

Executive Summary

In 2013, the Country Office pursued a deliberate equity agenda aimed at eliminating bottlenecks in access to and utilization of basic social services. At the policy level, significant progress was made toward Child Protection (CP) and Social Protection (SP) Systems strengthening. A first CP Analysis and Mapping, including assessment of the Department of Social Welfare’s capacity, was supported to inform the development of a national child protection Policy and Plan. In promoting strong commitment to protect the most vulnerable groups, an SP Analysis and Mapping of actors and interventions was commissioned to strengthen stakeholders’ understanding of SP concepts and programming, and to underpin the development of a national SP Policy framework. In the Education sector, the abolishment of school levies and completion of the first National Disability Study will strengthen equity-focused work on ensuring access to education for poor students with disabilities.

Building on the bottleneck analysis conducted in 2012, delivery of high impact health and nutrition interventions made positive strides, particularly in the areas of immunization and Integrated Management of Acute Malnutrition (IMAM). The treatment of Severe Acute Malnutrition caseload improved with the introduction of IMAM protocols and the step-down training for health workers and village support groups. Progress in immunization services was marked by the introduction of new vaccines: the Rotavirus, introduced in the national immunization programme, and the Meningitis “A” nationwide campaign, both reached 1.1 million people ages 1 to 29. Routine immunization coverage reached 96 per cent in 2013, and 400,000 children under five years of age benefitted from two rounds of oral polio campaigns, integrating Vitamin A supplementation and de-worming.

In spite of the progress made, The Gambia remains a country burdened by poverty, with significant gaps in capacity to address the needs of disadvantaged children. Therefore, over the remaining years of the Country Programme cycle, the Office will focus on long term systems strengthening and capacity development to ensure equitable delivery of basic social services.

Shortfalls:

Though The Gambia is signatory of the pledge to improve child survival through *A Promise Renewed*, progress in initiatives such as Scaling Up Nutrition (*SUN*) and Renewed Efforts Against Child Hunger (*REACH*) has been hampered by the high turnover of Government partners at the policy and decision-making level, particularly in the Ministry of Health. Therefore, despite some improvement, the treatment of malnutrition remains precarious, and existing policies and legislations are still to be translated into effective action to fight malnutrition. The upcoming mid-term review (MTR) will be an opportunity to reshape the child survival and development (CSD) strategy, with a focus on Nutrition and Integrated Management of Childhood Illnesses.

Challenges also remain in accessing resources, as fundraising opportunities for The Gambia are very limited. The simultaneous rotation of the senior management team, (the Representative, Deputy Representative and Operations Manager arrived in August 2013) also hindered resource mobilization.

Partnerships:

Partnerships continued with the Social Protection initiative (convening nine organizations), the Local Partnership for Education, and the Partnerships for Health (International Health Partnership, Harmonization of Health in Africa). The Office also nurtured strategic partnerships with the World Health Organisation (WHO), UNFPA and World Food Programme (WFP) in Health, female genital mutilation/cutting (FGM/C), and Nutrition; in addition to working with national and international partners.

Country Situation as Affecting Children & Women

According to the recent provisional results of the 2013 National Census, The Gambia has a population of 1.88 million, with a population growth rate of 3.3 per cent, which is above the 2.9 per cent average for this region. In a span of ten years (2003 to 2013), there has been a 38.3 per cent change in population, from 1.4 million to 1.9 million. Although the population has increased substantially, the socio-economic situation of the

country has not improved enough to alleviate poverty. The country is still impoverished and is ranked 165 out of 186, with an average annual Human Development Index growth percentage of 1.65 per cent (UNHDR, 2013). With 2015 fast approaching, it expected that the country will not attain Millennium Development Goal (MDG) 1, as nearly half of the population (48 per cent) is poor and living below US\$1.25 a day (Integrated Poverty Household Survey, 2010). The International Monetary Fund (IMF) mission in November 2013 stated that while the GDP growth increased from 5¼ per cent in 2012 to 6-6½ per cent in 2013, the inflation rate also increased to 6.1 per cent in September 2013 from just below 5 per cent at the end of 2012. This is largely due to a weakening of the Gambian Dalasi (Press Release No.13/463). According to the latest budget estimates for 2014, expenditure on some social sectors have slightly improved, i.e. education increased from 20 per cent in 2013 to 21.5 per cent for 2014, while sectors such as Agriculture have remained the same (3 per cent). A noticeable reduction was observed in the 2014 budget allocation for the health sector, which has dwindled to 9.5 per cent in 2014 from 11.9 per cent in 2013.

The preliminary results of the 2013 Gambia Demographic and Health Survey stated that 16 per cent of children under-five are underweight – a drop from 17.4 per cent (MICS, 2010), – but the rate for chronically malnourished or stunted children is at 25 per cent, a slight increase from the 2010 MICS figure of 23.4 per cent. The same slight increase is observed for the severely stunted children at 8 per cent (GDHS 2013) compared to 6.8 per cent (MICS 2010).

The country will likely attain the MDG 2 target of universal access to primary school, as gross enrolment rate in primary school stands at 92.5 per cent according to 2013 Education Management Information System (EMIS). However, quality of education is a major problem. The 2013 National Assessment Test at Grade 5 showed that only 35 per cent of children meet the minimum requirement in Math, a drop from 2012 NAT results of 55 per cent. It gets worse in the Central River and Upper River regions (CRR and URR) where only 9 per cent and 3 per cent of children passed mathematics, respectively. The Ministry of Education will embark on a project to improve quality in schools in 2014. The education sector has consistently been allocated a significant portion of the budget over the years and for 2014 has been allocated 21.5 per cent of the Gambia Local Funds (National Budget Estimates, 2014). There is high donor involvement in the Education Sector as well as a functional donor coordination committee, of which UNICEF will be taking the lead in 2014. Gender parity in primary education has been pursued since 2007 and has been sustained; the target for MDG 3 for 2015 will likely be attained.

Child mortality is declining in The Gambia. The estimates developed by the UN Inter-agency Group for Child Mortality Estimation 2013 report (UNIGME) estimated under-five mortality at 73 per 1,000 deaths and infant mortality at 49 per 1,000 deaths, compared to the 2010 MICS data, which placed them at 81 and 109 per 1,000 deaths, respectively. This improvement is still insufficient for the country to meet the target for MDG 4 of 42 per 1,000 and 67.5 per 1,000 deaths for infant and under-five mortality, respectively.

According to the preliminary report of the Gambia Demographic and Health Survey (GDHS) 2013, maternal mortality stands at 433 per 100,000 deaths, far above the target for MDG 5 of 263 per 100,000. The overall proportion of women assisted at birth by a skilled health worker is 57.2 per cent (GDHS 2013); however, CRR South, CRR North and URR are all below the average, with 33.3 per cent, 34.6 per cent and 30.9 per cent, respectively. The Health sector is still facing major constraints in skilled human resources, supplies of equipment and drugs, and few health facilities offer Comprehensive Emergency Obstetric and Newborn Care.

For the first time, the country has nationally representative data on HIV/AIDS prevalence, which is estimated at 1.9 per cent according to the preliminary results of the GDHS. In the urban areas, the prevalence is above average, at 2.4 per cent, while Mansakonko, in the Lower River Region, has the highest prevalence, at 3.8 per cent. Knowledge on HIV prevention methods is 67.6 per cent for women and 72.4 per cent for men.

Malaria is still a child killer in sub-Saharan Africa and The Gambia is no exception. The latest available data on malaria prevalence, derived from the GDHS and from rapid diagnostic tests (RDTs), shows a prevalence rate of 2.3 per cent. It was noted that the data collection was done in the dry season when the incidence of malaria is usually at its lowest. The Government embarked on indoor residual spraying and the distribution of insecticide treated nets (ITNs), which may have contributed to 56 per cent of children in the urban areas and 78 per cent of children in the rural areas being protected from malaria, according to the GDHS.

Some 85.5 per cent of the population use improved sources of drinking water (attaining one of the targets in MDG 7), while 76.3 per cent use improved sanitation facilities (MICS 2010). The overall goal of environmental sustainability remains a challenge as, in 2013, the country suffered from flooding, which is a re-current phenomenon due to heavy rainfall, drainage blockages and widespread settling in riverine urban areas. The agricultural sector continued its recovery from the severe drought of 2011, but there are emerging environmental threats such as intensified droughts and floods, which may hamper further recovery. The country is also suffering from a large population density of 158 per square kilometre (MDG status report, 2011) and 18 per cent of the population live on degraded land (UNHDR 2013).

Country Programme Analytical Overview

The Office has been focusing on ensuring bottlenecks are being addressed through upstream support and analysis, combined with service delivery in targeted areas. While some areas, including immunization and child/social protection policy work, have seen significant progress, other areas lag either due to deeply entrenched attitudes, (e.g. FGM/C) or high rotation in some Ministries, which is a common constraint in The Gambia especially within the health sector, which has negatively impacted the revitalization of Primary Health Care. The Office has seen a turnover of management, which has had an impact on ensuring continuity and sustained pressure on under-performing areas. The staff rose to the challenges to ensure that the Office met all the stated outcomes for 2013, which can also be credited to the close working relationships with partners.

