Executive Summary

Significant progress was made for children’s rights in The Gambia in 2016, particularly the presidential decrees banning child marriage and female genital mutilation/cutting. The Government also adopted two important policy level documents, the Child Protection Strategy and the National Social Protection Policy (NSPP). UNICEF supported the Government of Gambia with these actions and leveraged the opportunities to institutionalize them and to strengthen systems.

The situation analysis of women and children (SitAn) produced early in 2016 provided critical information regarding the status of women and children in Gambia. The document process raised two significant issues: the high degree and speed of urbanization happening in the country, and the irregular migration of youths out of the country in search of what they believed would be a better life in Europe. The new Country Programme Document (CPD) 2017-2021 was formulated by taking in account these and other key findings, as well as the national development priorities and the Sustainable Development Goals (SDGs).

Working to end open defecation in the country, UNICEF Gambia conducted advocacy and provided technical support that led to the adoption of the National Sanitation Policy, approved by the cabinet in February 2016 after several years of delay. The national Open Defecation-Free (ODF) Action Plan was also finalized and shared with stakeholders at national and regional levels. Through UNICEF support and advocacy, 210 communities were declared open defecation-free.

With technical support from the UNICEF Regional Office, a core group of 15 personnel from the Government, UNICEF, academia and research institutions improved skills on the application of the WASH Bottleneck Analysis Tool. The group co-facilitated a national WASH sector analysis on rural water supply and sanitation at the national level and regional/subnational level, focusing on the Central River Region that has the lowest WASH and child survival indicators. Key bottlenecks, such as the lack of a national plan for rural WASH and weak human resource capacity, were identified. A costed action plan for the removal of priority bottlenecks was developed and presented to policymakers for advocacy and to inform the development of the 2017 annual work plans of the WASH sector.

In June 2016, the President of The Gambia declared a ban on child marriage and called for legislation to be introduced. UNICEF, with the support of a DLA Piper seconded lawyer, was instrumental in supporting the draft of the legislation that not only bans child marriage but also provides for the support of victims. Similar legislative work was done on the Disability Act. The child protection system was strengthened with technical and logistical support to several partners, including the police. Following the adoption of the National Social Protection Policy, UNICEF supported key national partners in costing and allocating resources to implement critical social protection programmes for vulnerable children. UNICEF support to the Social Protection Group and the Budget Observatory Platform played an important role in leveraging
resources. UNICEF advocacy resulted in a sharp increase for social protection from US$44,910 to US$89,819 (Dalasis 200,000 to 4,300,000) planned for 2017.

In 2016, UNICEF Gambia continued to expand and diversify partnerships in line with the Country Office (CO) innovative resource mobilization strategy. Focus was placed on strengthening existing relationships as well as developing new relationships both in-country and externally, in particular with UNICEF National Committees, and on pursuing in-kind contributions especially human resources and technology. This was well received by the Committees.

In 2016, UNICEF supported screenings in the 11 districts most affected by food insecurity in the Central River Region. This helped in the early identification of 670 children with acute malnutrition; 37 children with severe acute malnutrition (SAM) were admitted for treatment, while 633 moderately acute malnourished children were referred to health centres for clinical assessment and counselling. UNICEF provided technical support at all levels of service delivery and ensured continued provision of critical lifesaving nutrition supplies to the integrated management of acute malnutrition (IMAM), with improved quality of management in 112 out of 165 health facilities across the country (68 per cent geographic coverage). UNICEF supported the training of 290 health workers on the IMAM approach, enhancing their skills and knowledge that resulted in improved quality management of children and significantly decreased the death rates within WHO Sphere standards. As a result, the lives of 2,989 children with severe acute malnutrition admitted to the IMAM program were saved.

To enhance the retention of girls in school, UNICEF supported the construction of 2,113 gender-specific school toilets.

The Gambia successfully conducted all planned immunization campaigns and had its first fully solarized cold chain logistics system installed in Bansang. In line with the Polio Endgame Strategy, UNICEF, with support from GAVI and partners, supported a successful switch from trivalent to bivalent polio vaccine in April 2016. As of October 2016, a total of 60,884 (76 per cent) children were reached with the bivalent polio vaccine. UNICEF supported the successful implementation of a nationwide measles-rubella vaccination campaign in April/May 2016, targeting 802,245 children aged nine months to 15 years. Vitamin A and deworming were also integrated into the measles-rubella (MR) campaign. A national MR vaccination coverage of 99 per cent (794,223 children) was achieved. UNICEF supported the orientation of 70 religious leaders from all seven health regions on the uptake of immunization services to sensitize their communities on the importance of immunization services, especially men’s participation in immunization.

There was slower progress in some areas however: national capacity issues, including high attrition rates at the Ministry of Health and Social Welfare (MoHSW), has blocked progress in the attainment of child rights. The UNICEF CO examined how to strengthen project management and accountability mechanisms within the ministry in response.

Despite notable gains in the education sector, such as strong enrolment rates due in part to the waiving of school fees, challenges remain including the need to ensure all children have the right to a quality education and that progress in primary school is consolidated through expansion of early childhood development (ECD) to all Gambian children.

In 2016, the CO strived to work strategically to ensure that downstream activities were harmonized with upstream work, especially in the health sector where a lack of coordination at a central level negatively impacted achievement of results for children at primary health care level.
The new UNICEF Gambia Country Programme (CP) 2017-2021 was approved at the September Board and the Country Programme Management Plan (CPMP) was approved during the October Programme Budget Review.

**Humanitarian Assistance**

In 2016, heavy rains accompanied by strong winds led to floods in parts of The Gambia. 10,232 people were affected, including one fatality and 4,623 displaced people. UNICEF Gambia, in collaboration with World Food Programme (WFP), supported the National Disaster Management Agency (NDMA) to take on leadership and coordination of the humanitarian response to affected populations. UNICEF Gambia co-led the WASH, nutrition and education responses. UNICEF and partners supported the development of an All-hazard Health Sector Emergency Preparedness and Response Plan. The capacity of 70 NDMA data collectors was improved on humanitarian needs assessment and reporting. With technical support from UNICEF and WFP, NDMA led the planning and coordination of humanitarian response to the affected population.

UNICEF’s humanitarian response reached 9,611 affected people (96 per cent of UNICEF target) with access to safe water supply through rehabilitation and construction of water points in 27 affected communities. Additionally, 4,200 affected people (91 per cent of the target for sanitation) were provided with improved sanitation facilities due to the construction of household emergency latrines for 62 families and toilet facilities for six affected schools. Damaged classrooms and roofs in four schools were repaired, thereby restoring the rights of 6,700 affected children to education. A total of 20,000 people in affected districts were reached with hygiene and flood risk reduction messages through a community based hygiene promotion campaign. The community awareness campaign was complemented by weekly hygiene sessions on seven community radio stations, covering five administrative regions. Essential WASH supplies were procured for 800 affected households, while additional stocks of oral rehydration solution and antibiotics for children were also procured to strengthen the capacity of the health system.

A partnership was established with the Gambia Red Cross Society for emergency preparedness and response. The two organizations worked closely together and facilitated a national Multisectoral Joint Needs Assessment for floods that provided comprehensive information on the impact, urgency for response and needs of the affected people. The report provided a strong base for humanitarian actors to use for resource mobilization. A consortium of international-NGOs consisting of Action Aid, Concern Universal and Catholic Relief Service used the report to mobilize funds from Start Fund Project to provide shelter and food assistance to 4,633 people – 45 per cent of the affected people. UNICEF Gambia’s response to the flood-affected population focused on improving access to WASH, health, nutrition and education services, and promoting healthy behaviours.

UNICEF Gambia continued to collaborate with WHO to strengthen the capacity of the health sector on public health emergency preparedness and response, using the experiences and lessons learned during the implementation of the national Ebola virus disease (EVD) preparedness response. UNICEF and WHO worked together and provided technical assistance for an assessment of the health system for disaster risk management. The result of this capacity assessment was used to develop a two-year costed all-hazard Health Sector Emergency Preparedness and Response Plan. The Humanitarian Country Team developed a joint humanitarian strategic response plan for The Gambia as part of the wider Sahel nutrition and food crisis, with UNICEF Gambia supporting WASH, nutrition and education responses.
The CO supported the establishment of an education in emergency working group and improved the capacity of 90 teachers and other stakeholders on education in emergency, that prepared the education sector to respond to emergency.

**Emerging Areas of Importance**

UNICEF Gambia developed a strong new Country Programme for the 2017-2021 period that will focus on the CO’s comparative advantages and ensure that programming is driven not only by UNICEF regional and global strategies, but by national priorities as well. The new CPD takes in account the situational analysis that was conducted and published in 2016 and places emphasis for UNICEF Gambia’s programming on addressing the most critical issues for the most vulnerable children in The Gambia.

**Refugee and migrant children.** Migration, both internal (from rural to urban areas) and external (to Europe through irregular or illegal channels) is becoming an increasing and concerning phenomenon in The Gambia. Statistics published by the European Union (EU) show that Gambians constitute a disproportionate proportion of migrants to Europe. Nearly a half of one per cent of the entire country’s population (0.41 per cent) successfully migrated to Italy in 2015 compared to figures of around 0.02 – 0.04 per cent of neighbouring West African countries. This does not even take in account landing in other European countries or those non-documented. A significant percentage of these migrants are youth and children and in some cases unaccompanied children. Rural areas are becoming depopulated and little is understood around why so many young people are taking the risky journey to seek a better life in Europe.

In December 2016, Gambians voted and elected a new president who has promised to reverse measures put in place by the current president to investigate human rights abuses, and address youth unemployment (considered a cause of irregular migration). Unfortunately, uncertainties and political impasses that started in December 2016 led to a spike in the flight of Gambians from the country. This could indicate a spike in irregular migration as well.

**Child labour.** With the December 1, 2016 election results ushering in a new government, UNICEF Gambia will be taking this opportunity to further strengthen advocacy on child protection issues, notably child labour to enhance understanding among stakeholders for increased buy-in and more effective implementation of policies and programmes. Child labour has not been given adequate attention due to the strong political resistance with the rejection of data that indicate that child labour is an issue in the Gambia.

**Climate change and children.** The continued impact of climate change on annual harvests has impacted both on the short and long term nutritional requirements of infants and young children. UNICEF Gambia supported the undertaking of a nutrition SMART survey in 2015 that reflected a slow but steady decrease in the nutritional status of children in terms of acute malnutrition and stunting, a steady decline over the last 10 years despite gains in other areas such as child and infant mortality rates. As such, the nutritional status of children in The Gambia continues to be of concern and is reflected in the prioritization of nutrition in the next CP. The rates are emphasized in rural areas.
### Summary Notes and Acronyms

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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AMP</td>
<td>Annual Management Plan</td>
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<tr>
<td>BCP</td>
<td>Business Continuity Plan</td>
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<td>BNA</td>
<td>Bottleneck Analysis</td>
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<td>BOP</td>
<td>Budget Observatory Platform</td>
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<td>BOS</td>
<td>Business Operating Strategy</td>
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<td>C4D</td>
<td>Communication for Development</td>
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<td>CEP</td>
<td>Community Empowerment Programme</td>
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<td>CLTS</td>
<td>Community Led Total Sanitation</td>
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<td>COUNTRY MANAGEMENT TEAM</td>
<td>Country Management Team</td>
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<td>CO</td>
<td>Country Office</td>
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<td>CP</td>
<td>Country Programme</td>
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<td>CPD</td>
<td>Country Programme Document</td>
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<td>CPMP</td>
<td>Country Programme Management Plan</td>
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<td>CRC</td>
<td>Contracts Review Committee</td>
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<td>CRC Convention on the Rights of the Child</td>
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<td>CRR</td>
<td>Central River Region</td>
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<td>CSO</td>
<td>Civil Society Organization</td>
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<td>DCT</td>
<td>Direct Cash Transfers</td>
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<td>DHS</td>
<td>Demographic Health Survey</td>
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<td>DSW</td>
<td>Department of Social Welfare</td>
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<td>ECD</td>
<td>Early Childhood Development</td>
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<td>EVD</td>
<td>Ebola Virus Disease</td>
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<td>FGM/C</td>
<td>Female Genital Mutilation and Cutting</td>
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<td>HACT</td>
<td>Harmonized Cash Transfer</td>
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<td>IMAM</td>
<td>Integrated Management of Acute Malnutrition</td>
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<td>IMEP</td>
<td>Integrated Monitoring and Evaluation Plan</td>
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<td>IP</td>
<td>Implementing Partner</td>
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<td>IYCH</td>
<td>Infant and Young Child Feeding</td>
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<td>KPI</td>
<td>Key Performance Indicators</td>
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<td>LRR</td>
<td>Lower River Region</td>
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<td>LTA</td>
<td>Long term Agreement</td>
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<td>MAM</td>
<td>Moderately acute malnourished</td>
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<tr>
<td>MoBSE</td>
<td>Ministry of Basic and Secondary Education</td>
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<td>MoHSW</td>
<td>Ministry of Health and Social Welfare</td>
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<td>MoJ</td>
<td>Ministry of Justice</td>
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<td>MOSS</td>
<td>Minimum Operational Security Standards</td>
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<td>NaNNA</td>
<td>National Nutrition Agency</td>
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<td>NAtComs</td>
<td>UNICEF National Committees</td>
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<td>NDMA</td>
<td>National Disaster Management Agency</td>
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<td>NSPP</td>
<td>National Social Protection Policy</td>
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<td>NSPSC</td>
<td>National Social Protection Steering Committee</td>
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<td>ODF</td>
<td>Open defecation-free</td>
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<td>OMT</td>
<td>Operations Management Team (UN)</td>
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<tr>
<td>PHC</td>
<td>Primary Health Care</td>
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<td>PIQSS</td>
<td>Programme for Improved Quality Standards in Schools</td>
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<td>RO</td>
<td>Regional Office</td>
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<tr>
<td>RUTF</td>
<td>Ready-to-Use-Therapeutic-Food</td>
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Capacity Development

Despite a continued high turnover rate in the civil service in 2016, UNICEF Gambia worked strategically to ensure that capacities in key areas benefitted from support. Notable is the capacity strengthening of the National Nutrition Agency (NaNA), one of UNICEF’s key implementing partners.

With the signing of the European Union (EU)-funded project, Building Resilience with Social Transfers (BReST), UNICEF Gambia strengthened NaNA’s capacity to implement a social transfer project that fits within the mandate of the National Social Protection Strategy and is also harmonized with the World Bank’s investment in social transfers. Further, NaNA received support and capacity strengthening through the implementation of the nutrition SMART survey undertaken in 2016, and work on strengthening salt iodization in-country after it regained its regulatory role. NaNA collaborated with a third partner that worked directly with salt producers.

One key activity supported both financially and technically by UNICEF in collaboration with other UN agencies is the Integrated Household Survey, completed in 2016. UNICEF supported The Gambia Bureau of Statistics to conduct this survey. UNICEF participated as a member of the technical committee to ensure survey quality and implementation according to timelines. To enhance availability of equity-based data, especially across geographic areas, the Integrated Household Survey (IHS) data was disaggregated at district level below the commonly used local government areas. The data will be used to support baselines for some of the indicators in the SDGs, the National Development Plan 2017-2020 and the UNDAF 2017 – 2021.

A total of 882 community volunteers were trained in community mobilization and screening for acute malnutrition as part of strengthening nutrition surveillance. UNICEF supported the training of over 200 health workers on Baby Friendly Hospital Initiative in three regions to provide infant and young child feeding (IYCF) counselling at the health facility level and a total of 85 village support group members and other influential leaders on IYCF and WaSH in Nutrition in Lower River Region as part of efforts to prevent malnutrition.

The capacity of 120 teachers, cluster monitors and health extension workers was strengthened on hygiene promotion skills in schools. As a result, 20,496 children in 60 PIQSS schools have improved knowledge on hygiene and practice daily group hand-washing, with significant support from the mothers’ clubs and school management committees that provide soap to the children.
UNICEF Gambia worked with the DSW to ensure the roll-out of social services for children at a community and regional level with support to community child protection committees and the establishment of Regional Officers to assist with social welfare services. DSW is the key partner for both social policy and child protection programmes.

