UNICEF Gambia made some significant progress in key areas in 2014. An In-Depth Review (IDR), a lighter version of the Mid-term Review, provided an opportunity to review progress at the mid-way point in the Country Programme Action Plan (CPAP) and evaluate progress and outstanding challenges. Among the areas of progress, thanks to the recruitment of a full-time nutritionist, concentrated efforts in the nutrition sector have gone far to improve service delivery at a health centre level and ensure that the chances of survival of Severe Acute Malnutrition (SAM) children are significantly improved. Supplies, training, data management and greater engagement and ownership of responsible institutions have worked to improve service delivery at the health centre level.

Similarly, work in Social Protection made some significant steps, with Gambia moving toward a costed implementation programme after this year's policy development and the creation of a strong consensus among decision makers in government. In 2015 the country's first state managed social protection cash transfer scheme will be implemented.

UNICEF Gambia worked hard to develop a child protection policy and the country is now making some clear advances in closing gaps in compliance with the Convention on the Rights of the Child.

In the area of immunization, UNICEF worked with the Ministry of Health and Social Welfare (MoHSW) to ensure that the country's immunization record remained high, maintaining routine vaccines, and introducing the HPV vaccine, which should lead to full implementation in 2015.

Female Genital Mutilation/Cutting (FGM/C) work has been slower than anticipated. Small gains have been made and UNICEF Gambia hopes to push on with making improvements over the remainder of the CPAP.

UNICEF is planning to support the Ministry of Health and Social Welfare in strengthening project management and accountability mechanisms to assist in the uptake of the Primary Health Care policy.

While the education sector has made significant gains in enrolment in basic education, in part thanks to the waiving of school fees for primary education, completion of primary education still remains a challenge, with huge numbers of students dropping out of school before they finish.

UNICEF strengthened relationships with the Policy Analysis Unit of the Office of the President, responsible for the coordination of development partners.

The Department of Social Welfare, under the MoHSW, is a key partner for work in both Social Policy and Child Protection.
In 2014 UNICEF Gambia worked strategically, ensuring that downstream activities were closely harmonized with upstream work. The programme focused on greater complementarity in this area, particularly in health, where lack of dialogue at a ministerial level has had impact in downstream work. With the advancement of work in social protection, there is now greater onus on working in Public Finance for Children (PF4C) and contributing to strengthening economic arguments for investment in children, to ensure that success in other areas is optimized.

Gambia does not attract large amounts or donors, despite the indisputable need for more support to effectively address the needs of vulnerable children.

The regional Ebola Virus Disease (EVD) crisis impacted heavily on activities in 2014. Tourism, the mainstay of the Gambian economy, was hit hard by the EVD threat. Revenues were affected, and will continue to be affected into 2015, and possibly beyond. The preparedness measures have, however, galvanised efforts within numerous sectors and all of the coordination activities in preparedness have worked toward a greater sense of ‘joined up’ activities within the Government, of which UNICEF has been the largest contributor to date, in terms of financial and technical support.

**Humanitarian Assistance**

The geographic proximity of the Gambia to the EVD epidemic in Guinea, Liberia and Sierra Leone, together with extensive population movements across porous borders and a weak public health system, positioned the country at particular high risk of importation of the EVD. A comprehensive multi-stakeholder National EVD Preparedness and Response Plan was developed and validated. This came after an initial plan drafted by the Ministry of Health and Social Welfare (MoHSW) was deemed to be inadequate and not consistent with the World Health Organisation (WHO) preparedness guidelines for EVD.

UNICEF has been leading the Water, Sanitation and Hygiene (WASH), education, communication and social mobilization activities as part of a national effort under the technical guidance of the WHO in the Gambia. A school EVD preparedness plan was developed and implemented, reaching approximately 498,500 school children, 15,000 teachers, and 20,000 community members. Approximately 875 villages, 175 traditional healers, 57 education sector cluster monitors, and 225 religious leaders were reached with messages on EVD, and community based radio stations were supported to ensure that EVD messages were broadcast regularly. Essential WASH supplies and Property, Plant and Equipment (PPEs) were procured and prepositioned in all the high risk areas. A water facility in one of the critical border posts was repaired and a water storage tank was installed in the central Ebola Treatment Centre. As of 31 December, 2014, no confirmed case of EVD had been reported in the Gambia.

UNICEF also played an important role in the coordination of preparedness activities at the National EVD Task Force, where, together with WHO, UNICEF worked to ensure compliance with regional WHO preparedness guidelines, protocols and coordination. UNICEF Gambia remained the largest donor to the National Preparedness efforts, by donating US$700,000. The UNICEF Regional Office recognized that preparedness and prevention measures in non-affected at-risk countries were important in the regional response.

UNICEF’s interventions were aimed at providing key ‘turning point’ interventions, where small amounts of funding can unblock bottlenecks in preparedness progress. For example, funding of water supply in the central EVD treatment Centre in turn ensured that the Centre could be completed according to schedule.
During 2014, UNICEF also provided strong technical support in the review of the 2008-2011 National Disaster Management Policy and Act as well as the development of a national Multi-hazard Contingency Plan (2014-2016). Through the Humanitarian Needs Overview and Strategic Response Plan, UNICEF secured funding to support the ongoing nutrition and food security crisis. In response to the Sahel nutrition crisis, 3,921 children with severe acute malnutrition were reached with therapeutic care and hygiene messages.

**Equity Case Study**

UNICEF Gambia worked with the Government of the Gambia to move forward the Social Protection agenda, and has made some significant progress in not only sensitizing the administration to child friendly social inclusion policies but in ensuring strong progress has been made in documenting current experiences, building consensual policy, developing a 5-year strategy and supporting the government-led mechanisms that are now steering advances in Social Protection work.

In a small country such as the Gambia, where low Gross Domestic Product (GDP) is subject to the country’s over-reliance on tourism and where rural communities struggle to meet their basic food needs, investment in Social Protection programming has previously not been considered a priority for the government. Demands on the country’s scant resources are high, with high levels of unemployment, and an economy characterised by low income and national budget, and dwindling foreign reserves.

Over the last two years, UNICEF has worked to strengthen consensus and understanding around the social and economic benefits of preventative investment in children and the vulnerable. At country level, understanding of Social Protection was close to zero, but utilising pre-existing relationships with the Department of Social Welfare within the Ministry of Health and Social Welfare, consensus was built, which in turn lead to a Memorandum of Understanding drawing together key stakeholders in government and within the UN family. During 2014, the momentum in Social Protection has grown, with increased understanding and interest among a range of stakeholders, including the Policy Analysis Unit of the Office of the President, the National Assembly (following a targeted three-day training for Assembly members) and other significant stakeholders. The agenda of the forum was developed with political engagement at the highest level. The involvement of the Vice President in the process sent a strong message that the Government of the Gambia has clear intentions to structure and increase investment in targeted Social Protection interventions.

UNICEF’s work in 2014 has laid the foundation for strengthening fiscal commitment to investing in preventative social protection programming. A priority for 2015 is to strengthen engagement with the Ministry of Finance and Economic Affairs to demonstrate the fiscal benefits of investing in vulnerable children, relying on Africa’s plethora of positive experiences and incremental budget allocations in the area.

Work in this area draws on all the other aspects of UNICEF’s programming in the country and is working towards establishing a national, government owned system to address issues of inequity. While to date there is little to show in terms of outcomes for children, the 5-year plan has ambitious targets for establishing a social protection floor where the most vulnerable will be supported. Defining the target populations will be key in this five year plan. UNICEF will continue to guide stakeholders to ensure that children who are most at risk from harm, of falling out of school, or most vulnerable to childhood diseases will have a stronger family background.
in which these risks will be understood and mitigated. Given the small size of the Gambia, the possibility reaching and impacting all of the vulnerable children in the country is a real one.

**Summary Notes and Acronyms**

AfrEA – African Evaluation Association  
C4D – Communication for Development  
CMT – Country Management Team  
CO – Country Office  
CP – Child Protection  
CRC – Contracts Review Committee  
CRR – Central River Region  
CSD – Child Survival and Development  
CSO – Civil Society Organization  
DAO – Delivering as One  
DCT – Direct Cash Transfer  
DHS – Demographic Health Survey  
DSW – Department of Social Welfare  
ECD – Early Childhood Development  
EVD – Ebola Virus Disease  
EWEA – Early Warning Early Action  
FAWEGAM – Forum for African Women Educationalists - Gambia  
GDP – Gross Domestic Product  
GoTG – Government of the Gambia  
GPE – Global Partnership for Education  
GSSC – Global Share Service Centre  
HACT – Harmonized Approach to Cash Transfer  
HNO – Humanitarian Needs Overview  
IDR – In-depth Review  
IHS – Integrated Household Survey  
IMEP – Integrated Monitoring and Evaluation Plan  
INGO – International Non-government Organization  
IT4D – Information Technology for Development  
LGBT – Lesbian, Gay, Bi-sexual and Transgender  
LRR – Lower River Region  
LSA – Local Staff Association  
LTA – Long term Agreement  
MDG – Millennium Development Goals  
MMR – Maternal Mortality Ratio  
MoBSE – Ministry of Basic and Secondary Education  
MoHSW – Ministry of Health and Social Welfare  
NaNA – National Nutrition Agency  
NAO – National Audit Office  
NSPSC – National Social Protection Steering Committee  
OCHA – Office for the Coordination of Humanitarian Affairs  
OIC – Officer-in-Charge  
OMT – Operations Management Team (UN)  
OVCs – Orphans and Vulnerable Children  
PCG – Programme Coordination Group (UN)  
PF4C – Public Finance for Children  
PPE – Property, Plant and Equipment
In 2014, UNICEF’s work in Social Protection (SP) continued to strengthen the Government’s commitment to child-focused planning and, over the course of the year, led to the identification of a number of SP champions who have been driving the programme from within the government. This was complimented by a degree of stability within senior Government officials’ posts, which in previous years often hindered capacity development.

The education sector continued to benefit from consistent leadership and strong coordination mechanisms. Indeed, the education model is being explored to strengthen coordination and capacity development in other sectors, particularly health, where capacities still remain a significant challenge.

Over the course of the year, the emergence of the Ebola Virus Disease (EVD) as a regional threat led to EVD preparedness being a major part of UNICEF Gambia’s support to the Government’s humanitarian work. As such, the installation of the WHO protocols on EVD preparedness has been a critical exercise in strengthening coordination and emergency response mechanisms of government, particularly the Ministry of Health and Social Welfare. Exercises in strong and regular coordination have been useful in ensuring that the Government increased capacity to lead and instigate action, which has been a continual learning process for all parties. Challenges remain but the development of a multi-sectoral inclusive EVD plan brought together numerous actors and has strengthened collective ownership of the planned response and mitigation measures.

Ongoing work, including training partners in Harmonized Approach to Cash Transfers (HACT), has greatly sensitized partners to compliance issues and has contributed to UNICEF Gambia’s good record of timely Direct Cash Transfer (DCT) liquidation and reporting.
Evidence Generation, Policy Dialogue and Advocacy

In 2014, the Basic Education Programme conducted an assessment of the disability status of school children, which not only established the number of school children with disabilities but also the type of disability they had. The results of this assessment fed into the development of the sub-sector policy on special needs education, which is being finalized by the Ministry of Education.

A nation-wide child-to-child census was conducted to determine the actual number of 7-12 year-olds that were out-of-school. The results of this study indicated that overall, 76,108 children were out of school, representing 10.2 per cent of all school aged children in the country. This figure represents an improvement over the 2010 figure of 29.1 per cent.

In the UNICEF intervention regions, it was found that approximately 25 per cent of the out-of-school children were in the Central River region and 21 per cent were in the Upper River region. Communication and advocacy interventions were intensified to reduce those numbers. In 2014, UNICEF supported national partners in developing the National Social Protection Policy 2015-2025 and its Implementation Plan. This initiative is focused on establishing an inclusive and integrated Social Protection programme in the country. The National Social Protection Steering Committee played a critical leadership role in the process.