In Education, significant school levies for students were removed and UNICEF accordingly supported the Ministry of Basic and Secondary Education to strengthen policies, including the Basic Education Policy and planning mechanisms for the Ministry. A bottleneck analysis was finalized in 2013, and much focus was given to supporting quality in education and on completing a National Disability Study, the first of its kind in The Gambia. This study will be a strong basis for equity-focused work on ensuring access to education for students with disabilities.

Work across the health sector has been slow due to ongoing changes in management at the Ministry of Health and Social Welfare, which has constrained policy level progress. Even so, strides have been made in achieving some notable results in immunization following successful campaigns on polio and on the country's first meningitis An immunization. Further gains are expected in 2014 with the roll-out of the country's first malarial chemoprophylaxis. The treatment of severe acute malnutrition (SAM) caseload has advanced significantly with the introduction of the IMAM protocols and the rolling out in 2013 of the training of health workers and village support groups. Treatment of malnutrition remains precarious and will be a strong focus of the Mid-Term Review process for 2014.

Working with the Department of Social Welfare (DSW), the Office commissioned the country's first Child Protection Mapping and Analysis and DSW Capacity Analysis. Those two bodies of work will form the basis of an emerging Child Protection Policy Framework, which will strengthen the Government's approach to tackling an area that has previously had little attention. The Office has been working with partners on developing the Gender Based Violence (GBV) Communication Strategy, which aims to engage partners in addressing, at a national level, behavioural change regarding GBV.

In Social Policy, Knowledge and Advocacy (SPKA), the advancement of work in social protection has been notable. An analysis and mapping of actors and programming have taken place, and work continues on developing a policy framework. This important work will serve as the basis for a strong understanding of social protection with the DSW and the development of programming aimed at protecting the most vulnerable and further strengthening the equity agenda.

Humanitarian Assistance

In 2013 the Humanitarian Strategy was developed, led by the National Disaster Management Agency (NDMA) with technical assistance from UN agencies. The strategy, which aims to strengthen community resilience to crisis, served as a tool for UNICEF to secure funding from European Community Humanitarian Office (ECHO)

for continuation of the 2012 integrated nutrition interventions, with a special focus on treatment of severe cases of acute malnutrition and underlying childhood diseases, especially malaria. The implementation of the strategy was constrained due to changing leadership at the NDMA as well as inadequate funding. A challenge for the future will be to strengthen commitments to building resilience within programming to enable communities to deal with seasonal shocks.

The Office supported 65 communities in securing safe water supply in areas affected by heavy rains in September. Although it was not declared an emergency by the Government, the Office was able to support the Department of Water Resources in some targeted responses adequate to the threat endured by affected communities.

Toward the end of 2013, the Office supported the Strategic Response Plan, under the Humanitarian Needs Overview, which brought together similar partners under the leadership of the NDMA in identifying possible threats and mitigating responses.

Effective Advocacy

Partially met benchmarks

The Office continued placing great emphasis on equity and encouraging partnerships to ensure that disparities and inequalities faced by the most vulnerable children and women remain at the forefront of discussions. Evidence-based advocacy was employed at policy and community levels so that those vulnerable groups are taken into consideration when policies and programmes are developed.

Courtesy calls were paid on senior Government Officials by the Country Representative following her arrival in August, providing an opportunity for the Office to highlight priority issues of concern related to equity and the rights of children and women, using the latest data from the MICS. Programme staff pro-actively advocated with their respective Government partners in the policy and decision-making sphere to review the situation of children and women through the equity lens.

Children, young people and the media were among the groups that were actively engaged in public awareness and advocacy events conducted by the Office, including the Day of the African Child (DAC) and the launching of the 2013 State of the World's Children Report (SOWCR). The exposure of children to information on the issues around the events' themes contributed to their enhanced ability to express themselves confidently during public discussions with their peers and with decision and policy makers.

Media representatives had opportunities to interact with, and acquire first-hand information from, community members, including children and youth, NGOs, and local government officials in two of the poorest and most vulnerable regions of the country. The situation of those populations was shared through newspaper articles and broadcast over the radio and national television to support UNICEF's advocacy efforts.

Capacity Development

Partially met benchmarks

Throughout 2013, the Office engaged with the Department of Social Welfare (DSW) in both Child Protection and SPKA, where work toward the development of separate child and social protection systems led to strong technical participation as well as engagement with the department staff and other stakeholders in moving forward both agendas at the national level. This work not only put both issues firmly on the national map, but also strengthened national capacities of Government and other partners in building strong foundations for future actions. Capacity development work also addressed analytical capacities of partners, fiscal and budgetary planning issues, coordination and cooperation mechanisms, and leadership. The formation of the DSW-led National Steering Committee on Social Protection is testimony to the strengthened capacities and commitment of the Government in leading and promoting the equity agenda. The capacity mapping of DSW

will also provide a strong basis for future investment, through both addressing shortcomings and strengthening aptitudes.

The Education sector has taken advantage of steady leadership to strengthen issues around performance management at a national level. In focusing on performance management, greater emphasis is being placed on accountability (to children) in the sector, an initiative UNICEF continued to support.

The roll-out of the IMAM national standards was a key step in strengthening service delivery to SAM patients. Training focused at both the regional and community levels strengthened a common approach to the treatment of SAM and global acute malnutrition, both of which will require further logistical and training support in coming years.

Work in Child Protection has registered some progress in the treatment of children in conflict or in contact with the law. The development of sensitization materials around core responsibilities of the judicial system to children and the incorporation of child sensitive training and post arrest procedures for the police have resulted in progress in ensuring duty bearers are guaranteeing the rights of children where they are in contact with the law.

Ongoing work and cooperation with partners through the Vision system has allowed the Office to further work on supporting financial and management accountability to partners, both governmental and civil society, through accompaniment, training and support. It also has highlighted the need to think a little out of the box for the year ahead on how greater service delivery and accountability for children via partners can be promoted where the capacity exists to strengthen competition, analysis, impact driven evaluations and promotion of a greater diversity with non-governmental organizations (NGOs) and community based organizations (CBOs).

Communication for Development

Partially met benchmarks

The National Communication Task Force, under the leadership of the Health Communication Units at the Ministry of Health and Social Welfare, continued to provide technical oversight over all health related communication interventions in 2013. The committee held more than 18 meetings. Two of the general meetings were convened to review progress on the implementation of the 4+2 interventions in the targeted districts as well as other health communication interventions across the country. The rest of the meetings were convened to design and implement communication and social mobilization plans for three campaigns as well as to plan for the introduction of the new Rotavirus vaccine into routine extended programme for immunization (EPI).

In 2013, three nationwide campaigns were conducted, two on polio and one on Meningitis. All three campaigns were supported by well-designed and executed communication and social mobilization plans. Social mobilization efforts ensured that state, local, religious, traditional, non-governmental, youth and community structures were mobilized with support from the print and electronic media. Those combined efforts ensured that more than 80 per cent of parents and targets were aware of the campaign prior to the arrival of the vaccination teams, thus contributing to more than 95 per cent coverage rates for both polio and meningitis (Independent Monitors Reports 2013).

The promotion of the 4+2 key household practices (KHHP) of exclusive breast feeding, hand washing with soap at critical times, sleeping under ITNs for under-fives and pregnant women, use of oral rehydration solution (ORS) to manage diarrhoea, household water treatment, and early health seeking behaviour for pneumonia was scaled up to an additional 6 of the 20 targeted districts. A total of 860 village support group (VSG) members from 86 PHC villages in the Central River Region (CRR) were equipped with the functional knowledge, skills and communication materials to facilitate family and community dialogue on the 4+2 KHHP. This was complemented by 72 interactive radio programmes in three community radio stations to heighten

public discourse on the 4+2 KHHP. The joint monitoring conducted by UNICEF and a cross section of the communication task force revealed that the VSGs have in-depth knowledge and skills on the practices being promoted.

Two major communication interventions designed to boost enrolment in the targeted districts in CRR and Upper River Region were implemented: the child-to-child census across the two regions, and the community dialogue in low performing communities. The interventions, complemented by community radio programmes, contributed to a 7 per cent and 4 per cent boost in enrolment in regions 5 (CRR) and 6 (URR), respectively (Regional Directorate Reports 2013).

A draft communication plan to reduce gender based violence, specifically wife beating, was developed. It will serve as the blueprint to guide communication interventions to reduce acceptance of this practice. Participatory approaches, including focus group discussions, were conducted to elicit social and cultural perspectives from both the victims and perpetrators across the country.

Service Delivery

Partially met benchmarks

Service Delivery has continued to focus on the Upper River and Central River regions of the country, identified at the start of the strategic period as the areas with the weakest access to services and facilities. Through the Programme for Improved Quality Standards in Schools (PIQSS), the Office supported a number of essential infrastructure services to schools in the area this year, providing school supplies to 30 schools and rehabilitating WASH facilities (latrines and wells) in 23 schools. This was combined with the procurement of ECD materials and child protection training for both teachers and teacher trainers. Support was provided to national teacher training activities where the emphasis was on quality development, notably training on improved teaching methodologies, HIV in the classroom, corporal punishment, and sexual harassment and bullying.