UNICEF ensured the capacity strengthening of ten government counterparts from MoHSW, NaNA and ChildFund to improve skills on entrepreneurship and salt production using different methodology, packaging, pricing techniques, maintenance of equipment and quality control. This improved the skills of 40 members of the National Association of Salt Producers and Traders on entrepreneurship.

National capacities were strengthened to design and implement child friendly policies, legislative measures and budgets. UNICEF supported the Government in: policy dialogue on and advocacy for social protection and expanded fiscal space for social sectors (health, nutrition, education and social protection); generating knowledge and evidence to inform decision-making on inclusive and integrated social protection systems; strengthening coordinating mechanisms, and increasing the capacity of the Government and civil society partners on equitable social and economic policies; and promoting and strengthening innovative partnerships.

Despite the ongoing problem with civil service attrition, UNICEF Gambia supported the capacity development of Government staff in the key areas of immunization and data generation (MICS).

**Evidence Generation, Policy Dialogue and Advocacy**

The situational analysis of women and children in Gambia was developed using secondary data. This also fed into the development of the Common Country Assessment that was the basis for development of the UNDAF 2017-2021. UNICEF Gambia and partners supported the Government in the development of the National Development Plan 2017 – 2020, the country’s development blueprint. UNICEF Gambia provided technical support in the development of UNDAF 2017 – 2021 based on the findings of SiTA in 2015 that also informed the development of Country Programme Document (CPD) 2017-2021.

UNICEF Gambia extended technical support to conduct a nutrition and a WASH Bottleneck Analysis (BNA). The recommendations from the nutrition BNA were key in reviewing and updating the 2010-2020 National Nutrition Policy and in developing the new nutrition strategy to address key supply, demand and quality-related bottlenecks at national and regional levels. The recommendations from the WASH BNA resulted in the development of an action plan for the removal of the priority bottlenecks.

Through UNICEF advocacy, the national sanitation policy was adopted and approved by the cabinet in February 2016 after several years of delay. The national Open Defecation-Free (ODF) Action Plan was finalized and shared with stakeholders at national and regional levels.

Under the UNICEF equity agenda, the MoBSE was supported to revise sub-sectoral policies on ECD and inclusive education. As part of the support to develop an Education Sector Policy (2016–2030), UNICEF conducted evidence-based advocacy and provided complementary technical support during the policy development process. As a result, MoBSE adopted ECD and inclusive education as key policy components to promote equity, and linked the 2016–2030 education sector policy to the SDGs.
During the reporting period, UNICEF Gambia supported the development of the Government’s medium-term development programme using evidence from bottleneck analyses and the National Disability Study to inform policy decision and inform the adoption of policy options. UNICEF Gambia advocated for inclusive education to target marginalized children for education enrolment, retention and completion; and advocated for ECD to establish the foundation for quality education and improve learning outcomes in the long-term.

Continued advocacy by UNICEF also led to the National Social Protection Policy and the Child Protection strategy being adopted by the Government.

**Partnerships**

In 2016, UNICEF increased its partnerships with civil society by signing three new Small Scale Funding Agreements on the Girls Agenda, Safe Hands with Girls, and Young People in the Media to build capacity and to work with local NGOs to address issues concerning girls and to reach young people. The partnership with Safe Hands for Girls and The Girl’s Agenda resulted in 60 girls from West Coast Region benefitting from training to build awareness and capacities on the harmful effects of female genital mutilation/cutting and the new law to end the practice.

UNICEF, in partnership with Gambia Red Cross Society, facilitated a national Multisectoral Joint Needs Assessment for floods that provided comprehensive information on the impact, urgency of response and needs of the affected people. The report was used by a consortium of International NGOs (Action Aid, Concern Universal and Catholic Relief Service) in the country to mobilize funding for shelter and food assistance for 4,633 (45 per cent) of the affected people.

A new relationship was established with the University of The Gambia’s Law School aimed to strengthen awareness on child rights among law students (yet to be formalized). The University of The Gambia expressed interest in a partnership for nutrition education at the school.

UNICEF, WFP and FAO have an informal partnership on resource mobilization that results in formal agreements. This yielded results in 2016 with the leveraging of US$14,804,028 (14 million Euros) from the EU across the agencies.

Early marriage, a harsh reality for many girls in The Gambia as about 46 per cent of girls marry before age 18. UNICEF Gambia partnered with the DSW to advocate for the banning of child marriage through sensitization and awareness-raising meetings with other stakeholders, including communities, and using media platforms such as radio, print and social media.

UNICEF Gambia supported the NGO Tostan in implementing the Community Empowerment Programme (CEP), a holistic approach to breaking harmful social norms in communities through education and community sensitization, covering 30 Fula communities in the URR through the education on health and hygiene, human rights approach, BR and harmful effects of female genital mutilation/cutting and child marriage, among others. Through UNICEF partnership with Tostan and other NGOs, a significant number of parents, girls and community members were reached with information on the harmful effects of female genital mutilation/cutting, child marriage, violence against children and wife-beating.

UNICEF Gambia strengthened and broadened partnerships to address female genital mutilation/cutting and child marriage. Local civil society organisations, including GAMCOTRAP, BAFROW, ActionAid, Activista, Network against Gender-Based Violence, and ADWAC, with support from UNICEF and UNFPA under the coordination of the Women’s Bureau, all continued
work on female genital mutilation/cutting and child marriage. This has contributed to changes in gender and social norms and helped more children to benefit from significantly reduced levels of violence in 2016.

In 2016, UNICEF Gambia partnered with the Women’s Bureau, Safe Hands for Girls, The Girls Agenda, the Network against Gender-Based Violence, and the MOJ to reduce domestic violence and female genital mutilation/cutting nationwide. This led to the revitalisation of the National Plan of Action on FGM/C that has been inactive since 2013. The validation of the document took place after the FGM/C bill was enacted and passed into law.

The partnership with Safe Hands for Girls and The Girl’s Agenda resulted in 60 girls from West Coast Region benefitting from training to build awareness and capacities on the harmful effects of female genital mutilation/cutting and the new law to end the practice.

**External Communication and Public Advocacy**

In line with the global digital strategy, UNICEF Gambia Communications developed a documentary and two ‘Vox Pops’ for advocacy. It continued to update the country website and Facebook page to increase visibility on children’s issues. UNICEF Gambia’s Twitter and Instagram accounts have widened its social media engagement, especially with adolescents, recording the following for 2016: Reach (Facebook: 424,222; Twitter: 653,300), Engagement (FB: 28,073; Twitter: 29,742 in Twitter), Followers (Twitter: 963; Instagram: 433), and FB “likes”: 2,722.

The print and broadcast media was engaged regularly to support public awareness, reaching thousands of people countrywide with stories including but not restricted to child marriage, female genital mutilation/cutting, youth participation and violence against children.

Evidence-based advocacy was employed with the participation of children and adolescents at other public advocacy platforms including National Children’s Day of Broadcasting, End Child Marriage Campaign and Day of the African Child through speeches, promotional materials, drama and songs. Messages were developed on the events’ themes, targeting all duty bearers and children.

Strong communication support was provided to UNICEF Gambia’s 70th anniversary celebration: a partnership dinner, combining an exhibition and theatre show that served to build potential, and strengthen and foster existing relations with national and international partners on children’s issues. It also provided an excellent opportunity for the CO to intensify advocacy at the highest level and partners to reinforce their commitment towards effectively addressing gaps in child rights. A documentary articulating the work of UNICEF in the Gambia over the last few decades was developed and aired at the UNICEF@70 event.

UNICEF Gambia strengthened advocacy for financing child protection issues, bringing technical staff from the Ministries of Finance and Economic Affairs, Health and Social Welfare, and Basic and Secondary Education together to commit resources and budget for child protection action plan and its inclusion in Government budget. UNICEF Gambia in collaboration with DSW and other stakeholders organized a high-level meeting to present to National Assembly Members, Permanent Secretaries and directors the results of the child protection system mapping, and the Child Protection Strategy and Plan of Action. The forum was a platform to discuss child protection issues and challenges in The Gambia. This advocacy contributed to the adoption and approval of the Child Protection Strategy and Plan of Action in February 2016.
South-South Cooperation and Triangular Cooperation

UNICEF Gambia supported a study tour that allowed Gambian stakeholders to visit Senegalese projects and learn about good sensitization practices on eradicating female genital mutilation/cutting. Additionally, UNICEF Gambia is currently working with UNICEF Senegal on preparedness planning, given the political crisis in The Gambia following the rejection of the election results by the President.

Identification and Promotion of Innovation

UNICEF Gambia developed innovative partnerships and a resource mobilization strategy that aims to work towards “small country advantage”. Three aspects drive innovation in this area: ‘small envelopes’, ‘last miles’ and non-financial engagement. The ‘small envelopes’ aspect supports the idea that--whereas small grants are often neglected in larger, high-volume offices--investing smaller amounts in more contained country programmes can have a greater impact and be relatively better maintained. This proved popular with the NatComs who need to maintain smaller amounts income with private or commercial donors. The ‘last mile’ concept works to raise money against finishing business on aspects of children’s rights issues in The Gambia. For example, this might be to close the last two per cent nationwide gap on open defecation to ensure that all schools have separate girls’ and boys’ toilets by 2018 or to ensure that all salt produced in The Gambia is iodized.

For the first time, UNICEF Gambia and partners adopted the use of smart phones to trace unvaccinated children during vaccination campaigns to better identify areas of concern, direct resources, and address any pockets of children that had been excluded.

Lastly, UNICEF Gambia was open to working in partnership with non-financial assistance. A partnership with DLA Piper Global Law Firm, for example, delivered outcomes for children that have exceeded expectations; this type of pro bono work can serve as good practice for other COs in the region.

Support to Integration and Cross-sectoral Linkages

UNICEF Gambia was instrumental in the formation of the UNDAF for 2017-2021 and in particular led the work planning under the Human Capital Development pillar, one of the three UNDAF pillars. Given the increasing value of multi-agency and integrated approaches to programming, UNICEF worked intensely on this pillar to ensure that cross-agency integration and joint programming were taken into full consideration.

Within UNICEF programming, especially with Ministry of Basic and Secondary Education (MoBSE) and NaNa, the ECD model drove programming design in 2016 and is a strong component of the new CPD. It integrates early learning, nutrition, infant care and IYCF to ensure that children are given the best start in life. This is particularly relevant with the slow but steady climb of malnutrition rates, despite significant drops in infant and child mortality over the last five years.

Key in the design of the new CPD was the formation of a new section, ‘Protection and Inclusion of Children’ that builds on the relevant strengths of the child protection and education programmes, recognising that the children who are out of school are the same children who are classified as vulnerable and require protection.
Dialogue and advocacy around harmful traditional practices, including female genital mutilation/cutting and child marriage, brought together not only child protection stakeholders, but also the MoHSW, the Judiciary, the Ministry of Justice (MoJ), the President’s Office and other health stakeholders, leading to the President’s declaration to make both female genital mutilation/cutting and child marriage illegal. This high-level engagement of actors as well as ongoing partnership with organizations working at grass-roots level added weight and volume to the increasingly significant wave of change in these harmful practices for children.

**Service Delivery**

As in previous years, UNICEF Gambia has proven to be a valuable partner in the health sector, relied upon to deliver critical drugs and vaccinations for the country and to support key stakeholders, such as the Medical Research Council, through the supply of vaccines. In 2016, UNICEF facilitated the procurement and delivery of all routine vaccines for the country, ensuring an uninterrupted supply at all levels. This has contributed to 96 per cent of children being reached with third dose of pentavalent vaccine by the end 2016.

UNICEF Gambia in collaboration with the MoHSW had discussions with GAVI in 2016 to support health system strengthening on supply, a UNICEF priority, with focus on construction of health posts, vaccine supply, and Vitamin A and other nutrition supplements. This resulted in a health system-strengthening proposal, amounting to US$4.6 million approved for The Gambia to address systems bottleneck affecting the delivery of quality immunisation services. This support is aimed to strengthen the MoHSW procurement capacity.

UNICEF Gambia continued to provide critical support for the treatment of SAM in-country with the provision of supplies including therapeutic milk, RUFT and drugs.

UNICEF provided financial and technical support to 15 additional sites for the early infant diagnosis testing of babies born to HIV positive mothers across the country, and has increased coverage and access to the services. UNICEF’s support also strengthened the capacity and enhanced skills of 70 field staff for the effective scaling up of EID services and timely initiation of prophylaxis for exposed infants. UNICEF procured test kits for Rapid Plasma Reagin to test for syphilis to provide comprehensive reproductive health services to pregnant women. At the coordination level, UNICEF supported PMTCT coordination meetings and this committee advocated for the inclusion of option B+ treatment in the policy.

UNICEF provided technical support in the implementation of seasonal malaria chemoprevention for the prevention of malaria: 64,400 children aged between 3-59 months were reached in CRR and URR. The skills of 72 health workers from URR, CRR and NBRE were improved to effectively manage maternal and new-born complications, while 25 midwives were trained on the use of the partograph to monitor progress of labour. The skills of 20 health workers from all seven regions were reinforced on IMNCI case management that improved quality of care for childhood illnesses at health facility.

UNICEF complemented government efforts by procuring additional drugs and essential supplies for the treatment of childhood illnesses at community level, with focus on the treatment of pneumonia and diarrhoea, in 228 PHC villages in three regions reaching 12,495 children with diarrhoea and 1750 children with pneumonia. Additionally, the capacity of 55 Village Health Workers from seven districts in two regions was further strengthened through retraining on case management of diarrhoea, pneumonia and malaria at community level, resulting in timely treatment and reduced mortality in children under five.
The provision of critical educational supplies to 90 schools and early learning materials to 30 schools in deprived areas was supported as part of the annexation programme of ECD to primary schools, contributing to MoBSE’s ECD policy.

UNICEF supported implementation of the Programme for Improved Quality Standards in Schools (PIQSS); 30 schools were selected for the PIQSS project bringing the cumulative total to 150 schools between 2012 and 2016. UNICEF provided educational supplies; trained teachers on child-centred methodologies, gender responsive pedagogy, and inclusive practice; and supported implementation of the School Star Award System. Since 2015, MoBSE conducted National Assessment Test for Grades 3 and 5 on alternate years. At a national level, about 64 per cent of Grade 5 students passed National Assessment Test in 2016 compared with 51 per cent in 2014 and 50 per cent in 2012. In the UNICEF supported regions, Central River (CRR) had 44.6 per cent (English) and 51.6 per cent (Maths), and Upper River (URR) had 60.1 per cent (English) and 61.7 per cent (Maths) pass rates. These are above the national average for both English (58.4 per cent) and Maths (61.1 per cent). UNICEF’s intervention through PIQSS demonstrated some positive results, especially when one of the target regions (URR) is now performing above national average which was not the case previously.

Under the WASH programme, latrines and water facilities were supported in health facilities and schools. Water systems in three health and nutrition facilities were repaired and water storage capacity expanded to ensure continuous availability of safe water supply for malnourished children and maternity units. Hygiene messages were disseminated as an integral component of the infant and young child feeding interventions.

UNICEF remained the main partner of the Government’s WASH in Schools programme. A total of 15,200 children in 33 Lower Basic Schools gained access to improved WASH facilities in line with national standards. Overall, in URR and CRR, WASH coverage figures for government primary schools, excluding madrasas (formal Islamic schools), increased. In URR, 83 per cent of the Lower Basic (Primary) Schools have access to improved water source for drinking, while 86 per cent have separate toilet facilities for boys and girls. In CRR, 84 per cent of the Lower Basic Schools have an improved water source for drinking and 96 per cent have toilet facilities for boys and girls.

UNICEF supported active case-finding through a mass screening in the 11 most food insecurity affected districts of CRR. This helped in the early identification of 670 children with acute malnutrition, of that 37 SAM children were admitted for treatment, while 633 MAM children were referred to health centres for clinical assessment and counselling. UNICEF provided technical support at all levels of service delivery and ensured continued provision of critical lifesaving nutrition supplies to the IMAM, with improved quality of management in 112 out of 165 health facilities across the country (68 per cent geographic coverage).