A capacity building programme was delivered for members of the National Assembly (NA) and respective experts of the Ministry of Finance and Economic Affairs on Social Protection. This was aimed at raising awareness and strengthening knowledge of the NA members on Social Protection, focusing on multi-dimensional child poverty, the role of Social Protection in eradicating poverty and contributing to economic growth, basic knowledge on costing and resource planning, successful examples on institutional and administrative frameworks, and links of social protection with other social services.

Partnerships

The Department of Social Welfare (DSW) is a key implementing partner in both the Child Protection, and Social Policy, Knowledge and Advocacy programmes. Relationships have improved this year through greater communication and dialogue. UNICEF has also been supporting the Director of DSW in a number of high profile areas (e.g. National Social Protection Steering Committee, and the First lady’s launch of Operation Save the Children Foundation), which has strengthened understanding and efficiencies.

Partnerships with the Ministry of Health and Social Welfare (MoHSW) were strengthened in 2014, particularly through the strong UNICEF support to the EVD response. UNICEF reengaged the MoHSW in nutrition issues, with the Ministry actively involved in the treatment of SAM where, previously, nutrition was seen as the exclusive domain of the National Nutrition Agency.

The need to reinforce partnerships with the Policy Analysis Unit (PAU), under the Office of the President, was recognized as important. UNICEF Gambia’s recent In-Depth Review cemented this relationship, which, in turn, led to a re-evaluation at UN Programme Coordination Group (PCG) level of the UN family’s support to the PAU, as it is responsible not only for UNICEF’s CPAP, but also for the United Nations Development Assistance Framework (UNDAF).

UNICEF made efforts to widen dialogue with Civil Society Organizations (CSOs) in undertaking the prepositioning of CSOs for the scale-up of EVD response, should the need arise. Conversations with CSOs working to support Orphans and Vulnerable Children (OVCs) moved
toward dialogue around supporting the social protection minimum floor and exit strategies.

UNICEF developed a strong working relationship with WHO further to the EVD work and continued to undertake specific thematic partnerships with other UN agencies, notably the tripartite agreement with WHO and United Nations Population Fund (UNFPA) in supporting health initiatives, as well as with World Food Programme (WFP) on the support to integrated global acute undernutrition (GAM) issues. At a United Nations Country Team (UNCT) level, UNICEF stepped up support to stronger coordination, particularly through the Strategic Response Plan (SRP) and the Humanitarian Needs Overview (HNO) as well as under the Delivering as One (DaO) agenda.

Due to the small size of the economy, partnership opportunities with the private sector are extremely limited.

### External Communication and Public Advocacy

As the leading organization in child rights, UNICEF’s voice carries weight at all levels. UNICEF Gambia re-launched its website and Facebook page, which were updated regularly to get significant messages to the public. Messages posted on these platforms aimed at strengthening visibility for public advocacy on children’s issues, and focused on the most vulnerable children and UNICEF interventions. Both platforms widened UNICEF Gambia’s reach, nationally and internationally, in terms of visibility.

In support of public awareness and media advocacy, UNICEF Gambia continued engaging the print and broadcast media, including adolescents in the media, through capacity strengthening and exposure to experts and vulnerable groups to acquire first-hand information for reporting and dissemination.

CRC@25 provided UNICEF Gambia an excellent opportunity to intensify advocacy at all levels. The Representative and, subsequently, Deputy Representative and Officer-in-Charge (OIC), took advantage of every opportunity to advocate with Government and CSO partners and Parliamentarians for the further advancement of child rights in the country.

A significant CRC@25 advocacy activity was a UNICEF-funded televised intergenerational forum where 13 adolescents, ages 13 – 17 from around the country, used evidence to highlight their concerns and ask Parliamentarians, including the Select Committee on Women and Children of the National Assembly, to help address those concerns by improving and/or putting in place policies to further promote the rights of vulnerable children.

UNICEF also supported 20 adolescents in developing 20 60-second videos on various child rights issues to share with the public and with decision and policy makers to support public advocacy efforts.

UNICEF supported other activities marking the CRC@25, as well as annual public commemorative events such as the Day of the African Child, which drew high level Government participation, to advocate for the rights of vulnerable children.

### South-South Cooperation and Triangular Cooperation

In pursuit of advances in ECD, UNICEF Gambia supported representatives from the Ministry of Basic and Secondary Education to attend a conference in Zanzibar on salient issues that are
being translated into a stronger understanding for policy direction by the Ministry.

UNICEF Gambia also supported the Chair of the National Social Protection Steering Committee and the Director of the DSW to attend the 6th International Policy Conference on the African Child in Addis on the theme ‘Social Protection – Making it Work for Children’. This important exchange resulted in the Director of the Policy Analysis Unit of the Office of the President having a clear sense of direction and leadership driving the Social Protection (SP) agenda and cemented relationships with UNICEF Gambia’s new SP specialist.

UNICEF Gambia also supported attendance of the PAU to the African Evaluation Association (AFREA) conference with the aim of strengthening monitoring and evaluation mechanisms in support of the country’s Poverty Reduction Strategic Plan (PRSP) successor, the Programme for Accelerated Growth and Employment (PAGE).

Support to Integration and cross-sectoral linkages

In 2014, the Communication for Development (C4D) section expanded its mandate to cover more than the traditional Child Survival and Development (CSD) section, with work in Child Protection and Basic Education, supporting community work in gender based violence and the formation of Community Child Protection Committees.

The In-depth Review undertaken in 2014 clearly indicated the need for UNICEF Gambia to shift toward greater programming integration as well as an equity focus Situational Analysis (SitAn) that will take the Life Cycle Approach in identifying rights denial in the life of a Gambian child.

Progress in the area of Social Policy over the year prompted the programmes department to review and evaluate how education, child survival and development and child protection interact with each other and to strengthen greater collaboration within programming departments at both upstream and downstream levels. As one of UNICEF’s major partners, the Department of Social Welfare’s work in both child protection and social protection has driven UNICEF to examine the relationship between the two areas of work to ensure that there is a strong understanding of the coincidences and complementarities between the two areas. The Regional Office (RO) has been engaged in dialogue on the inter-related activities of the sectors and how working with one partner with two seemingly separate departments needs a ‘joined up’ approach to planning, policy work and implementation of field work.

At a field level, UNICEF continued to focus on three regions where there are marked disparities in poverty, educational attainment, and nutrition rates. By working through partners and, in turn, regional district and village authorities, UNICEF proactively promoted coherent approaches to integrated activities, avoiding duplication of data gathering and community consultations. Working under the remit of the C4D programme, communities were engaged in a number of topics that traverse all UNICEF’s areas of work, ensuring that messaging is complimentary and targeting issues that most affect children and women in communities.

Service Delivery

In 2014, UNICEF had a good record with DCTs, with a high rate of prompt liquidation. This is testimony to the efforts of programme staff who endeavoured to ensure partners were well informed of HACT procedures. This was also complemented by ongoing training undertaken by UNICEF, apart from the standardised approach to HACT training offered by other UN agencies.

UNICEF continued to support the Ministry of Health and Social Welfare (MoHSW) in drug
procurement as well as training and resources to support the treatment of SAM. In 2014, there were no stock outs of Ready-to-Use-Therapeutic-Food (RUTF) and systematic training and supervision of Integrated Management of Acute Malnutrition (IMAM) was conducted thanks to the hiring of a full time nutrition consultant. This also strengthened nutrition services in the entire country.

UNICEF played an important role in leading initiatives in disabilities, quality in schools, and specifically in 2014, ECD, which is now firmly on the Ministry of Basic and Secondary Education’s agenda. UNICEF also played a critical role in supporting the construction of basic cycle classrooms and sanitation blocks, following demand created by the elimination of school fees for parents.

EVD preparedness work positioned UNICEF to be a key partner of the MoHSW where the timely and targeted preparedness activities have been critical in getting the country to an acceptable level of preparedness. The preparedness work also positioned UNICEF as the largest contributor to the preparedness funding, whilst maintaining WHO as the UN lead on technical matters.

In 2014, UNICEF also worked closely with the Office of the President and worked proactively as part of the UN family in driving closer cooperation for the Policy Analysis Unit, the body responsible for partnership agreements, including UNICEF’s CPAP. Links were made with the First Lady through her ‘Operation Save the Children Foundation’, which aims to combat hunger, violence and illness among Gambian children.

Human Rights-Based Approach to Cooperation

UNICEF worked assiduously in 2014 to strengthen concepts around rights-based approaches to cooperation, focusing on child rights and concepts enshrined in the CRC.

There were some gains, notably in education, social policy, child survival and child protection. In education, school fees were eliminated through the School Improvement Grant (SIG), which has in turn driven demand for schooling. UNICEF supported the Ministry of Basic and Secondary Education to address shortfalls in physical infrastructure and worked to improve school standards in light of a marked increase in school enrolment. The elimination of school fees will also extend to secondary education for the next educational year, 2015/16.

A dichotomy exists whereby at an operational and field level, children’s rights and rights within the context of development are well understood and progress is steady.

Gender Mainstreaming and Equality

Gender equality was a key component of UNICEF’s work in the Gambia in 2014. UNICEF continued to support Government through the Women’s Bureau in its advocacy efforts for gender equality in the country at both policy and programme-specific levels.

In 2014 UNICEF intensified its efforts to fight against gender based violence, which continued to be highly prevalent and accepted in the Gambia. With the last Multi Indicator Cluster Survey (MICS) of 2010 and Demographic Health Survey (DHS) of 2013 both showing a high prevalence and acceptance rate of FGM/C and wife beating, UNICEF Gambia continued to collaborate with a broad range of stakeholders, including government departments, UN agencies and NGOs, to address these issues both at the policy and programmatic levels. The C4D Section collaborated with the Child Protection Section on a Communication Strategy to address wife beating, with
emphasis on social mobilization and behaviour change communication, using a social norms approach.

With the overwhelming evidence that girl’s education is a powerful transformative force in achieving gender equality, gender specific interventions were conducted in the education programme through the Gender Training Manual to increase and improve educational opportunities especially for the most vulnerable girls. The International Day of the Girl Child in October provided an excellent opportunity for UNICEF to work closely with the government to both advocate with policymakers and engage communities to create a demand for the education of girls by addressing discriminatory social norms that prevent girls from meaningfully participating and completing school.

Environmental Sustainability

Through Early Warning Early Action (EWEA) tools and other risk assessment, UNICEF identified flooding, strong wind and erratic rainfall as key environmental and climatic issues that might affect the lives of children in the Gambia. As such, a number of environmental sustainability concerns have been considered, one of which relates to water pollution. In 2014, UNICEF supported a massive community awareness campaign on ending open defecation in 400 communities in the Upper River, Central River, Lower River and North Bank regions to reduce the risk of contaminating their environment with human faeces.

UNICEF continued to advocate for an effective policy to be developed to regulate all activities related to the development and use of water resources. A National Water Resources Management Authority Bill was developed and validated. UNICEF supported the Directorate of Basic Education to improve environmental sanitation and protection practices in 30 schools in the Central River and Upper River regions. Environmental clubs were established and capacities built in 30 schools to help improve and maintain a clean school environment and to conduct outreach activities on environmental protection in their respective communities.

The UNDAF 2012-2016 outcome “Environmental Sustainability and Disaster Risk reduction systems and services operationalized” includes specific outputs on low carbon emission and climate resilient development strategies (under the leadership of UNDP), and on climate change and disaster risk reduction information systems and coordination. UNICEF continued to participate in the implementation of this UNDAF outcome.

Effective Leadership

In early 2014, UNICEF Gambia held a highly productive retreat, following the appointment in the second half of 2013 of a new Representative, Deputy Representative and Operations Manager.