The Office also worked closely with regional authorities to support greater community engagement with their children's schools as well as a child-to-child census, which has helped to realize a 7 per cent and 4 per cent increase in child enrolment in CRR and URR, respectively.

The Office continued to support the health sector through the delivery and monitoring of drug supply to address bottleneck issues in drug availability at the community level. This included the supply of paediatric drugs, Ready to Use Therapeutic Foods, therapeutic milks and chemoprophylaxis to mitigate the impact of malaria on children. Monitoring of the supply and delivery to the end user was also a key component of this aspect of service delivery.

The WASH section was further engaged in leading results in Community-Led Total Sanitation and achieved further progress in ensuring communities are minimizing risk in the face of water borne diseases. By year end, 269 communities have declared themselves Free from Open Defecation.

The Office mobilized support and resources to ensure the success of the various epidemiological campaigns led by the Government. This included a polio campaign and the new-to-The Gambia, Meningitis A campaign, targeting 1-29 year-olds. The majority of UNICEF staff was involved in monitoring the campaign.

Child protection service delivery focused on providing care and support to OVCs through working with the Catholic Development Organization (CADO), an NGO partner working in URR and CRR. Their work continues to focus on education, nutrition and psycho-social care. The Office also continued to support the work of Tostan, an international NGO supporting community mobilization to address issues around FGM/C and participation.

Strategic Partnerships

Partially met benchmarks

An important milestone in 2013 was the Memorandum of Understanding (MoU) forged between nine organisations in support of the Social Protection initiative currently underway in the country. This MoU, signed between the Ministry of Finance, the Ministry of Health and Social Welfare (MoHSW), Ministry of Trade and UN agencies, notably UNICEF, International Labour Organisation (ILO), International Monetary Fund (IMF), United Nations Development Fund (UNDP), UNAIDS and World Food Programme (WFP), strengthened resolve and committed organizations to supporting the most vulnerable groups in the country through a commitment to the Social Protection agenda, led by the MoHSW.

The Department of Social Welfare (DSW) was an important partner in 2013, considered the major implementer by two programme sections (Child Protection and Social Policy, Knowledge & Advocacy). Capacity analysis was a critical step in understanding the potential of the DSW partnership and will go far to ensure that children benefit from interventions that UNICEF and DSW make in the future.

Progress in the health sector was somewhat curtailed by changes in management at a senior level which, together with management change at the Country Office, resulted in some challenges in the sector, including in operationalization of the SUN movement. UNICEF, as part of the wider UN family, will be supporting the roll-out of SUN through a REACH mission scheduled for early 2014.

Civil Society organizations continued to partner with the Country Office in service delivery. Relationships with Tostan, CADO, The Peace Corps, Forum for Women Educationalists –The Gambia (FAWEGAM) and Future in Our Hands (FIOH) continue to thrive and produce results. The Country Office hopes in the future to work more closely with civil society partners to strengthen results based management.

The Office continued to play a pivotal role in supporting governance issues at the national level by actively participating in, and providing support to, policy level fora such as the Coordinating Committee Meeting (CCM) mechanism of the Global Fund as well as the CCM of the Ministry of Basic and Secondary Education, which is the national education sector coordination platform where policy is discussed and dialogue between national and regional actors is strengthened.

Throughout 2013, the Office strengthened its role with partners and other UN agencies in utilizing the Harmonized Approach to Cash Transfers (HACT). This common UN approach requires not only training but also strong understanding between partners. In this respect, the quality of partnerships, has resulted been strengthened, with increased understanding and cooperation between UNICEF and its partners.

Unfortunately, there has been little interaction with the private sector over the last year, mainly due to a relatively small commercial pool from which to draw, and competing priorities. There do seem to be opportunities arising, particularly in the tourism sector with child protection issues, which the Office is keen to address in 2014.

Knowledge Management

Partially met benchmarks

A priority for the Office in 2013 was to generate, share and act on knowledge to advance children's rights while playing a proactive role in empowering others to do the same. The Office promoted knowledge management practices through: helping build and improve national capacities to generate, use and manage knowledge; being an effective knowledge broker; and improving UNICEF's international knowledge management and ability to generate high quality knowledge through better access to international and external resources.

Specifically, with regard to building and improving national knowledge management capacities, the Office

partnered with the Government and other partners to finalize and disseminate the Multiple Indicator Cluster Survey (MICS) 2010, and complete the *Demographic Health Survey* (2013), both of which provide an update on the situation of women and children in the country.

UNICEF, the Government, UN agencies and other partners completed the *Mapping of Social Protection Actors and their Programmes* and an *Analysis of Social Protection Systems* to bridge the knowledge gap and assess existing social protection systems. The findings of those studies, along with the national Social Protection Policy for 2015-2020, were discussed at the Second Consultative Forum on Social Protection, a platform for policy-makers, development partners and other stakeholders to exchange knowledge, experiences and ideas on inclusive and integrated social protection systems in The Gambia.

In 2013, a *National Disabilities Study* was completed to update the disability profile in The Gambia, and to better understand the status and analyse the situation of children with disabilities, in order to inform strategic policy and programme development. The *Child Protection Mapping and Assessment* exercise was the first attempt to comprehensively assess the child protection system and makes a set of recommendations and suggested policy options with a view to designing a Child Protection Strategy. The *Social Sectors Public Expenditure Review* (health, nutrition, education and social protection) was commissioned in cooperation with UNDP, IMF and other partners to understand the national budget process and resulting expenditure decisions for children and other vulnerable populations. In 2013, UNICEF also completed a *Mapping of the Local Media, and an Assessment of their Capacity*, which provides a set of recommendations on how to improve the media's capacity to better disseminate information on child rights and protection. Most of the research was carried out with the engagement of local expertise; the research findings and recommendations have been validated by the Government. UNICEF supported the Government to better understand Monitoring Results for Equity Systems (MoRES) as well as conceptualize and develop a MoRES roadmap.

The Office strengthened its internal knowledge management practices through participation in communities of practice, internal learning sessions and training on various issues related to the programme and operational aspects of UNICEF (i.e. global sessions on equity, social protection, monitoring and evaluation, child protection, Office Friday learning sessions on Division of Financial and Administrative Management (DFAM) policies, standard operating procedures, VISION). The Office also held a review on UNICEF productions (research), and shared best practices with, and knowledge from, other countries and regions, including Senegal, Ghana, West and Central Africa Regional Office (WCARO), Middle East and North Africa Regional Office (MENA) and East and South Asia Regional Office (ESARO).

Human Rights Based Approach to Cooperation

Partially met benchmarks

The country programme was designed based on human rights principles and standards and is based on the situation analysis of 2010, with a strong focus on the most deprived communities in the country. The bottleneck analyses in the areas of health, education, WASH, prevention of mother to child transmission (PMTCT) and birth registration have identified specific barriers that impede access to quality basic social services for the most vulnerable. They also help to identify strategies for the removal of the barriers and bottlenecks.

The programme continued to invest in the capacity development of duty bearers (as described in the Capacity Development section). The communication for development efforts and direct work with the media reinforced the capacities of right holders to claim their rights. The work done in 2013 on Gender Based Violence Communications is testimony to the emphasis that the Office puts on the promoting the rights based approach. The community empowerment programme with Tostan aims to strengthen indigenous voices and participation in matters that directly affect the most vulnerable in the community. Work with the media, particularly the programme with Young People in the Media, has given them a voice. In 2014, the Office will look toward greater innovation in including the voice of young people and children in planning, design and monitoring programmes.

Gender Equality

Partially met benchmarks

In 2013, the Office continued to strengthen its work on gender equality at all levels and in all areas of its programmes. Working with the National Steering Committee on Gender Based Violence, focusing specifically on FGM/C, the Office provided support to advocacy efforts at the policy level for eliminating harmful traditional practices that continue to be the one of the main threats to the health and wellbeing of women and girls.

Through the work of the Steering Committee on FGM/C, dialogue with religious leaders on the negative effects of FGM/C on the health of women continued, with the goal of influencing the religious leaders to join the fight against the practice. The members of the FGM/C Steering Committee include UNICEF, UNFPA, WHO, Women's Bureau, Supreme Islamic Council, Gambia Christian Council, Tostan, BAFROW, GAMCOTRAP and Ministry of Health and Social Welfare. As FGM/C is often justified on religious grounds, if the practice is to be abandoned, it is imperative that religious leaders are on board to denounce the mistaken belief that the practice is obligatory in Islam. The dialogue was a step in the right direction, but considerable work remains to be done, as FGM/C is a social norm that is widely practiced. A key challenge will be to get religious leaders fully on board on the campaign against FGM/C.

Along with the sensitization of religious leaders using researched and documented evidence of harmful effects of FGM/C on girls and women, the training of health workers on clinical aspects of FGM/C was also intensified to ensure that health workers across the country are able to identify and manage such cases.