UNICEF supported the training of 290 health workers on the IMAM approach, resulting in improved quality management of SAM children and significantly decreased death rates within WHO Sphere standards. As a result, the lives of 2,989 SAM children admitted and recovered in IMAM program were saved. Of the 4,535 children admitted into IMAM, 85.9 per cent were cured (above the 75 per cent target) and 1.7 per cent died (below the 10 per cent death rate target), contributing to a reduction in morbidity and mortality related to malnutrition. To support this initiative, 882 community volunteers were trained in community mobilization and screening for acute malnutrition as part of strengthening nutrition surveillance.
At service delivery level, the skills of 170 community led total sanitation (CLTS) facilitators were improved on quality community facilitation through UNICEF support. As a result, a total of 262 communities were triggered and followed up with for ending open defecation. A total of 210 communities with a population of 21,494 were declared and verified ODF compared to 170 communities in 2015. Through the ‘Countdown to 2017 District Initiative’, three districts in Lower River and Upper River Regions were declared ODF.

### Human Rights-Based Approach to Cooperation

UNICEF Gambia maintained dialogue to ensure that the issue of children’s rights was on the agenda of partners and donors. The UNICEF CO supported The Gambia’s participation in the African Commission on Human and Peoples’ Rights Conference held in The Gambia in November 2016. This included support to the country for the African Committee of Experts on the Rights and Welfare of the Child in October 2016.

Media and advocacy work focused on child rights and the obligations of duty bearers in the fulfilment of these rights. Opportunities such as the ‘UNICEF at 70’ event gave UNICEF Gambia the platform to reinforce concepts on human rights. The declaration of the President that both female genital mutilation/cutting and child marriage were illegal was a significant step in the child rights movement in the country. Leadership on the process was prominent in 2016 and expectations remain that dialogue on both issues will continue as the country moves into an era of a new Government for 2017.

UNICEF Gambia supported the bi-annual training of at least one representative from each of the 37 print and broadcast media houses in the country on ethical reporting on children, the Convention on the Rights of the Child and its optional protocols, and other international instruments relating to children’s rights.

UNICEF Gambia developed a new CPD informed by a 2016 SitAn that focused on human rights’ deprivations and identified exclusion as a major barrier to rights realization. This steered and refocused target groups for inclusion within the Education Programme in the new CPD, mirrored by UNICEF advocacy to ensure that inclusion is reflected in the national Education Policy (2016 – 2030) validated in August 2016.

In June 2016, the President of The Gambia declared a ban on child marriage and called for legislation to be introduced. UNICEF was instrumental in supporting the DSW in drafting progressive and comprehensive legislation that would not only ban child marriage but also provide for the support of victims. The legislation took a human rights-based approach, placing the child’s interests at its centre.

### Gender Equality

Informed by the 2016 SitAn, building and rehabilitating separate toilets for girls and boys for all Gambian school children has become one of UNICEF Gambia’s ‘last miles’ project to drive completion (see Innovation section). An out-of-school children study was conducted to gather data on the number of children, especially girls, who are out of school. Trainings were conducted for mother’s clubs to address enrolment and retention. Despite the attainment of gender parity in enrolment, there remain significant gender inequalities at secondary school level, one which is girls’ higher drop-out rates. UNICEF Gambia worked to address the main barriers to girls’ completion of education and address social norms within the communities and ethnic groups with lower completion rates for girls.
In 2016, the Child Protection Programme made significant gains in ending female genital mutilation/cutting and child marriage. Ongoing advocacy by UNICEF Gambia, particularly with the First Lady’s Office, contributed to the presidential declaration against female genital mutilation/cutting and child marriage, and legislation on both practices that followed. UNICEF Gambia has been working hard to ensure that these gains are consolidated through the provision of support to legislative processes, and training and sensitization to the judiciary and magistrates.

With UNICEF advocacy and technical support, a child protection strategy and action plan was formulated and approved in February 2016. The strategy and the action plan included strategic interventions on female genital mutilation/cutting and child marriage to reinforce the implementation of recently passed legislation at national and community levels.

UNICEF Gambia provided financial and technical support to ongoing work on social norm change through the Community Empowerment Programme (CEP), and by supporting youth mobilization (a new initiative in 2016) through ‘The Girls Agenda’ and ‘Safe Hands for Girls’ that work with young people to raise awareness of children’s rights. This complements the work of another partner, Young people in The Media, that supports nationwide discussions in the media on topics pertinent to children and youth such as traditional harmful practices and girl’s right to education.

During the implementation of the CEP in collaboration with Tostan adolescents and adults benefitted from class sessions on the harmful effects of female genital mutilation/cutting. Meetings were held with 90 religious and local leaders that significantly increased their awareness and participation in influencing changes in their respective communities on harmful traditional practices such female genital mutilation/cutting and child marriage. As of December 2016, 264 classes were held for the 1,580 adults and 1,180 children who are enrolled in CEP informal classes that teach literacy skills, health risks and complications of female genital mutilation/cutting and child pregnancies, among other subjects. The classes were also platform to debate and reconsider practices previously accepted as a cultural norm, such as female genital mutilation/cutting, child marriage, violent discipline, corporal punishment and other forms of gender-based violence.

In addition to the classes, 96 radio programmes were broadcast bi-weekly on air. Ten rounds of social mobilization activities and five inter-village and five inter-zonal meetings were held in and around intervention communities to reach members of the communities not participating in the CEP classes. The classes also fostered community dialogue on harmful traditional customs affecting the wellbeing of women, practiced by the communities in a bid to challenge and change the social norms that accepted these customs. Through the informal classes and social mobilization activities, communities were empowered with knowledge to protect vulnerable women and children, and to abandon harmful practices that affect women and children. In December 2016, following the programme interventions, 100 per cent of the enrolled Fula communities publicly declared their will to abandon the harmful traditional practices of violence against children, female genital mutilation/cutting and child marriage.

In 2016, UNICEF Gambia partnered with the Women’s Bureau, Safe Hands for Girls, The Girls Agenda, the Network against Gender-Based Violence, and the MOJ to reduce domestic violence and female genital mutilation/cutting nationwide. This led to the revitalisation of the National Plan of Action on FGM/C that had been inactive since 2013. The validation of the document took place after the female genital mutilation/cutting bill was enacted and passed into law.
The partnership with Safe Hands for Girls and The Girl’s Agenda resulted in 60 girls from West Coast Region benefitting from training to build awareness and capacities on the harmful effects of female genital mutilation/cutting and the new law to end the practice. With UNICEF Gambia’s support, the Youth network, He4She, was launched in URR and CRR targeting youth groups and sensitizing them on the effects of female genital mutilation/cutting, child marriage and violence against children.

In June 2016, the President of The Gambia declared a ban on child marriage and called for legislation to be introduced. UNICEF, with the support of a DLA Piper Law Firm, was instrumental in supporting the DSW in drafting progressive and comprehensive legislation that would not only ban child marriage but also provide for the support of victims.

A communications strategy on female genital mutilation/cutting that benefitted from feedback from the UNICEF Regional Office was developed in June 2016 for the purposes of developing common and harmonized messages to strengthen advocacy against the practice. A sensitization meeting held with 35 state counsellors, 19 judges, 30 magistrates, 55 drug law enforcement officers, 25 departmental heads, 55 immigration officers and traditional leaders from all regions helped to increase awareness on female genital mutilation/cutting and its harmful effects. UNICEF assisted MoJ and the Judiciary to collate decisions from the Children’s Court, and appeals from the higher courts and publish them in a Case Law Compendium to provide an accessible source of case law.

**Environmental Sustainability**

UNICEF Gambia had conducted an environmental sustainability assessment in 2015 to measure its contribution to the carbon emission. In 2016, as a follow up, UNICEF Gambia initiated actions to minimize carbon emissions including the replacement of most stand-alone printers with shared/network printers and sensitization of staff to avoid printing when necessary.

A committee was established in the CO to champion the Greening Initiative that identified key actions and developed a proposal for funding of the greening of the CO. Within the wider UN common service, the CO continued to advocate for the greening of the UN complex.

UNICEF Gambia contributed to the installation of 12 solar back-up light systems around the UN premises to provide security lightening at night and reduce the consumption of fuel. At the programme implementation level, UNICEF Gambia supported the installation of solar water systems in three health facilities and solarized a regional vaccine cold room in Bansang (CRR). This has not only ensured reliable source of energy for the water systems and cold room, but also reduced the consumption of fuel.

The construction of classrooms’ toilet and water facilities were monitored by field monitors from the education and environment sectors to mitigate any impact on the environment. UNICEF Gambia supported the implementation of the community led total sanitation (CLTS) programme to eliminate open defecation. Through CLTS, a total of 210 communities with a population of 21,494 have abandoned open defecation, a practice that pollutes the environment and contributes to public health problems.

UNICEF supported the solarisation of the only regional cold room in the CRR, increasing storage capacity, preventing stock-outs, and making vaccines accessible to 82,508 children under five in both CRR and URR.
Support was provided to the establishment and training of Environment Clubs in 30 schools. These clubs embarked on school and community awareness-raising activities on the importance of environmental sanitation and protection.

**Effective Leadership**

The CO underwent an audit and implemented the audit recommendations. A total of 11 out of 13 audit recommendations were closed (the remaining two will be closed in January 2017).

The 2016 annual management plan (AMP) was developed following a two-day participatory workshop where the country risk profile was reviewed and modified in response to an evolving operating environment and perceived shifts that would affect programming. Orientation was provided to all staff to ensure understanding of their roles and responsibilities; that the annual management plan is to be risked informed; and the staff evaluations should be linked to the plan. These were done through extended country management teams where all cadres of staff were represented.

Given the elections in December 2016, the CO placed significant onus on business continuity. Two business continuity plan (BCP) sites were set up and fully functional. UNICEF is the only UN agency with a functional BCP site.

The country management team met monthly and tracked all APM indicators and signed minutes were filed. In 2016, the CO undertook the development of a new Country Programme Management Plan (CPMP), ensuring the CO the best position to deliver against the new 2017-2021 CPD. The process was highly participatory and commenced with a staff retreat that examined and mapped skill sets required to deliver results. The risk profile was updated for the CPMP exercise. Management enjoyed excellent relations with the Local Staff Association and some timely interventions (such as the early payment of national staff salaries during the recent political crisis) ensured trust remained high.

Within the UN system, UNICEF leads both the programme and operations management teams for delivery of results on the UNDAF. UNICEF also leads pillar 2 of the new UNDAF, Human Capital Development.

**Financial Resources Management**

Monthly country management team meetings helped monitor management performance through a consistent utilization of the Managers Dashboard and scorecard on insight to check on alerts. Key performance indicators (KPIs) were monitored at the monthly country management team, in programme meetings and in weekly senior management meetings where budgetary control, fund utilization against grants, and ageing of direct cash transfers (DCTs) were analysed and discussed. The table of authority was reviewed and monitored during the country management teams and no segregation of duties violations were observed during the year.

UNICEF Gambia achieved 100 per cent of implementation of the HACT assurance plan. In total, seven spot checks, 24 field monitoring’s, and audits of five implementing partners were conducted in 2016. The non-post cost of the institutional budget allocated in 2016 was fully utilized.
As of 28 December 2016, Insight reported for Gambia CO: Regular resources (RR) 98 per cent; ORR 99 per cent; ORE 97 per cent of expenditure. There were zero per cent of DCTs over nine months; DCT 6-9 months was 2.79 per cent.

The CO performed well in terms of uncommitted balance from expiring OR fund; the remaining balance was US$14 at the end December 2016. Funds were used for the implementation of the BCP simulations, the renewal of ICT equipment, the joint micro-assessment and the audit of IPs. Efficiency gains of US$18,000 were realized through LTAs on internet, fuel and the use of LTA on micro-assessment.

**Fundraising and Donor Relations**

Focus for fundraising was placed on diversifying the donor pool and strengthening donor relations, especially with UNICEF National Committees, for an increase in predictable and flexible funding across all the programmes, as well as adopting a key approach of seeking of small funds for a small country programme, that may not interest bigger countries with bigger programmes.

Building on efforts to ignite relations with potential donors, and strengthen relations with current donors, UNICEF Gambia developed 10 proposals for donors including the Governments of Turkey and Japan, the Norwegian and German National Committees, and EU and International Federation of Red Cross and Red Crescent Societies (IFRC) for broader funding opportunities.

The Representative and the Deputy Representative visited and presented UNICEF Gambia’s ‘small funds for small country programme’ concept to several European National Committees as well as the EU and Dubai Cares, with positive results. Special attention was placed on producing quality donor reports, using the most recent guidelines from PPD and UNICEF Gambia’s SOP for door reporting, ensuring all reports were submitted on time and supported by human interest stories where required.

With a planned programmable ORR budget for 2016 of US$3,721,363 as per the CPAP, UNICEF Gambia succeeded in mobilizing US$5,595,057 (150 per cent) ORR by December 28th. Of this amount, 94 per cent was ORR and 6 per cent was ORE. The major contributors were the EU (nutrition cash transfer), UK (Vitamin A Supplementation) and Swedish (female genital mutilation/cutting) National Committees, and Global Thematic Funds (nutrition and education).

Through close monitoring and monthly reporting at both programme and country management team meetings, the CO maintained high standards in the effective utilization of its available revenue, ensuring that the funds are utilized before the expiration date. As of 30th November, 98.5 per cent of the overall ORR office revenue for 2016 was absorbed.

**Evaluation and Research**

The 2015-2016 Integrated Monitoring and Evaluation Plan (IMEP), based on the Rolling Work Plan (2015-2016), was finalized and shared with the UNICEF Regional Office in the first quarter of the year. The activities in the IMEP were geared towards filling the knowledge gap of the Country Programme particularly in the wake of developing the next Country Programme.

The IMEP is monitored regularly, however, some activities were delayed or postponed due to unavailability of consultants, timing constraints and limited funding. The Child Poverty Analysis was postponed to 2017 because of delayed publication of the IHS2016 results.
An Early Learning Assessment and an out-of-school study were commenced to be finalised and published in 2017. Overall 85 per cent of the IMEP activities were completed; 2 per cent of UNICEF Gambia budget was used for accomplishing the activities.

**Efficiency Gains and Cost Savings**

Projected savings in 2016 are estimated at US$18,000 following the use of the joint UN long term agreement (LTA) for the procurement of fuel; the renewal of the closed user group contract with the telephone company (Qcell) with lower cost for calls between staffs on same service provider; and the contract with the communications company GAMTEL covering the provision of fibre optic connectivity. Following negotiations by the Office Management Team (OMT), GAMTEL provided 4 MB for the price of 2 MB on the Fibre Internet Lease.

The UNICEF LTA with Moore Stephens was used to conduct a joint micro-assessment. Due to the number of IPs involved, a discount was given of US$500 per partner for a total of 27 partners. In total, US$13,500 was gained for UNDP, UNFPA and UNICEF combined (US$7,000 for UNICEF Gambia).

A request for proposal was launched by OMT in the banking services area. The finalization of the bidding process will allow the UN and UNICEF to generate costs savings in relation to the fees paid to banks. The CO implemented the IP ‘telephony project’ to improve the communications system and will allow some cost savings in communications. Some difficulties were encountered with the supplier, but the RO supported completing the services that are missing from the installation. In line with DaO, the OMT has undertaken the business operating strategy in support of the next UNDAF (2017-2021). The finalization of the plan will help establish clear baselines and offer UN agencies the opportunity to effectively measure the costs savings and efficiency gains.

**Supply Management**

UNICEF Gambia supported the Government and other partners in procurement services for supplies including vaccines, hospital equipment, pharmaceuticals, vehicles, medical books and hospital furniture.

The 2016 Supply Plan was developed in collaboration with programmes and closely monitored on a quarterly basis. UNICEF Gambia ensured that all offshore orders were placed on a timely manner and received in good time.

