KVA diesel generator at PTS Ebola centre	MoFED 42	Medelsa Ent.	159,192,000		Certificate of completion
73	29/10/14	DSA for 20 NERC staff for provincial meetings with DHMTs	NERC011	Various	5,050,000		Signed beneficiaries lists, Minutes of meetings held, back to office reports
74	30/10/14	Payment in respect of confirmation of incentives for Western Area and amendments to vehicle rentals	NERC012	S.N.K. Lansana	23,120,000		Audit report on the exercise, approved and signed beneficiaries' lists, invoices, receipts for vehicle hire and top up cards, and NRA tax receipt.
75	31/10/14	Conveying vehicles to Lungi	NERC015	Amdal Kamara	720,000		Receipts, details on number of beneficiaries and vehicles
				<b>TOTAL</b>	<b>5,402,217,952</b>	<b>6,183.53</b>	

Audit Service Sierra Leone - Guardian of Sierra Leone's Economic Security

74

Report on the audit of the Management of the Ebola Funds

Source: Report on the Audit of the management of Ebola Funds by Audit Service Sierra Leone

A

There are no standardized costs for running treatment centres; the Police Training School 1 is exclusively run and managed by Sierra Leoneans - the Austria government did not spend 20million Australian dollars (contrary to media reports). PTS 1 admitted 700 and discharged 500 patients. Throughout the existence of Aspen Medical centres, not up to 50 patients were admitted. This points to serious wastage in the system. Cost variations were also a case in point whilst MSF spent 1000 dollars per patient; Aspen spent 6500 dollars per patient.”

**- Sidi Yayah Tunis,**  
Director of Communications,  
National Ebola Response Center.

A

“Of course the Ebola audit report 2014 clearly outlined how Ebola funds were mismanaged. A number of Public Officials and Civil Society members were mentioned in the report and if parliament and the Auditor have pointed out that there is corruption in the use of Ebola funds, who is a small man like me to contest this report?”

- Chief Matthew Jibao Young,  
Mende Tribal Head and Secretary-General

A

“There are possibilities of leakages. Parliament publicly sat on the Auditor General's report on Ebola to ensure that proper protocols were followed in terms of procurement and in some cases proved that processes were not followed.”

**- Charles Vandy**  
Director of Gender, MSWGCA

Q

**Do you think there is corruption in the Ebola Fight?**

A

“Yes, because if we are hearing of a lot of money coming in and handled by international partners and payment to frontline workers are delayed and some even unpaid, some deleted from the vouchers, then there is a serious problem.”

“The Chiefs went to Kenema and on their return announced that the government has given 28 million Leones to support the fight against Ebola. The funds were to organise Section and Chiefdom Meetings, sensitise the people, erect checkpoints and pay officers involved in the Ebola sensitization for December 2014 up to January 2015. When officers are paid, they sign the vouchers. Even when they go out to meet Section chiefs for community meetings they are paid and they will sign the voucher.”

**- Sahr B. Thomas**  
Treasury Clerk in Koindu





**REUTERS**

A health worker wearing protective gear attends to a newly admitted suspected Ebola patient in a quarantine zone at a Red Cross facility in the town of Koidu, Kono district in Eastern Sierra Leone, Dec. 19, 2014.

Source: VOA News

# FUTURE EMERGENCIES

There are varying perceptions and calls for robust plans should similar emergencies recur in Sierra Leone.

**A** “Ebola exposed the weakness of the Sierra Leonean health system. We need to establish research units on health related matters. When the virus was in Liberia and Guinea, not much preparedness was done we need to spend resources to prepare for the eventuality of future outbreaks.”

**- Hon. Claude Kamanda,**  
Member of Parliament

**A** “Ebola exposed the weakness of the Sierra Leonean health system. We need to establish research units on health related matters. When the virus was in Liberia and Guinea, not much preparedness was done we need to spend resources to prepare for the eventuality of future outbreaks.”

**- Hon. Claude Kamanda,**  
Member of Parliament

There are calls for Health facilities to be maintained, sustained and in other cases rebuilt. The recommendation is that every district or Chiefdom must have a hospital.

**A** “The international community has helped in the provision and building of medical facilities for Ebola, but it is left with us to sustain the support provided. I do not want a situation where it is announced that Sierra Leone is Ebola-free and we begin to dismantle the treatment and holding centers, leaving no facilities for the communities to access health care. Even for the case of Ebola there needs to be a 1 to 2 year period of surveillance before such facilities are dismantled.”

**- Chief Mathew Young,**  
Mende Tribal Head and Secretary General.

**Q**

**How can we ensure adequate compensation for citizens in cases of emergency?**

**A**

“Everybody, especially leaders, should take responsibility to educate the communities. The systems and structures set up for Ebola hygiene and sanitation should continue. Health facilities are limited: the same health facility that my grandmother took me is what we still have in my community; now I am 60 years old and the community has considerably grown since then.”

**Haja Fatmata Koroma**  
Meama Kajue,  
Dasse Chiefdom Moyamba District



HAJA FATMATA KOROMO

Q

How can we ensure adequate compensation for citizens in cases of emergency?

A

“The government should fortify border areas; logistics to personnel in-charge of border security should have standby ambulances, communication sets and border surveillance vans. If you are called to do a screening in a community you cannot use the ambulance used to transport the sick”

- **Sulaiman Saidu Kanneh,**  
Community Health Officer

A

“Strong network systems such as computers and email facilities in border towns are of utmost importance to send intelligence to Freetown. Koindu is a strategic zone sharing borders with two countries (Guinea and Sierra Leone); at least such a township should have a mini hospital with trained personnel to address health emergencies. The government should make this a top priority.”

- **Sulaiman Saidu Kanneh,**  
Community Health Officer

Q

How can we ensure that adequate care/compensation is given to citizens in cases of emergency?

A

“Government should establish a “Sierra Leone Centre for Disease Control” to respond to all health emergency issues. The Ebola treatment center in Lunsar should be transformed to a national training center for health workers and backed by improving the conditions at Peripheral Health Units (PHUs). For instance, Port Loko has 105 PHUs but they need to be furnished and equipped.”

- **Dr Raymond Kabia,**  
Coordinator District Ebola  
Response Center, Port Loko.

## FUTURE OUTBREAKS

Views from a respondent on how best to prepare and tackle future emergencies in Sierra Leone.

A

“Communities in the border areas should be sensitized on a continuous basis whenever there are emergency threats. Border crossing points should be effectively manned, especially in Koindu, bordering with Guinea and Liberia.”

“Border surveillance teams should be picked within the community; youths and the security sector will be resourceful here as long as they are being paid.”

- **Sahr .B. Thomas,**  
Treasury Clerk Koindu.



Q

How can we ensure that adequate care/ compensation is given to citizens in cases of emergency?

A

“The focus should now be on how to end Ebola in the shortest possible time. A number of activities are going on by different agencies with varying interests; such activities include research and vaccine trials and have the potential to delay the end of Ebola if we are not firm enough.”

- **Sidi Yayah Tunis**,  
Director of Communications,  
National Ebola Response Centre.  
(NERC)

A

“Government should try by all means to end Ebola so citizens can be stable as government cannot plan with Ebola still been around. The continuous scar of stigmatization is also painful.”