The Basic Education Programme complemented gender mainstreaming by focusing on strengthening girls' education and empowering women groups such as the mothers' clubs to take a more proactive role in the education of their daughters and address gender imbalances where they occur. The programme continues to play an active role in removing all barriers to education for girls, and promoting improved performance of girls in school through the provision of gender sensitive materials and the training of teachers on gender sensitive pedagogies. The intention was to remove all gender stereotyping in classroom discourse and to promote healthy relationships between girls and boys. Attention was given to the safety and security of girls in schools and separate toilet facilities were provided. As a result of the gender mainstreaming in education, progress was made in 2013, with enrolment trends consistently indicating that there are more girls than boys enrolled in the lower basic schools. In the UNICEF supported regions of CRR and URR, out of a total of 12,475 children in the 60 PIQSS schools, 53 per cent are girls (UNICEF PIQSS database).

Environmental Sustainability

Partially met benchmarks

The Gambia is ranked 165 out of 186 countries in the 2013 UN Human Development Index, with a population of just below 1.9 million, according to the 2013 Provisional National Census report. The country is highly vulnerable to the effects of climate change, especially weather related hazards such as drought, windstorms and floods. Climate variability is increasingly becoming a challenge for communities due to increasing changes in rainfall patterns. The increasing frequency of flooding caused by torrential rainfall and poor drainage systems in urban slums has tremendously affected livelihoods and properties. Continuous population movement, especially to the urban areas, means unplanned and unregulated urbanization, with some residences developing on natural waterways.

A number of initiatives were undertaken by the Office to address environmental sustainability issues. Approximately 269 communities in the Upper River, Central River and North Bank regions have reduced the

risk of contaminating their environment by abandoning open defecation through Community-Led Total Sanitation (CLTS). More than 500 communities located in remote and disadvantaged parts of the country have engaged in CLTS and are at different levels of initiation and implementation.

The Office also worked on many fronts to address the risk of environmental issues on children and women, one of which was to enhance community resilience to the impact of climate variability. Efficiency in water supply was enhanced through rehabilitation and upgrading of water systems in seven schools and one nutrition centre in Upper and Central River Regions. Solar-powered water works were built in one remote school in Central River Region, affected by water scarcity due to dried-up wells over the years. The provision of better latrines for 23 schools and flood resistant household toilets for 120 affected families led to an improved environment and better living standards for people. Environmental mitigation measures during the construction of the water and sanitation facilities included minimization of visual impacts by careful siting, landscaping, and planting vegetation around the water facilities and ensuring that construction was undertaken during the dry season. The quality of water was monitored regularly for microbial and chemical contamination.

Flooding has been a recurrent phenomenon in The Gambia as a result of heavy rainfall, drainage blockages and widespread settling in riverine urban areas. From 2009 - 2013, between 15,000 and 40,000 people were negatively affected by floods and windstorms on an annual basis, with major damage recorded to private property, infrastructure and livelihoods. UNICEF supported the Government's response to the 2013 flooding, which affected more than 15,000 people, through the treatment of contaminated water points, hygiene and sanitation education.

The Office has no specific expertise on environmental and climatic issues and the WASH Officer acts as focal point for this area. In all of its work on the environment, UNICEF collaborates with a wide range of partners, including line Ministries responsible for the environment, and with UNDP and WFP within the UN Development Action Framework (UNDAF) 2012-2016.

South-South and Triangular Cooperation

The Office continued to be a facilitator for the spreading of good practices and sensitization of key decision makers to those processes. In 2013, the Office worked diligently to ensure that there were clear deliverables against investments in this area.

The Ministry of Health and Social Welfare (MoHSW) was a key partner in strengthening core activities and participation in wider global initiatives during 2013. The Office supported participation in *EPI Management* in Ouagadougou in February and *Capacity Building for Crisis Management* in Dakar in November. Both interventions contributed to stabilizing an already comparatively robust aspect of the MoHSW's mandate to work toward greater sustainability and independence.

A delegation was sent from The Gambia to Ghana on June to review their Child Protection processes and support was provided to the Department of Social Welfare to participate in an Integration of Child Protection Services into Security Services workshop in Ivory Coast in November. With support from UNICEF, the Director of the Department of Social Welfare also participated in a training session in Social protection in Turin, Italy (funded by ILO).

On a programming level, the Office participated in the regional alignment of the Humanitarian Needs Overview, led by OCHA, and is a part of the ECHO funded region-wide nutrition programming, aimed at addressing the needs of children suffering from SAM in the Sahelian region.

Narrative Analysis by Programme Component Results and Intermediate Results

Gambia - 1560

PC 1 - Young child survival and development

On-track

PCR 1560/A0/05/001 By 2016, women and children in the most vulnerable districts have access to quality maternal and child health services, including nutrition, PMTCT and WASH, especially during emergencies.

Progress: In 2012, a bottleneck analysis for the health sector and prevention of mother to child transmission (PMTCT) programme identified key challenges, including widespread shortage of basic drugs and other essential supplies in health facilities, especially at the village health service level. High impact health and nutrition interventions were also limited in scope and scale-up was stagnated, leaving the most vulnerable children and women unreached. In response to those bottlenecks, basic drugs for communicable childhood diseases and paediatric care were procured, benefiting an additional 4,762 children with diarrhoea, while an additional 7,471 children were treated for pneumonia in the Central River and Upper River regions (CRR and URR; RHT Report 2013). As part of the strategy to scale-up high impact health and nutrition interventions and to increase community access to affordable health care, the primary health care (PHC) strategy was expanded in CRR to cover an additional 73 villages.

Gains registered in routine immunization have been maintained (Penta3 – 96 per cent according to the EPI Cluster Survey 2012). Focus has been on the introduction of new vaccines. The Rotavirus was introduced nationwide in the routine immunization programme and the Meningitis “A” campaign, covering 1.1. Million people ages 1 – 29 years, was successfully accomplished. Proposals for introduction of Human Papilloma Virus (HPV) and Injectable Polio Virus (IPV) have received conditional approval for the Global Alliance for Vaccines and Immunisation (GAVI) funding and will be rolled out in the first quarter of 2014. Two rounds of oral polio campaigns, integrating Vitamin A supplementation and de-worming, were conducted in 2013. More than 98 per cent of children under five years were reached, further increasing their chances of survival.

The cold chain was further expanded with an additional ten units, guaranteeing increased space and safe storage for additional and new vaccines. These interventions significantly increased access to immunization services and, consequently, increased young child survival chances in the most vulnerable districts.

UNICEF’s support to strengthening the health system included building the capacity of health workers through case management training, and providing supplies of basic drugs, anthropometric equipment and Ready to Use Therapeutic Foods to all health facilities in CRR and URR. With UNICEF support, three mobile iodization machines, test kits and aggressive communication interventions moved national iodized salt utilization rates from 22 per cent in 2010 to 47 per cent in 2013 (DHS preliminary report 2013).

Malaria is a number one killer of children under five years. In 2013, at the policy level, UNICEF provided technical support for the review and elaboration of key policy documents, namely, the national Malaria Policy 2014 – 2020, the Malaria Strategic Plan 2014 – 2020 and the National Malaria Monitoring and Evaluation Plan 2014 – 2020. At the service delivery level, UNICEF is supporting an ongoing Seasonal Malaria Chemoprophylaxis (SMC) campaign covering two regions.

The proportion of the population using improved drinking water sources has steadily increased over the years and is currently estimated at 89 per cent (JMP 2013 updates). Access to basic sanitation lags behind, and is estimated at 68 per cent (JMP 2013 updates). The proportion of harmful sanitation practices such as open defecation has significantly declined, to only 2 per cent, and 245 communities achieved Open Defecation Free (ODF) status.

Constrained

IR 1560/A0/05/001/001 By 2016, a revitalized PHC strategy operational in the 20 targeted districts.

Progress: Between the early 1980s and mid-1990s, The Gambia ran a well-established and functional primary health care (PHC) strategy, making it a reference point for other countries within the sub-region to learn from. However, with time and because of a Government shift of focus from PHC to tertiary health care, the PHC strategy and structures, especially at the community level, have become weak, with a good number now totally dysfunctional. The Health bottleneck analysis conducted in 2012 confirmed the frequent shortage of drugs and other medical supplies in health facilities and community health posts. To reverse the trend and ensure equitable access to quality health care services for women and children, UNICEF supported the procurement of basic drugs and other diagnostic medical supplies to 158 PHC Village Health Workers in Central River Region South (CRRS) and the Upper River Region (URR). Forty six village health workers and 368 village development committees were sensitized on the PHC strategy. As a result, an additional 4,762 children under five with diarrhoea and 7,471 children with pneumonia benefitted from treatment in the 20 targeted districts.

Capacity of the Regional Health Team to undertake regular and supportive supervision of health service delivery at district and community levels was enhanced with fuel support from UNICEF. Coordination mechanisms for PHC revitalization at the policy level remain a challenge, as no regular coordination meetings were held in 2013. UNICEF’s work around coordination for the health sector remains high on the agenda for 2014.

On-track

IR 1560/A0/05/001/002 Universal immunization for immunizations, Deworming and VAS by 2016.

Progress: National routine immunization coverage rates remain consistently high at 87.7 per cent (DHS preliminary report 2013) and 96 per cent for Penta3 (EPI Cluster Survey 2012). However, much more still needs to be done. Four per cent of children, mostly from the poorest families, are still not reached with immunization and are at great risk – not only in the context of vaccine-preventable diseases but across a spectrum of threats to child survival. UNICEF supported the immunization programme to expand its outreach services in remote areas through the provision of five two-wheel motor bikes. The cold chain capacity was expanded to provide adequate storage space for vaccines.