UNICEF Gambia had some unexpected changes in management when the Representative took early retirement following an extended period out of the office on sick leave. The Deputy Representative became the Acting Representative for a period of five months and was fulfilling the representation and UNCT roles as well as managing the programme department during the In-Depth Review.

In 2014 UNICEF worked to strengthen resource mobilisation and took a more proactive approach in funding posts and programmes. A National Committee (NatCom) committed to fund a full time nutritionist, currently under recruitment. Funding proposals reaped benefits, particularly in CSD and Education.

As part of the Global Share Service Centre (GSSC) initiative, UNICEF Gambia realigned some
posts during the course of 2014 where there is more onus on fundraising to support programming.

Management worked closely with the Local Staff Association (LSA) in 2014, driving toward greater accountability and ensuring that UNICEF remained partner of choice for donors and implementing partners.

Management also was engaged with the UNCT and the implementation of the UNDAF. In 2014 the PCG was strengthened and the Mid Term Review (MTR) of the UNDAF brought some clear guidance on what needs to improve and where UNICEF can take further advantage of strong partnerships within the UN family.

### Financial Resources Management

UNICEF Gambia set clear priorities in its Annual Management Plan (AMP) during the staff retreat. Key decisions were taken in 2014 by the Country Management Team (CMT) toward the rationalization of operating costs. The Standard Chartered Bank electronic banking (S2b) platform and module in VISION was used for almost all payments, which significantly reduced the risk for any foreseeable fraud and delays in payments.

UNICEF Gambia performed well on key indicators: 100 per cent utilization of Institutional Budget (BMA) and 90 per cent of Regular Resources (RR) allocated in 2014 was spent.

The planning of trips remains a challenge. However, an emphasis will be put on travel plans in 2015. The HACT working group was quite active this year, and was chaired by UNICEF. A UN joint HACT training was organised on the 2014 HACT framework involving more than 100 partners, including the National Audit Office (NAO). UNICEF organized another training intended for its direct partners. A micro-assessment of new partners and partners that were not assessed is being conducted by a private firm. Spot-checks were done regularly for partners receiving between US$50,000 and US$100,000.

### Fund-raising and Donor Relations

Fundraising continued to be a challenge in the Gambia in 2014. Only the European Community (EC) has a donor office in the country and the very limited donor presence brands the country a ‘donor orphan’.

UNICEF Gambia continued supporting government partners with proposal development and engaging coordination mechanisms for multi-donor trust funds such as the Global Fund for HIV, malaria and TB; GAVI for immunizations, and the Global Partnership for Education (GPE) for education.

Fundraising efforts for other resources (OR) were intensified, such as capitalizing on every funding opportunity, including, but not limited to, holding dialogues with potential donors, organizing national field visits for NatComs, submitting timely and quality proposals and two-page concepts to interested donors, and ensuring that 100 per cent of donor reports were submitted on time.

Through these efforts, in 2014 UNICEF Gambia succeeded in mobilizing approximately 22 per cent (US$3,549,349) more than the planned OR ceiling of US$2,905,200 for programmes, with support from various funding sources, including the NatComs (the biggest funders), Headquarters (HQ), ECHO, GAVI, CDC, Unilever, and the US Agency for International
Development (USAID).

Due to the late arrival of more than a third of the mobilized funds, only 37 per cent (US$1,302,967) of OR was absorbed by 31 December. Consequently, a total of US$2,246,381 (63 per cent) of unused OR will be rolled over to 2015.

**Evaluation**

The 2014 Integrated Monitoring and Evaluation Plan (IMEP) was finalized and shared with the Regional Office early in the year. 2014 was the midpoint of the Country Programme and UNICEF Gambia focused a lot of its efforts on the proceedings of the mid-term review. An Impact Evaluation of the Tostan Community Empowerment Programme was planned for 2014. The terms of reference was drafted along the United Nations Evaluation Group (UNEG) guidelines and comments were received from the Regional Office as well as the implementing partner, TOSTAN. The consultations and feedback received served as a reference point on the expectations of the Evaluation. The recruitment of the consultant was finalized in 2014. It is anticipated that the evaluation will be completed in early 2015.

UNICEF Gambia developed and used Standard Operating Procedures (SOP) on evaluations which was drafted with close reference to the recently revised Evaluation Policy. This ensured that when evaluations are conducted, objectivity is guarded and the risks of partiality are minimized. Consultancies are put through strict Contract Review Committee rules and regulations and the approval of their product goes through several checks and balances to avoid favouritism.

Sharing the 2013 Forum for African Women Educationalists (FAWE) evaluation findings and recommendations with the Ministry of Basic Education provided UNICEF an opportunity to dialogue and strategize on concrete actions with the Ministry to implement awareness creation activities on the importance of allowing girls to proceed up to senior secondary school. Such activities include intense communication intervention in rural communities to increase enrolment and retention rates for girls.

During the preparation of the 2014 work plan, recommendations from the evaluations that were conducted in 2013 were shared with partners and activities were identified.

**Efficiency Gains and Cost Savings**

In 2014, UNICEF chaired the UN Operations Management Team (OMT), which is composed of all UN agencies, including the International Monetary Fund (IMF) and WB.

UNICEF Gambia shared the UN complex with other agencies and contributed the second highest amount to costs (25 per cent). UNICEF contributed to influencing the 2014 budget for transaction cost reduction and held a joint procurement with UNDP for fuel and the installation of a fibre optic link and signed 2-year Long term Agreement (LTA). LTAs for common services, namely security, cleaning and gardening, were also signed, resulting in shorter work processes and cost reductions. A joint UN LTA for travel and other supplies and services is being processed to start in 2015.

For 2014, costs for the rent and maintenance of the premises were US$86,925, while dispensary and security costs were US$18,391 and US$32,772, respectively. These amounts were covered by the support budget and cross-sectoral (CS) funds. Savings made in the 2013 budget represented 5 per cent of the total budget, which was re-credited to the 2014 budget,
bringing it down to a total of US$135,379.

The UN Dispensary is governed by the UN Dispensary Management Committee (DMC), chaired by WHO and reporting to UNCT. The OMT Chair sits on the UNDMC. An assessment of the UN Dispensary was done in 2014, led by the UNDMC and WHO.

Four sub-committees under the OMT (Finance, ICT, HR and Procurement) were responsible for helping the OMT look at documents such as quarterly audits on CS activities, proposals/LTA, draft MoUs, and leases in technical areas. In 2014, as part of OMT retreat recommendations, the UNCT worked toward UN coherence and adopting the DaO as self-starter. A training on business operating strategies is planned for all PCG and OMT members in early 2015.

Supply Management

Supply continues to play a pivotal role in the country programme (CP). The supply plan was developed in collaboration with programmes and was monitored on a quarterly basis. UNICEF Gambia maintained a deadline of the end of July for all offshore orders.

UNICEF continued to work closely with government counterparts in ensuring that supplies were cleared from the ports upon arrival in the country. Supplies received in partner warehouses were closely monitored to ensure that they were delivered to the end users.

A three-year LTA for fuel, with a good discount from the standard price, contributed to some cost-savings. The local market witnessed a significant closure of business, which continued to be a major challenge for local procurement.

Joint spot checks were conducted to confirm supply materials were delivered in government warehouses.

The Supply section actively supported the Ebola Logistics team in providing the required supply input for the development of the country Ebola preparedness plan. Contingency supplies for Ebola were procured locally and offshore with the support of Supply Division (SD).

Procurement Services were maintained with a turnover of US$3.8 million, an increase compared to 2013.

The Supply Assistant participated in the UN procurement committee and the selection and contracting of suppliers for various common services and supplies.

The Contract Review Committee met nine times to review submissions for recruitment of services and procurement of goods.

Security for Staff and Premises

The UN System in the Gambia is composed of 14 UN agencies, funds and programmes. Most of the UN agencies (UNDP, UNICEF, WFP, UNFPA, UNAIDS, UNV, DSS, WB and IMF) are housed in the UN House, a common premises in Cape Point. UNHCR, WHO, FAO, UNOPS and IOM have their own separate offices (IOM is included for the purpose of security by way of global agreement).

A country security plan was adopted on 28 August by UNDSS in New York. The security arrangements and procedures contained in the security plan were implemented by various
actors. In all circumstances, the host country is responsible for ensuring that UN staff, programmes and assets are protected against potential threats.

In 2014 the UN placed an emphasis on the reinforcement of the security of the premises and a better preparedness for emergencies. The total budget for common security was US$143,494, an increase of US$78,326 compared to 2013.

A fire drill exercise was organised and a training was conducted for all wardens and agency security focal points on UN security staff awareness and first aid training.

**Human Resources**

In 2014, a Programme and Budget Review (PBR) exercise was conducted for all offices in the perspective of the GSSC. During this exercise, the structure was realigned taking into account the exigencies of organization in terms of efficiency and effectiveness. UNICEF Gambia contributed to the GSSC and also safeguarded all positions by securing funding of the administrative assistant position under RR and generating savings which were re-allocated to the non-post costs under the IB. The structure/organogram was established for programme and operations with a total of 29 established positions.

The office made conscious efforts to reach gender parity, with a staff ratio of (14/13) (Female/Male respectively).

Two posts in Operations were filled in 2014. Recruitments are ongoing for two retiring staff. An international TA: Nutrition specialist, and a temporary appointment: Nutrition officer, are being recruited. Some consultancy contracts were raised in various fields.

Staff members are now preparing for the final performance discussion between supervisors and supervisees. There are no outstanding performance appraisals from previous years.

Management maintained an open dialogue with the LSA through the Joint Consultative Committee (JCC), resulting in good communication between staff and management. The Staff Morale action plan reduced the number of meetings to allow staff more time to concentrate on their respective assignments.

The Office Learning Plan implementation was monitored by the CMT; it included group training and individual training. The LDC committee served as an advisory body to the Representative and coordinated the assessment of the office learning/training needs and monitored the implementation of learning/training and career development plans. In 2014, the Regional Office (RO) provided funds for the English language course for two staff. The RO also funded the Rosetta Stone French online courses for six staff, but only one was eligible based on the criteria of performance.

Although UNICEF Gambia does not have an official stress management committee, a focal point was appointed as Peer Support Volunteer for stress management, who was also the Ethics focal point. She provided support to staff members in case of any stress related issues. In 2014, one HIV/AIDS training was organized jointly with the joint team on HIV/AIDS and sister agencies, and all staff participated.

The balance of annual leave for staff members is still a challenge. Staff members with accumulated leave days were encouraged to take leave. Missions contributed to building staff
capacity and exposing them to other offices’ best practices. The Finance Assistant benefitted from a support mission to the Djibouti office for three weeks.

**Effective Use of Information and Communication Technology**

UNICEF Gambia used the Lync conference call tool in recruiting efforts, which allowed all the parties to take part in the interviews regardless of location.

The Lync tool also allowed colleagues to share presentations during calls, facilitating the sharing of data and information.

UNICEF Gambia has a Facebook page to foster stronger advocacy and awareness-raising across all cohorts of society, better coordination for maximum impact, increased innovations for children, strengthened knowledge including data, and additional and complementary resources. Human interest stories were posted on the office website, which gave them greater visibility and helped in raising funds. The website is linked to both the Facebook page and to the global UNICEF donation portal.

The introduction of team viewer made it possible for the ICT assistant to efficiently and effectively support staff in the office as well as to support colleagues outside the office.

The ICT Assistant was involved in Information Technology for Development (IT4D) and attended most of the programme meetings. The job description was reviewed to include additional responsibilities in the area of IT4D. Beginning in 2016, the post will be funded from RR under the Cross-sectoral/Programme delivery output.