- **Amie James**,  
who lost 8 family members,  
including a Councillor in Kissi  
Teng to EVD



BudgIT team talk through the hurdles of Ebola with Survivors in Sierra Leone



Himahi Mansaray, Ebola Survivor

# DEDUCTIONS

## HOLDING AND TREATMENT CENTERS:

All suspected Ebola cases were held back in all clinics within Sierra Leone and the quality of care differed, based on the experience and knowledge of the caregivers present at each facility. Eventually, the Police gave up their training centers, which had hostel facilities, as treatment centers for Ebola patients, so they could have access to good care.

Care at the Treatment Centers was relatively good, but this was not the case at the Holding Centers. There were no provisions i.e. food condiments, change of clothes etc. at the holding centers but the treatment centers had these and more. The facility was clean, and had a dedicated psychological unit that gave victims the mental wellness to boost their chances of survival.

Testing facilities every 2-3 days were available, to determine whether the viral load was dropping in victims. Communication was also accessible; a phone was provided, to enable those infected speak to loved ones, and relieve stress for both parties.

“I even requested for (a) radio and it was

made available,” reports Sulaiman Saidu Kanneh, Ebola survivor

## HOTLINES AND AMBULANCES

There were not enough Ambulances to pick up the sick. Although there was an emergency number to dial for suspected cases of Ebola but often, users report they got no response, or things moved so slow that victims had to find their way to the hospital on their own.

## OVERALL DEDUCTIONS

The Country lacked the capacity to manage the outbreak, Government did a poor job in sensitizing people, as the message they had only heightened citizens' fears and did not necessarily teach safe practices to prevent the spread of Ebola.

Most of the respondents report other foreign and local Organizations were more active in their communities, compared to the Government.

Health workers seemed contented with the pay. They, however, complained about the delay in payments, and their not being involved in the decisions made in arriving at remuneration figures.

Most of the respondents agree there is corruption in the process. Survivors believe the World Food Programme Staff during distribution, diverted items for personal use and certain health workers names appeared multiple times on the payment list while others never came up.

The Government of Sierra Leone established a Health Emergency Account at the Sierra Leone Commercial Bank where all donations are deposited. According to the Auditor General report, There were inadequate controls over the disbursement of funds. Over \$11,125,000 (Le54 billion) was withdrawn from the Emergency Health Response and Miscellaneous Accounts without any supporting documents to substantiate the utilization of such funds. (<http://www.thissierraleone.com/sierra-leone-over-54-billion-was-drawn-from-the-ebola-accounts-with-no-supporting-documents-auditor-generals-verdict-on-ebola-funds/>)





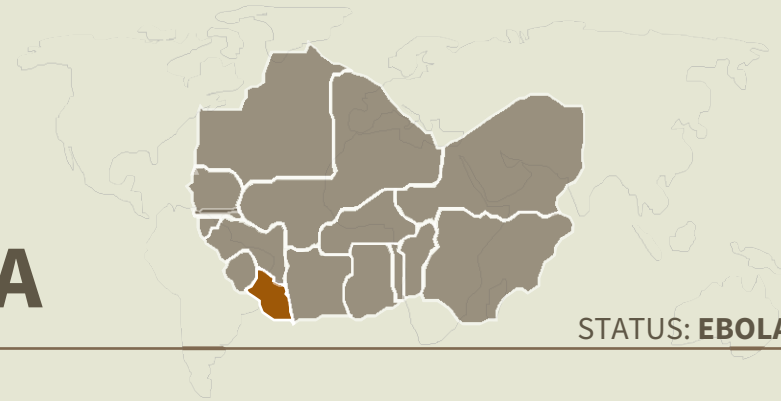
# COUNTRY FOCUS

## LIBERIA



A health worker sterilizing his shoes before after attending to Ebola Virus Disease patients

# Ebola Virus Disease in **WEST AFRICA** COUNTRY FOCUS: LIBERIA



STATUS: **EBOLA-FREE**



LIBERIA



TOTAL CASES  
**10,666**



LAB CONFIRMED  
**3,151**

RIP

TOTAL DEATHS  
**4,806**



AID RECEIVED

**\$1,009,935,411**

SOURCE: UNOCHA as at 4th November, 2015

“ The GAC report noted that the Bureau of Immigration & Naturalization- BIN claimed to have spent L\$600,000 in allowance for officers assigned at the border ports, it was established that those officers do not exist and their names could not be found on the BIN portal. ”

- *Activist, Darius Dillion, Liberia*

Source: Center for Disease Control & Prevention

FOR MORE INFORMATION

 [www.ebolafundwatch.org](http://www.ebolafundwatch.org)

# LIBERIA



**1,300  
TROOPS** 

The United States sent 1,300 troops and pledged \$2 billion into Liberia. Other Foreign and individual donors sent in-kind donations.

**\$13m**

The General Auditing Commission (GAC) reported that the \$13million spent by the National Ebola Trust Fund (NEFT) within August to October 2014 showed violations of existing procedures in the management of Ebola relief funds.

**\$800,000**

Liberia's Anti-Corruption watchdog reported that about \$800,000 spent to curb Ebola at the height of the outbreak in 2014 through the Defense Ministry was not properly accounted for. The audit report shows variances in the allowances received by officials involved in containing Ebola, and the disbursed funds were without supporting documents.

Liberia confirmed its first cases of EVD on 30 March 2014. Prior to the outbreak, the country's health system was seriously weakened by the past civil war, leaving the population served by relatively few health personnel. At the earliest period of the epidemic, Ebola was misguidedly treated as chronic malaria, which is still very rampant in West African Countries. This exposed doctors and nurses to the disease, and unwittingly paved the way for Ebola's onward transmission to Nigeria.

By July 30, Liberia had to shut down its schools, to limit the spread of the virus. With a shortage

of staff and logistics to take care of infected patients, the country would go on to record more Ebola deaths than other affected countries. According to WHO, as of 23 September 2014, there had been 3,458 total cases, 1,830 deaths, and 914 lab confirmed cases. At the height of the epidemic, the country recorded at least 350 cases every week.

In Liberia, the quality of treatment received by survivors varied between hospitals, hugely depending on the timing of individual Ebola infections. Those who contracted the virus much later had better experiences than those who did at the early stages, when foreign aid was still lacking. However, all respondents questioned the

government's commitment to their post-trauma recovery. While some declined to address questions on perceived corruption in handling funds, others expressed suspicion of foul play but were quick to note that they had no proof. A few others spoke about corruption with a measure of certainty, and called for extensive probes into the administration of the funds.



REDEMPTION HOSPITAL, LIBERIA



Mary Broh, the Director-General of the General Services Agency, the body responsible for managing government assets told journalists Ministries and Agencies are unable to account for vehicles received during the outbreak. She is quoted as saying many vehicles donated to manage in Liberia are now missing, and being commercialized with the capital city, Monrovia.

If Ebola support vehicles are recorded as stolen with impunity and commercialized, then the management of funds and other in-kind materials donated to the country will likely share the same fate.

“GOL vehicles for Ebola were seen carrying passengers. No monitors on the cars, our fleet management is still in its infant stage, Broh added. She continued: We are meeting to figure out where we have the problem, we will be asking questions, we gave out 317 vehicles but the audit report from the Internal Audit Agency shows a little over 200 vehicles are available, we are still looking for the rest of the vehicles.”

- **Mary Broh** Director-General,  
General Services Agency, Liberia

“The conduct of the affairs of the ... (NETF) were marred by financial irregularities and material control deficiencies...”