<table>
<thead>
<tr>
<th>UNICEF Gambia Procurement Activity 2016</th>
<th>Value of all supply input (goods &amp; services)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme</td>
<td>US$396,043</td>
</tr>
<tr>
<td>Operational Supplies</td>
<td>US$211,892</td>
</tr>
<tr>
<td>Services</td>
<td>US$122,173</td>
</tr>
<tr>
<td>Total</td>
<td>US$730,108</td>
</tr>
</tbody>
</table>

The items purchased were: emergency supplies consisting of bleach, soap and water treatment items; cold chain equipment; a vehicle and spare parts; school supplies; therapeutic feed; medical drugs and equipment; a generator; computer equipment; security equipment; fuel; stationery; and office furniture. However, the CO continued to encounter challenges for local procurement due to the small size of the market and closure of some major businesses.
The contract review committee met only once this year due to the increase of the ceiling from US$10,000 to US$20,000.

UNICEF Gambia maintained an LTA with suppliers for fuel. The discount offered for duration of the LTA was also maintained. To improve efficiency and ensure submission of clear specifications by partners, the supply and logistics assistant continued to provide support and guidance to the partners in developing specification. Spot checks were also conducted at partner warehouses to confirm deliveries and conditions of supplies. Regarding shipments, problems were encountered during the border closure between Senegal and The Gambia affecting the delivery of salt from Dakar for iodization.

**Security for Staff and Premises**

2016 was challenging year due to uncertainties around the presidential election. Most attention was focused on the political atmosphere, which delayed the implementation of the Security Work Plan. In addition to the two surge capacity experts sent by UN Department of Safety and Security (UNDSS), an assessment mission was conducted by the UNICEF RO.

Recommendations for the Minimum Operating Residential Security Standards (MORSS) were made for all UNICEF international professional residences and Minimum Operational Security Standards (MOSS) for the UN common premises, both were being implemented. The total common budget for security was US$96,960; UNICEF contributed up to 20 per cent of this amount.

The following measures were implemented in 2016: Bulk SMS was implemented; radio communication infrastructure assessment was conducted by FITEST; new digital radios were procured for staff (system change from analogue to digital) for countrywide coverage. The CCTV for the UN House is still faulty. An assessment was conducted by a local firm and the recommendations are being considered for 2017 common services budget. A security/first aid training was organized for all wardens on 17th November.

**Human Resources**

**Staffing Mix and Profile**

There are 27 established positions: one temporary and 26 fixed term appointments. The staffing position are four international professionals, six national officers and 13 general service staff.
members. Non-staff comprise one UN volunteer, two consultants and one pro bono lawyer from DLA Piper Law Firm.

**Staffing Structure**
During the last CPMP, a new staffing structure was created for the new CP starting January 2017. One staff member moved to the international professional category.

**Global Staff Survey**
UNICEF Gambia supported staff development through two stretch assignments and two support missions, in a bid to enhance staff development and growth. Two staff benefitted from external training in Protocol.

**Results-based**
The contracting of six consultancies were implemented: Out-of-School Children, Universal Salt Iodization, EU consultancy on Birth Registrations, ERPI consultancy on Social Protection, Monitoring and Evaluation consultancy and National Study Score Card Assessment.

**Global Shared Services Centre**
This year saw the roll out of: 1) ACHIEVE: The new performance management tool was used by the staff to prepare the planning stage of the exercise. This was successfully achieved. 2) TMS: This tool was used for recruitment since its launching. The first case was completed on 15th December 2016 at country level. Subsequent cases will be handed over to GSSC. 3) MyCase: Staff members continue to use MyCase for updates on personal information and documentation of other relevant actions. This has reduced the work load on the Senior HR Assistant. 4) Digitization of staff personal files: This was done successfully and sent to GSSC. 5) Transition to GSSC: Smooth transition to GSSC took place in Mid-November, and this saw the movement of certain tasks to the Group.

**Effective Use of Information and Communication Technology**

**Unified communication**
With the roll of unified communication O365 across the global organization, thereby transforming UNICEF into a fully mobile workforce, all users to can work from anywhere, at any time, with anyone, using any mobile device i.e. Laptops, tablets, mobile phones. Since the migration to the O365 cloud, users were creating, editing and selectively sharing documents on web-based versions of the enterprise business suite. Staff have so far displayed an affinity for Skype for Business, the new standard webinar and desktop video conference tool, its usage boosted by the new Bring Your Own Device (BYOD) thus enabling staff to use personal devices for work. The O365 upgrade also entailed a global software upgrade of desktops, notebooks, tablets and smartphones, revolutionizing the way the organization conducts business. Working with a cloud-integrated business suite means the unification of not only internal communication and collaboration, but also externally-facing capabilities. To meet the increasing hosting and storage demands, ITSS and its partners are breaking new ground by offering big data storage space on the cloud for staff to back up their emails and data.

**Social Media**
UNICEF Gambia now has Facebook, Twitter and Instagram accounts. This has allowed the office to expand its reach to wider audiences, both nationally and internationally.
Business Continuity
In preparation for the December elections, the BCP site at the residence of the UNICEF Representative has a 4G WiMAX wireless connection provided by a local ISP. A BGAN 700 was also installed that was helpful when the country experienced both internet and international call blackout during the election period. A similar setup to the Representative was installed at Operations Managers residence, but with a BGAN 500. Three satellite phones were procured for use by the senior management. Three satellite phones were procured for senior management.

Programme Components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 By 2016, women and children in the most vulnerable districts have access to quality maternal and child health services, including nutrition, PMTCT and WASH, and especially during emergencies.

Analytical Statement of Progress:
UNICEF and partners supported the Government in the development of the National Development Plan (2017-2020) that is the country’s development blueprint. UNICEF provided technical support in the development and finalization of the UNDAF 2017-2021 to ensure that access to quality and equitable health, WASH and nutrition services for all children are addressed. UNICEF provided technical support in nutrition and WASH, including conducting BNA in both areas. The recommendations from the nutrition BNA have been key in reviewing the 2010-2020 National Nutrition Policy and the development of a new nutrition strategy to address key supply, demand and quality related bottlenecks at national and regional levels. Similarly, the recommendations from the WASH BNA resulted in the development of an action plan for the removal of the priority bottlenecks. UNICEF supported a Knowledge, Attitude, Behaviour and Practice survey to get baseline information required to develop a communication strategy aimed at improving immunization coverage rates. To strengthen health systems, UNICEF provided technical guidance and support to the MoHSW to develop a health system strengthening proposal, expected to address system bottlenecks in delivering effective immunization services, especially in urban areas of The Gambia. The proposal was approved by GAVI.

Through the WASH in Schools programme, a total of 15,200 children in 33 Lower Basic Schools have gained access to improved WASH facilities, while 20,496 children in 60 schools now practice daily group handwashing. UNICEF and partners supported the development of an All-hazard Health Sector Emergency Preparedness and Response Plan. This was preceded by the development of a national EVD preparedness and response plan that was disease specific. UNICEF provided humanitarian assistance to 10,000 people affected by floods, ensuring access to safe water supply through the rehabilitation and construction of water points in 27 affected communities. The capacity of 70 NDMA data collectors was improved on humanitarian needs assessment and reporting. With technical support from UNICEF and WFP, NDMA led the planning and coordination of humanitarian response to the affected population.

At service delivery level, UNICEF continued complementing the Government’s efforts by procuring additional drugs and essential supplies for the treatment of childhood illnesses - mainly pneumonia and diarrhoea - at community level to decrease morbidity and mortality related to these conditions. A total of 228 Primary Health Care (PHC) villages in three out of eight regions were targeted. UNICEF supported active case finding through mass screening in
the 11 most food insecurity affected districts of CRR. This helped in the early identification of 670 children with acute malnutrition, of that 37 Severely Acutely Malnourished (SAM) children were admitted for treatment, while 633 moderately Acutely Malnourished (MAM) children were referred to health centres for clinical assessment and counselling. UNICEF provided technical support at all levels of service delivery and ensured continued provision of critical lifesaving nutrition supplies to the Integrated Management of Acute Malnutrition (IMAM), with improved quality of management in 112 out of 165 health facilities across the country (68 per cent geographic coverage). UNICEF supported the training of 290 health workers on the IMAM approach, enhancing their skills and knowledge that has resulted in improved quality management of SAM children and significantly decreased the death rates within WHO Sphere standards. As a result, the lives of 2,989 SAM children admitted and recovered in IMAM program were saved (IMAM Database, 2016). Of the 4,535 children admitted into IMAM, 85.9 per cent were cured (above the 75 per cent target) and 1.7 per cent died (below the 10 per cent death rate target), contributing to a reduction in morbidity and mortality related to malnutrition.

UNICEF provided financial and technical support to 15 additional sites for the Early Infant Diagnosis (EID) testing of babies born to HIV-positive mothers across the country, and has increased coverage and access to the services. UNICEF’s support also strengthened the capacity and enhanced skills of 70 field staff for the effective scaling up of EID services and timely initiation of prophylaxis for exposed infants. UNICEF procured test kits for Rapid Plasma Reagin to test for syphilis to provide comprehensive reproductive health services to pregnant women. At the coordination level, UNICEF supported PMTCT coordination meetings and the committee advocated for the inclusion of option B+ treatment in the policy.

The Gambia continued maintaining high immunization coverage rates through the effective implementation of all the Reaching Every District (RED) strategies. The 2015 WHO-UNICEF Joint Reporting Form showed BCG coverage at 98 per cent and DPT/Hib3 and Measles at 97 per cent.

UNICEF provided technical support in the implementation of Seasonal Malaria Chemoprevention (SMC) for the prevention of malaria: 64,400 children aged between 3-59 months were reached in CRR and URR. The capacity of health workers was strengthened through the enhancement of knowledge and skills on management of maternal complications and new-born care. The skills of 72 health workers from URR, CRR and NBRE were improved to effectively manage maternal and new-born complications, while 25 midwives were trained on the use of the partograph to monitor progress of labour. Supplies were also procured for the effective management of maternal complications and new-born care. Additionally, the skills of 20 health workers from all seven regions were reinforced on IMNCI case management that improved quality of care for childhood illnesses at health facility.

**OUTPUT 1** By 2016, a revitalized PHC strategy operational in the 20 targeted districts.

**Analytical Statement of Progress:**
UNICEF continued supporting the Government to revitalize PHC despite numerous challenges. With support from UNICEF and other partners, a PHC technical committee, made up of key stakeholders in the implementation of PHC, had an inaugural meeting to assess progress in PHC implementation and endorse the committee to serve as the working group for the service delivery component of the National Health Sector Strategic plan. The coordination of PHC remains a challenge at central level with no functional coordination mechanism.
UNICEF complemented the efforts of the Government by procuring additional drugs and essential supplies for the treatment of childhood illnesses at community level. Particular focus was placed on the treatment of pneumonia and diarrhoea, in an effort to decrease morbidity and mortality related to these conditions in 228 PHC villages in three out of eight regions reaching 12,495 children with diarrhoea and 1750 children with pneumonia. Additionally, the capacity of 55 Village Health Workers from seven districts in two regions was further strengthened through retraining on case management of diarrhoea, pneumonia and malaria at community level, resulting in timely treatment and reduced mortality in children under five.

UNICEF has supported capacity building for community health workers on the revised HMIS tools since 2015, and has improved the skills of 60 community health workers on these tools to facilitate timely and accurate submission of data in CRR, URR and NB regions. The monthly monitoring and supervision of PHC activities were strengthened through the provision of fuel coupons to the regional health teams and community health nurses to enable effective supervision of health workers on the appropriate treatment of childhood illness.

OUTPUT 2 Universal immunization for immunizations, Deworming and VAS by 2016.

**Analytical Statement of Progress:**
The Gambia maintained high immunization coverage rates through the effective implementation of the Reaching Every District strategies. The country ranks as having the highest immunization coverage rates in the sub-region. According to the 2015 WHO-UNICEF Joint Reporting Form, BCG coverage was 98 per cent and DPT/Hib3 and Measles was 97 per cent.

In line with the Polio Endgame Strategy, UNICEF, with support from GAVI and partners, supported a successful switch from trivalent to bivalent Polio Vaccine in April 2016. As of October 2016, a total of 60,884 (76 per cent) children were reached with the bivalent Polio Vaccine.

The Gambia successfully implemented a two-year HPV demonstration programme, covering a small proportion of the country, with expansion to other parts of the country planned. In 2015, the demonstration had used a school-based strategy targeting Grade 3 girls and their out-of-school peers (9-13 years old). In 2016, the administration of Mebendazole was incorporated for both boys and girls. UNICEF, through the GAVI funding, supported coverage and costing analysis assessments after the second year of implementation. The coverage survey results revealed that 96 per cent of the target population was reached in schools and only 3.7 per cent dropped out between the first and second doses. The percentage of girls who received deworming tablets for both the first and second doses were 86 per cent and 91 per cent respectively. The costing analysis in the second year indicated that incremental financial cost of delivering two doses of HPV vaccine to a fully immunized girl was US$12.38.

UNICEF supported the successful implementation of a nationwide MR Vaccination Campaign in April/May 2016, targeting children aged 09 months -15 years (802,245 children). Vitamin A and deworming were also integrated into the MR campaign. A national MR vaccination coverage of 99 per cent (794,223 children) was achieved.

UNICEF continued to provide support for the capacity strengthening of health staff. UNICEF supported the training of 50 new health staff and seven regional staff on effective vaccine management practices.
UNICEF supported the orientation of 70 religious leaders from all seven health regions on the uptake of immunization services in an effort to sensitize their communities on the importance of immunization, especially men’s participation in immunization services.

UNICEF supported the solarisation of the only regional cold room in the CRR, increasing storage capacity, preventing stock-outs, and making vaccines accessible to 82,508 children under five in both CRR and URR. UNICEF supported the expansion of the cold chain and preventive maintenance for all the 58 health facilities and five regional stores with cold chain system for increased vaccine potency. Support was also provided to the Expanded Programme on Immunization (EPI) to conduct quarterly supportive supervisory trips that helped monitor programme progress, identify bottlenecks affecting the delivery of effective immunization services and propose remedial measures to avert them.

OUTPUT 3 Comprehensive package of high impact health and nutrition interventions delivered in 20 target districts by 2016.

Analytical Statement of Progress:
UNICEF continued technical support for an enabling environment to implement high-impact health and nutrition interventions to reduce maternal and under five mortality. Technical support was provided in conducting a nutrition BNA. The recommendations were key in reviewing the 2010-2020 National Nutrition Policy and developing the new nutrition strategy to address key supply, demand and quality related bottlenecks at national and regional levels. UNICEF support increased access to IMAM that improved care of management in 112 out of 165 health facilities across the country (68 per cent geographic coverage). At least 290 health workers were trained on the IMAM approach, enhancing their skills and knowledge resulting in improved quality management of SAM children and significantly decreased the death rates within WHO Sphere standards. Consequently, saving the lives of 2,989 SAM children who recovered after being admitted in IMAM programme.

UNICEF provided technical support at all levels of service delivery and ensured the provision of critical lifesaving nutrition supplies (i.e. RUTF, F75, F100, ReSoMal, and antibiotics) to all IMAM sites across the country. Of the 4,535 children admitted into IMAM, 85.9 per cent cure rate was achieved that is above the 75 per cent target, while the death rate of 1.7 per cent is below the targeted 10 per cent.

UNICEF supported active case finding through mass screening in the 11 most food insecure districts of CRR. A total of 11,806 children, aged six to 59 months, were screened and showed a proxy Global Acute Malnutrition (GAM) rate of 5.7 per cent; SAM rate of 0.3 per cent (37 total; 17 male, 20 female) and MAM rate of 5.4 per cent (633 total: 275 male, 358 female) leading to early identification of children with acute malnutrition. SAM children were admitted for treatment while MAM children were referred to health centres for clinical assessment and counselling. To support this initiative, 882 community volunteers were trained in community mobilization and screening for acute malnutrition as part of strengthening nutrition surveillance.

UNICEF supported the training of over 200 health workers on Baby Friendly Hospital Initiative in three regions to provide IYCF counselling at the health facility level and a total of 85 Village Support Group members and other influential leaders on IYCF and WaSH in Nutrition in Lower River Region as part of efforts to prevent malnutrition.