**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 supported the development of the 2014-2020 Health Sector Strategic Plan. Although the plan is yet to be costed, the health stakeholders’ steering committee has been revived to guide the implementation and monitoring of the plan once finalized. The Ebola (EVD) epidemic in the sub-region prompted the need for a coordinated preparedness and response strategy. UNICEF and WHO provided technical and financial support to the Government’s EVD preparedness and prevention efforts and met regularly for technical consultation. As a result, a national EVD Plan was developed and validated by stakeholders. Essential WASH supplies were prepositioned and hand washing was institutionalized at nine critical border entry points. Communication and social mobilization on EVD reached more than 800 communities.

At the service delivery level, UNICEF continued to support interventions to address bottlenecks that were identified in the health sector bottleneck analysis conducted in 2012. Additional drugs and supplies were provided on an annual basis to 228 Primary Health Care (PHC) villages in the Central River and Upper River regions (CRR and URR), reaching 4,622 children with diarrhoea and 6,531 with pneumonia (RHT reports, 2014). UNICEF continued to provide financial and technical support to the roll-out of the Integrated Management of Acute
Malnutrition (IMAM). A total of 90 health workers were trained in inpatient management of severe acute malnutrition using the IMAM approach, and the number of health facilities implementing IMAM activities increased from 14 to 19. A total of 3,921 children with severe acute malnutrition were admitted for treatment and 1,892 were discharged from the programme. Of the discharged children, 90 per cent were cured, 5 per cent died and 5 per cent defaulted from the programme (IMAM database, 2014).

The Early Infant Diagnosis testing of infants born to HIV positive mothers started for the first time in the country and 44 infants were tested for HIV, all of whom tested negative (PMTCT reports, 2014). Access to improved water supply and basic sanitation was scaled-up in 26 rural schools in the CRR and URR, benefitting approximately 10,000 pupils. Water sources in 102 programme for improved quality standards in schools (PIQSS) schools benefitting 30,600 pupils were chlorinated to reduce the risk of waterborne diseases among school children, contributing to higher school attendance in the 20 targeted districts.

UNICEF supported a consultancy for the Effective Vaccine Management assessment which assessed strengths and weaknesses across the vaccine supply chain. The cold chain was also strengthened to increase the capacity of vaccine storage by procuring refrigerators, freezers and spare parts for the cold room. UNICEF provided technical and financial support for the submission of the Measles and Rubella vaccine as well as the Health Systems Strengthening proposal developments. The HPV demonstration project was launched by the First Lady to protect adolescent girls against cervical cancer. Two rounds of polio national immunization days (NIDS) were conducted; one integrated vitamin A and deworming.. Round 1, which integrated vitamin A and deworming, reached 99.7 per cent of the 416,740 target children, and round 2 reached 102.9 per cent, further protecting children under 5 from mortality (EPI 2014 Campaign data).

UNICEF supported the implementation of Seasonal Malaria Chemoprevention (SMC) in CRR and URR, targeting 68,484 children between the ages of 3-59 months. A total of 64,400 children were reached with SMC drugs for prevention of malaria (SMC campaign reports). Capacity building and supplies were procured for the management of maternal complications and newborn care and 112 health workers were trained in Emergency Maternal, Newborn and Child Health (EMNCH) in URR and CRR (RHT reports). UNICEF supported an assessment of integrated management of Neonatal & Childhood Illnesses (IMNCI) at health facility level, which identified areas that need to be improved for effective IMNCI treatment, including capacity building and supplies. UNICEF will support the Ministry of Health and Social Welfare (MoHSW) to address some of the gaps identified.

UNICEF was an active member of the Global Fund Country Coordinating Mechanism (CCM). UNICEF participated in the development of the HIV concept note and will participate in the development of the Malaria proposal in 2015.

Coordination within the sector remained a challenge and UNICEF and other partners worked with MoHSW to harmonize programmes.

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

**Analytical Statement of Progress:**
The revitalization of Primary Health Care (PHC) is a key strategy in the 2014-2020 Health Sector Strategic Plan. The health sector bottleneck analysis and government assessment of community health services revealed that the PHC strategy and community structures to support
PHC were weak and non-functional. Shortages of drugs, medical supplies, and lack of capacity for village health workers (VHW) were among the bottlenecks hindering PHC revitalization. Since 2012, UNICEF has supported the government to revitalize PHC for equitable access to health care. In addition to the 71 VHW that had been trained since 2012, 35 VHW were retrained in case management of diarrhoea, pneumonia, and malaria at community level, resulting in timely treatment and reduced mortality in children under 5. UNICEF also procured additional drugs for the treatment of childhood illness, 4,622 children with diarrhoea and 6,531 with pneumonia were treated (RHT reports). In order to strengthen the community structures to support PHC, 312 Village Development Committee (VDC) members covering 39 PHC villages were sensitized on the important role VDCs play in the upkeep of the PHC system, as they are the entry point for any development of the community. UNICEF supported the procurement of identification cards for VHWs and Traditional birth attendants.

Supportive supervision of health service delivery at district and community level by the Community Health Nurses (CHNs) was enhanced with support from UNICEF, which resulted in timely reporting of both Health Management Information System (HMIS) and Logistics Management Information System (LMIS) data. Data gaps remain in the indicators collected by HMIS, as it does not capture the community level data needed for programme monitoring. Coordination mechanisms for PHC revitalization at the central level remain a challenge. Coordination for the health sector remains high on UNICEF’s agenda for 2015.

OUTPUT 2 Universal immunization, Deworming and VAS by 2016.

Analytical Statement of Progress:

In 2014, the HPV demonstration project was launched in the Western Coast Region by the First Lady. More than 95 per cent of the Grade 3 school and out-of-school girls targeted were reached (EPI admin data, 2014). The vaccine provides protection to adolescent girls from cervical cancer, the most common cancer in women in the Gambia.

Two rounds of polio campaigns were conducted; one of which integrated Vitamin A and de-worming. The campaigns used the house-to house strategy coupled with effective communication and social mobilization activities. On average, 70 per cent of parents were aware of both campaigns before the arrival of the vaccination teams. Round 1, which integrated vitamin A and deworming, reached 99.7 per cent of the 416,740 targeted children, and round 2 reached 102.9 per cent, thus further protecting children under 5 from mortality (EPI polio campaign report, 2014).

UNICEF leveraged resources to expand the cold chain by purchasing refrigerators, freezers, and spare parts for the cold room at central level, further enhancing storage capacity as well as preserving the quality of the vaccines delivered.

UNICEF also provided technical and financial support to the preparation of a proposal for GAVI to support health systems strengthening, as well as for measles and rubella vaccines, government financing of traditional vaccines and injection material and co-financing of new vaccines. Due to this consistent support, there were no vaccine stock-outs or default on co-financing obligations in 2014.

OUTPUT 3 Comprehensive package of high impact health and nutrition interventions delivered in the 20 targeted districts by 2016.
Analytical Statement of Progress:

UNICEF continued to support the Government of the Gambia in delivering high impact health and nutrition interventions as part of efforts to significantly reduce under-5 mortality. The IMAM roll-out continued, with 90 health workers trained in inpatient management of SAM. Drugs for the treatment of SAM were procured and support was provided to expand the number of IMAM sites from 14 to 19. Of the 3,921 children with SAM admitted for treatment, 1,892 were discharged, of which 90 per cent were cured, 5 per cent died and 5 per cent defaulted from the programme (IMAM database, 2014).

UNICEF supported the National Nutrition Agency (NaNA) to revitalize the IMAM technical working group and the Nutrition Technical Advisory group, which are both coordinating bodies. IMAM job aids and a database were developed; the database is being piloted and will be rolled out in 2015.

With UNICEF support, NaNA and other partners intensified efforts to increase coverage for household consumption of iodized salt and Vitamin A through various strategies, including Social and Behavioural Change Communication and the provision of supplies. Salt plants were procured to iodize locally harvested salt, but due to lack of HR capacity in country, they could not be assembled. Training in its assembly and use will be a priority in 2015.

The capacity of 112 health workers in the Upper River and Central River regions (URR and CRR) was strengthened in EMNCH to effectively manage maternal complications and provide new-born care. A – prevention of mother to child transmission (PMTCT) bottleneck analysis and costed plan were developed in 2013 and supported fundraising to procure Early Infant Diagnosis (EID) test kits. Consequently, EID was conducted for the first time in December 2014, and all 44 babies born to positive mothers that were diagnosed tested negative (PMTCT reports).

UNICEF participated in the preparation of the 2014 Malaria Indicator Survey and leveraged funding for the implementation of SMC, during which 64,400 children aged 3-59 months in CRR and URR were reached with SMC drugs (SMC 2014 campaign report). An assessment of IMNCI at health facility level was conducted, identifying capacity building and supplies as areas to improve for effective IMNCI treatment.

UNICEF will continue strengthening management support in MoHSW to improve service delivery in 2015.

OUTPUT 4 WASH services delivered, utilized and maintained in 200 PIQSS schools and selected communities in the 20 targeted districts.

Analytical Statement of Progress:

UNICEF, in collaboration with other development partners, continued to support the Government water sector reform programme with the aim of improving coordination and regulation of all activities related to development and use of water resources. An analysis of the institutional setup and legal framework of the water sector was conducted and the results were used to develop two bills: The Gambia Water Bill and The National Water Resources Management Authority Bill, September 2014.
As a result of the ongoing advocacy, the Government displayed strong commitment at the 2014 Sanitation and Water for All high level meeting to increase political prioritization, financing, visibility and coordination for water, sanitation and hygiene (WASH). An allocation of 0.4 per cent of the national budget was made to water sector development programmes (National Budget Estimates, 2014). The in-country water sector partnership forum remained active and supported water sector in-country donor coordination meetings. Biannual sector review meetings were organized by the WASH Multi-sectoral Working Group for sector partners to engage in dialogue and share information. Through this effort, a monitoring and reporting template was developed for quarterly reporting of partners’ activities to avoid duplication and maximize synergies.

Despite the above, coordination remained weak and was further compounded by limited budgetary allocations. The communication and flow of data between WASH sector partners was weak due to availability of limited data. A comprehensive WASH bottleneck analysis is planned for 2015 and advocacy is ongoing to integrate WASH indicators in the Health and Education Information Management System.

Access to improved water supply and basic sanitation was scaled up in 26 rural schools in the Central River and Upper River regions (CRR and URR), benefitting approximately 10,000 pupils. Water sources in 102 PIQSS schools benefitting 30,600 pupils were chlorinated to reduce the risk of waterborne diseases among school children, contributing to higher school attendance in the 20 targeted districts. A total of 60 teachers, education cluster monitors and health workers were trained on tippy tap construction and hand washing promotion. Through this effort, hand washing was institutionalized in 60 schools.

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:
With technical support from WFP, UNICEF and Office for the Coordination of Humanitarian Affairs Office for the Coordination of Humanitarian Affairs (OCHA), a two-year national Multi-hazard Contingency Plan (2014-2016) was developed and validated. The flood component of the plan was simulated and readjusted to improve the gaps identified during the simulation exercise. This was followed by the development and validation of contingency plans at all seven administrative regions.

The Humanitarian Country Team developed a Humanitarian Needs Overview and a Strategic Response Plan which were used for resource mobilization to respond to the food/nutrition crisis, disease epidemics, conflicts and natural disasters in 2014. UNICEF secured funding from ECHO, the French NatCom and CERF for continuation of the 2013 integrated nutrition interventions, and the prevention and treatment of underlying childhood diseases. A total of 64,400 children between the ages of 3-59 months in CRR and URR were reached with Seasonal Malaria Chemoprevention (SMC) drugs for prevention of malaria (SMC 2014 campaign report) and 2,669 children with SAM were reached with therapeutic care and hygiene messages (IMAM database and RHT reports).