- **Liberia's General Auditing Committee**

# 1. QUALITY OF CARE

The objective here was to gather evidence from survivors, health caregivers and coordinators concerning the type and quality of healthcare received and given. This would serve as an indicator on how funds were channeled into the treatment of Ebola patients.

**Q Can you briefly describe the quality of care given to you at the treatment center?**

**A** “When we started receiving treatment, I was first placed in an ambulance; and the manner in which I was placed in the ambulance wasn't very good because Ebola patients had categories; those who had the virus vomiting with blood and passing off blood shouldn't be placed in the same category with others. I was placed in the ambulance with 3 critical patients. I went to Asnick Clinic Hospital but there were a lot of people dying from the Ebola Treatment Units, so I was taken back within 24 hours to the John F Kennedy (JFK) Hospital, located in Sincon..”

**A** “Sometimes, the nurses demonstrated because they were not being paid well. Sometimes, the nurses would be crying that they were risking their lives there but they were not being paid properly and even our monthly stipends were not coming on time.”

- **Farley**, Survivor

**A** “When Ebola came to the hospital, we didn't really know what to do. Therefore, lots of people were infected.”

- **Shakpeh**, Nurse

**Q How would you rate this care? Did it meet your expectations? And do you deem it commensurate with the scale of funds received from donors?**

**A** “The quality of care is not commensurate with the amount of money that has been sent into this country. No, it is not at all commensurate with the amount of money spent in the control of Ebola.”

- **Farley**, Survivor

**Q** How would you rate this care? Did it meet your expectations? And do you deem it commensurate with the scale of funds received from donors?

**A** “The care I received was up to standard. But was it commensurate with the funds that came in? That's another thing; I don't have an answer to that because I have no clue of how much came into the country. If I knew about the funding, I could give a concrete statement on that.

- Diane, Survivor



**EDWINAN BADI, SURVIVOR**

## 2. QUALITY OF POST-EBOLA CARE

This section focused on the measures and steps taken by the government in caring for survivors, after the Ebola outbreak. The categories of respondents here are survivors and victims' relatives.

**Q** What symptoms did you experience after recovery?

**A** “Some people suffer from impotency, eye problems. For me, I faced problems with my legs; my legs were always numb. The soles of my feet feel like I'm walking in mud. Some female survivors have complained of high sexual desire; they always want to have sex! We have some of them who cannot urinate.”

- Tony, Survivor



**Kolu Mulbah, Health Worker**

**A** “When I came out of the Ebola Treatment Unit, I was experiencing heart problems. I was feeling very weak, so I went back to the ETU and they said I should drink a lot of juice and water. Also, I can't hardly read for a long time, because when I do, my head aches. So I can't read for long. I now have to read stage by stage before I get the understanding.

- Diane, Survivor

**A** “I experience joint pains. Last month, I travelled to Sierra Leone and the moment I got out of the airport, I couldn't walk. My whole leg got swollen up and I had to remove my shoes. Survivors are going through a lot. Some of us are suffering from impotency, some people have hearing problems; Most of the survivors, I must admit, are quick to forget. When people talk to us, we have to jot it down so that we don't forget.

- Karwah, Survivor

**Q** What rehabilitation plans were you given upon discharge from the ETU? Were there follow-up visits?

**A** “Some people suffer from impotency, eye problems. For me, I faced problems with my legs; my legs were always numb. The soles of my feet feel like I'm walking in mud. Some female survivors have complained of high sexual desire; they always want to have sex! We have some of them who cannot urinate.”

- **Tony**, Survivor

**A** “There was no rehabilitation plan. Even when I went back to the ETU to complain of joint pains and swollen legs, they gave me two Paracetamol tablets in the morning, two in the afternoon and two in the evening. But Paracetamol is not working; even (the) Ibuprofen I am taking is for nothing, because I have taken it over and over again, and I still experience the pains. They told us that we are immune for 10 years, but after that period, what happens to us?”

- **Karwah**

**A** “There was no plan. The day I was discharged from the Ebola Treatment Unit was so special for me because it was my birthday. They just sang (a) birthday song for me, took my blood and (it) tested negative. So they said, 'Prince, you're going home today.'”  
- **Diane**



**Josephine Toe**, Health Worker



**Facia McCauley**,

### 3. QUALITY OF REMUNERATION

This section had as its primary goal the investigation of the actual amounts and/or articles given to volunteers, survivors and victims. It also intended to compare the remuneration packages to the actual work done. The questions asked frontline Ebola healthcare workers were:

**Q** Were you paid all your entitlements?

**A** “No. Up till now, we are still being owed. But apart from that, one of the things they did that really discouraged us was that we who worked in the ETU had a benefit called 'Hazard Benefit.' And then, they said for those of us that worked in the ETU, we would not receive some of these benefits. And to be frank with you, as we are working and as people are saying Ebola, if one case should appear here, I will pack and go and sit down because I will not work...because of the way they treated us... as if we were wrong to work at the ETU.”

- **Mulbah**, Nurse





LRA  
COLLECTING LAWFUL  
REVENUES

Daily Talk

Gov't Ebola War Part II  
Ebola Swings Sword  
Gov't Confirms 3 Ebola Cases  
-175 Contacts/Victims Listed  
For Checking In Margibi Co.  
EBOLA GOV't  
2 0

CITIZENS READING DAILY NEWS BOARD ON THE STREETS OF MONROVIA, LIBERIA

**Q** Were you paid all your entitlements?

**A** “No. Up till now, we are still being owed. But apart from that, one of the things they did that really discouraged us was that we who worked in the ETU had a benefit called 'Hazard Benefit.' And then, they said for those of us that worked in the ETU, we would not receive some of these benefits. And to be frank with you, as we are working and as people are saying Ebola, if one case should appear here, I will pack and go and sit down because I will not work...because of the way they treated us... as if we were wrong to work at the ETU.”

- **Mulbah**, Nurse

**A** “Government paid all my salaries, but the 'Risk Benefit' was never paid.”

- **Josephine Toe**,  
Hospital hygiene worker

**A** “For (the) Hazard Benefit, the ministry had a policy of hazard benefits for those who were directly in the ETUs. They paid them their hazard when they were in the ETUs and they paid them a little bit more than those of us who were not in the ETUs. We who were not in the ETU, they still owe us two months' Hazard Benefit. What they should have done was to pay the hazard benefits for both categories concomitantly. As they paid the people in the ETU, they should have paid us also. But they didn't pay us until September last year. Actually, they didn't start paying us initially but they decided to start paying from September. Now, they still owe us two months' hazard benefits.”

- **John Shakpeh**,  
Acting Nurse director.

**A** “For us at the ETU, we were told that we would be given Risk Benefits, which we haven't gotten till now. We got paid for working at the ETU. My salary was \$300; I got for September to December 2014. But we were not paid the Risk Benefit.”

- **Badi**, Nurse aid

**Q** And do you consider the payment commensurate with available funds?

**A** “For us at the ETU, we were told that we would be given Risk Benefits, which we haven't gotten till now. We got paid for working at the ETU. My salary was \$300; I got for September to December 2014. But we were not paid the Risk Benefit.”

- **Badi**, Nurse aid

**A** “That is what they committed to paying us; I don't know how much the ministry received. The thing is that it is a policy issue. And in Liberia, things take time to work out and for some of us, like me, I have been in the system for a very long time so I know how things work out.”