UNICEF ensured the capacity strengthening of ten government counterparts from MoHSW, NaNA and ChildFund for improved skills on entrepreneurship and salt production using different
methodology, packaging, pricing techniques, maintenance of equipment and quality control, with the help of an international consultant. This improved the skills of 40 members of the National Association of Salt Producers and Traders on entrepreneurship.

**OUTPUT 4** WASH services delivered, utilized and maintained in 200 Programme for Improved Quality Standards in Schools (PIQSS) schools and selected communities in the 20 targeted districts.

**Analytical Statement of Progress:**

In 2016, UNICEF advocated for a WASH sector BNA to be done to identify and address barriers to the effective functioning of WASH systems for the delivery of equitable WASH services to children. With technical support from the UNICEF RO, a core group of 15 personnel from the Government, UNICEF, academia and research institutions have improved skills on the application of the WASH BNA Tool. The group co-facilitated a national WASH sector BNA on rural water supply and sanitation at the national level and regional/subnational level, focusing on the CRR that has the lowest WASH and child survival indicators. Key bottlenecks, such as the lack of a national plan for rural WASH and weak human resource capacity, were identified, and a costed action plan for the removal of priority bottlenecks was developed and presented to policy makers. This action plan will be used for advocacy, and to inform the development of the 2017 annual work plans of the WASH sector.

UNICEF remained the main partner of the Government’s WASH in Schools programme, and significant progress was made. A total of 15,200 children in 33 Lower Basic Schools gained access to improved WASH facilities in line with national standards. Overall, in the two targeted regions (URR and CRR), WASH coverage figures for government primary schools, excluding madrasas (formal Islamic schools), increased. In URR, 83 per cent of the Lower Basic (Primary) Schools have access to improved water source for drinking, while 86 per cent have separate toilet facilities for boys and girls. In CRR, 84 per cent of the Lower Basic Schools have an improved water source for drinking and 96 per cent have toilet facilities for boys and girls. However, access to WASH services in madrasas remained low (43 per cent in CRR and 54 per cent in URR).

The capacity of 120 teachers, cluster monitors and health extension workers was strengthened on hygiene promotion skills in schools. As a result, 20,496 children in 60 PIQSS schools have improved knowledge on hygiene and practice daily group hand-washing, with significant support from the Mothers’ Clubs and School Management Committees that provide soap to the children.

Linkages between WASH, nutrition and health were strengthened in 2016. Water systems in three health and nutrition facilities were repaired and water storage capacity expanded to ensure continuous availability of safe water supply for malnourished children and maternity units. Hygiene messages were disseminated as an integral component of the infant and young child feeding interventions.

Despite the above results, other factors constrained progress for children, including sustainability of WASH facilities in schools and weak capacity on effective hygiene promotion skills. Focus will be placed on these aspects in 2017.

**OUTPUT 5** DRR strategies in place and 100 per cent of children and women affected by disaster supported timely with supplies, diseases prevention and treatment interventions.
Analytical Statement of Progress:
The EVD outbreak in the sub region in 2015 prompted the need for a comprehensive public health emergency plan. UNICEF collaborated with WHO to strengthen the public health emergency preparedness and response capacity of the health sector. Through these joint collaborative efforts, the capacity of the health system was assessed for disaster risk management and resulted in the development of a two-year costed Health Sector Emergency Preparedness and Response plan.

In 2016, torrential rains accompanied by strong winds led to damaging floods in some parts of The Gambia, affecting 10,232 people; this included one death and 4,623 displaced victims. Technical support was provided by UNICEF and WFP to the NDMA to ensure Government leadership in the planning and coordination of the humanitarian response to the affected population. UNICEF co-led the WASH and education response.

The availability of reliable data for timely response planning was a challenge. The knowledge and skills of 70 members of Regional Disaster Management Committees were improved on the use of data collection tools for humanitarian needs assessment. UNICEF, in partnership with Gambia Red Cross Society, facilitated a national Multisectoral Joint Needs Assessment for floods that provided comprehensive information on the impact, urgency of response and needs of the affected people. The report was used by a consortium of International NGOs (Action Aid, Concern Universal and Catholic Relief Service) in the country to mobilize funding for shelter and food assistance for 4,633 (45 per cent) of the affected people.

UNICEF’s humanitarian response reached 9,611 affected people (representing 96 per cent of UNICEF’s target) with access to safe water supply through rehabilitation and construction of water points in 27 affected communities. Additionally, 4,200 affected people (91 per cent of the target for sanitation: 4,613 people) were provided with improved sanitation facilities due to the construction of household emergency latrines for 62 families and toilet facilities for six affected schools. Damaged classrooms and roofs in four schools were repaired, thereby restoring the rights of 6,700 affected children to education. A total of 20,000 people in affected districts were reached with hygiene and flood risk reduction messages through a community based hygiene promotion campaign. The community awareness campaign was complemented by weekly hygiene sessions on seven community radio stations, covering five administrative regions. Essential WASH supplies were procured for 800 affected households, while additional stocks of ORS capacity of the health system.

The Humanitarian Country Team developed a joint humanitarian strategic response plan for the Sahel nutrition and food crisis. UNICEF’s area of focus included WASH, nutrition and education response. However, this plan could not be implemented due to a funding gap. With global humanitarian thematic funding, however, the CO provided humanitarian assistance to the flood-affected population in 2016.

OUTCOME 2 By 2016, an increased number of mothers and caregivers in the most vulnerable districts have adopted essential care practices for child survival and development.

Analytical Statement of Progress:
In its quest to support ending open defecation in The Gambia, UNICEF provided technical support to the Government to implement the presidential declaration to make the country ODF by 2017. Through UNICEF advocacy, the national sanitation policy was adopted and approved by the cabinet in February 2016 after several years of delay. The national ODF Action Plan was also finalized and shared with stakeholders at both national and regional levels.
Success stories on the CLTS programme in the CRR were documented in 2016 from a Cluster Randomized Controlled Trial by Birmingham University to evaluate the effectiveness of a behavioural change intervention among mothers on weaning, food preparation and handling practices in 15 rural communities. The results from the evaluation have shown that 95 per cent of households in the study area are using pit latrines for human excreta disposal that is attributed to the UNICEF supported CLTS programme.

Scaling up the promotion of key household practices for enhanced child care in the North Bank region was supported to equip community health workers with the knowledge, skills and portable visual communication materials required to facilitate family and community dialogue for improved child survival.

At service delivery level, the skills of 170 CLTS facilitators were improved on quality community facilitation through UNICEF support. As a result, a total of 262 communities were triggered and followed up with for ending open defecation. A total of 210 communities with a population of 21,494 were declared and verified ODF compared to 170 communities in 2015. Through the 'Count down to 2017 District Initiative', three districts in Lower River and Upper River Regions were declared ODF. UNICEF provided technical support for the implementation of Sanitation and Water for All global partnership commitment; supported the Government to undertake one joint sector review exercise, and supported two ministers to participate in an SDG planning meeting.

**OUTPUT 1** 75 per cent of caregivers in the 20 targeted districts have functional knowledge and skills in the 4+2 key household practices and are empowered to practice them by 2016.

**Analytical Statement of Progress:**
This year, UNICEF assisted the Government to scale up the promotion of 4+2 key household practices in the North Bank Region. The capacity of 20 new community health nurses and public health officers was improved to facilitate family and community dialogue and ensure improved childcare. This interpersonal communication effort was complemented with interactive radio programmes in the CRR and URR, and North Bank Region East. However, the absence of a C4D officer impacted the implementation of programme.

**OUTPUT 2** By 2016, 600 communities are committed to abandonment of open defecation and have implemented CLTS action plan.

**Analytical Statement of Progress:**
UNICEF provided technical support to the Government to implement the presidential declaration to end open defecation in The Gambia by 2017. Through UNICEF advocacy, the national sanitation policy was adopted and approved by the cabinet in February 2016 after several years of delay. The national ODF Action Plan was finalized and shared with stakeholders at national and regional level. However, the implementation of the ODF plan this year was constrained by serious funding shortfall.

Despite a funding gap, technical and financial support was provided by UNICEF to the Government for the planning, implementation, monitoring and coordination of the CLTS programme across the country. The skills of 170 CLTS facilitators were improved on quality community facilitation. As a result, a total of 262 communities, were triggered and monitored to end open defecation, thus registering significant results for children. A total of 210 communities, with a population of 21,494, were declared and verified ODF, an increase from the 2015 figure.
of 170 communities. Through the ‘Countdown to 2017 District Initiative’, three districts in the Lower River and Upper River regions were declared ODF. More districts are expected to be declared ODF in January 2017 after the ongoing verification exercise.

CLTS success stories in the CRR were documented in 2016 from a Cluster Randomised Controlled Trial conducted by Birmingham University to evaluate the effectiveness of a behavioural change intervention on weaning, food preparation and handling practices of mothers in 15 rural communities. The result indicated that 95 per cent of households interviewed use pit latrines for human excreta disposal due to UNICEF to the CLTS programme.

UNICEF supported the effective coordination of the national CLTS taskforce reviewing progress; and two reports for cabinet briefing on the implementation progress of national commitments to end open defecation. Support extended to an inter-ministerial field visit of four ministers to engage and mobilize regional and district authorities to support the national drive to end open defecation. As part of the implementation of Sanitation and Water for All (SWA) global partnership commitments, the Ministers for Health and for Environment participated in an SDG planning meeting and initiated technical sessions for WASH SDG customization.

Despite the above progress, the information gap for the sustainability of an ODF status by certified communities remains. An assessment to close this information gap is ongoing in 30 communities. The findings will be used to inform post-ODF interventions in 2017 for the sustainability of an ODF status. Partners such as the NaNA are providing financial rewards to communities for abandoning open defecation that motivates them to achieve and sustain an ODF status.

**OUTCOME 3** Improved quality of education in 40 per cent of Lower Basic Schools in the most vulnerable areas nationwide, especially CRRS, CRRN and URR.

**Analytical Statement of Progress:**
The specific progress achieved against this PCR was the result of the work of many partners including the MoBSE, the Local Education Group and local NGOs including Forum for African Women Educationalists – The Gambia Chapter and Future in Our Hands.

At policy level, UNICEF continued to support the development of the national Medium–term Development Plan (2017 – 2020) and UNDAF (2017-2021), ensuring that all children are included and are provided quality education including quality ECD services. At the implementation level, UNICEF’s specific contribution was the implementation of the Programme for Improved Quality Standards in Schools (PIQSS). The PIQSS strategy focuses on four areas of quality improvement: school environment and management, teaching and learning, learners’ welfare, and sustainable community participation. Another cohort of 30 schools was selected for the PIQSS project bringing the cumulative total to 150 schools between 2012 and 2016.

The results of the National Assessment Test provide the most reliable indicator for learning outcomes at lower basic (primary) level. Under the PIQSS, UNICEF provided educational supplies and training of teachers on child-centred methodologies, gender responsive pedagogy, and inclusive practice and support to the implementation of the School Star Award System. This empowered schools to conduct self-assessment and use the results to develop school improvement plans to address weaknesses, thus contributing to improvements to NAT performance. Since 2015, MoBSE conducted National Assessment Test for Grades 3 and 5 on alternate years. At a national level, about 64 per cent of Grade 5 students passed National Assessment Test in 2016 compared with 51 per cent in 2014 and 50 per cent in 2012. In the
UNICEF supported regions, Central River (CRR) had 44.6 per cent (English) and 51.6 per cent (Maths), and Upper River (URR) had 60.1 per cent (English) and 61.7 per cent (Maths) pass rates. These are above the national average for both English (58.4 per cent) and Maths (61.1 per cent). UNICEF’s intervention through PIQSS demonstrated some positive results, especially when one of the target regions (URR) is now performing above national average.

UNICEF supported MoBSE to develop a national training policy and plan. The implementation of Early Grade Reading Abilities (EGRA) was supported through Jolly Phonics and Serholt Early Grade Reading Assessment (SEGRA) methodologies. In 2015, MoBSE used the successes of the national language pilot and the EGRA to adopt a common approach to developing reading skills in schools. Under this synchronized approach, the medium of instruction for the early Grades was the local languages, with English Language treated as a subject. UNICEF’s support to this approach was to strengthen coordination mechanism and monitor activities in UNICEF intervention regions. An assessment of SEGRA in Grade 1 showed that 59 per cent of the children tested recognized, sound and blend. In Grade 2, 65 per cent of the children tested recognized sound, blend and read simple short sentences. In the same vein, 57 per cent of the Grade 3 children tested read and comprehended short passages. This is an improvement from the group tested in 2014 when 46 per cent were able to read, showing an 11 point increase in one year.

According to the EMIS, the national Primary Completion Rate in 2016 was 75.5 per cent (boys 74.7 per cent; girls 76.0 per cent), an increase from 73.6 per cent in 2014 (boys 72.8 per cent, girls 74.4 per cent). This may be partly due to the demand created by the School Improvement Grant, educational supplies supported by UNICEF and UNICEF interventions to support Mothers’ Clubs and School Management Committees. In the UNICEF-supported regions, the primary completion rates were: CRR 40.5 per cent (boys 36.0 per cent; girls 44.8 per cent) from 39.5 per cent in 2015; and in URR 52.4 per cent (boys 58 per cent; girls 46.3 per cent) from 53.6 per cent in 2015. In both CRR and URR, the female primary completion rate dropped in 2016 compared to 2015. The two regions are still performing below the national average. Low completion rates especially for the girls could be associated with access to secondary school, early pregnancy and child marriage, or population growth rate.

ECD interventions are intended to increase school readiness, thus giving every child a fair start and multiplying outcomes at primary school level. Through this initiative, a total of 150 Annexed ECD centres were supported with facilitator training, provision of ECD kits and delivery of parenting education programme during the CP period 2012 – 2016. About 300 ECD facilitators were equipped to use the UNICEF ECD kit, acquired skills to make ECD toys from local materials, and about 450 parents were introduced to improved parenting and child care practices. The results of these interventions are demonstrated in increased ECD enrolment from 41.1 per cent in 2014 to 45.8 per cent (boys 44.8 per cent; girls 46.8 per cent) in 2016.

A major constraint was the absence of systems to measuring early learning to determine school readiness. The void was filled in 2016 by implementing the WCAR ECD prototype module on Early Learning Assessment.

OUTPUT 1 Implementation of national education strategic plans and policies informed by equity focused research including inclusive education for children with disability.

Analytical Statement of Progress:
Under the UNICEF equity agenda, the MoBSE was supported to revise sub-sectoral policies on ECD and Inclusive Education. As part of the support to develop an Education Sector Policy
(2016 – 2030), UNICEF successfully conducted evidence-based advocacy and provided complementary technical support during the policy development process. With this advocacy and technical support, MoBSE adopted ECD and inclusive education as key policy components to promote equity, and linked the 2016 – 2030 education sector policy to the SDGs. The ECD component is to provide comprehensive services to children from pregnancy to six years, adopting multi-sectoral approaches. The inclusive education component is to ensure that every child is in school and children at the risk of dropping out are supported. The School Improvement Grant that was started in 2014 is now fully implemented and has removed all fees-related cost of education, thus increasing opportunities for deprived families and children.

UNICEF supported the development of the Government medium-term Development Programme using evidence from bottleneck analyses and the national disability study to inform policy decision and adoption of policy options. UNICEF promoted inclusive education among specifically targeted marginalized children for enrolment, retention and completion and ECD to build the foundation for quality education and improved learning outcomes in the long-term.

UNICEF, as the chair of the Local Education Group (LEG), facilitated the review of the education sector draft policy pronouncement for the 2016 – 2030 Education Policy. As a result of the review work, the policy pronouncements were focused and sharper. The LEG ensured that the Education Sector Policy options are aligned with the SDGs. The LEG reviewed and provided endorsement of education sector project proposals as part of its role of leveraging funding for the sector.

OUTPUT 2 By 2016, an in service teacher training system is operational and the pre-service curriculum at the Gambia College and the Primary Teachers Extension Training Programme includes child centred and ECD modules.