The geographic proximity of the Gambia to Ebola Viral Disease (EVD) Epidemic, together with extensive population movements across porous borders, put the Gambia at risk of the virus. UNICEF and WHO provided both technical and financial support to the Government’s EVD preparedness and prevention efforts and conducted regular technical consultative meetings. As a result, a national EVD Plan was developed and validated by stakeholders. An inter-ministerial
EVD task-force was established for coordination, and six technical subcommittees were also set up to plan and implement EVD activities. UNICEF led the WASH, education, communication and social mobilization efforts on EVD. Approximately 875 villages (out of 1,850), 175 traditional healers, and 225 religious leaders were reached with messages on EVD and community based radio stations were supported to ensure that EVD messages were broadcast within the rural areas. Essential WASH supplies and PPEs were prepositioned in all the high risk areas, water facility in one of the critical border post was repaired, and a water storage tank was installed in the central Ebola Treatment Centre. A school EVD preparedness plan was developed and implemented, reaching approximately, 498,500 school children, 15,000 teachers, and 20,000 community members. As of 31 December, 2014, no confirmed case of EVD was reported in the Gambia.

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:
UNICEF continued supporting the Directorate of Health Promotion to scale-up key household behaviours. In order to create demand for basic health care services and improve child care practices in the 20 vulnerable districts of the country, 43 multi-disciplinary facilitation teams from the fields of community development, health, education, livestock services and forestry were trained as trainers of trainers in Upper River Region South and one of the districts in North Bank Region East. These change agents in turn engaged and equipped 620 village support group (VSG) members, representing 18 per cent of the targeted 3,480 VSG members with knowledge, skills and relevant communication materials to engage families on the promotion and practice of the following key household behaviours: exclusive breast feeding for at least sixmonths, hand washing with soap at critical times, use of oral rehydration solution/salt sugar solution (ORS/SSS) to manage diarrhoea, use of Insecticide-treated net (ITNs) to prevent malaria, early health seeking behaviour for pneumonia and household water treatment. This was complemented by 144 interactive radio programmes on the promotion of key household behaviours, which were executed in five community radios across the Central River, Upper River and North Bank regions, reaching more than 96,000 caregivers.

The emergence of EVD in the sub-region reinvigorated the Communication Task Force (CTF) under the stewardship of the Directorate of Health Promotion and Education. This created space for the CTF to review communication efforts geared toward building the capacities of the communities for basic health service utilization as well as to improve child care and messaging for EVD.

Output 1 75 per cent of care givers 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:
The emergence of the Ebola Virus Disease (EVD) in the sub-region reinvigorated the Communication Task Force (CTF) under the stewardship of the Directorate of Health Promotion and Education. This created space for the CTF to review communication efforts geared towards building the capacities of communities for basic health service utilization as well as to improve child care and messaging for EVD.
To create demand for basic health care services and improve child care practices in the 20 vulnerable districts of the country, 43 multi-disciplinary facilitation teams from the fields of community development, health, education, livestock services and forestry were trained as trainers of trainers in Upper River Region South and one of the districts in North Bank Region East. These change agents in turn engaged and equipped 620 village support group (VSG) members, representing 18 per cent of the targeted 3,480 VSG members with knowledge, skills and relevant communication materials to engage families on the promotion and practice of key household behaviours. These include exclusive breast feeding for at least six months, hand washing with soap at critical times, use of ORS/SSS to manage diarrhoea, use of ITNs to prevent malaria, early health seeking behaviour for pneumonia and household water treatment. Consequently, the total number of VSGs reached across the 20 intervention districts over the last three years increased from 1,980 to 2,600, representing 74 per cent of the target. Interpersonal communication interventions were complemented through 144 interactive radio programmes on the aforementioned practices across six community radios in the interventions regions. The 2013 DHS (published in 2014) revealed that the proportion of children exclusively breastfed up to 6 months increased from 33.5 per cent in 2010 to 47 per cent in 2013. Pregnant women sleeping under ITNs increased from 36.2 per cent in 2010 to 45.8 per cent in 2013 (MICS 2010 and DHS 2013). Similarly, children under 5 sleeping under ITN increased from 33.3 per cent to 49.5 per cent (MICS 2010 and DHS 2013). Use of ORT with fluids increased from 66.6 per cent to 79 per cent (MICS 2010 and DHS 2013).

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

Analytical Statement of Progress:

The Gambia is making bold moves to ensure improved sanitation for its citizens and realize Open Defecation Free (ODF) communities by 2015. UNICEF continued to provide strong technical and financial support to the Government to realise the national goal of ending open defecation (OD). Micro planning exercises were conducted at national and regional levels which led to the creation of an up-to-date database on OD communities, facilitators, natural leaders and the availability of household latrines, using a common template. A national community led total sanitation (CLTS) triggering campaign was undertaken and a total of 400 communities were reached in rural areas. Through such targeted approaches, much progress has been made in reducing OD in rural areas where the rates are high. OD rates have dropped from the 5.1 per cent baseline in 2012 to 3.5 per cent in rural areas in 2013 (MICS 2010 and DHS prelim report 2013). This means that many people are now residing in ODF communities in rural areas where OD is high. A total of 145 communities, with an estimated population of 19,737 people, were certified ODF, and an additional 300 triggered communities were verified as ODF and will be certified in 2015 (CLTS data base, 2014).

The district level celebrations of ODF certified communities were attended by regional governors, senior local government officials and district chiefs. The ODF celebrations mobilized community members and local leadership in the nation’s drive to attain an ODF status. Some NGOs such as ADRA and ADWAC have also adopted the CLTS approach. Concern Universal and African Development Bank (AfDB) supported a WASH project that promoted community triggering. Through them, a total 1,015 households have gained access to improved sanitation, benefitting 20,300 people.
Despite the progress registered, there are still bottlenecks to achieving an ODF status in 2015, especially with the unavailability of trained facilitators in some areas. A total of 150 facilitators will be trained in 2015 and monitoring and follow-up will be strengthened. The sanitation sub-committee will also focus on advocacy and social mobilization for the promotion of total sanitation as a social norm.

**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:**

Many partners supported UNICEF’s work in improving basic education, including local NGOs such as FAWEGAM and Future in Our Hands; the GPE Local Education Group (LEG) and the Ministry of Basic and Secondary Education (MoBSE).

The key indicators of this outcome relate to performance in the National Assessment Test (NAT) and the Early Grade Reading Assessment (EGRA). UNICEF’s specific contribution was mainly at downstream level, focusing on the implementation of the Programme for Improved Quality Standards in Schools (PIQSS). This strategy focused on four areas of quality improvement: school environment and management, teaching and learning, learner’s welfare, and sustainable community participation. The PIQSS was implemented in 90 schools and was seen to be an effective strategy by the MoBSE in the overall improvement of learning outcomes for children.

The development of a national training plan and the implementation of the in-service training activities at both the Gambia College and in the schools resulted in improving the knowledge and teaching skills of more than 150 teachers in EGRA using the Jolly Phonics and Serholt Early Grade Reading Assessment methodologies. Children’s performance in letter recognition, letter sound, blending and basic reading has improved. Improvement in student’s performance in EGRA was noted in the following domains: Letter Sounds: between 60 and 70 per cent of pupils in Grade 1 had mastered the 42 letter sounds by Term 3; Blending: children were able to sound out individual letter sounds and put them together to form a word; Reading Skills: approximately 30-40 per cent of pupils in Grade 2 and approximately 50-60 per cent of those assessed in Grade 3 were able to read short sentences with little difficulty. This represented a great improvement over last year’s performance, where, on average, only 46 per cent of the children were able to read.

UNICEF’s specific contributions to the improved NAT results were through the provision of educational supplies and the training of teachers in child-centred methodologies in PIQSS schools. Performance in NAT in the UNICEF-supported regions showed the following improvements: in the Central River Region (CRR), Grade 3 increased from 36 per cent pass in 2013 to 39 per cent in 2014; in the Upper River Region (URR) Grade 5 increased from 40 per cent pass in 2013 to 42 per cent pass in 2014. These incremental achievements are significant considering the fact that in 2007 the average performance of children in the early grades in reading was zero.

According to the Education Management Information System (EMIS), the national Primary Completion Rate in 2014 is 73.4 per cent (Boys: 73.3 per cent, girls: 73.6 per cent), an improvement over the 2013 rate of 70 per cent. Specifically, the rates in CRR and URR were: CRR – 40.7 per cent (Boys: 34.3 per cent, Girls: 46.8 per cent) and URR – 53.5 per cent (Boys: 58.4 per cent, Girls: 48.8 per cent). These figures represent significant improvements over the 2010 figures of 24 per cent in CRR and 18 per cent in URR.
In the ECD school readiness initiative, UNICEF supported all the ECD annexed facilities in the 30 new PIQSS schools, providing teaching and learning materials including the ECD Kit, and supporting the training of the facilitators. This support, coupled with the parenting education activities, is already impacting enrolment, attendance and retention in the Lower Basic Schools.

**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:**
UNICEF supported the Basic Education Sector Strategic Plan (2014 – 2023) that integrates the entire education sector from basic to higher and tertiary levels, a revised Education Policy informed by the results of an equity-focused bottleneck analysis, and a national disability study. In 2014, an assessment of the disability status of school children was conducted. The study established the number of school children with disabilities and the type of disability they had. The results of this assessment fed into the revision of the sub-sector policy on special needs education.

UNICEF support at upstream level focused mainly on provision of technical inputs into the finalization of a World Bank-funded Results for Education Achievement and Development (READ) project, worth more than US$16 million. This project, which is results-based, provides various opportunities for leveraging funding and coordination of activities at both upstream and downstream levels.

As the chair of the Local Education Group (LEG), UNICEF facilitated the review of the Global Partnership for Education (GPE) funding proposals and the Education Sector Mid-Term Plan (2013 – 2017). UNICEF also developed the Government’s pledging document for the GPE replenishment meeting in July 2014, which spelt out the Government’s commitment to providing more than 20 per cent of the national budget to the education sector annually.

**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:**
With support from UNICEF, the Ministry of Basic and Secondary Education developed an in-service teacher training policy. The training policy was finalized and a draft national training plan exists that will be validated in 2015. The major constraint experienced has been the inability to synchronize the training activities implemented and the follow-up on the efficacy of training, which needs to be strengthened in the coming years.

Modules on Early Childhood Development (ECD) and Child Protection were developed and fully integrated into the existing Primary Teachers Certificate (PTC) training curriculum at The Gambia College. In 2014, an additional 40 lecturers had their knowledge and skills updated to deliver the PTC curriculum with integrated modules on ECD and Child Protection issues.

Other training activities supported by UNICEF included the Early Grade Reading Assessment (EGRA) using the jolly-phonics methodology and the Serholt Early Grade Reading Assessment. A total of 150 teachers in PIQSS schools have acquired appropriate skills in both approaches and knowledge in early grade reading methodologies and are now applying those skills.
OUTPUT 3 By 2016, 200 Lower Basic Schools in 20 targeted districts implement the PIQSS package, including ECD.

Analytical Statement of Progress:
In 2014 the PIQSS package reached 90 schools in the UNICEF intervention regions of CRR and URR. Progress in 2014 on the four components of the PIQSS package included:

1. Improved school environment and management: 36 new classrooms with a capacity of 50 students each were constructed and fully furnished; 96 VIP toilets were constructed; and all new schools had environmental clubs established to ensure clean learning environment for the children;
2. Improved teaching and learning: More than 300 teachers are now applying improved teaching methodologies such as child centred teaching methods, the jolly-phonics and the gender responsive pedagogy; all 30 schools of the 2014 cohort were provided with adequate educational supplies and the 30 schools of the 2012 cohort were provided with supplementary supplies; the cost burden of education on parents was reduced and students’ attendance improved to about 80 per cent as a result; the improved performance in both the National Assessment Test and the Early Grade Reading Assessment testify to these improved learning achievements; and
3. Improved Children’s wellbeing: More than 90 teachers and 360 students from the 90 PIQSS schools acquired increased knowledge and skills on HIV/AIDS prevention and management; the 96 VIP toilets constructed and fitted with hand washing facilities encouraged both students and teachers to practice hand washing, which was seen as good practice in the prevention of the EVD threat.