- **John Shakpeh**,  
Acting Nurse director



**JOHN SHAKPEH**, ACTING NURSE DIRECTOR



## 5. QUALITY OF POST-EBOLA CARE

This category of questions aimed to ascertain and appraise ongoing surveillance and preparedness activities beyond the Ebola outbreak. Here are some of the respondents' views on post-Ebola commitments:

**Q** What has government done to aid your post-Ebola recovery?

**A** “My family didn't receive any food or cash either from government or NGOs. Even when I came back from ETU, I didn't receive anything neither from government nor NGOs or anybody. I challenge anyone that I didn't receive anything. What we really want is for the government to come in and help us. This is a national crisis that claimed the attention of the national government and the global community. This is not about cholera or malaria. It's a disease that claimed the attention of the entire world. It is incumbent upon the national government and the global community to see how best survivors can be resettled.”

- Farley

**A** “We have received help from non-governmental organizations, but up till now, we have received no assistance from the government – not even a single mattress. The government has not given us anything. The government has not given money to any survivor. Only WFP, UNICEF, Save the Children, ADRA, Young Life, and some other small NGOs have. We need for government to reintegrate us, to settle us. NGOs coming to give us small money will not help, I must admit. They need to settle us with something good that we can start our lives with, because the government task force destroyed everything we had after we contracted the virus. We pray that one-day government will say they want to reintegrate us.”

- Karwah

**A** “For now, I have received no help from the Liberian government. Not yet. If the government has a plan, it may be later.”

- Tony

**Q** Do you rate this involvement commensurate with donor funds?

**A** “If you look at the breakdown of the amount of money that came into the country, at least there should be money reserved for each survivor because as we are speaking, we have survivors who lost 20 members of their family, some who lost 15 members. Someone has about 5 children left with her. She is 20 years old. How can she go to school?”

We know the money is there but we don't know what the government has done, or whether it has gone to individual pockets; we don't know yet. Just recently, health workers were demonstrating (on strike) for Health Hazard pay and the government came to us that they have used (up) all of the funding. We think if that has happened, then the government did not do well for its citizens. I am saying it without fear and favour.”

- Farley



A

“Let me bold; the money that given to Liberia was not properly used because we saw the auditing of some of the institutions that were in the control of the funds. The President came out using all kinds of statement to shield these individuals, but we all know it was not used properly.”

**- Tevez,**  
National chairman,  
Organisation for Better Liberia

A

“I cannot say, because I don't know much about economics. I can't tell if the funds were well spent, or mismanaged. The things we have heard are all allegations till they are proven. However, I am asking the government to respond to us so we all can be reintegrated into the society; we need jobs, we need skill-training programmes. Before Ebola, I was a mechanic, driver and a Counselor. I need now to be doing something for survival. We need help.”

**- Tony,**  
Vice President,  
Network of Ebola Survivors

A

“I want to say to you that there were irregularities in terms of the expenditure of Ebola funds. There have been reports from the General Auditing Commission (GAC) that the money was mismanaged, and there has been no clarification from those indicted. This is very bad. The issue of corruption is very high. I am not talking about other countries, but Liberia I know. The issue of corruption is very high. They eat money; they are very good at eating money public money.”

**- Sheriff,**  
National Chairman,  
Progressive Liberians Against  
Injustice



**Sylvester Tevez,**

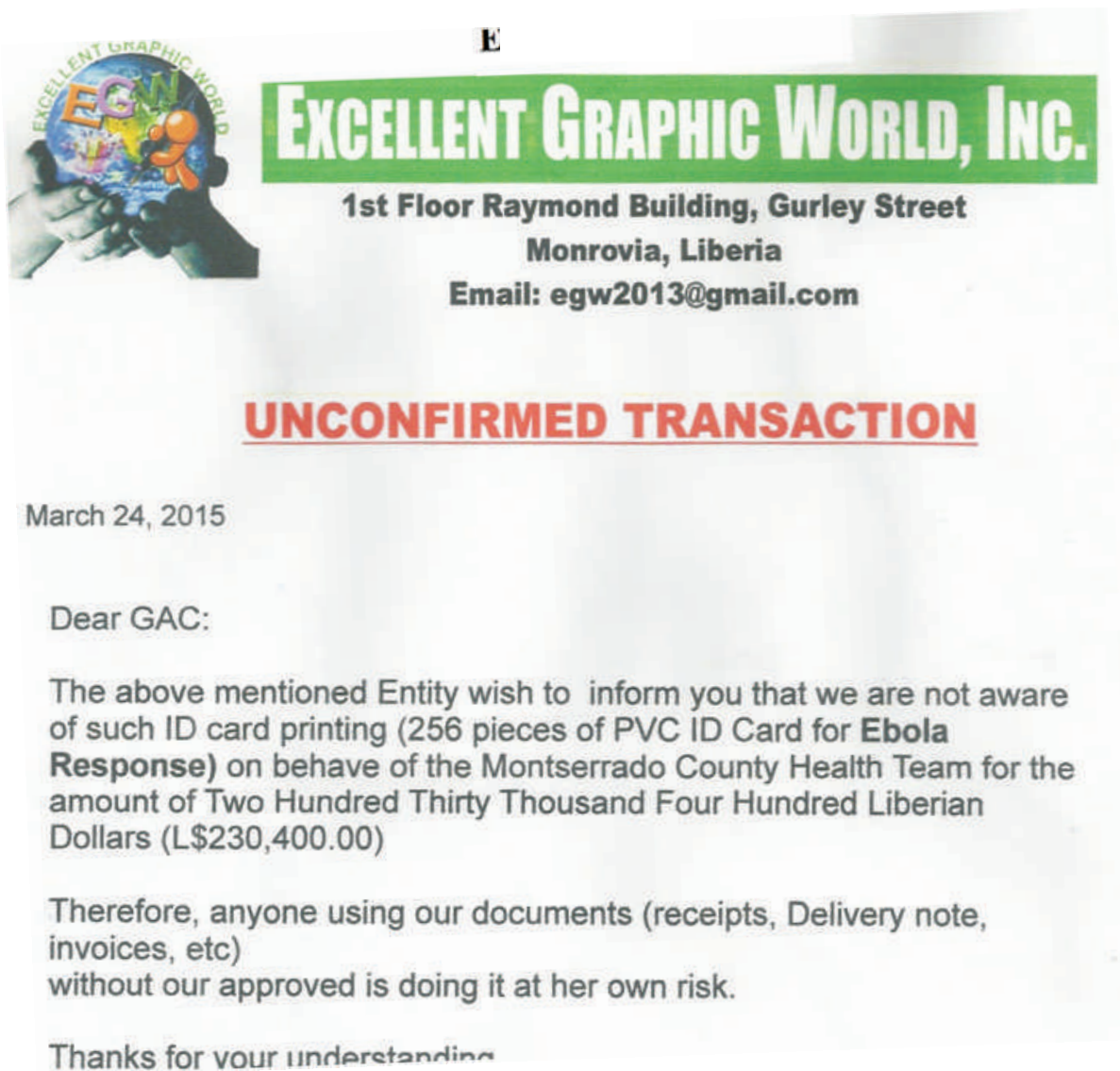


**Correspondents with relatives of survivors**

“ *Five millions were put in the Ebola Trust Fund. That fund was put there at the time when nobody had given support to fight Ebola and it was a time when hundreds of people were dying; when people were running away from the places; when we had chaos. In the midst of chaos, something has to be done, and so, I am quite sure that it reflects the context of the kinds of urgency that was required in some cases* ”