**Analytical Statement of Progress:**
During the CP period, UNICEF supported the MoBSE to review and re-structure both the in-service and the pre-service teacher training programmes to integrate them into regular Government-funded programmes. The support to the in-service teacher training programme resulted in Early Grade Reading Ability being institutionalized as Gambia Read, a common approach to reading. This was implemented through a national language pilot: the Jolly Phonics and the Serholt Early Grade Reading Assessment. UNICEF supported a stakeholder consultative process to develop an in-service teacher training programme for peace-building education to integrate peace-building education into the teacher training curriculum.

Under pre-service teacher training, Gambia College completed the review of the Primary Teachers’ Certificate and the ECD Teachers’ Certificate curricula. Consequently, new modules for ECD and child protection are now integrated into the Primary Teacher’s Certificate training curriculum. This approach has enabled about 200 Primary Teacher’s Certificate graduating students annually to facilitate/teach ECD classes in the ECD Annexation programme. The curriculum also increased teachers’ awareness and skills on child protection issues in the classroom. Under the ECD Teachers’ Certificate programme, the training curriculum was revised and implemented. The ECD Certificate Programme is a three-year part-time programme designed to cover the needs of ECD facilitators. The revised training curriculum will enable 100 – 150 trainee students annually to develop an understanding of children’s developmental domains (cognitive, physical, linguistic and socio-emotional) in order to provide and support a stimulating play and learning environment for enhanced school readiness.
OUTPUT 3 By 2016, 200 Lower Basic Schools in 20 targeted districts implement the PIQSS package, including ECD.

Analytical Statement of Progress:
By the end of the 2012 – 2016 CP, the PIQSS package was implemented in 150 schools in CRR and URR (under the targeted 200 schools). In 2016, 30 schools were supported. Progress on the four components of the PIQSS package follow:

1. Improved school environment and management: In 2016, six new classrooms and 12 new toilet cubicles were constructed, bringing the total to 60 new, fully-furnished classrooms and 162 ventilated improved pit toilet cubicles constructed since 2014. Annually, up to 3,000 children have access to conducive learning spaces and 4,050 children to improved toilet facilities. All the 150 PIQSS schools had environmental clubs established to ensure a clean learning environment for the children. The management skills of 150 head teachers in PIQSS schools were improved through delivery of the Curriculum Management module of PIQSS.

2. Improved teaching and learning: About 206 teachers in the 2016 cohort of PIQSS schools improved teaching methodologies such as child-centred teaching methods, inclusive pedagogy and gender responsive methodologies. A total of 24,930 children from 90 schools were provided with basic educational supplies that reduced the cost burden on parents and increased demand for education, including deprived rural communities. The impact of this support was reflected on the improved scores in the national assessment test as follows: CRR had 44.6 per cent (English) and 51.6 per cent (Maths); and URR had 60.1 per cent (English) and 61.7 per cent (Maths) pass rates, that are above the national average in both English and Maths.

3. Improved children’s wellbeing: A total of 300 teachers and 600 students from the 150 PIQSS schools learned about nutrition education, health-seeking behaviours and HIV/AIDS prevention. This encouraged students and teachers to practice hand-washing to promote hygiene and sanitation practices.

4. Sustainable and improved community participation: Community structures such as mothers’ clubs, school management committees, and local government authorities were engaged to serve as entry points into communities to overcome negative social norms such as child marriage and to reach parents of out-of-school children and children at risk of dropping out of school. As a follow-up to the 2014 nationwide child-to-child census, targeted community sensitization was conducted in the eight districts of CRR and URR with the lowest enrolment rates. The result is reflected in the 2016 EMIS report that indicates higher enrolment rates but marginal improvement in completion rates. The need remains to step up communication and advocacy interventions that reduce the number of out of school children and improve completion rates. A national out-of-school children study was conducted in 2016 to compile data about the number of children, especially girls, who are out of school or at the risk of dropping out of school.

OUTCOME 4 Enrolment and completion rates in lower basic schools particularly for girls in rural areas reach 70 per cent and 30 per cent respectively in CRR and URR.
Analytical Statement of Progress:
UNICEF provided classroom and toilet facilities in deprived communities and learning materials to reduce cost burden on parents, and empowered mothers’ clubs and school management committees to conduct enrolment campaigns in their local communities. In the UNICEF intervention regions, CRR and URR, despite progress was made but the two regions continue to perform below the national means in many education indicators.

The Gross Enrolment Ratio (GER) for Lower Basic Schools nationally increased from 97.1 per cent in 2014 to 104 per cent in 2016. The GER reached 68.5 per cent in CRR (boys: 61.6 per cent, girls: 75.6 per cent), and 101 per cent in URR (boys: 101.6 per cent, girls: 100.4 per cent), surpassing the target of 70 per cent. Similarly, the Net Enrolment Ratio improved in CRR to 57.2 per cent (boys: 51.3 per cent, girls: 63.2 per cent) and URR to 70.6 per cent (boys: 80.4 per cent, girls: 80.9 per cent), surpassing the target of 70 per cent. CRR low enrolment targets could be due to factors beyond education, as the region performs below national average on many social indicators. The Net Attendance Ratio for Lower Basic Schools also improved to 86 per cent (National Census, 2013). Primary school completion rates that were as low as 24 per cent in CRR and 18 per cent in URR in 2010 improved during the CP period, with national completion rate at 75.4 per cent (boys: 74.7; girls: 76.0), CRR fluctuating between 40.7 per cent (2014), 39.5 per cent (2015) and 40.5 per cent (boys: 36.0 per cent, girls: 44.8 per cent) in 2016; and URR dropping from 53.6 per cent (2015) to 52.4 per cent (boys: 58.7 per cent, girls: 46.3 per cent) in 2016 (EMIS, 2016). The national completion rate for Secondary School in 2016 was 36.6 per cent (boys: 37.1 per cent, girls: 36.1 per cent).

UNICEF contributed to increasing education enrolment rates through classroom and toilet construction and rehabilitation, as well as advocacy and community sensitization interventions. In 2016, six fully furnished new classrooms, and 12 VIP toilets were constructed in deprived rural and urban areas with UNICEF support. The improved toilet facilities enhanced the school environment for 300 children annually. Four schools had stormed-damaged classrooms and toilets rehabilitated, relieving the pressure of congested classrooms and toilets for over 6,700 children both directly and indirectly.

The School Improvement Grant introduced at Lower Basic (2013), Upper Basic (2014) and Senior Secondary (2015) removed all fee elements of schooling and substantially reduced the cost burden of education on parents, thus creating the opportunity for increased enrolment, retention, re-entry of students who dropped out, and availability of learning materials for improved performance. The grant is also used to support school-based in-service teacher training activities. UNICEF supplemented this by providing educational supplies for 150 PIQSS schools during the CP period covering over 58,413 children, thus reducing the cost burden on families and contributing to improving the overall retention rates and quality of education services in the schools.

Although enrolment is improving, completion rates are slow or fluctuating, partly due to programme constraints such as high population growth rate; or parents unable to meet the hidden cost of education; social norms and perceptions about school; or a long history of low learning outcomes. The cash transfer pilot that was intended to improve enrolment was never implemented.

OUTPUT 1 The MoBSE staff has capacities to plan, implement, monitor and report on disaster risk reduction and response in education.
**Analytical Statement of Progress:**
UNICEF provided technical guidance the Education in Emergency working group, led by the MoBSE. The working group supported the planning process of the Humanitarian Needs Overview/Humanitarian Response Plan for 2016, which served as the Education in Emergency Preparedness and DRR plan at national level. At the school and community levels, 90 teachers and community education sector actors were trained to be emergency sensitive. This was the first step in creating a pool of volunteers who could provide support to the education sector during emergency or humanitarian response.

Heavy rains and windstorms in 2016 damaged classrooms and toilets. A preliminary assessment by MoBSE reported that about 40 schools were damaged by storms. UNICEF supported the rehabilitation of storm-damaged facilities in four schools, reaching an estimated 6,700 children directly and indirectly. By the first quarter of 2017, rehabilitation works will be complete, thus removing classroom congestion.

2016 marked the end of the immediate threat of the EVD epidemic in West Africa. However, prevention measures continue to be implemented. Handwashing with soap was promoted in all PIQSS schools, while school environmental clubs were supported to promote environmental sanitation and personal hygiene. This continues to date.

**OUTPUT 2** Community Engagement

**Analytical Statement of Progress:**
The target for this output on community engagement was surpassed. UNICEF invested in the mothers’ clubs and similar community structures. Members of mothers’ clubs affiliated with the 150 PIQSS schools acquired skills to engage community members and increase awareness on the importance of education, especially for girls. In the CRR, the GER for primary increased from 63.1 per cent in 2014 to 68.5 per cent in 2016, showing an increase of over 5 per cent. Similarly, in URR, the Gross Enrolment Rate increased from 90.1 per cent (2014) to 101.0 per cent (2016), showing a little under an 11 per cent increase.

About 60 Mothers’ Clubs were provided seed money to support income generation activities, essential to fulfil the primary functions to: be engaged in their children’s education through school committees, ensure that all children especially girls are in school up to completion, and fight against social norms such as child marriage that hinder school completion.

UNICEF also contributed to this achievement by supporting nationwide community dialogue and mobilization to get all children in school, directly reaching over 600 community members in six communities, and more reached by re-broadcasting the events on the national television. In addition, eight communities with the lowest enrolment rates in CRR and URR were targeted for reaching out-of-school children as well as encouraging school dropouts to go back to school.

**OUTCOME 5** By 2016, vulnerable children in the most vulnerable districts have access to functioning child protection systems and services that protect them from violence, abuse, and exploitation.

**Analytical Statement of Progress:**
With UNICEF advocacy and technical support to protect children and their families through formal child protection systems, a child protection strategy and action plan was formulated and approved in February 2016. The strategy and the action plan included strategic interventions on
female genital mutilation/cutting and child marriage to reinforce the implementation of recently passed legislation at national and community levels. This marked a significant step in the drive towards the establishment of a formal child protection system in the Gambia through identification of key priorities and demonstrated political will. The strategy and action plan expand access to services with the establishment of offices in the country. The establishment of regional offices in rural areas has helped in bringing child protection system and services closer to the people in addressing these concerns.

UNICEF Gambia’s support to formulating the child protection strategy and action plan is aligned with UNICEF’s Strategic Plan 2014 – 2017 and global efforts to promote children’s rights as well as programming through strengthening protection systems for children; ending violence, neglect and abuse; justice for children; birth registration (BR); and assisting children in emergency situations.

To strengthen the BR system, UNICEF Gambia supported the development of a costed action plan that will implement strategy. Work commenced in 2016 and will be finalized in 2017. The integration of birth registers into routine immunization services has been piloted in two main health centres (Brikama, West Coast region and Essau, North Bank region). Once completed, the BR rate in the country is expected to improve, enhancing documentation and recognition of children’s nationality and identity that are prerequisites for effective delivery of all child protection services.

UNICEF Gambia’s support through the Catholic Development Office provided basic social services for 500 Orphans and Vulnerable Children in the URR and CRR. This support contributed to improving the lives of the Orphans and Vulnerable Children by enhancing school attendance, improving their health status, and reducing stigma for those infected and affected by HIV/AIDS through the PSS provided.

Sensitization on district tribunals in the Lower River Region contributed to enhanced knowledge and awareness on child rights and the Children’s Act.

UNICEF Gambia supported a forum to bring key stakeholders, including the Ministry of Finance and Economic Affairs (MoFEA), MoHSW and National Assembly Members (NAMs), to advocate for a separate budget line and increased budgetary allocation for child protection. While this forum has created some level of awareness, the budget line is yet to be created. The CO will continue to step up its advocacy in this area in 2017.

**OUTPUT 1** By 2016, a comprehensive child protection system is developed and functional.

**Analytical Statement of Progress:**
UNICEF Gambia partnered with stakeholders to enhance the comprehensiveness and functionality of child protection systems. UNICEF Gambia, in collaboration with DSW and other stakeholders, organized a high-level meeting to present to National Assembly Members (NAMS), Permanent Secretaries and directors on the results of the child protection system mapping and Child Protection Strategy and Plan of Action. The forum was a platform to discuss major child protection issues and challenges in The Gambia. This advocacy contributed to the adoption and approval of the strategy and action plan for the future of children in the country. Immediately after the forum, cabinet, in February 2016, approved the Strategy and Action Plan and officially launched it for implementation.
UNICEF Gambia strengthened its advocacy for financing child protection issues. In this regard, a meeting was convened to bring stakeholders together (technical staff from the Ministries of Finance and Economic Affairs, Health and Social Welfare, and Basic and Secondary Education) for committing resources, budget for child protection action plan and its inclusion in overall Government Budget. The meeting identified the priority areas of intervention to kick start the process. The objective of the meeting is to garner the support and buy-in of policy makers such as the Permanent Secretaries and Ministers for creating separate budget lines and increased allocation for child protection. While this forum has created some level of awareness, the budget line is yet to be created. The CO will continue to step up its advocacy in this area in 2017.

UNICEF supported the acquisition and delivery of office equipment to support the DSW in setting up regional offices to bring the child protection system and services closer to communities. The police child welfare unit and the children’s courts were also part of capacity building initiatives to enhancing the knowledge and skills and to improve data and records management of cases.

OUTPUT 2 By 2013, DSW/Ministry of Children affairs at central and regional levels have capacities to plan, implement, monitor and report on child protection services including during emergencies.

Analytical Statement of Progress:
Interventions build upon the capacity gaps of the Department of Social Welfare (DSW). There was limited intervention on procurement of IT equipment. Despite follow up by UNICEF Gambia, a request was not made to support the implementation of other recommendations from the capacity gap assessment report. Further follow up and advocacy will be done in 2017 to help the implementation of activities under this output.

OUTPUT 3 By 2016, core child protection services available and communities empowered to respond to child protection issues, especially in the targeted districts.

Analytical Statement of Progress:
UNICEF support to the BR Unit under the MoHSW introduced integrating BR into immunization services to increase the BR rate and reduce undelivered certificates to parents, and ensure children are documented in The Gambia. A forum was held with community health nurses, public health officers, district chiefs and village chiefs from selected regions who were sensitized on the revised BR and death attestation tools, together with the medical reporting form. These tools were aligned with the newly-developed registers for easier reporting and capturing of neonatal and still births across the country. The activities were followed by ongoing piloting in Brikama (West Coast Region) and Essau (North Bank Region) Health Centres.

UNICEF Gambia supported Catholic Development Office to provide basic social services for 500 OVCs in URR and CRR, improving the lives of the OVCs by enhancing school attendance, health status, and reducing stigma for those infected and affected by HIV/AIDS through the psychosocial care.

As part of the joint Government and UNICEF Gambia initiative to establish a Civil Rights Verification System (CRVS), a consultancy for CRVS assessment was developed in collaboration with the MoJ, DSW, BR Unit, technicians from the MoHSW and Gambian Bureau of Statistics. Once finalised, this initiative will establish linkage between the birth, death, marriage and vital statistics in a centralised system enhancing the identification and documentation of children.
Child Justice cases pose a challenge and warranted a rapid assessment of Child Justice and its management with different stakeholders. The assessment revealed: the lack of appropriate places for the detained children, limited awareness among law enforcement personnel, and long duration of the court processes that hinders child justice delivery and are indications of a poor Child Justice system. The first draft of the assessment report benefitted from recommendations to enhance its quality. Once finalized, the assessment will enhance the thrust and quality of UNICEF Gambia’s intervention in the area of child justice, including establishment of children’s courts.

In June 2016, 25 district tribunals involving village chiefs from Lower River Region were trained on child rights and the Children’s Act 2005. This sensitization increased capacities on child rights’ issues strengthening their roles in handling child protection cases/issues in line with the law.

Through UNICEF Gambia’s collaboration with the DSW in August 2016, the shelter for children in Bakoteh was rehabilitated, providing a safe haven and conducive environment for neglected and abused children, including access to education, health and improved nutrition.