As a result of these inputs, approximately 8,120 children (55 per cent girls) are directly benefiting from conducive learning environments (new classrooms, comfortable furniture and clean toilets.)

A nationwide child-to-child census was conducted in 2014 to determine the actual number of the 7-12 year olds that were out of school. The results of this study indicated that overall 76,108 children were out of school, representing 10.2 per cent of all school aged children in the country. This is an improvement over the 2010 figure of 29.1 per cent. It was also found that about 25 per cent of the out-of-school children were in the Central River Region and 21 per cent in the Upper River Region. These figures were still high and necessitate the intensification of communication and advocacy interventions to reduce the number in 2015.

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 & URR

Analytical Statement of Progress:
Despite the cancellation of the cash transfer scheme that UNICEF had planned to support to increase enrolment rates in the most deprived communities, much progress has been registered in enrolment, especially in the UNICEF intervention regions of Central River (CRR) and Upper River (URR). This progress was made possible thanks to the communication activities conducted by the Mothers’ Clubs and the Regional Education Directorates, and supported by UNICEF.

The Gross Enrolment Ratio (GER) for Lower Basic Schools nationally increased from 92.5 per cent in 2013 to 97 per cent in 2014 (EMIS, 2014). In CRR the GER reached 63.1 per cent (boys: 55.8 per cent, Girls: 70.5 per cent), and in URR 90.1 per cent (boys: 91.6 per cent, girls: 88.7
per cent) surpassing the target of 70 per cent set for URR. The Net Enrolment Ratio (NER) also improved, with CRR at 52.5 per cent (boys: 46.0 per cent, girls: 58.9 per cent), and URR at 69.1 per cent (boys: 69.3 per cent, girl: 68.8 per cent) showing good progress against the target of 75 per cent. The Net Attendance Ratio (NAR) for Lower Basic Schools also improved, to 86 per cent (National Census, 2013). The completion rates also significantly improved in 2014, with CRR at 40.7 per cent (boys: 34.3 per cent, girls: 46.8 per cent) and URR at 53.5 per cent (boys: 58.4 per cent, girls: 48.8 per cent) (EMIS 2014), compared to 24 per cent in CRR and 18 per cent in URR in 2010.

UNICEF contributed to these results through the construction of classrooms and toilets, advocacy and other communication interventions. In 2014, 36 new classrooms were fully furnished, and 96 VIP toilets were constructed in rural areas with UNICEF support. This enhanced the enrolment of at least 1,800 children and overall impacted the wellbeing of at least 8,120 children (55 per cent girls) in the 90 PIQSS schools that UNICEF is supporting in CRR and URR.

The home-grown School Improvement Grant (SIG), which was launched in September 2014 by the Government, substantially reduced the cost burden of education on parents and thus created the opportunity for increased enrolment, retention, re-entry of students who drop out, and availability of learning materials for improved performance. UNICEF’s provision of teaching and learning materials for the 90 PIQSS schools also contributed to improving the overall retention rates and quality of education in the schools.

While enrolment and completion are slowly improving, they are still affected by issues of early marriage and poverty.

OUTPUT 1 Cash transfer pilot scheme developed, implemented and evaluated for selected communities in the 20 targeted districts.

Analytical Statement of Progress:
This output was replaced with a new output, which states:

“By 2016, enrolment rates in CRR and URR increased by 2 percentage points through advocacy and community participation:

OUTPUT 2 The MoBSE staffs have capacities to plan, implement, monitor and report on disaster risk reduction and response in Education.

Analytical Statement of Progress:
In collaboration with National Disaster Management Agency (NDMA) and the Ministry of Basic and Secondary Education, 60 Education staff had their capacities strengthened in disaster risk reduction (DRR) in Education. The training provided for this group of Education personnel related to the concept of DRR, and how to plan for emergencies in education to mitigate effects of disasters, especially floods. An HNO/SRP was developed through a participatory process involving education sector partners and the other UN agencies. Plans are now being finalized to establish a working group for HNO/SRP on Education.

An EVD preparedness and prevention plan for schools was developed in collaboration with the Ministry of Basic and Secondary Education. Ebola prevention sensitization was conducted for schools. All the schools had their hand washing facilities revitalized and some schools had a new hand washing facility with soap provided. Hygiene education activities were reinvigorated in
the schools and there are indications of hand washing practices with soap by children and teachers alike. Such good practices have already started having a spill-over effect in the immediate communities where the schools are located.

**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:**

In 2014, the Child Protection (CP) system mapping and assessment was completed. The report was validated following inputs from UNICEF RO and consultations with child protection stakeholders and Ministries, Departments and Agencies (MDAs) as well as communities and CSOs. The assessment revealed major gaps in people’s understanding of CP, and that while many stakeholders carry some form of child protection work either at the prevention or response level, they do not fully understand their roles and therefore do not fully fulfil these roles and mandates in a holistic way. CP was still largely ad hoc, reactive and project-based with very little coordination. Many of the community members were not aware of the services and rarely used them, instead relying on indigenous mechanisms. The CP model is based on the British model with a lot of emphasis on residual services and less on prevention and transformation. The Mapping and Assessment concluded that the British model is not compatible for the Gambia and recommended a hybrid CP system which would be a mixture of the formal and informal mechanisms with referral linkages as well as linkages with the country’s nascent Social Protection system.

While there are CP laws and policies in place, the laws are largely not implemented. In addition to the 2005 Children’s Act, two other Acts came into force in early 2014: the Sexual Offences Act and the Domestic Violence Act, both of which have provisions relevant to the protection of children. The Assessment of the Capacity of the Department Social Welfare (DSW) was finalized and validated in early 2014. The assessment looked at the DSW’s structure, human, physical and financial resources, organization and management, target population reached, functional and technical capacity, understanding of Child Protection, financial management capacity, case flow and case management, documentation and M&E, and budget allocation for the CP programme. It identified major gaps in all of the above dimensions and also provided a baseline for future capacity strengthening efforts of DSW. The assessment revealed wide variation in the ratio of Social Welfare workers to the population: one social worker to 19,000 people in the Greater Banjul Area, one social welfare worker to 213,000 people in the Upper River Region, and a national average of one social welfare worker to 68,000 people. The output of the CP System and the DSW capacity assessment will be used to develop the CP Strategy to strengthen the CP system, develop a national CP Plan of Action and the DSW Capacity Building Plan of Action.

The development of the Social Protection minimum package was launched in 2014. The minimum package will include CP services such as birth registration, external care and support for OVCs, and social workforce capacity strengthening, all of which will enhance the CP system building as well as strengthen the linkage between CP and Social Protection.

UNICEF support to birth registration (BR) continued to make important gains. The DHS 2013 (published in 2014) showed that BR rates for children under five jumped from 52.5 per cent according to MICS 2010 to 72 per cent, representing a 20 per cent increase. This was achieved through a combination of BR campaigns and routine BR services, and by making BR Service
inter-operable with reproductive and child health services nationwide.

The Child Protection Alliance launched a report assessing Child Sex Tourism (CST) in the Gambia. The assessment was conducted within the framework of the (End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes (ECPAT)-EU. The assessment revealed that while awareness of CST issues was high in the country, there were major gaps in terms of action related to coordination, legislation and its enforcement, training, reporting, rehabilitation and research. The report found that the reporting system for CST and by extension other CP issues fell short of a well-functioning and credible mechanism.

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

Analytical Statement of Progress:
In 2014, the CP system mapping and assessment was completed. It was the first ever comprehensive system mapping and assessment carried out in the Gambia, and looked at the legal and policy environment, the structures, functions and capacities of MDAs, the services available and the coordination. The assessment revealed that while there are laws and policies and structures at all levels of the government, the laws are not fully implemented and the structures lack the requisite human, financial and physical resources. There are also major gaps in people’s understanding of CP, and while many stakeholders carry out some form of CP work, either at the prevention or response level, they do not fully understand their roles and do not fully fulfil these roles and mandates in a holistic way. CP was largely ad hoc, reactive, and project based with very little coordination. Services are concentrated in the Greater Banjul Area and not accessible to the people in the rural areas. Many community members are not aware of the services and rarely use them, instead they rely on indigenous mechanisms. The CP model is based on the British model with a lot of emphasis on residual services and less on prevention and transformation. It has no recognition of indigenous mechanisms for child protection. The Mapping and Assessment concluded that the British model is not best for the Gambia and recommended a hybrid CP system which would be a mixture of the formal and informal mechanisms with referral linkages and also linkages with the country’s promising social protection system.

The positive spin-off of the mapping exercise was that there were many consultations at a national level on CP issues and a systems approach, and it enhanced understanding and appreciation of a systems approach to CP as well as CP issues affecting children in the Gambia and the roles of each stakeholder in protecting children. The consultations during the mapping and the emerging consensus laid the foundation and provided a platform for the next phase developing a strategy and Plan of Action in 2015.

OUTPUT 2 By 2013, DSW/Min. 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:
During the 2014 In-depth Review, this Output was amended with a new completion date set for 2016.

An assessment of the capacity of the Department of Social Welfare (DSW) was finalized in 2014. The assessment also analysed the structure of DSW, its human resources, functional capacity, organization and management, physical resources, technical capacity, its understanding of public finance management, programme implementation, service delivery and
the target population reach. It also looked at case flows, caseloads and funding for the DSW programme from the government's annual budget and from UNICEF and other donors.

The assessment found major gaps and weaknesses in all these areas and provided recommendations on the way forward. It further showed that there are only a small number of social workers to cover the population, with approximately one social worker for every 68,593 people at the national level. The process also revealed that the majority of the population are not aware of the formal social welfare services and rely instead on informal community based mechanisms.

The assessment produced the first ever Child Protection Public Expenditure Review (CP-PER) database, which will serve as an important baseline for future CP-PERs. The assessment also provided data which could be used as a baseline for future programming in areas such as case flow, case duration, case report writing, case report filing, coordination, and the technical and functional capacity of DSW staff. These recommendations will form the basis of a Plan of Action to be developed in 2015 to strengthen the capacity of DSW.

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:
The core CP services provided with technical and financial support from UNICEF were birth registration, child justice services, external care and support for OVCs and response to violence, abuse and exploitation of children including corporal punishment in schools, sexual abuse and exploitation.

Birth registration made significant gains in 2014. According to the DHS 2013 (published in 2014) birth registration rates for children under five now stand at 72 per cent, up from 52.5 per cent in 2010. This increase was achieved through a combination of birth registration campaigns and routine birth registration, which was integrated into child Immunization services nationwide. In 2015, UNICEF will focus on developing and implementing a single register for child immunization and birth registration, to ensure that the majority of children are registered within the legal delay period of one month and to strengthen routine M&E for birth registration services.

Five hundred OVCs in URR and CRR were provided basic social services, which have enabled these vulnerable children to have access to education, nutrition and psychosocial support, thereby reducing their vulnerabilities to abuse and exploitation. A total of 117 caregivers and 35 home based care volunteers were trained on child protection, nutrition and hygiene for better protection of the vulnerable children.

Sixty Community Child Protection Committees and six Adolescent Neighbourhood Watch Groups were established nationwide. Training, retraining and orientation were provided for them. Many of them are doing frontline CP work at the community level such as carrying out sensitization on CP as a preventive strategy and on CP issues such as teenage pregnancies, early marriages and discrimination against disabled children.

As part of the strategy for integrating CP into the allied sectors of health and education, progress was made in health, with 66 health workers, including 10 doctors, 45 nurses and 11 community workers, trained on child rights and clinical management of child victims of sexual abuse. A total of 120,000 copies of the Child Sex Tourism (CST) brochure were printed and
distributed to respond to CST.