**- President Johnson-Sirleaf.,**  
**Liberian President**

**EXHIBIT:** Supporting materials to prove mismanagement of Ebola Funds in Liberia



**Source:** Report on the Audit of the National Ebola Trust Fund, General Auditing Commission, GAC

## EXHIBIT: Supporting materials to prove mismanagement of Ebola Funds in Liberia

*Auditor General's Report on the Audit of the National Ebola Trust Fund  
For the Period August 1 to October 31, 2014*

### 4 ACCOUNTABILITY STATEMENT

- 4.1 Both financial and administrative activities undertaken by the National Ebola Trust Fund and the Implementing Partners during the period August 1 to October 31, 2014 were characterized by a number of financial irregularities and non-compliance with laws/control deficiencies.
- 4.2 On the overall, during the analysis of the expenditure reports of the Incident Management System and the Implementing Partners, financial irregularities amounting to US\$792,663.20 and L\$5,281,189.96 resulting from inadequate supporting documentation, unsupported transactions, variance from allowance distribution records and other supporting documents, unreported fuel balances, fuel purchases without evidence of distribution, unverified fixed assets and negative confirmation by third party among others. Details of these irregularities are provided in the accountability schedule below, in line with Chapter 53.7 of the Executive Law of 1972.

TABLE 4.1

PV. Date	PV. No.	Check No.	Payee	Purpose	Amount(US\$)	Comment
Aug. 22, 2014	None	CBL-00042128	Malike L. Siryon	Payment for items needed for president visit to Bomi	1,100.00	No Purchase Order
Aug. 29, 2014	None	CBL-00042133	SWAT	Purchase of 600 bags of rice	8,820.00	No Purchase Order and quotations
Oct. 7, 2014	None	CBL-00042140	LIB- Afric Associate Inc.	Purchase of cubic meters, crush rocks and trans.	1,587.60	No Purchase Order
Oct. 7, 2014	None	CBL-00042141	Building Material Center	Cost of BLDG. Materials	456.19	No Purchase Order
Oct. 17, 2014	None	CBL-00042145	Hannah D. Okoro	Catering for 75 persons	800.00	No job completion certificate and Purchase Order
Oct. 17, 2014	None	CBL-00042143	Malike L. Siryon	Cost of assorted materials	6,000.00	No Purchase Order and quotations
<b>Total</b>					<b>18,763.79</b>	

Source: Report on the Audit of the National Ebola Trust Fund, General Auditing Commission, GAC



Pan-African Journalist Sonorous Samura, believes Liberian authorities deliberately downplayed the number of Ebola cases to mask the extent of the disease.



# DEDUCTIONS

## LIBERIA: OVERALL DEDUCTIONS

- Patients who contracted the virus at the early stage found accessing quality healthcare an arduous task. However, those who happened to be infected much later (when foreign aid was available) received better care.
- Also, health workers were as rattled as the patients. When the virus broke out, there was scant medical knowledge about it; and this had a direct impact on the quality of care received by patients.
- Health care during the Ebola epidemic focused solely on treatment, with little or no consideration for the post-crisis ailments of survivors. This is partly due to the scale of the emergency, and also due to Liberia's weak and consequently overburdened health care system.
- There are clear-cut doubts over the Liberian government's faithfulness to its pledge to pay Hazard allowances to health workers. Government did not carefully work out the Hazard Benefits, in relation to the total number of health workers and the available funds.
- Government has been entirely absent in the post-recovery rehabilitation of survivors. The prevailing opinion in Liberian public circles is that donor funds were mismanaged. A few people, though, were unwilling to express this thought on the record, for fear of government backlash.



# COUNTRY FOCUS

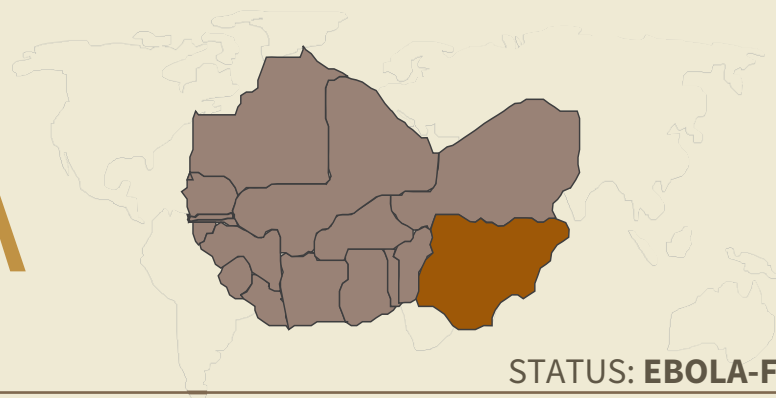
## NIGERIA



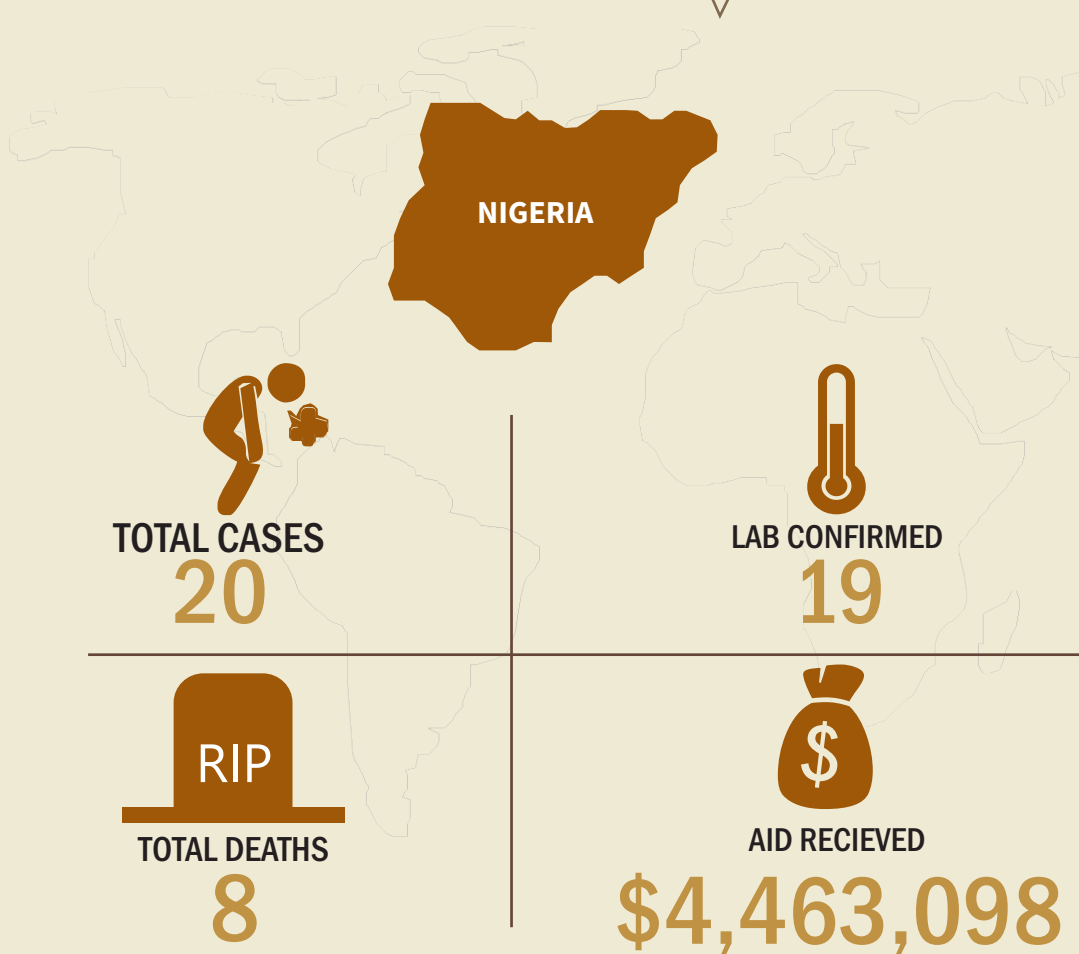
Staff of the First Consultant Hospital in Lagos and the brave Dr. Adadevoh Ameyo who helped contain Ebola in Nigeria.