**OUTCOME 6** Reduction of violence abuse and exploitation from significantly reduced levels of violence, exploitation, and abuse as a result of positive changes in gender and social norms.

**Analytical Statement of Progress:**
Early marriage, a harsh reality for many girls under the age of 18, is more common in rural than urban areas. Child brides face huge challenges. Isolated, often with their freedom curtailed, girls frequently feel disempowered and are deprived of their fundamental rights to health, education and safety. About 46.5 per cent of girls marry before age 18. UNICEF Gambia partnered with the DSW to advocate for the banning of child marriage through sensitization and awareness-raising meetings with other stakeholders, including communities, and using media platforms such as radio, print and social media.

This advocacy contributed to the declaration on the ban on child marriages in The Gambia in July 2016 through a presidential directive. This was followed by the amendment of the Children’s Act to include the criminalization of child marriage. This step was taken to combat child marriage in partnership with the First Lady of The Gambia who led the AU Campaign in June 2016.

UNICEF Gambia supported the NGO Tostan in implementing the Community Empowerment Programme (CEP), a holistic approach to breaking harmful social norms in communities through education and community sensitization, covering 30 Fula communities in the URR through the education on health and hygiene, human rights approach, BR and harmful effects of female genital mutilation/cutting and child marriage, among others. The programme approach helped break inhibiting social norms and barriers to development, especially for children. Through UNICEF partnership with Tostan and other NGOs, a significant number of parents, girls and community members were reached with information on the harmful effects of female genital mutilation/cutting, child marriage, violence against children and wife-beating. The 30 Fula villages involved in the programme completed the Aawde I and Aawde 2 training modules and made a public declaration together with 32 adopted villages to abandon female genital mutilation/cutting, child marriage and violence against children. This brings the number of villages in URR that have made public declarations to abandon female GENITAL
MUTILATION/CUTTING, Child Marriage and Violence against children to 243, representing 45 per cent of all villages in URR.

UNICEF Gambia strengthened and broadened its partnership to address female genital mutilation/cutting and child marriage. Local CSOs including GAMCOTRAP, BAFROW, ActionAid, Activista, Network against Gender-Based Violence, and ADWAC, with support from UNICEF and UNFPA under the coordination of the Women’s Bureau, all continued work on ending female genital mutilation/cutting and child marriage in the CRR, URR, Lower River, North Bank and West Coast regions.


OUTPUT 1 By 2016, 100 per cent of communities participating in the community empowerment programme are committed to abandon FEMALE GENITAL MUTILATION/CUTTING, child marriage, violence against children and declare it in a public declaration.

Analytical Statement of Progress:
The factors that contribute to harmful traditional practices like female genital mutilation/cutting and child marriage include traditional and cultural norms as well as poverty and social pressure in communities. These practices affect mostly girls and young women who undergo physical and psychological trauma during traditional ceremonies and rites of passage into womanhood. This is inconsistent with any scientific proof of living a healthy reproductive life. Rather, it brings problems for the young girls who are not physically mature for marriage, such as complications during child birth and fistula.

During the implementation of the CEP in collaboration with Tostan adolescents and adults benefitted from class sessions on the harmful effects of female genital mutilation/cutting. Meetings were held with 90 religious and local leaders that significantly increased their awareness and participation in influencing changes in their respective communities on harmful traditional practices such female genital mutilation/cutting and child marriage.

As of December 2016, 264 classes were held for the 1,580 adults and 1,180 children who are enrolled in the CEP informal classes, that teach literacy skills, health risks and complications of female genital mutilation/cutting and child pregnancies, among other subjects, aimed at empowering communities and strengthening their rights. The classes also provided participants the platform to debate and reconsider practices and social norms that were previously accepted as a cultural norm, such as female genital mutilation/cutting, child marriage, violent discipline or corporal punishment and other forms of gender-based violence.

In addition to the classes, 96 radio programmes covered various aspects, including the social norms associated with the harmful traditional practices, were broadcast bi-weekly on air. Ten rounds of social mobilization activities and five inter-village and five inter-zonal meetings were held in and around intervention communities to reach members of the communities not participating in the CEP classes. The classes also fostered community dialogue on harmful traditional customs affecting the wellbeing of women, practiced by the communities in a bid to challenge and change the social norms that accepted these customs.

Through the informal classes and social mobilization activities, communities learned about
issues related to children’s rights including child marriage, female genital mutilation/cutting, violence against children and other harmful practices. Communities were empowered with the requisite knowledge to protect vulnerable women and children, and to join the expanding grassroots movement to abandon harmful practices that affect women and children. In December 2016, following the programme interventions, 100 per cent of the enrolled Fula communities publicly declared their will to abandon the harmful traditional practices of violence against children, FEMALE GENITAL MUTILATION/CUTTING and child marriages.

**OUTPUT 2** By 2016, acceptance of domestic violence and female genital mutilation/cutting at the national level decreased by 25 and 22.5 percentage points respectively.

**Analytical Statement of Progress:**
In 2016, UNICEF Gambia partnered with the Women’s Bureau, Safe Hands for Girls, The Girls Agenda, the Network against Gender-Based Violence, and the MOJ to reduce domestic violence and female genital mutilation/cutting nationwide. This led to the revitalisation of the National Plan of Action on FGM/C that has been inactive since 2013. The validation of the document took place after the FGM/C bill was enacted and passed into law.

The partnership with Safe Hands for Girls and The Girl’s Agenda resulted in 60 girls from West Coast Region benefitting from training to build awareness and capacities on the harmful effects of female genital mutilation/cutting and the new law to end the practice. With UNICEF Gambia’s support, the Youth network, He4She, was launched in URR and CRR targeting youth groups and sensitizing them on the effects of female genital mutilation/cutting, child marriage and violence against children.

In June 2016, the President of The Gambia declared a ban on child marriage and called for legislation to be introduced. UNICEF, with the support of a DLA Piper Law Firm seconded lawyer, was instrumental in supporting the DSW in drafting progressive and comprehensive legislation that would not only ban child marriage but also provide for the support of victims. The legislation took a human rights-based approach, placing the child's interests at its centre. The DLA Piper lawyer, in conjunction with a local legal consultant, conducted high-level stakeholder meetings as part of the development of the legislation. Given the timelines, the comprehensive bill was not passed before the 22 of July; a simple amendment to the Children's Act was passed instead.

A communications strategy on FGM/C that benefitted from feedback from UNICEF RO was developed in June 2016 to develop common and harmonized messages to strengthen advocacy against female genital mutilation/cutting.

Building upon this, sensitization meetings held with 35 state counsellors, 19 judges, 30 magistrates, 55 drug law enforcement officers, 25 departmental heads, 55 immigration officers and traditional leaders from all regions helped to increase their awareness on female genital mutilation/cutting and understand its harmful effects. Emphasis was also placed on the application of the newly passed law on the subject. UNICEF is assisting MoJ and the Judiciary to collate decisions from the Children’s Court, and appeals from the higher courts and publish them in a Case Law Compendium to provide an accessible source of case law.

**OUTCOME 7** National capacities strengthened to design and implement child friendly policies, legislative measures and budgets.
Analytical Statement of Progress:
UNICEF supported the Government in: (i) policy dialogue on and advocacy for social protection and expanded fiscal space for social sectors (health, nutrition, education and social protection); (ii) generating knowledge and evidence to inform decision-making on inclusive and integrated social protection systems; (iii) strengthening coordinating mechanisms, and increasing the capacity of the Government and civil society partners on equitable social and economic policies; and (iv) promoting and strengthening innovative partnerships.

In 2016, UNICEF made progress at upstream level interventions on social protection. The long awaited National Social Protection Policy (NSPP) 2015-2025 was adopted by the Government in February. This critical policy sets out in detail the Government’s vision and commitment to modernize the social protection system as well as the steps it will take to broaden coverage to those in need of support. The long-term vision of the policy is to establish by 2035 an inclusive, integrated and comprehensive social protection system that will effectively provide protective, preventive and transformative measures to safeguard the lives of all poor and vulnerable groups in The Gambia and contribute to broader human development, greater economic productivity and inclusive growth.

After the approval of the NSPP and the Child Protection Strategy, UNICEF conducted a number of workshops and advocacy campaigns for leveraging necessary budget resources for their implementation. A technical workshop was conducted by UNICEF for the experts of the DSW, Planning Department of the MHSW, MOJ, Ministry of Interior, Women’s Bureau and Ministry of Finance and Economic Affairs on planning budget resources for implementing both strategies. The budget proposals developed by the technical experts were used by the National Social Protection Steering Committee and Budget Observatory Platform to call a high-level meeting and request from the key government agencies to allocate US$1.5 million (74m Dalasis) for the implementation of essential social protection programmes and US$400,000 (19m Dalasis) for the child protection programmes in the next coming years.

The 5th Social Protection Forum was conducted under the leadership of the NSPSC to leverage financial resources to implement the NSPP. The Forum was attended by the Vice-President and brought together over 130 officials from the Government, international and donor agencies, NGHOs and local media.

This year, another area of focus was contributing to the development of National Development Plan (NDP) 2017-2020 through formulating a new UNDAF 2017-2021 and CP 2017-2021. UNICEF provided substantial inputs in developing strategic interventions on social protection and other socio-economic issues through the NSPSC and thematic working groups established by the Government.

Since 2012, UNICEF interventions have contributed to establishing two major inter-sectoral dialogue platforms such as National Social Protection Steering Committee and Budget Observatory Platform. The NSPSC played a critical role in the coordination of key stakeholders, driving the social protection agenda and formulating the long-term social protection strategy of the country. Although UNICEF has made several efforts to improve institutional and functional capacity of key government agencies, capacity gaps still exist associated with limited human resources and poor institutional framework and are obstacles for implementation of the social protection policy. Addressing this issue requires strong political will and commitment by the Government and joint advocacy work by respective UN agencies.
The BOP was equipped with essential knowledge on equity, child rights issues and monitoring public expenditure on children and women. It has potential to influence the budgetary process in favour of children through conducting some sectors’ budget analysis and reviewing the audit reports. It is an excellent access window for further legislature and enhancement of civil society organizations’ participation that may effectively contribute to improving accountability and transparency in the public finance system. The current BOP priority agenda includes increasing budget expenditure on the primary health care and social protection programmes. Sustainability and better operationalization of the BOP strongly depend on the democratic transformation process in the country that may require stronger roles and participations from the legislature and civil society institutions in policy formulation.

The capacity of the local media was strengthened through bi-annual training on ethical reporting on children and the Convention on the Rights of the Child (CRC), media field trips to dialogue with programme beneficiaries and witness first-hand the vulnerabilities of children, and exposure to information materials and public advocacy events. As a result, reporting on children’s issues increased with a wider reach, particularly targeting decision- and policy-makers as well as community members.

In conclusion, a review of the UNICEF interventions of the previous five years showed that the capacities of key national partners have improved, particularly on inter-sectoral collaboration, partnership, developing child-friendly national strategies and developing national programmes responding to the needs of the children.

**OUTPUT 1** Print and broadcasting media have capacities to effectively analyse and popularized the equity agenda, child rights and protection issues.

**Analytical Statement of Progress:**
A baseline indicated low standards of the media sector (i.e. limited understanding of reporting on children, weak partnership between child rights organizations and the media, inadequate operational and organizational capacity, inadequate educational and professional training). In response, the CO strengthened media capacity, thus enabling journalists to better publicize the situation of children.

The CO supported the biannual training of at least one representative from each of the 37 print and broadcast media houses in the country on ethical reporting on children, the Convention on the Rights of the Child and its optional protocols and other international instruments relating to children’s rights. Selected print and broadcast media were exposed to child vulnerability issues through some of the media training sessions as well as media field trips and coverage of events.

In turn, media representatives have published and/or reported on information that they were provided by the CO; learned first-hand from beneficiaries of UNICEF’s programme and victims of social, cultural and economic inequalities; and researched independently on child rights issues that were published in newspapers. As a result, the public received diverse messages about UNICEF’s work spanning education, health, nutrition, WASH and protection issues.

The CO worked with a youth advocacy organization called Young People in the Media to host and moderate a weekly radio programme, with call-in opportunities for young people. Topics of discussion included child marriage, female genital mutilation/cutting, illegal migration, young people and advocacy skills, children with disabilities, child bullying, child sex tourism and child abuse. Following the passing of the bans on female genital mutilation/cutting last year and child marriage this year, much of the radio discussions centred on promoting the child marriage
and female genital mutilation/cutting legislature. The radio programmes exposed young people from different backgrounds to different child rights issues, and gave them the opportunity to debate and find solutions to issues of concern. As a result, more young people have a better understanding of their rights and responsibilities for improved and positive practices, such as completing school instead of getting married early. The radio programmes built and enhanced the skills of Young People in the Media members in operating media equipment, and in communication for effective information dissemination.

The purchase and distribution of basic journalism equipment (i.e. microphone recorders and basic still cameras) to five media houses facilitated the ability of the media focal points for child rights issues to conduct independent research and report on child rights issues.

A constraint was maintaining long-term relations with journalists due to the high and frequent attrition rate among media practitioners.

UNICEF will continue working with the media and enhancing their capacity for the effective publicizing of child rights issues.

**OUTPUT 2** The budget observatory platform has capacities to advocate, analyze and monitor public expenditures in the social sectors and key ministries', decentralized levels and national assembly member's skills are upgraded to design, approve and implement child friendly and equity- focused policies and legislative measures.

**Analytical Statement of Progress:**
A two-day capacity building programme was delivered for 20 participants from the BOP, National Assembly Members and civil society institutions on public expenditure monitoring through reviewing public expenditure reviews, audit reports and other studies. The training focused on enhancing the capacities of the legislature and civil society institutions on monitoring public expenditure and advocating for further increasing budget allocations for children and women.

Through an initiative of the BOP, a scorecard assessment of healthcare services was conducted to assess the quality and accessibility of some PHC services for specific target groups: pregnant women and mothers with children under five. The study revealed gaps in basic health care provision entitlements for Gambians. The results of the study were presented to the BOP and National Assembly Members for influencing the budget projections for health expenditure for 2017.

In the framework of Public Finance for Children, UNICEF supported the MoHSW in the implementation of programme-based budgeting. UNICEF jointly with WHO organized a capacity building training on health financing for the experts of planning departments of the MoHSW and MoFEA. The training focused on equipping participants with theoretical knowledge on health financing and promoting discussions about the current challenges in this area. Following the training, an action plan was developed for improving public health financing process at the MoHSW. The action plan was also used to guide the key interventions of the Health Financing and Management Group that was established under the Health Compact.

UNICEF is currently supporting the Planning Department of the MoHSW to develop a costing methodology for better implementing the programme-based budgeting. The costing
methodology was developed by a team of local experts on health financing and public finance, to be adopted by MoFEA and MOHSW for use in the health budgeting.

The share of education expenditure in total budget declined from 18 per cent in 2015 to 17 per cent in 2016. The health expenditure increased by 12 per cent in 2016 compared to 9 per cent in 2015. Overall, the share of health expenditure in total budget constitutes 11 per cent and 10.6 per cent in 2015 and 2016 respectively. This is a significant increase in health expenditure compared to 7 per cent in 2014.

OUTPUT 3 Social Protection Forum is formed and dialogue initiated on options for a social protection system

Analytical Statement of Progress:
In 2016, the NSPP was approved by the Government. The development of the NSPP was supported by UNICEF and UNDP for establishing an integrated and inclusive social protection system in the country. The NSPP has an implementation plan focusing on improving institutional capacity and expanding social protection programmes gradually.

UNICEF, through the NSPCC and the BOP, organized a one-day senior level meeting for leveraging budget resources to implement the NSPP and the Child Protection Strategy given the cross-cutting nature. The Deputy Speaker of National Assembly called on all respective ministries and agencies to allocate necessary budget resources for social protection programmes within their institutional budgets for the next coming years. The senior level meeting culminated in a proposal to allocate US$1.5 million (74m Dalasi) for implementing some small-scale cash transfer programmes for orphans, people with disabilities, women with young children and elderly people.