With UNICEF support, the following activities contributed to making the child justice system more functional and child friendly: training of Juvenile Justice actors; integration of Child Protection into Police training School; a national Juvenile Justice Forum; printing and distribution of the 2005 Children’s Act and After Arrest procedure; the functioning of the Juvenile Justice Committee; and the National Forum on Juvenile Justice

OUTCOME 6 Reduction of Violence abuse & 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:
Wife-beating, FGM/C and child marriages are the most pervasive forms of gender-based violence (GBV) suffered by girls and women in the Gambia. A number of organizations in the country, including NGOs, UN agencies and government departments, are working at various levels, including advocacy, legislation, service delivery, social mobilization and behaviour change communication, using a social norms approach, to address these forms of GBV. According to the DHS of 2013, 58 per cent of women 15-49 think that the husband is justified in beating his wife for a variety of reasons. While this figure is high, it actually marks a significant drop from the 74.5 per cent of women aged 15-49 who believed the same in 2010 (MICS 2010).

FGM/C prevalence dropped only slightly, from 76.3 per cent in 2010 (MICS, 2010) to 75 per cent in 2013 (DHS, 2013) while approval of FGM/C slightly increased from 64.2 per cent in the MICS 2010 to 65 per cent in the DHS 2013. Child marriage decreased from 36 per cent of women 20-24 who were in union before 18 years to 30.4 per cent in the DHS 2013. The data shows that women are benefiting from reduced levels of violence, abuse and exploitation as a result of changes in social norms. The gap between approval of FGM/C and the actual practice demonstrates that social norms towards FGM/C may be changing, albeit slowly.

Along with UNICEF, stakeholders that contributed to these positive changes in gender and social norms included UNFPA through the Joint Programme on FGM/C, and WHO, NGOs such as GAMCOTRAP, Action Aid the Gambia, Tostan and BAFROW, as well as government departments such as the Women’s Bureau.

Following the Girl Summit in June, co-hosted by UNICEF and Government of U.K., a campaign to end child/ early / forced marriages was co-launched in the Gambia in October 2014 as part of the Global campaign against FGM/C. The launch of the Global Campaign in the Gambia took the form of the first national youth forum on FGM/C. The Forum was co-organized by Think Young Women, Save Hands for Girls, Equality Now and the Guardian newspaper from the UK. The launch and the forum had significant involvement of young people, especially boys, in the campaign against FGM/C and Child Marriage. The involvement of boys in an organized and consistent way is especially significant, since FGM/C is linked to marriageability and religion, and these boys will become the future husbands, fathers, Imams and the majority of government policy and decision makers. Action Aid the Gambia also developed and launched a three-year programme to address FGM/C. As part of that programme, they launched Activisita Gambia, which is part of a global network of young people dedicated to ending gender-based violence, including FGM/C and child marriages.

The work of NGOs such as GAMCOTRAP, BAFROW and Tostan continued to gain momentum in 2014. Approximately 330 communities in the Central River Region South that have been
working with GAMCOTRAP are now ready to make public declarations to abandon FGM/C. A new PCA was signed with Tostan and the second phase of the joint programme on FGM/C between UNICEF and UNFPA was implemented. With UNICEF support, an additional 35 Sarahuleh Communities in the Upper River Region (URR) working with Tostan made public declarations to abandon FGM/C and Child marriages, after completing a three-year non-formal education programme on Health, Hygiene, Democracy, Human Rights and numeracy and literacy. UNICEF also supported the introduction of the Tostan’s Community Empowerment programme into 30 new Fula communities in URR. At the policy level, UNICEF continued to support the functioning of the national Steering Committee on FGM/C to improve the coordination of the national programme on the eradication of FGM/C.

Under the national theme of “Multi-sectoral approach to ending child marriage and sexual violence against women and children” a consortium of NGOs marked 2014’s sixteen days of activism against gender-based violence. In a bid to raise awareness on, and change, norms and attitudes and acceptance of gender-based violence, especially wife-beating, sexual abuse of women and girls and child/early and forced marriages, they conducted symposia, public debates and mass sensitization on radio and television as well as social mobilization activities throughout the country. The NGO Network Against Gender-based Violence was established and equipped with trained personnel, and serves as a One stop Centre for victims of Gender-based Violence. The centre, which is located within the main referral teaching hospital in Banjul, uses survivor-centred approaches and services including legal, medical and psychosocial counselling.

Despite some notable gains registered in 2014, some challenges remain. Chief among them is the absence of a law banning FGM/C, and a law to put a definitive minimum age for marriage that is not subject to any personal law.. Another major challenge in the fight to eliminate FGM/C and child marriages is the increasingly vocal religious opposition from some Islamic religious leaders. The lack of Gambia-specific data on the harmful reproductive health effects of FGM/C is an additional challenge in the FGM/C abandonment efforts.

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

Analytical Statement of Progress:
A new PCA was signed with Tostan and the second phase of the joint programme on FGM/C between UNICEF and UNFPA was implemented. With UNICEF support, an additional 35 Sarahuleh Communities in URR working with Tostan, made public declarations to abandon FGM/C and child marriages, after completing a three-year non-formal education programme on Health, Hygiene, Democracy, Human Rights and Numeracy and Literacy under the Community empowerment programme (CEP). UNICEF also supported the introduction of the CEP into 30 new Fula communities in Upper River Region (URR). All 30 Fula Communities completed Kobi I and Kobi II modules of the CEP and are ready to move to Awde I in 2015.

In 2014, with UNICEF support, Tostan continued its bi-weekly radio programme on GRTS Radio Basse, broadcasting a total of 104 radio sessions. Topics discussed included democracy, human rights and the health effects of FGM/C, using a live phone-in format where audiences asked questions and got answers in an attempt to dispel some false beliefs about FGM/C. The radio sessions also addressed FGM/C and religion. The radio covers the entire URR, with a population of 213,000, according to the 2013 National Population and Housing Census. Fifteen inter-village, zonal, intern-zonal and social mobilization sessions were held to foster community
dialogue in a bid to build consensus toward shifting social norms that support FGM/C to new social norms that do not support FGM/C, and to declare this in a public declaration.

A youth caravan was held which brought more than 200 youth together to discuss FGM/C, child marriages and other harmful traditional practices that deny children, especially girls, their rights to protection from violence, abuse and exploitation.

OUTPUT 2 By 2016, acceptance of domestic violence and FGM/C at the national level decreased by 25 and 22.5 percentage points respectively

Analytical Statement of Progress:
According to the 2013 DHS, 58 per cent of women 15-49 think that the husband is justified in beating his wife for any of five reasons. This actually marks a significant drop from 74.5 per cent of women 15-49 who believed the same in 2010, according to the 2010 Multiple Indicator Cluster survey (MICS). Prevalence of FGM/C only dropped slightly from 76.3 per cent in 2010 MICS to 75 per cent in 2013 DHS, while approval of FGM/C slightly increased from 64.2 per cent in the 2010 MICS to 65 per cent in 2013 DHS.

In 2014 UNICEF supported dialogue with religious leaders on FGM/C. UNICEF also supported the functioning of the national Steering Committee on FGM/C to improve the coordination of the national programme on the eradication of FGM/C.

OUTCOME 7 National capacities strengthened to design and implement child friendly policies, legislative measures and budgets.

Analytical Statement of Progress:
In 2014, UNICEF continued to work at upstream level, which has resulted in more enhanced national capacities to prioritize and plan macro-level social and economic policies for children and women in The Gambia.

UNICEF has 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 capacity of government and civil society partners on equitable social and economic policies; and promoting and strengthening innovative partnerships.

With advisory and technical support from UNICEF and other development partners, the National Social Protection Steering Committee (NSPSC) played a leadership role in developing the National Social Protection Policy (NSPP) 2015-2025 and Implementation Plan 2015-2020. The NSPP defined a comprehensive and crosscutting social protection agenda and proposed a set of priority actions to guide the gradual establishment of an integrated and inclusive social protection system in The Gambia. The NSPP 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 for those in need of support. The long-term vision of the policy aims to establish, by 2035, an inclusive, integrated and comprehensive social protection system that will effectively provide protective, preventative, promotional 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.

The 3rd Social Protection Forum was conducted under the leadership of the NSPSC, bearing
the theme: “Social Protection – Making it work for Families”. The Forum brought together more than 120 officials from the government, international and donor agencies, non-government organizations, and the local media, among other partners. It provided an opportunity to update stakeholders about progress on Social Protection by presenting and discussing the newly developed NSPP and sharing successful practices across the globe.

The current budget structure does not specify expenditures on Social Protection with a separate line item. Reportedly the country spends about 1.2 per cent of GDP on various social protection programmes. The vast majority of social protection programmes are funded by international donors targeting specific vulnerable groups of the population.

UNICEF, jointly with UNDP, hired an international expert to develop a Costing of Minimum Social Protection packages as part of NSPP. The document will provide necessary guidance for the Government to set up an inclusive Social Protection Floor by prioritizing target groups and gradually increasing its budget expenditure. The work will commence in early 2015 and will be led by the NSPSC with support from UNICEF and UNDP.

In 2014, as part of efforts to build national consensus on the importance of social protection work, UNICEF supported a capacity building training for members of the National Assembly and selected experts of the Ministry of Finance and Economic Affairs on Social Protection. The training contributed to raising awareness and strengthening knowledge of the national assembly members on Social Protection, focusing on multi-dimensional child poverty, role of social protection in eradicating poverty and contributing to economic growth, basic knowledge on costing and resource planning, successful examples on institutional and administrative frameworks, and links of social protection with other social services. The capacity building programme was supported by the UNICEF West and Central Africa Regional Office (WCARO), which provided trainers and experts.

The National Assembly is the highest legislative body of the nation and is therefore expected to contribute to ensuring the development of necessary legislative framework and allocation of sufficient funds in the state budget to further the implementation of the NSPP. Champions/pioneers from the National Assembly were designated to engage with the NSPSC to make sure that all National Assembly members were properly informed about progress on the Social Protection agenda. The National Assembly members were encouraged to attend more debates on Social Protection issues with government and civil society institutions and promote more dialogues on enhancing the legislative framework as part of the NSPP.

Two members of the NSPSC and a UNICEF staff member participated at the 6th International Policy Conference on the African Child dedicated to “Social Protection: Making it work for children”. This was part of the South-south initiative to build capacity of key national stakeholders through sharing successful experiences and innovative ideas on social protection across Africa.

UNICEF led the UNDAF Thematic group on Social Protection and contributed to building synergy and collaboration for enhancing UN interventions and achieving better results as one.

**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:**
Led by the Department of Information Services (DoIS) under the Ministry of Information and Communication Infrastructure, the media programme, in collaboration with UNICEF’s Communication for Development unit, supported the conduct of an Audience Survey to ascertain the extent to which community radios are contributing to public awareness, especially on issues affecting the most vulnerable. The report will allow the programme to identify ways of further strengthening the capacity of community radios to better support public awareness efforts, especially in hard-to-reach communities.

Through a series of training sessions, representatives from all media houses countrywide, including adolescents working in the media, now have basic understanding of the Convention on the Rights of the Child and its articles. Media practitioners also have improved reporting skills as well as knowledge of protecting children who may be at risk of public prosecution due to reporting of their situation. Public advocacy during annual commemorative days, including the Day of the African Child, and field activities have provided selected media practitioners the opportunity to acquire first-hand information on the situation of vulnerable children and women in hard-to-reach places, for reporting on and supporting media advocacy.

The CRC@25 provided a good opportunity for the media to participate fully in the planning of related activities by being part of the national Steering Committee on the CRC@25. This ensured full media coverage of all activities implemented as part of the CRC@25.