# Ebola Virus Disease in WEST AFRICA COUNTRY FOCUS: NIGERIA



STATUS: **EBOLA-FREE**



“ Weak public financial management systems coupled with high levels of corruption create many opportunities for the abuse of power, bribery and unethical actions that can limit the ability of donations to stop the ebola outbreak. ”  
- Jose Ugaz,  
Chair of Transparency International

Source: Center for Disease Control & Prevention

FOR MORE INFORMATION  
 [www.ebolafundwatch.org](http://www.ebolafundwatch.org)

SOURCE: UNOCHA as at 4th, November 2015

Ebola was first detected in Nigeria when Patrick Sawyer, an infected Liberian-American tourist, flew into the country's commercial capital Lagos on 20 July 2014. Sawyer was scheduled to attend a seminar in Calabar, a different State and became ill on his flight from Monrovia. He was therefore taken to First Consultant Hospital, Lagos

Sawyer was initially treated for malaria but as his health worsened there are accounts he denied being in contact with the virus (although he cared for, and attended the funeral of his sister, who died of Ebola). Sawyer demonstrated a deliberate intent to be released, but the Chief Physician, Dr. Adadevoh Ameyo restricted Mr. Sawyer to be quarantined. However, he had already infected her and other hospital staff. Dr Ameyo died of Ebola, and is posthumously praised for her professionalism and good judgment in curbing the spread of Ebola virus disease in Africa's most populous nation.

A second Ebola outbreak occurred on August 1, in Port Harcourt, Nigeria's oil hub, but resources were quickly mobilized to contain the virus. Reports state an individual who had contact with Patrick Sawyer had traveled to seek care from a private physician in Southern Nigeria, and the doctor developed Ebola symptoms, dying on 23 August 2014. At the peak of the regional outbreak of Ebola, Nigeria deployed 250 health personnel, volunteer

teams, under the African Union Support to Ebola Outbreak in West Africa (ASEOWA) to

#### FINDINGS

Only 9 out of the 12 respondents were successfully interviewed. Two of the correspondents were unavailable due to their tight schedules, while the last correspondent declined interview.



Doctors in Nigeria receiving Ebola Treatment training from the WHO. Source- CDC Public Health

“

The last thing anyone in the world wants to hear is the two words, 'Ebola' and 'Lagos' in the same sentence... apocalyptic urban outbreak.

- Jeffrey Hawkins,  
United States Consul General,  
Nigeria

”

# 1. QUALITY OF CARE

This section chronicles the survivors' experience concerning the type and quality of care they received.

**Q** Can you briefly describe the quality of care given to you at the treatment centre? In measuring this care, can you say it is up to par with what was expected?

**A** “The expectation from the hospital was not up to standard; the hospital was more or less like an abandoned building, dirty and accessible to mosquitoes. Also, we had access to only one doctor for about 11 days before we were moved to a better ward (facility) where the environment was conducive and (more) personnel were available.”

- **Dr Fadipe**, Survivor

**A** “My own quality of care was excellent as compared to what my fiancée received in the old treatment ward. It met with my expectations; hence this even made me surrender myself for admission. The personnel were readily available to help and it was cleaner to what I saw at the old Centre.”

- **Dennis**, Survivor

**A** “The quality of care given to my fiancée was below standard. On arrival she was bleeding and she was not attended to for about 20mins. Also, she was admitted into the old ward and it was in a state of abandonment. No personnel were readily available to assist her and I was the one doing all her personal care. Also, the other patients in the ward were helping themselves. She eventually died.”

- **Mr Akagha**, relative of victim

# 2. QUALITY OF POST-EBOLA CARE

This section focused on the measures and steps taken by the government in caring for survivors, after the Ebola outbreak. The categories of respondents here are survivors and victims' relatives.

**Q** What sort of rehabilitation plan was given to you after discharge? Were there follow-up visits?

**A** “The problem here was that there was no form of rehabilitation given to me. The psychological support was really bare and it was just two sessions. This was the initiative of (the) Lagos state government, which stopped. Also, there were no follow-up visits. Just one lady that calls to check on me personally, outside her job (duties).”

- **Dennis**, Survivor





**AN EBOLA ISOLATION CENTER, YABA LAGOS STATE**  
Source: [www.bellanaija.com](http://www.bellanaija.com)

**A** “I think the Ministry of Health put in place a rehabilitation process because after we were discharged, we were being called and we were holding meetings up till January this year. The follow-up was (basically) psychological.”  
“I did experience symptoms post-Ebola, most especially joint pains. I reported this during the follow-up, and I was told to take pain relievers.”

- **Dr Fadipe**, Survivor

**Q** **SUB-SET OF QUESTIONS TO RELATIVE OF VICTIM: After her demise, were you and your siblings screened or attended to?**

**A** “Before her demise, she didn't get in contact with any of her relatives, and I was the only relative she was with. It was after I was screened that I also got diagnosed. So I was screened.”

- **Mr. Akagha**, relative of victim

### 3. QUALITY OF PREPAREDNESS AND PLANNING

This section is aimed at examining whether budgets were prepared and implemented in the utilization of Ebola funds. The goal is to gain insights into the country's preparedness level during the outbreak, and as far as is possible, assess the performance level of budgets, where these exist. The following reports were received from the respondents:

**Q** **Were the funds available to run the Emergency Operation Centre sufficient?**

**A** “I guess because it was an emergency response, the funds provided was also an emergency collation. It was not planned for, but materials were provided when requests were made.”

- **Helen**,  
EOC Lagos HR and Logistics

**A** “Holistically, funds were used appropriately. However, specifically some departments did not have access to funds.”

- **Uche**,  
Data Manager, EOC Lagos



**A** “The funds available were not adequate for operations at the EOC. I would rate it a 6 out of 10. I can't give you the details. My superior would be in a better position to speak concerning this.”

- **Alternate Team Lead**,  
Social Mobilization,  
Port Harcourt, Rivers State

**A** “To a large extent...funds were adequate. We had donations and funds from agencies both local and international and the government. At the time of the outbreak, the remittance of funds was quick. A lot of focus was on Point of Entry team.”

- **Erica**,  
Point Of Entry Admin Coordinator

**Q** Did the EOC have a budget for carrying out its operations?

**A** “We prepared budget proposals but no funds ever came (from the federal government). Some of our activities were already budgeted for and had resources allocated (at the central government) but those resources never came (to us on the field). Speaking for my team, all our activities were funded by international partners like UNICEF, Shell.”