In 2013, two new vaccines (Rotavirus and Meningitis A) were introduced, providing wider protection of children under five from vaccine preventable diseases. Two rounds of polio campaigns were conducted, integrating Vitamin A and de-worming and using the house-to-house strategy, and reaching more than 98 per cent of the targeted children (MoH Campaign Report 2013). A catch-up campaign for Meningitis A, which provides protection for ten years, was concluded in early December 2013, reaching 1.1. Million people ages 1 to 29. UNICEF was able to leverage resources that provided a cold van for safe vaccine transportation from the central to the regional level. This brought to an end the risky practice of transporting vaccines in open vans. UNICEF also provided technical support in the preparation of a proposal for GAVI support to pilot Human Papilloma Virus (HPV) prevention vaccination in school girls in the West Coast Region of the country. The proposal has been reviewed by the GAVI Secretariat, which granted conditional approval. Government financing of traditional vaccines and injection material and co-financing of new vaccines have been consistent, with no vaccine stock outs or default on co-financing obligations in 2013.

On-track

IR 1560/A0/05/001/003 Comprehensive package of high impact health and nutrition interventions delivered in the 20 targeted districts by 2016.

Progress: High Impact Health and Nutrition interventions are packaged and delivered through the immunization programme. In addition to its direct benefits, immunization facilitates vital contact between children and the health system during the first year of life, offering a vehicle to deliver other critical health interventions. These include Vitamin A supplements to prevent malnutrition, insecticide-treated nets for protection against malaria, deworming medicine and iodized salt consumption, among others.

In 2013, UNICEF invested heavily in communication and social mobilization, provision of equipment and supplies, strengthening of local coordination structures of the salt industry, and the national public health laboratory to scale up quality household iodized salt consumption nationwide. As a result of those interventions, household iodized salt consumption increased to 47 per cent in 2013 (DHS preliminary report 2013) from 22 per cent in 2010 (MICS 2010). Building on the integrated management of acute malnutrition (IMAM) rollout last year, an additional 150 health staff were trained and supplied with anthropometric equipment to facilitate screening and timely out-patient treatment of children with moderate malnutrition as well as referral of severe cases to nutrition inpatient wards. Routine administrative data from the National Nutrition Agency showed that at the end of September 2013, 3,521 severely malnourished children were admitted and treated for malnutrition.

Training of health workers from the 20 targeted districts on the identification and management of female genital mutilation/cutting (FGM/C) complications, counselling skills and advocacy strategies for abandonment of the practice continued in 2013, benefitting 250 staff. UNICEF supported Prevention of Mother to Child Transmission (PMTCT) of HIV and developed a PMTCT Elimination Plan for 2014 and beyond. Forty health workers received training on increasing PMTCT uptake in Upper River and West Coast regions. Despite this progress, there are still challenges in providing routine testing of HIV positive mothers and women, due mainly to the lack of reagents and other related supplies to conduct the tests.

On-track

IR 1560/A0/05/001/004 WASH services delivered, utilized and maintained in 200 PIQSS schools and selected communities in the 20 targeted districts.

Progress: UNICEF and partners continue to provide support to the water sector reform programme. As a result, a Water Resources Management Bill and National Sanitation Policy were finalized and submitted to the Cabinet for adoption and approval. The national water policy and other sectoral policies on water also were reviewed for harmonization with the Water Resources Management Bill, and an Action Plan for the scaling up of Household Water Treatment was developed and validated by stakeholders.

Ongoing advocacy for increased political prioritization of water, sanitation and hygiene (WASH) resulted in Government commitments to the Sanitation and Water for All Initiative, which has made progress on the elimination of open defecation, addressing equity and improving in-country coordination and monitoring. An open defecation free campaign is in progress. A Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) exercise completed in 2013 identified drivers and bottlenecks for expanding and sustaining WASH systems and services, including monitoring of progress of the commitments.

Access to improved water supply and basic sanitation was scaled-up in 23 rural schools in the Central and Upper River regions (CRR and URR), benefitting 4,832 students. Water points in 102 schools within CRR and URR were chlorinated to reduce the risk of water borne diseases among school children, contributing to higher school attendance in the 20 targeted districts.

The establishment of an in-country water and sanitation partnership forum led to the establishment of a WASH Multisectoral working Group in all the regions to improve WASH coordination. Funding was also leveraged under the ADFB WASH Project to provide sanitation facilities for schools in the 20 targeted districts.

On-track

IR 1560/A0/05/001/005 DRR strategies in place and 100 per cent of children and women affected by disaster supported timely with

supplies, diseases prevention and treatment interventions.

Progress: With collaboration from UNICEF and UNDP, a National Disaster Policy and National Disaster Act were reviewed to mainstream disaster risk reduction and climate change adaptation. The platform for Disaster Risk Reduction (DRR) was revitalized and regional sensitization sessions on flood risk reduction were conducted.

A national humanitarian strategy for 2013 was developed by the Humanitarian Country Team (HCT) to strengthen community resilience to crisis. Based on that strategy, UNICEF secured funding from ECHO for continuation of the 2012 integrated nutrition interventions, with a special focus on treatment of severe cases of acute malnutrition and underlying childhood diseases, especially malaria. A total of 2,178 children with severe acute malnutrition (SAM) were reached with therapeutic care and hygiene messages (45 per cent of the targeted 4,788 children). Seasonal malaria chemoprevention (SMC) drugs were procured and funding was secured from the French National Committee (Natcom) to undertake one round of SMC in the Central River and Upper River regions. The health staff were trained in December and the campaign is scheduled to take place in the first quarter of 2014.

A new hand pump well was built for one of the major nutrition centres in URR, and water containers were provided to eight nutrition centres nationwide to ensure proper storage of drinking water for inpatient children with severe acute malnutrition. Water, sanitation and hygiene (WASH) in emergency and cholera prevention training was organized for 30 personnel from central and regional levels to strengthen local capacity for WASH in emergency in all regions. Contaminated water sources in 69 flood affected communities were disinfected, benefitting 11,000 people. There was no report of cholera in any of the high risk areas in 2013.

A National Humanitarian Needs Overview (HNO) 2014-2016 was developed to ensure that the humanitarian actors have a shared understanding of the impact and evolution of a crisis. The Strategy led to the elaboration of a three-year integrated Strategic Response Plan. A key challenge affecting the humanitarian sector is unavailability of up-to-date quality data on the number of people affected during a crisis. To address those information gaps, capacity for early warning, assessments and monitoring tools were identified as priority areas in the recently concluded Humanitarian Needs Overview (HNO) funding proposal.

On-track

PCR 1560/A0/05/002 By 2016, an increased number of mothers and caregivers in the most vulnerable districts have adopted essential care practices for child survival and development.

Progress: UNICEF continued to work with the Directorate of Health Promotion and Education to scale up the promotion of essential family key household practices in the most vulnerable targeted districts. In 2013, 860 of the target village support group members from Central River Region South (25 per cent), were equipped with knowledge, skills and appropriate communication materials to promote essential family practices. Those practices include exclusive breastfeeding, hand washing with soap at critical times, sleeping under insecticide treated nets for U5s and pregnant women, use of oral rehydration solutions to manage diarrhoea, household water treatment and early health-seeking-behaviour for pneumonia.

On-track

IR 1560/A0/05/002/001 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.

Progress: At the macro-level, UNICEF continued to support the functionality of the National Communication Task Force under the stewardship of the Health Communications Unit of the Directorate of Health Promotion and Education. The multi-sectoral group conducted more than ten meetings to review progress on the implementation of health communication interventions across the country, including communication and social mobilization efforts for the two campaigns conducted for polio and the one on meningitis. In close collaboration with WHO, a participatory review meeting of the health education and promotion policy was supported, resulting in the development of a draft health education and promotion policy. When validated, that policy document will improve coordination and serve as the blueprint to inform health communication interventions nationally.

At the decentralized community level, UNICEF continued to support the scaling up of the promotion of key household practices for enhanced child care practices. Thirty-eight Multi-Disciplinary Facilitation Teams (MDFTs) were trained as trainers in Central River Region South. Those change agents trained and equipped 860 village support group members from 86 primary health care villages from CRR South with the knowledge, skills and portable visual communication materials to facilitate family and community dialogue for improved child care. This brought the total number of Village Support Group members trained across the targeted 348 PHC villages to 1,980 (57 per cent of the target) across the 20 most vulnerable districts. This Interpersonal Communication Efforts approach was complemented by 72 interactive radio programmes across three functional community radios from two of the intervention regions. Joint monitoring reports reveal that the Village Support Groups are knowledgeable in most key household practices. However, the level of understanding and practice of the behaviours at family and community levels are yet to be substantiated.

On-track

IR 1560/A0/05/002/002 By 2016, 600 communities are committed to abandonment of open defecation and have implemented CLTS action plan.