The 5th Social Protection Forum was conducted under the leadership of the NSPSC for better sensitizing key stakeholders and mobilizing necessary resources to implement the NSPP. The Vice President and Minister of Women’s Affairs, attended this high-level meeting, demonstrating the high priority the administration gives to the Social Protection agenda. The Forum brought together over 130 officials from the Government, international and donor agencies, NGOs and local media.

UNICEF conducted training sessions for national partners on planning budget resources for social protection and designing cash transfer programmes for vulnerable children. UNICEF supported the DSW in integrating the priority interventions on social protection into the National Development Plan 2017-2020, and developing the important indicators in line with the SDGs. However, despite the provision of technical support, the institutional and functional capacities of the MoHSW on social protection remained weak, a potential obstacle for the implementation of the NSSP. The successful implementation of the NSSP requires a strong ownership by the Government and a joint advocacy campaign by all respective UN agencies on enhancing the existing institutional structure and capacities.

To respond to nutrition issues and in line with the national policy and strategies on social protection, UNICEF mobilized an EU grant of US$3,175,050 (3 million Euros) for delivering cash transfers to lactating women in selected rural areas from 2016 to 2019. Currently, UNICEF is in the initial stages of implementing the programme with the aim of serving as a social protection model to support child nutrition. The registration of beneficiaries is expected to start 1 February 2017. The key implementing partners, the NaNA and DSW are participating in the cash transfer
design process that is building their institutional capacity on inter-sectoral coordination, designing and implementing similar cash transfer programmes.

**OUTCOME 8** Government capacity strengthened to collect analyse and use data to inform policy and decision makers and conduct evaluations on policies and programmes by 2016.

**Analytical Statement of Progress:**
UNICEF supported key national partners in strengthening their capacity to produce timely, reliable and quality disaggregated data to inform policies and programmes. On numerous occasions, development partners collaborated to jointly support surveys such as the Gambia Demographic and Health Survey that disseminated in 2015. The survey was funded by The Government, USAID, UNICEF, UNFPA, UNDP, WHO, UNAIDS and The Global Fund. Another major survey jointly supported by the UN agencies is the Integrated Household Survey completed in 2016. However, its results have not yet been published.

The SitAn was conducted in 2015 to support the formulation of the UNDAF 2017-2021, the National Development Plan 2017–2020 and the UNICEF CPD 2017–2021.

UNICEF supported the development of the Government medium-term development programme using evidence from BNA and the national disability study to inform policy decision and adoption of policy options. UNICEF promoted inclusive education to specifically target marginalized children for access to education, and ECD to build the foundation for quality education and improved learning outcomes in the long-term.

Additionally, UNICEF, as the chair of the Local Education Group (LEG), facilitated the review of the education sector draft policy pronouncement for the 2016–2030 Education Policy. Following the review work, the policy pronouncement was focused and sharper. The LEG ensured that the Education Sector Policy options are aligned with the SDGs.

An Early Learning Assessment and a study on out-of-school children were commissioned by UNICEF to support the evidence-based policymaking and programme development in the education sector. Both studies are still underway.

Two BNAs were conducted for nutrition and WASH to update the policy interventions. The nutrition BNA influenced and fed into the review of the National Nutrition Policy 2010–2020.

Recently, UNICEF initiated a dialogue with the Government on conducting MICS6 to better assess baseline situations of children, in line with the SDGs indicators. As part of this initiative, two experts of the Gambia Bureau of Statistics participated at the MICS6 design workshop jointly organized by UNICEF WCARO and experts from UNICEF HQ.

**OUTPUT 1** By 2016, equity based quality data is available and used for advocacy, designing, implementation, monitoring and reporting of national programmes, policies and laws.

**Analytical Statement of Progress:**
In 2016, UNICEF supported the Government to produce equity-based quality data for advocacy, implementation, monitoring and effective programming. One key activity being supported both financially and technically by UNICEF and other UN agencies is the Integrated Household Survey completed in 2016. The Gambia Bureau of statistics was supported to conduct this survey and UNICEF was a member of the technical committee to ensure quality, and implementation according to agreed timelines. To enhance availability of equity based data,
especially across geographic areas, the data was disaggregated at district level below the commonly used Local Government Areas. The data will be used to support baselines for some of the indicators in the SDGs, the National Development Plan 2017-2020 and the UNDAF 2017–2021.

UNICEF continued its technical support in nutrition and WASH, including conducting BNA in both areas. The recommendations from the nutrition BNA were key in reviewing the 2010-2020 National Nutrition Policy and the development of a new nutrition strategy to address supply, demand and quality-related bottlenecks at national and regional levels. Similarly, the recommendations from the WASH BNA resulted in the development of an action plan for the removal of the priority bottlenecks.

UNICEF conducted evidence-based advocacy and provided complementary technical support during the policy development process. With this advocacy and technical support, MoBSE adopted ECD and inclusive education as key policy components to promote equity and linked the 2016–2030 education sector policy to the SDGs. The ECD component provides comprehensive services to children from in utero to six years, adopting multi-sectoral approaches. The inclusive education component is to work towards the realization of every child’s right to education, irrespective of status, ethnicity or disability.

**OUTPUT 2** By 2016, key social sectors including the regional offices have enhanced capacities in programme planning, monitoring and evaluation.

**Analytical Statement of Progress:**
UNICEF conducted planning and consultative sessions for key national partners in developing the CPD 2017-2021. The CPD used Theory of Change (TOC) to identify key strategic approaches, objectives and indicators system aligned with SDGs and national priorities. It was a good opportunity to enhance capacities of national partners on applying TOC for different planning and programming purposes.

Another capacity building programme for national partners was conducting two bottleneck analyses (BNAs) in the WaSH and Nutrition areas. Both BNAs were conducted by experts of UNICEF WCARO and Gambia CO, who involved key stakeholders in the process. As a result of these exercises, the national partners enhanced their evaluation and problem analysis capacities by using BNA tools. The findings of the Nutrition BNA were used to update the National Nutrition Policy 2010-2020.

In some workshops, UNICEF presented the child-related SDG indicators system to inform national partners, and advocated for their use in developing national development plans and programmes.

UNICEF and WHO delivered a health finance training for experts of the Planning Department of MoHSW and MFEA for improving the budget planning in health sector. The training aimed at enhancing resource planning and monitoring capacities of target groups by reviewing key bottlenecks and gaps in public health financing. As a result of the training, an action plan was developed to support the programme-based budgeting process and address key bottlenecks in planning system of the MoHSW.

**OUTCOME 9** Cross sectoral cost, delivery, supply and procurement.
Analytical Statement of Progress:
Transactions under cross sectoral were processed expeditiously, leading to achievements of results for children and ensuring an optimal use of resources and the achievement of all planned results under the three main programme components: Child Survival and Development, Basic Education, and Child Protection, Social Policy and C4D. The Standard Operating Procedures were in place and functioning in 2016. Risk self-assessment exercises covering various areas such as Supply, ICT, security of the office and premises, telecommunications and BCP were carried out by RO. Recommendations were issued and are addressed by the CO. A one-week training session on Vision was organized by the CO, facilitated by the Regional SME on Vision. The micro-assessment of 14 IPs was being conducted jointly with the HACT working group (UNDP, UNFPA, UNICEF) using the LTA with Stephen Moores network. The Operations Management Team, chaired by UNICEF is driving the BoS. UNDG assisted OMT in identifying a consultant who is working closely with OMT to finalize the BoS document in support to the new UNDAF 2017-2021.

OUTPUT 1 Effective and Efficient Programme delivery, supply and procurement

Analytical Statement of Progress:
Transactions under cross sectoral were processed expeditiously, leading to achievements of results for children and ensuring an optimal use of resources and the achievement of all planned results under the three main Programme Components: Child Survival and Development, Basic Education, and Child Protection, but also for Social Policy and C4D. The Standard Operating Procedures were in place and functioning in 2016. Risk self-assessment exercises covering various areas such as Supply, ICT, security of the office and premises, telecommunications and BCP were carried out by the RO. Recommendations were issued and are being addressed by the CO. A one-week training session on Vision was organized by the office, facilitated by the Regional SME on Vision. The micro-assessment of 14 implementing partners is being conducted jointly with the HACT working group (UNDP, UNFPA, UNICEF) using the LTA with Stephen Moores network. The Operations Management Team, chaired by UNICEF is driving the BoS. UNDG assisted OMT in identifying a consultant who is working closely with OMT to finalize the BoS document in support to the new UNDAF 2017-2021.

OUTCOME 10 Special Purpose

Analytical Statement of Progress:
The UN system is composed by 14 agencies, of that the following nine are housed in the UN House, a common premise in Cape Point: UNDP, UNICEF, WFP, UNFPA, UNAIDS, UNV, DSS, WB and IMF. The remaining five are located out of the common premises.

2016 was challenging year due to the uncertainties around the election. As a result, much attention was focused on the political environment that delayed the implementation of the security work plan. In addition to the two surge capacity experts sent by UNDSS, an assessment mission was conducted by the UNICEF RO. Recommendations for MORSS were made for all UNICEF IP residences and MOSS for the UN common premises, both of that are being implemented.

The total common budget for security was US$96,960; UNICEF contributed up to 20 per cent of this amount. The following measures were implemented in 2016: Bulk SMS implemented and the radio communication infrastructure assessment was conducted by FITEST
New digital radios were procured for the staff in view of the change of system from analogue to digital for countrywide coverage. The replacement cost of the radio communication is being budgeted in 2017.

The CCTV for the UN House is still faulty. An assessment was conducted by a local firm and the recommendations are being considered for 2017 common services budget.

A fire drill was conducted on 17th August 2016 and a security/first aid training was organized for all wardens on 17th November.

**OUTPUT 1 Premises and Security**

**Analytical Statement of Progress:**
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**OUTCOME 11 Programme Support**

**Analytical Statement of Progress:**
The CO’s oversight structures provide for adequate roles, responsibilities and accountabilities for decision making to achieve effective governance, risk management and assurance. All office statutory committees were in place by February in 2016 and performed their assignments as per their Terms of Reference. 81 per cent of the committees met over the period under review. The Annual Management Plan for 2016 was the result of a two-day planning retreat. The risk profile was proactively reviewed, updated and modified for changes to the operating environment and emerging risk changes. The key results and management priorities were derived from an analysis of the lessons learned from 2015 regarding the internal office systems and business processes, as well as Programme planning, the outcome of the audit and the ERM exercise. A
consultative process between the programme and operations sections and between staff and management helped in contributing to a smooth office management.

Monthly country management team meetings help to monitor management performance and compared against key indicators outlined in the Annual Management Plan. The country management team has oversight over other sub-committees and tracks achievement of the office’s planned results and accountabilities against set standards. In addition, the office management consistently utilized the Managers Dashboard and scorecard on Insight to check on alerts. Key performance indicators were monitored at country management team, Programme meeting and weekly chief’s meetings where budgetary control, fund utilization against grants, and ageing of DCTs were analyzed and discussed. Over 2016, a new CPD and CPMP were developed leading to the establishment of a new structure for the period 2017-2021. Outstanding DCTs over nine months remained below the allowable standard of 1 per cent. Bank balances were reconciled monthly and reconciling items were cleared within 30 days. A review of the AMP was conducted during the November country management team and the KPIs were reviewed and assessed in line with the management priorities.

OUTPUT 1 Human Capacity

Analytical Statement of Progress:
The CO’s oversight structures provide for adequate roles, responsibilities and accountabilities for decision making to achieve effective governance, risk management and assurance. All office statutory committees were in place by February 2016 and performed their assignments as per their Terms of Reference; 81 per cent of the committees met over the period under review. The AMP for 2016 was the result of a two-day planning retreat. The risk profile was proactively reviewed, updated and modified for changes to the operating environment and emerging risk changes. The key results and management priorities were derived from an analysis of the lessons learned from 2015 regarding the internal office systems and business processes, as well as programme planning, the outcome of the audit and the ERM exercise. A consultative process between the programme and operations sections and between staff and management helped in contributing to a smooth office management.

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OUTPUT 2 Financial Resources and Stewardship

Analytical Statement of Progress:
The violations and SoD are systematically monitored during the COUNTRY MANAGEMENT TEAM meetings further to audit recommendations. In May 2016, the office conducted a BCP
simulation exercise that yielded to recommendations being implemented. The office has currently two functional BCP sites that were tested during the elections period.

The non-post cost of the IB allocated in 2016 has been fully utilized. The following training and workshops were funded for staff from IB: Workshops for chief of Operations held in GSSC, ICT workshop in Nairobi Kenya, Deputy Representative workshop in Dakar, Emergency Telecommunications workshop in GSSC Budapest, workshop on TMS in Cote d’Ivoire and Budapest as well the orientation for new Representatives in NY and training of the Representative in Turin for UNCT members. The funds contributed to cover the operating costs including common premises and services of the UN House, the implementation of the BCP simulations recommendations and the renewal of various ICT equipment for the Senior Executive Assistant and the Operations Manager, contract of photocopying services, and supply and procurement of essential items for operating costs such as fuel and office supplies. Funds were also used to balance part of the procurement of the office emergency and telecommunications equipment (Digital radios and Thurayas) in view of the upgrade and VHF radio country coverage in the UN Gambia. The office received US$ 3,500 from the Regional contingency fund to cover the cost of the procurement and shipping of the ready-to-eat meal in preparation of the elections.

**OUTPUT 3 Human Capacity**

**Analytical Statement of Progress:**

In 2016, the CO had 27 established positions: 1 Temporary Appointment and 26 Fixed Term Appointments. The positions of Child Protection Officer, Monitoring and Evaluation Officer (now upgraded) and Programme Assistant have been vacant and recruitment is currently underway to fill them. The position of Child Protection Specialist was filled.

Over 2016, the preparation of the new CPD and CPMP took a considerable part of the CO time. The RO assisted the CO in preparing the submission to the PBR that was approved with an increase in the number of staff from 27 to 42. The transition of HR Administration to GSSC was effective in mid-November and with much preparation. All payroll activities are now in Budapest. The OSF digitization project was also completed with the update and upload of all electronic personnel files and the use of My Case by staff for their requests submissions.

The launching of “Achieve” in driving performance saw a 100 per cent completion of the planning phase, it is expected that 100 per cent will be achieved also for the year-end phase. The CO saw the global staff survey impact in supporting staff development through two stretch assignments and two support missions. Two staff members also benefitted in external training in Protocol.

One staff member moved to the international professional category early this year, the second movement to this category in two years.

**OUTPUT 4 Human Resources**

**Analytical Statement of Progress:**

Staffing mix and Profile: There are 27 established positions: 1 Temporary and 26 Fixed Term Appointments. The staffing position is Four International Professionals, Six National Officers and 13 General Service staff members. Non-staff comprise one UNV, two Consultants and one pro bono lawyer from DLA Piper.
Staffing Structure: During the last Country Programme Management Plan, a new staffing structure was created to reflect the needs of the new country programme, starting January 2017. One staff member moved to the international professional category early this year that is the second movement to this category in two years.

Global Staff Survey: UNICEF Gambia supported staff development through two stretch assignments and two support missions, in a bid to enhance staff development and growth. Two staff benefitted from external training in Protocol.

Results based: The contracting of six consultancies were implemented: Out-of-School Children, Universal Salt Iodization, EU consultancy on Birth Registrations, ERPI consultancy on Social Protection, Monitoring and Evaluation consultancy and National Study Score Card Assessment.

GSSC: This year saw the roll out of:
1. Achieve: The new performance management tool was used by the staff to prepare the planning stage of the exercise. This was successfully achieved.
2. TMS: This tool was used for recruitment since its launching. The first case was completed on 15th December 2016 at country level. Subsequent cases will be handed over to GSSC.
3. MyCase: Staff members continue to use MyCase for updates on personal information and documentation of other relevant actions. This has reduced the work load on the Senior HR Assistant.
4. Digitization of staff personal files: This was done successfully and sent to GSSC.
5. Transition to GSSC: Smooth transition to GSSC took place in Mid-November, and this saw the movement of certain tasks to the Group.

OUTPUT 5 Governance and Systems

Analytical Statement of Progress:
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**Document Center**

**Programme Documents**

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