- **Dr. Idokoko**,  
Member Social Mobilization Team

**A** “There was no fixed budget for the outbreak due to its emergency nature. We had like a big purse where all funds received and allocated were kept and that was where we started making plans on implementations. Anything needed was taken from the purse.”

- **Helen**, EOC Lagos,  
HR and Logistics.

**A** “Budgeting... was skeletal as most of the funds and expenses were run through the incident manager.”

- **Uche**,  
Data Manager, EOC, Lagos.

**A** “In the initial stage of the emergency response, there was no budget. It wasn't until after the first week before we began to prepare a budget. Every team prepared a budget for their operations and submitted their budgets to the EOC and this was used as a basis for preparing the EOC's budget.”

- **Alternate Team Lead**,  
Social Mobilization Port Harcourt,  
Rivers State

**A** “Budgets we drew up were reviewed at EOC review meetings; Our requests were usually granted within two days.”

- **Erica**,  
Point Of Entry Admin Coordinator

**Q** What were the administrative and logistics challenges that were observed during the outbreak?

**A** “The (unhealthy) rivalry between partner organizations (like UNICEF and WHO) made things a little difficult. For example, UNICEF would not want to collaborate with WHO on some activities and this left gaps that might otherwise have been filled.”

- **Dr. Idokoko**,  
Member Social Mobilization Team

**A** “The challenges we faced were those of resource allocation, clearance letters for victims and survivors, fuel challenges and communication barriers. I feel the challenges were due to the emergency nature of the event.”

- **Helen**,  
EOC Lagos HR And Logistics

**A** “The challenge here was funds availability. We had to work around what was available. I would rate the availability of funds a 5 out of 10.”

- **Uche**, Data Manager, EOC, Lagos



A

“During the outbreak, the challenge we saw at the point of entry was the delay in payment of staff and volunteers...also, sometimes not all materials are approved for supply.”

- Erica,  
Point Of Entry Admin Coordinator

A

“There was no stock of materials for the Social Mobilization Team from the EOC. Virtually all the materials used for Social Mobilization came from UNICEF.”

- Dr. Tracy,  
Social Mobilization, EOC, Lagos

Q

**Was there a proper laid out documentation or Monitoring and Evaluation plan?**

A

“Planning was the key function in the Point of Entry. POE worked with lots of organizations and they had a series of experts coming in to share the plan framework. Dr Alex, the director of Port Health was the Team Lead and she ensured that planning commenced immediately.”

- Erica,  
Point Of Entry Admin Coordinator

A

“Once we had a (implementation) plan in place, we followed through with it till the end of the outbreak.”

- Alternate Team Lead,  
Social Mobilization,  
Port Harcourt, Rivers State

Q

**AVAILABILITY OF RESOURCES AND EQUIPMENT**

These set of questions aimed at exploring the facts around all equipment used in response to the Ebola programme in Nigeria, and how funding for same came about

**Were the materials provided for the health workers sufficient and up to standard?**

A

“Initially at the onset, materials were not enough and personnel were not available. The reason was because personnel were afraid. Later, WHO protocols were adopted and training on how to use the personal protective equipment was done and more epidemiologists were called to join the team.”

- Dr Peter Adewuyi,  
Epidemiologist, EOC, Lagos





HEALTH WORKERS WEARING PERSONAL PROTECTION EQUIPMENT



A

“The materials were initially not adequate. Insufficiency was the fulcrum (norm) at the time. However, foreign donors played a good role in ensuring that adequate materials were supplied for operation. In terms of standardization, the materials were up to standard.”

- Uche,  
Data Manager EOC, Lagos

A

“At the Point of Entry, materials were really sufficient and we knew no lack. Aside the government providing our needs, other agencies also supplied us with materials. I remember (Nigerian businessman) Dangote gave us some infrared thermometers and other supplies too by some donors such as phones by (telecommunications company) MTN, Walkie-talkies and sanitizers etc.”

- Erica, Point Of Entry Admin Coordinator

## 4. QUALITY OF REMUNERATION

This section had as its primary goal the investigation of the actual amounts and/or articles given to volunteers, survivors and victims. It also intended to compare the remuneration packages to the actual work done. The questions asked frontline Ebola healthcare workers were:

Q

Were you compensated, and can you grade the level of compensation?

A

“I must tell you no amount of compensation can bring back a life and I can't grade what was given but I think they did their best.”

- Dennis, Survivor

A

“Yes we were (compensated) but I learnt that the source of compensation was from the Lagos State government. We were given N2 million and I think to some extent that was commendable.”

- Dr. Fadipe, Survivor

A

“I can't disclose what was given to me in terms of figures, and it was just a token. However, what was given cannot bring back the dead.”

- Mr Akagha, Relative of victim

Q

In your opinion do survivors need to be compensated, and why?

A

“Survivors like me need compensation because I remembered after I recovered, I was thinking of how to incorporate myself into the system... I felt people (survivors) like me could pass a better message on Ebola than other people. We ought to be compensated in many other ways. For example, I lost my job and other things too, during the illness. So we should to be given something tangible to fall back on.”

- Dennis, Survivor

A

“I remember when I resumed work, there was a patient I wanted to see and he asked about the incident. The moment I mentioned that I was involved, his mood and attitude changed, and that was embarrassing. I equally remember travelling to Senegal for an event, when I got to the airport at the point where some officers were checking my documents, they started acting strange when they learnt I was an Ebola survivor and also worked with First Consultant (hospital). So yes, we need more compensation so as to rehabilitate ourselves.”

- **Dr. Fadipe**, Survivor.



An official using infrared thermometer to check for high temperatures- a possible sign of Ebola Virus Disease.

Q

**In managing the cases, can you briefly describe the remuneration packages provided? Was this remuneration commensurate with your input?**

A

“There was no established contract between members of the response team and the government. International organizations paid those who worked with them; the State and Federal governments paid their representatives...it wasn't until volunteers were recruited, before payments were made to members of the response team as well as volunteers, by the Federal government. However, since there was no contract, payments were late and irregular, and there was no basis for expectations.”

- **Dr. Idokoko**,  
Member Social Mobilization Team

A

“Promises were made and some were fulfilled. (The) Federal Government gave monthly allowances and they were remunerated during the onset of the outbreak. The risks were high... (Though the) Federal Government made promises, they paid less than that.”

- **Dr. Peter Adewuyi**,  
Epidemiologist, EOC, Lagos

A

“The remuneration package was not enough. Payment was based on risk, and not actual work done. For example, the people at the treatment centre got more pay and social mobilization got the least pay.”

- **Alternate Team Lead**,  
Social Mobilization, Port Harcourt,  
Rivers State

A

“Payment at the POE was according to the role and by extension, the risk. The Doctors got N5, 000 per day; Nurses got N4, 000 per day, Administrative Staff N4, 000 per day; Environmental Health Workers got N75, 000 per month and Drivers got N50, 000 per month. But the payments took a while as the first payment was initiated in August 2014.”

- **Erica**, Point Of Entry Admin Coordinator

Q

**Was the support staff sufficiently remunerated? How often was this done?**

A

“The stipends given was at par with the job but the consistency was very bad. The payment was delayed and there were lots of backlogs. The POE is the most important in the country and the staff are being owed lots of arrears, despite the fact that they are still working.”