Progress: The Gambia made significant progress in reducing harmful forms of sanitation practices, with only 2.0 per cent of the population (predominantly rural) practising open defecation (JMP, 2013 Updates). The 2012 Sanitation bottleneck analysis was critical to redirecting and focusing the community-led total sanitation (CLTS) approach on regions with high open defecation rates. As a result, 569 of the 600 target communities (more than 90 per cent) were triggered for abandonment of open defecation between 2012 and 2013. A total of 100 communities, with an estimated population of 8,000-9000 people, have been certified Open Defecation Free (ODF), and an additional 130 triggered communities have been verified as ODF and could be certified in 2014.

The regional level celebrations of ODF status by the certified communities ignited the interest and commitment of regional authorities and NGOs working in the area of sanitation to support and adopt the CLTS approach. Concern Universal plans to train their regional partners across the country, and the ADFBWASH project completed training on CLTS for 30 extension workers in project intervention districts.

Despite the progress registered, there are still bottlenecks to achieving ODF status in 2015, especially with the unavailability of trained facilitators, the overwhelming workload of Multi-Disciplinary Facilitation Teams (MDFTs) and weak monitoring/follow-up systems. Consequently, a national campaign strategy is proposed for 2014 to assist in targeting the most significant populations practising open defecation, widely disseminating and diffusing the principles of total sanitation, and making the realization of the national 2015 ODF goal a genuine possibility.

PC 2 - Basic education

 On-track

PCR 1560/A0/05/003 Improved quality of education in 40 per cent of Lower Basic Schools in the most vulnerable areas nationwide, especially CRRS, CRRN and URR.

Progress: Progress achieved towards this PCR is attributable to the work of many partners, including the Ministry of Basic and Secondary Education (MoBSE), the Local Education Group (LEG), FAWE-GAM and UNICEF. UNICEF's specific contributions were both at the upstream policy level and downstream, where support was provided for the implementation of the Programme for Improved Quality standards in Schools (PIQSS).

At the upstream level, UNICEF supported the development of the national in-service teacher training policy and a draft training plan, which are being used to improve the pedagogical skills of teachers to improve student learning achievement. UNICEF support enhanced the quality of education by providing adequate teaching and learning materials for 60 PIQSS schools. More than 1,000 teachers (6.7 per cent females) benefited from various in-service training activities impacting on improved school performance (PIQSS data base). In 2013, the UNICEF supported PIQSS schools' performance at minimum competency level (40 per cent of total score) in the National Assessment Test was 25 per cent. This is a modest improvement over the 2011 performance average of 22 per cent (EMIS 2013).

The results of two equity focused researches supported by UNICEF fed into the finalization of the Education Sector Strategic Plan (ESSP 2013 – 2022), focusing mainly on quality improvements. The final draft document focused on the theme "Rethinking Education and Training for Accelerated Growth and Employment". It highlights 5 major programme areas of education in the country: Access and Equity, Quality and Relevance, Research and Development, Science, Technology and Innovation, and Sector Management.

 On-track

IR 1560/A0/05/003/001 Implementation of national education strategic plans and policies informed by equity focused research including inclusive education for children with disability.

Progress: With technical inputs from the Country and Regional Offices, the Ministry of Basic and Secondary Education (MoBSE) finalized the revised draft equity informed Education Policy and the Sector Strategic Plan 2013-2022 covering Basic, Secondary and Higher Education. The documents drew inputs from the UNICEF-supported 2012 Bottleneck Analysis of the education sector, the Evaluation of Gender Training of Teachers in the Upper River Region, and the Evaluation of the Girls' Education Project of FAWE-GAM.

As disability issues have now taken a more emphatic role in the national development agenda, UNICEF supported the National Disability Study. An international consultant was hired and a national steering committee comprised of Ministries of Education, Health and Social Welfare, NGOs and disability organizations was established to coordinate, supervise and facilitate the consultancy.

The National Disability Study was important and relevant for improving the information gap on children with disabilities and inclusive education for them. The Study report was shared with all relevant stakeholders, including the Ministry of Basic and Secondary Education, to improve policy on the education of children with disabilities as well as the various programmes aimed at promoting equity and overcoming barriers that limit the participation of children with disabilities in education and other services.

The results of the National Disability Study will be used to inform disability and special needs programming in education, such as the itinerant teachers programme, mainstreaming children with disabilities, and the revision of the Special Needs Education sub-policy. The result of the Evaluation of Gender Training in the Upper River Region (URR) is being used to inform the revision of the Gender Training Manual and the Gender Action Pack.

 On-track

IR 1560/A0/05/003/002 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 centered and ECD modules.

Progress: Support was provided to the Ministry of Basic and Secondary Education to develop an in-service teacher training policy, which has since been finalized. A draft training plan to implement the training policy is being developed and will be finalized in 2014.

Early Childhood Development (ECD) and Child Protection modules were developed and are now fully integrated into the existing Primary Teachers Certificate (PTC) training curriculum at The Gambia College. Forty college lecturers were trained to increase their knowledge and skills of ECD and Child Protection issues and are now confident to implement the revised curriculum with ECD and Child Protection

modules.

On-track

IR 1560/A0/05/003/003 By 2016, 200 Lower Basic Schools in 20 targeted districts implement the PIQSS package, including ECD.

Progress: Progress on the four components of the PIQSS package in 2013 included:

Improved school environment and management: Approximately 870 children in four schools are benefitting from new and improved classrooms and accompanying toilets. The learning environment for 6,662 children in the 60 PIQSS schools also improved through upgraded water, sanitation and hygiene (WASH) facilities. An additional 30 environmental clubs with students as members were formed and are active.

Improved teaching and learning: More than 200 teachers are now applying improved teaching methodologies such as the child centred method. In the PIQSS schools, students' performances in the National Assessment Test indicated that girls' performance at minimum competency level (40 per cent of total scores) compares favourably with that of boys in both English Language and Mathematics. For English Language, 17.59 per cent of boys and 15.67 per cent of girls attained minimum competency level; and for Math, 11.23 per cent of boys and 9.48 per cent of girls attained it (PIQSS database).

Improved Children's wellbeing: More than 60 teachers and approximately 120 students from the 30 PIQSS schools acquired increased knowledge and awareness on HIV/AIDS prevention and management. Teachers were exposed to, and are implementing, alternative discipline methods to corporal punishment. Schools have recorded fewer cases of corporal punishment, sexual harassment and bullying in schools.

Sustainable and improved Community Participation: A child-to-child census was conducted in the PIQSS school communities, which found that approximately 10,452 children (46.4 per cent girls) were out of school. The findings led to the opening of four new Lower Basic Schools. Communication and advocacy interventions also contributed to 7 per cent enrolment increase in the Central River Region and 4 per cent increase in the Upper River Region.

Constrained

PCR 1560/A0/05/004 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

Progress: The planned Cash Transfer (CT) programme was cancelled by MoBSE and UNICEF due to lack of sustainability and funding. The agreement to do so came about after a thorough assessment of the implications of the programme, using other cash transfer experiences elsewhere as a reference.

UNICEF and MoBSE, in collaboration with selected members of the Multi-Disciplinary Facilitation Team (MDFT), developed an Education Communication plan for 2012 and 2013. The communication interventions were carried out in partnership with the Mothers' Clubs and school management committees, with support from UNICEF. This resulted in some improvements in enrolment, especially at ECD and lower grades, in the schools in the Central River and Upper River regions (CRR and URR). In CRR in particular, the impact of the communication activities resulted in 12 communities requesting schools and, in one community, new enrolment went up by 250 children.

The work of the Mothers' Clubs and the School Management Committees (SMCs) is also contributing to improving the enrolment and completion rates in the two target regions. In CRR, the GER in 2013 was 60.2 per cent (boys: 53.3 per cent, girls: 67.1 per cent). In URR, the gross enrolment rate (GER) for 2013 was 85.6 per cent (boys: 87.5 per cent, and girls: 83.5 per cent). The Lower Basic completion rate for the same period for CRR was 39.30 per cent (boys: 34.70 per cent, girls: 43.80 per cent), and for URR, it was 48.30 per cent (boys: 56.40 per cent, girls: 40.50 per cent) (EMIS). While enrolment and completion are slowly improving they are still affected by issues such as early marriage, poverty and less premium placed on formal education.

Discontinued

IR 1560/A0/05/004/001 Cash transfer pilot scheme developed, implemented and evaluated for selected communities in the 20 targeted districts.

Progress: The implementation of a cash transfer pilot suffered many setbacks as funding and issues of sustainability were not sufficiently defined and determined at the onset of the programme. This resulted in the Ministry of Basic and Secondary Education and UNICEF deciding to cancel the initiative.

Constrained

IR 1560/A0/05/004/002 The MoBSE staffs have capacities to plan, implement, monitor and report on disaster risk reduction and response in Education.

Progress: A planning meeting was held between the Ministry of Basic and Secondary Education (MoBSE), the National Disaster Management Agency (NDMA) and UNICEF, in which responsibilities of each party, profiles of participants and the training duration on Disaster Risk Reduction (DRR) were clearly defined. Funds were disbursed and the training will be conducted in early 2014. The training is intended to build the capacities of rural Education and Health workers in DRR and emergency preparedness planning. Such knowledge and skills will be useful in addressing the effects of the flash floods and other forms of disasters that affect rural populations every rainy season.