A weekly radio programme, coordinated by Young People in the Media (YPM), has created a platform for children and adolescents to receive latest child-related information and voice their opinions and highlight burning issues affecting their well-being and rights. Under the guidance of UNICEF and DOIS, the YPM also coordinated the workshop during which 20 children from across the country produced 20 videos on issues affecting them. These videos will be launched nationally to support awareness and public advocacy efforts.

A major challenge for the programme is maintaining a high level of capacity within the media due to frequent attrition. This requires continued training of media practitioners to maintain a minimum level of capacity.

**OUTPUT 2** The budget observatory platform has capacities to advocate, analyse 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:**
In 2014, overall economic growth declined, mainly as a result of a decrease in tourism and agriculture, two leading drivers of economic growth. The tourism sector was strongly hit by the Ebola outbreak. Climate change caused delayed and erratic rain patterns in some parts of the country, contributing to an anticipated decline in agriculture production.

As part of developing a minimum social protection package, UNICEF will advocate for increasing social protection expenditures up to 3 per cent of GDP by mid-term next year.

Currently, the Government is implementing an MTEF to improve its budget planning and expenditure performance. This is a good opportunity for UNICEF to strengthen the capacity of MoFEA by integrating PF4C elements, and advocate for expanding fiscal space for children.
There was a gap in Social Policy, Knowledge and Advocacy (SPKA) leadership in 2014, with no head of section for seven months. A new Social Policy specialist was appointed on 1 October 2014.

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

**Analytical Statement of Progress:**
A high level forum on Social Protection has been held annually since 2012 to further engage the relevant partners as well as maintain the momentum in pushing the social protection agenda forward.

The 3rd Social Protection forum occurred on 3 December 2014, bearing the theme: “Social Protection – Making it work for Families”. The Forum brought together more than 120 officials from the government, international and donor agencies, non-government organizations, and the local media, among other partners.

Jointly organized by the Government of The Gambia and UN agencies, the Forum aimed to provide a platform for policy makers, civil society organizations and development partners to exchange knowledge, ideas and experiences on setting up the Gambia’s Social Protection floor.

The Vice President attended the Forum and in her opening statement informed participants that the gathering was an important milestone in the annals of the Gambian history. She noted that the ultimate goal of the Government and its partners is providing social protection by ensuring that relevant messages are filtered down to the families who are most vulnerable and most often affected. This high level commitment was also reflected in the President’s New Year speech, where he specifically mentioned the need to address vulnerabilities through the implementation of the national Social Protection policy.

Among key issues discussed were awareness raising of key national stakeholders and prioritization of Social Protection in the Government’s agenda. A significant highlight of this meeting was discussion about the recently-developed National Social Protection Policy (NSPP) 2015-2025, taking into account successful experiences and how to move the Social Protection agenda forward.

As part of the NSPP, the Government expenditure on Social protection will be increased from 1.2 per cent to 3 per cent of GDP by 2020. The NSPP is currently under consideration by the Government.

**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:**
The first-ever Gambia Demographic and Health Survey (GDHS) was completed in 2014, in time to provide up-to-date data for the mid-term reviews of the Programme for Accelerated Growth and Employment (PAGE), the UNDAF and UNICEF CPAP mid-term reviews. The survey provided comprehensive data on fertility and mortality, family planning, maternal and child health, Child Protection and HIV prevalence. Data was also made available on women’s empowerment, including economic data such as earnings and ownership of assets, which will support closing the gender sensitive data gap constraining the implementation of UNICEF’s Gender Action Plan. This data will also be used for MDG reporting and serve as baseline data
for the Post MDG agenda. The Survey was jointly funded by UNICEF, UNFPA, UNDP, WHO, UNAIDS, USAID and the Global Fund.

The Gambia Bureau of Statistics (GBoS) conducted the Core Welfare Indicator Questionnaire (CWIQ) in collaboration with UNICEF and the other UN agencies. The CWIQ provided disaggregated data on poverty and welfare of women and children that will be used for the Situation Analysis of Women and Children, to take place in 2015.

Preliminary results of the National Population Census 2013 were shared in 2014. The census was the sixth complete population and housing census and it affirmed The Gambia’s strict adherence to the decennial periodicity or regularity requirement, which forms part of international best practices for census-taking. The data provided population counts by sex, local government area, district and ward. It is anticipated that by early 2015, the detailed report, which will provide information on demographic, environmental, communication, agricultural and other socio-economic characteristics of the population and housing units, will be available.

The Education Statistics publication was disseminated in 2014. It is a combined edition for the academic years 2009/10, 2010/11, 2011/12, 2012/13, and 2013/14, with the primary aim of disseminating statistical information related to Basic and Secondary Education from Early Childhood to Senior Secondary education. The publication includes a selection of data from all educational institutions, both government and private, including the Madrassahs (formal Quranic schools). It contains information on various education matrices such as the core indicators of access and equity; the number of schools including ECD; enrolment; quality; teachers and teacher utilization; and efficiency indicators from the EMIS database.

Even though the demand for reliable and quality disaggregated data is huge, the capacity at GBoS to provide data is very limited. However, GBoS is benefitting from funding from The World Bank project Trust Fund for Statistical Capacity Building 2015 to 2017, which is an opportunity to train more statisticians. The Integrated Financial Management Information System additional finance project has a component of US$100,000 for long term training and a resident Technical Assistant for economic statistics, both of which could provide more capacity at GBoS.

The development of the National Statistics Development Strategy has been ongoing for the past two years and if finalized and implemented, it will contribute to addressing some of the constraints faced in this Outcome, such as the issues of quality, timeliness and reliability of the data generated.

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:
Evidence generation for effective programming, as well as to inform policies and laws, is an important component of UNICEF Gambia’s work. UNICEF provided partial funding and technical assistance to the Gambia Demographic and Health Survey and Core Welfare Indicator Questionnaire in its effort to ensure that equity based quality data is available for advocacy as well as implementation, monitoring and evaluation of programmes. These surveys were completed and the results were used in the mid-term reviews of the government’s Programme for Accelerated Growth and Employment, UNDAF and other UN CPAP mid-term reviews, including UNICEF’s.

Another UNICEF-supported intervention is in partnership with the Ministry of Basic and
Secondary Education, where a country wide child-to-child census and a national disability study were conducted that provided equity disaggregated data on the most vulnerable children (out of school children and children with disabilities). The disability study was followed by an assessment and identification of children with disabilities, which enabled the Ministry to liaise with partners and provide the necessary assisted devices to these children. These evidence generating activities also contributed to the data needs for the Basic Education Sector Strategic Plan (2014 – 2023) where the Ministry strengthened and redirected efforts to target interventions to bring these children back to the classrooms.

In order to ensure that UNICEF’s communication and advocacy efforts are effective, especially in the promotion of key household behaviours and health promotion, an audience survey with focus on community radios was conducted in 2014 to establish the extent to which community radios serve their communities. The preliminary data from the survey will be used to design the Communication for Development and advocacy programmes and will help determine how messages will be transmitted and to whom, taking into consideration socio-economic status of listeners and interest.

OUTPUT 2 By 2016, Key Social Sectors including the regional offices have enhanced capacities in Programme planning, monitoring and evaluation.

Analytical Statement of Progress:
The demand for capacity building on Results Based Management (RBM) increased and UNICEF’s technical assistance in this area was sought after by partners. Through the Management Development Institute (MDI), a training module was developed for government officials, from the Permanent secretaries to the technical level staff, on Results Based Management. The trainers were pulled from UN agencies, and UNICEF conducted two trainings for nine Ministries and four NGOs. During sectoral reviews with partners, training on RBM was provided as part of the review exercise to strengthen capacities on planning, monitoring and reporting.

Assistance was provided to the Ministry of Health and Social Welfare to finalize the Gambia National Health Strategic Plan (NHSSP) 2014-2020, and develop the M&E plan that will accompany the implementation of the NHSSP. UNICEF played a key role in providing technical assistance within the M&E core group to develop the M&E plan and also in the process to build the capacity of health sector partners.

UNICEF funded the Director of Policy Analysis Unit’s participation in the AfrEA Conference that was held in Yaoundé, Cameroun in 2014, carrying the theme, “Evaluation for Development: From Analysis to Impact.” As part of the UN’s mandate to support the Government of the Gambia to build national capacity, UNICEF perceived the conference was a great opportunity to promote the spirit of South-South Cooperation in the field of Monitoring and Evaluation. As a result of the exposure, the Director is working toward establishing a joint UN and National M&E group to support the monitoring of the Programme for Accelerated Growth and Employment and UNDAF.

OUTCOME 9 Cross Sectoral costs

Analytical Statement of Progress:
Greater programme effectiveness and efficiency is sought through: a) the development of staff capacity to fulfil their work by providing training, adjusting the work processes and adhering to enhanced rules and procedures; b) Strengthening control mechanisms over planning, implementation and monitoring; and
c) Promoting a dynamic work environment that will help all staff to perform at their best capabilities whilst promoting staff professional and personal growth.

OUTPUT 1 Effective and Efficient Programme delivery, supply and procurement

Analytical Statement of Progress: UNICEF Gambia was able to achieve programme results by providing support to programme implementation and ensuring an optimal use of resources and the achievement of all planned results under the three main Programme Components (Young Child Survival and Development, Basic Education, and Child Protection), as well as for Social Policy and C4D. The operationalization of VISION was effective and Standard operating procedures were in place and functioning. An internal control was in place that included a regular review and monitoring of the ToA through Approva. The office reviewed its Business Continuity Plan (BCP) and ERM in June 2014 and a simulation was conducted in the alternate sites. Various management and coordination mechanisms were in place, including regular reviewing and monitoring of progress against established management indicators; review of work processes; periodic self-assessments of financial transactions; updating of BCP, EWEAP, and the Risk profile and control library; developing an office learning plan; and completing HACT assurance activities.

OUTCOME 10 Programme Support

Analytical Statement of Progress: All office statutory committees were in place in 2014 and performed their assignments as per their Terms of Reference. The AMP 2014 was the result of a four day planning retreat. Notable outcomes of the retreat were the establishment of key results and management priorities, an analysis of the lessons learned from the previous year regarding the internal office systems and business processes as well as programme planning, implementation and coordination mechanisms. A consultative process between the programme and operations sections and between staff and management contributed to smooth office management.

OUTPUT 2 Financial Resources and Stewardship

Analytical Statement of Progress: The Inter Agency working group on HACT was revived in 2014. A UN Joint HACT training on the 2014 HACT framework was organized. More than 100 partners were in attendance. Two UNICEF training sessions were organized on HACT and the use of the FACE. The non-post cost of the IB allocated in 2014 was fully utilized, and 90 per cent of the RR allocated in 2014 was spent for programme activities. The funds contributed to costs of common premises and services of the UN House, the implementation of the BCP recommendations and the renewal of the office fleet, contract of photocopying services, and supply and procurement of essential items for programme implementation and monitoring such as fuel and office supplies. Funds were also used to balance part of communications costs, and some activities for staff development and travel related costs.

OUTPUT 3 Human Capacity

Analytical Statement of Progress: PAS compliance was ensured, with all 2013 performance evaluations completed by the end of February 2014. The key assignments for staff members in the 2014 PAS were defined by the end of April. The mid-year discussions for the 2014 PAS were completed by the end of September. All office personnel files were assessed for completeness and were updated with
missing and/or more recent HR forms. The positions of HR-admin and administrative assistant were filled in December 2014. A comprehensive briefing package for new staff was developed and is being printed.

OUTPUT 4 Financial

Analytical Statement of Progress:
UNICEF Gambia did not have any outstanding salary payments for the office staff in 2014. The office continued to use the Standard Chartered Bank electronic banking platform as the e-banking module of VISION for the direct deposit of staff salaries and other transfers. UNICEF closely monitored expenditures incurred throughout the year in the areas of Common Premises and Common Services. UNICEF’s share of Common Services was processed and paid on time.

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Evaluation

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