- **Erica**, Point Of Entry Admin Coordinator

A

“The support staff was remunerated but the timing varied. During the outbreak, remuneration was constant.”

-**Helen**, HR and Logistics at EOC Lagos

A

“At the social mobilization department, the whole community mobilization operations were funded by UNICEF. They paid the gatekeepers and the administrative staff. The gatekeepers were paid N60, 000 per month and they were more than happy with the payment. The administrative team were also paid by UNICEF until December 2014. For team members of the Social Mobilization department, the EOC promised to pay N5, 000 per day but ended up paying less than that.”

- **Dr Tracy**,  
Social Mobilization EOC, Lagos

## 5. QUALITY OF POST-EBOLA CARE

This category of questions aimed to ascertain and appraise ongoing surveillance and preparedness activities beyond the Ebola outbreak. Here are some of the respondents' views on post-Ebola commitments:

A

“You met the Ebola Treatment Center under lock and key because the staff there must have returned to their previous employers. It's natural for the center to be abandoned because it takes funding to maintain it and there was no structural organization to support such kind of emergency response... The real question goes beyond Ebola. For example, the MDR-TB patients who were evacuated to make room for Ebola Treatment, where were they taken? Are they back in their communities?”

- Dr. Abraham Idokoko,  
Member Social Mobilization Team



A

“The activities at the EOC have become so skeletal that the government has stopped funding the activities. The reason for this is attributed to (lack of) political will.”

- Alternate Team Lead,  
Social Mobilization Port Harcourt,  
Rivers State

A

“The importance given to the EOC during the outbreak has reduced since Nigeria has become Ebola free, which is not supposed to be so. There should be continuity and preparedness for other possible outbreak. So that we don't get caught unawares and we won't be running around for (another) planning. I think the EOC should continually run as an establishment (rather than an ad-hoc operation) and not abandoned.”

- Erica, Point Of Entry Admin  
Coordinator

A

“The facility here at the treatment centre has been abandoned since the discharge of the last patient. It isn't being maintained regularly... if there is any new case, the centre becomes alive and operational.”

- **Unnamed source**, Lagos  
mainland hospital

A

“I don't think we are ready or prepared for any other outbreak because there's a lot of politics going on between governing bodies. The EOC is going to be shut down...”

- **Dr Tracy**, Social Mobilization EOC  
Lagos

A

“Since infectious diseases will always be a problem around here, it is important that the NCDC build up a structure and have a reserve response team as well as a mechanism to respond to epidemics when they occur.”

- Dr. Abraham Idokoko,  
Member Social Mobilization Team







An Ebola Medical Team evacuating a dead victim of Ebola Virus Disease



# DEDUCTIONS

## QUALITY OF CARE

From the respondents' reports, the quality of care depended on which of the two facilities they encountered – the old facility and the new facility. In the early days of the outbreak, initial cases were managed in the old facility, which from the responses was in a bad shape.

The responses showed that there was a low level of preparedness on the part of health institutions and the government, given the fact that the outbreak had been in West Africa for months. Evidence shows that even when patients began to present themselves for professional help, the response rate by the government remained very slow. It took about 11 days to get a dedicated facility ready for the patients, by which time some had died from Ebola-associated complications.

## QUALITY OF POST-EBOLA CARE

Considering the responses received, there was some form of care provided to the survivors post-recovery. It appeared however, that majority of the care was focused on the psychological aspect, with not as much provision made for the socio-economic needs of victims and their relatives, as the case may be.

## QUALITY OF PLANNING AND PREPAREDNESS

For most part, equipment and resources were available for caregivers to work with, although not always in sufficient quantity. Some departments e.g. POE and Social Mobilization, generally enjoyed a more regular supply of materials than others. Any shortcomings in supply by official government sources were mitigated by donations from the private sector, which stepped in to donate equipment. In general, the availability of resources reduced towards the end of the outbreak.

## QUALITY OF REMUNERATION

The payment of workers (or volunteers) was by no means central. Partner organizations paid only those who worked with them on their activities. State and Federal governments paid by their respective employees. Eventually, when the government paid the response team and volunteers, there was no contract as to how much will be paid, and for how long. Therefore, the team members could not hold the government accountable in any way. This was coupled with the fact that the payments were irregular and inconsistent across the board.

With the exception of a few respondents, most people were happy with their remuneration package.

The survivors were pleased with the token given them by the State government, although they felt compensation should not be restricted to money alone. This is a possibility that should be considered, whenever next individuals have to be compensated.



# DEDUCTIONS

## QUALITY OF POST-EBOLA COMMITMENT

The attitude displayed towards facilities and structures post-Ebola outbreak is not encouraging. The EOC has been all but abandoned, payment is irregular even at the Point of Entry and there are no plans to review the just-concluded response, to learn lessons that could prove useful for another emergency. This is despite the fact that a country declared free of Ebola is supposed to be on guard for at least a year, and the fact that EVD still exists in West Africa.

It is difficult to say specifically whether this negative attitude is due to a lack of political will or a lack of funds, all of which significantly reduced after Nigeria was declared Ebola-free. 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.

In the initial phases of the emergency response, there was no plan or budget in place to guide fund use. Due to the emergency nature of the response to containing Ebola, requests were met on an 'as needed' basis, with the most pressing issues like Point of Entry (POE) requests receiving urgent attention. This continued for a week, after which different teams came up with budgets and implementation plans for the emergency response. The different plans were incorporated to form a central plan/budget for the EOC, which was then forwarded to the federal level for funding and approval. The incident manager is the only person in the best position to confirm if these budgets were indeed approved and funded.

Most Teams saw a good response, in terms of having their requests granted. However, once the outbreak began to wane, it took longer to have

those requests met. This may be attributed to the (political) laxity that followed the end of the outbreak.

In terms of Monitoring and Evaluation plans, there is no evidence from our interviews to suggest that there was one in place. Most respondents mentioned an implementation plan, but nothing was said of how the progress or efficiency of such a plan was tracked.

NOTE: The Government officials slated for this section did not grant interviews.

# DEDUCTIONS

## OVERALL DEDUCTIONS

- There was some form of care provided to the survivors post-recovery. It appeared however, that majority of the care was focused on the psychological aspect, with not as much provision made for the socio-economic needs of victims and their relatives, as the case may be.
- In the initial phases of the emergency response, there was no plan or budget in place to guide fund use. Due to the emergency nature of the response to containing Ebola, requests were met on an 'as needed' basis, with the most pressing issues like Point of Entry (POE) requests receiving urgent attention.
- In terms of Monitoring and Evaluation plans, there is no evidence from our interviews to suggest that there was one in place. Most respondents mentioned an implementation plan, but nothing was said of how the progress or efficiency of such a plan was tracked.
- The attitude displayed towards facilities and structures post-Ebola outbreak is not encouraging. As at April 2015, the EOC has been all but abandoned, payment is irregular even at the Point of Entry and there are no plans to review the just-concluded response, to learn lessons that could prove useful for another emergency.
- 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.
- For most part, equipment and resources were available for caregivers to work with, although not always in sufficient quantity. Any shortcomings in supply by official government sources were mitigated by donations from the private sector, which stepped in to donate equipment. In general, the availability of resources reduced towards the end of the outbreak.





# CONCLUSIONS & RECOMMENDATIONS







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