PC 3 - Child protection

On-track

PCR 1560/A0/05/005 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

Progress: Slow but steady and tangible progress has been made toward development of a child protection system that aims to protect children from violence, abuse, exploitation and neglect. For the first time, a comprehensive mapping and assessment of the child protection systems was conducted in The Gambia. At year's end, the draft report, which is currently being discussed and finalized, provides empirical evidence regarding the strengths, weakness, opportunities and threats (SWOT) of the child protection system; the relevance, coherence and impact of the child protection interventions; both preventive and protective services; and the effectiveness and functionality of the child protection policy and governance. The report provides conclusions and recommendations on how to strengthen the child protection system. A capacity assessment of the Department of Social Welfare (DSW) was also concluded. The assessment mapped and gauged the functional and technical capacity of DSW to lead and manage strengthening of the Child Protection System in The Gambia. It provided new knowledge and understanding of the DSW capacity, its processes and procedures, and the reach of its services.

The two reports provided data on child protection expenditures as well as child protection case load management. These will serve as useful benchmarks against which progress of the child protection system strengthening efforts can be measured. The development of Child Protection Strategy and Plans of Action to strengthen the Child Protection system and DSW Capacity will follow in 2014.

Birth registration, juvenile justice and basic social services to orphans and vulnerable children (OVC), and preventive and protective services for children who are victims, or at risk, of violence, abuse and exploitation continued to make progress in 2013. Birth registration services, offered through the routine reproductive and child health services, continued to reach many children from some of the remotest parts of the country. Five hundred OVCs were provided with basic social services, ensuring that they continued to receive education. Juvenile justice delivery was strengthened with the training of staff and supply of equipment as well as printing and distribution of after arrest procedures and the integration of child protection into the Police Training School.

On-track

IR 1560/A0/05/005/001 By 2016, a comprehensive child protection system developed and functional.

Progress: Maestral International was recruited by UNICEF to conduct a mapping and assessment of the child protection (CP) system in The Gambia and to develop a costed strategic plan for a more holistic and coordinated approach to child protection interventions. Wide ranging consultations were conducted and consensus achieved among key stakeholders on system approach to child protection, and the need for multi-sectoral collaboration and coordination on CP issues was acknowledged. The draft report has not yet been finalized, but the process has been very participatory and the consultations have increased knowledge and understanding of child protection system while giving greater prominence and visibility to child protection issues on the national agenda. The mapping and assessment generated knowledge and understanding of the different perspectives on child protection at national, regional and community levels, the divergence among those three levels, and the need to bridge the gaps in child protection perspectives.

The mapping and assessment also generated knowledge on the policy and legislative gaps, the availability of child protection services, their reach, quality, relevance and impact, the challenges of coordination, the absence of standards, procedures and frameworks as well as child protection expenditures for each Ministry, Department or Agency.

One major constraint is that the six month period allocated to the consultancy is too short to complete the mapping and DSW Capacity assessments as well as develop a CP Strategy and Plans of Action to strengthen the CP system and DSW Capacity.

Constrained

IR 1560/A0/05/005/002 By 2013, DSW/Ministry of Children affairs at central and regional levels have capacities to plan, implement, monitor and report on child protection services, including during emergencies.

Progress: A wide ranging and in-depth assessment of the capacity of the Department of Social Welfare (DSW) was conducted by Maestral International. The draft capacity assessment report, which is being finalised, looks at both the technical and functional capacity of DSW. It emphasizes the link between capacity assessment and capacity development and sets the stage for moving from analysis to action. It also sets indicators for capacity and the benchmarks against which to measure progress. The assessment was conducted in tandem with the DSW Capacity assessment by the same consultancy firm, and is also constrained by the same time challenge as the child protection mapping. The six months allocated to do the mapping, the DSW capacity assessment and the development of a Strategy and plans of action are inadequate. A DSW with functional and technical capacity to develop, manage, coordinate and monitor child protection services at central and decentralized levels is pivotal for a functional and effective child protection system.

A note regarding timing: This IR was to last for two years (2012 and 2013), but it was later merged with IR 13, and due to the unavailability of Consultants, the implementation did not start in 2012. Implementation only started in the second half of 2013 and will go on until 2015. The IR will be amended during the Mid Term Review in 2014 to reflect these changes.

Thirty-five people from DSW, the National Disaster Management Agency (NDMA), UNHCR, UNICEF, Red Cross, Ministry of Health, and Ministry of Education had their knowledge strengthened in Planning, Implementing, Coordinating and Evaluating Child Protection in

Emergency through a one week training facilitated by an international expert. As result there is greater understanding of child protection issues in emergency and a greater recognition by NDMA of the need to integrate child protection into national contingency planning.

On-track

IR 1560/A0/05/005/003 By 2016, core child protection services available and communities empowered to respond to child protection issues, especially in the targeted districts

Progress: UNICEF continued to support the functioning of Community Child Protection Committees (CCPCs) and Adolescent Neighbourhood Watch Groups (ANWGs) to raise awareness on child protection issues, advocate and make referrals to formal institutions with regard to child protection cases. Recognizing the importance of behaviour changes in addressing some of the underlying causes of child protection violations, a Communication Framework was developed for the CCPCs and the ANWGs. The Communication Framework would harmonize and standardize the child protection messages given out by the CCPCs and ANWGs, and make them more focused and effective.

In 2013, with technical and financial support from UNICEF, there was some notable progress in strengthening the juvenile justice system to ensure that the system is child-friendly and that children in conflict or in contact with the law have their rights protected and fulfilled. Actors in the child justice sector were trained on child related legislations, policies and child centred approaches. Office equipment was also provided to those institutions to enable them to deal with cases in an effective and expeditious manner. The Child Justice Committee continued to be functional in 2013, holding several meetings and advocating for the strengthening of the child justice system in the country.

Some progress was made in addressing sexual abuse and exploitation of children in tourism. At the beginning of 2013, tourists in all the major hotels were reached with messages against sexual exploitation of children. In partnership with Gambia Tourism Board, 120,000 brochures with the child sex tourism (CST) code of conduct and messages against CST were printed and distributed to all major hotels. Addressing the wider issue of sexual abuse and exploitation of children remained a challenge. Like other child protection issues such as child labour, female genital mutilation/cutting and corporal punishment, child sexual abuse and exploitation remained a politically and culturally sensitive issue.

On-track

PCR 1560/A0/05/006 Reduction of violence abuse & exploitation: significantly reduced levels of violence, exploitation, and abuse as a result of positive changes in gender and social norms

Progress: Through the combined efforts of GAMCOTRAP, BAFROW, Tostan and other NGOs, hundreds of communities throughout The Gambia have made public declarations to abandon female genital mutilation/cutting (FGM/C) and other harmful traditional practices such as child/forced marriages. For example, in April, 30 circumcisers, representing 336 communities in the Central River Region, made public declarations to abandon FGM/C after completing a series of sensitizations conducted by GAMCOTRAP. In 2013, public discussions of the harmful effects of FGM/C and media visibility of efforts to abandon FGM/C gained prominence. More than 20 newspaper articles and editorials on FGM/C and its eradication efforts appeared in the four main daily newspapers. The national Steering Committee on FGM/C continued to be functional in 2013, holding several meetings in a bid to forge greater coordination and synergy among stakeholders in their effort to eradicate FGM/C. Although there is no specific legislation banning the practice in The Gambia, a Bill banning FGM/C has been drafted and discussed with members of the National Assembly. The process was undertaken by GAMCOTRAP with support from Save the Children International.

With support from UNICEF, the 32 Sarahuleh communities directly involved in Tostan's Community Empowerment Programme and an additional six communities that were indirectly involved through the organized diffusion strategy made declarations to abandon FGM/C and child/forced marriages. The 32 communities have a total 56,275 inhabitants, which represents about 31 per cent of the total population of the Upper River Region (URR). The declarations followed a completion of four non-formal education modules on human rights, democracy, health and hygiene, problem solving, management, literacy and numeracy. The 32 Sarahuleh communities are in addition to 40 Mandinka communities that made declarations in 2010, 40 Fulla communities that made declarations in 2011 and 33 Mandinka communities that made public declaration in 2012.

In a bid to comprehensively and holistically address wife beating, a C4D plan has been developed and awaiting finalization. When finalized and implemented, this plan would go a long way to addressing this delicate and sensitive issue.

On-track

IR 1560/A0/05/006/001 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.

Progress: Between January and December 2013, UNICEF supported the implementation of the Tostan Community Empowerment Programme (CEP) in 32 Sarahuleh communities in the Upper River Region (URR). More than 4,800 participants in the Sarahuleh programme are now on the Aawde I and II modules on literacy and numeracy. The participants are now putting in practice what they learned from the Kobi I and Kobi II modules on human rights, democracy, health and hygiene. In total, 6,240 sessions were organized into three separate weekly classes for adolescents and for adults. All 32 Sarahuleh communities participated in six inter-zonal meetings and six inter-village meetings as well as the weekly radio sessions. During the radio sessions, issues such as female genital mutilation/cutting (FGM/C) and child/forced marriages were discussed from a human rights perspective. The discussions also highlighted the health risks associated with both practices. Community consultations and dialogue, led by the Social Mobilisation teams, were held to foster consensus and to work toward changing the social norms and FGM/C abandonment.

The 32 Sarahuleh communities completed all the modules of the CEP and made two mini declarations to abandon FGM/C and child/forced marriages. Six additional Sarahuleh communities that were not directly involved in the programme but were adopted through the organised diffusion strategy also made mini declarations to abandon FGM/C and child/forced marriages. Following the two mini declarations in early in 2013, on 28 and 29 December 2013, 38 Sarahuleh communities (32 directly participating and six adopted) made public declarations to abandon FGM/C and child/forced marriages.

The mini declarations were widely publicized, with eight journalists and reporters from the print and electronic media covering the declarations in June. Key messages emanating from the mini declarations were disseminated through the three most widely read daily newspapers and the national television.

Constrained

IR 1560/A0/05/006/002 By 2016, acceptance of domestic violence and FGM/C at the national level decreased by 25 and 22.5 percentage points, respectively

Progress: In its efforts to promote and protect the rights of women by supporting Government and stakeholders to eliminate gender based violence (GBV), UNICEF actively engaged the National Steering Committee on GBV in pushing the agenda for the abandonment of GBV in a holistic and coordinated manner, placing great emphasis on female genital mutilation (FGM/C) and domestic violence. Acknowledging the complex nature of gender based violence and the culture of silence it is embedded in, UNICEF provided both technical and financial support to the development of the GBV Communication Plan. The plan will guide all communication interventions aimed at influencing attitudes and social norms within the private and public spheres to reduce GBV, particularly wife beating. The development of the plan brought together stakeholders from the national level to the grassroots level and from policymakers to communication experts to ensure that a holistic and multi-sectoral approach was used to address the problem. Quantitative and qualitative research methods were used during this meeting to enrich the communication plan.

In their effort to abandon FGM/C, UNICEF and partners continued to engage religious leaders and health worker through sensitization, training and dialogue on the harmful implications of the practice on the health of women and girls by using findings from clinical research.

The Women's Bureau, which is the lead government institution with the mandate to lead and coordinate all programmes on gender based violence, still requires stronger direction and human resources capacity.

PC 4 - Social policy, knowledge, and advocacy for children's rights

On-track

PCR 1560/A0/05/007 National capacities strengthened to design and implement child friendly policies, legislative measures and budgets.

Progress: In 2013, UNICEF's engagement in upstream policy advocacy and partnerships 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 supported the Government in:

- (i) policy dialogue on, and advocacy for, social protection and expanded fiscal space for social sectors (health, nutrition, education and social protection);
- (ii) generating knowledge and evidence to inform decision-making on inclusive and integrated social protection systems;
- (iii) strengthening coordinating mechanisms, and increasing capacity of government and civil society partners on equitable social and economic policies; and
- (iv) promoting and strengthening innovative partnerships.

With advisory and technical support from UNICEF and other development partners, the National Social Protection Steering Committee (NSPSC) completed diagnostic studies on social protection and public finance for children, including the mapping, analysis and social sectors public expenditure review (rapid assessment), to inform decision-making on national social protection and budgeting policies and practices. In December 2013, the Vice President of The Gambia confirmed at the Second Consultative Forum on Social Protection that harmonized and inclusive social protection is now a top development priority for the country. The Vice President also proposed that:

- (i) the NSPSC develop a national Social Protection Policy for 2015-2020;
- (ii) the Ministry of Finance and Economic Affairs (MoFEA) increase budget allocations to social protection to make sure that the initiative is fiscally sustainable;
- (iii) the UN system support the Government in its efforts to strengthen capacity on social protection and promote a South-South cooperation; and
- (iv) all stakeholders continue policy dialogue on advancing social protection systems in The Gambia.

A wide-ranging MoU on Social Protection was signed by nine partners, including three Government Ministries (MoFEA, MoHSW and MoTIE) and six UN agencies (UNICEF, UNDP, UNAIDS, ILO, IMF and WFP). This agreement reflects the political will and commitment of the Government of The Gambia and the UN system to jointly promote and protect the right of people for social protection. It is worth emphasizing that UNICEF's financial commitment to the initiative was minimal in 2013 (although UNICEF leads the process) because this initiative benefits from the UN shared budget approach. The UN system also continued to strengthen the government and civil society capacity on social protection through a workshop facilitated by ILO, UNICEF and IMF. It also supported the development of a training manual on social and economic policies and the drafting and distribution of advocacy materials.

The Government's interventions on social protection and public finance in general, and child rights in particular, have been strongly supported by the local media. The media representatives and young people have been an integral part of all the UNICEF public events

promoting the global or national UNICEF messages, thus increasing their knowledge about child rights. Media professionals had a chance to get insights on the situation of children when they participated in field trips, a MICS results orientation workshop, and SOWC 2013, DAC and other events. Those opportunities improved the media's skills and enriched their advocacy efforts to more profoundly promote the child rights agenda in the country.

In 2014, UNICEF will continue providing technical, advisory and capacity building support to the Government of The Gambia and non-state actors in the design and implementation of policies, legislative frameworks and budgets aimed at better protection and promotion of children's rights.

On-track

IR 1560/A0/05/007/001 Print and broadcast media have capacities to effectively analyse and popularize the equity agenda, child rights and protection issues.

Progress: Coordinated by the Department of Information Services, a media capacity assessment was conducted to ascertain the degree of journalists' knowledge on child rights issues, their skills to ethically report on vulnerable children, and available resources of media houses to report on a regular basis. A media capacity strengthening plan was developed to identify priority areas for development so that the media can better support national advocacy efforts for the most vulnerable children and women related to their rights and inequity. Capacity strengthening activities have not yet begun.

Through media field trips, public advocacy around the Day of the African Child and launching of the State of the World's Children Report 2013, sharing of up-to-date data and information, and an orientation session on the findings of the country's latest MICS, selected media professionals acquired knowledge and information on the situation of vulnerable children and women in poor villages and their attempts to reach health, education and protection services as well as change their behaviours and attitudes toward harmful social norms. Journalists learned about how to report ethically on vulnerable children, including children with disabilities and girls exposed to female genital mutilation/cutting early marriage.

A weekly radio programme, coordinated by Young People in the Media, created a platform for children and adolescents to not only receive latest child-related information but also voice their opinions and highlight issues affecting their well-being and rights.

Challenges in the implementation of the media capacity assessment led to the deferment of some activities to 2014, including capacity strengthening of the media, two media field trips, the publication of a magazine and an Audience Survey.

On-track

IR 1560/A0/05/007/002 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.

Progress: In 2013, UNICEF continued to support the National Social Protection Steering Committee (NSPSC) in generating knowledge and evidence on the situation of children and women, setting-up harmonized and inclusive social protection systems, identifying fiscal space for social sectors, building capacity, and advocating for increased and more effective and efficient investment in children.

The NSPSC (in general), and the Ministry of Finance and Economic Affairs (MoFEA) in particular, were supported by UNICEF, UNDP and the IMF in *Social Sectors Public Expenditure Review* (SS PER), a rapid assessment of the national budget process and resulting expenditure decisions for children and other disadvantaged groups. The SS PER found that the current budget process needs to be modified and social spending needs to be increased to address the needs of vulnerable populations. The same findings were confirmed by the almost completed (at year's end) *Child Protection Mapping and Assessment*, which among other issues reviews public finance management (PFM) and public administration in The Gambia. The chapter on fiscal space in the *Analysis of Social Protection Systems* supports these arguments and also advises on policy options to make current social protection investment more effective in reaching the most excluded children and other populations. All of these research studies have contributed to the discourse and decision-making, as being affirmed by the MoFEA, on more increased public financing of social sectors. They also informed the design of the 2014-2016 Mid-Term Expenditure Framework of Ministry of Health and Social Welfare, which specifies performance-based budgeting of social sectors, including social protection.

UNICEF has continued supporting government and non-governmental partners in their capacity building on public finance. Public finance was one of the issues addressed at the training workshop on social protection facilitated by ILO ITC, UNICEF and IMF in May 2013. A training toolkit, *Social Policies for Children*, with a module on social budgeting was developed and adopted for The Gambian audience in early 2013, and will be used during the public finance management and Social Protection workshop in January 2014. The NSPSC, with support from UNICEF, also developed an advocacy paper, "Children and Youth as Smart Investment," aimed at decision-makers, and released at the Social Protection Forum in December 2013.

On-track

IR 1560/A0/05/007/003 Social Protection Forum is formed and dialogue initiated on options for a social protection system

Progress: Growing policy momentum around social protection in The Gambia has resulted in a need for increased collaboration between the Government and the UN system, with UNICEF at the helm. In 2013, UNICEF continued to support the National Social Protection Steering Committee (NSPSC) in strengthening its coordination role, ensured the generation of evidence and knowledge, advocated for and built capacity on social protection, and advised on fiscal space for social sectors and promoted innovations in the

area, such as the new partnerships, a new mode of cooperation for the UN Gambia system.

Two major studies, *Mapping of Social Protection Actors and Their Programmes* and *Analysis of Social Protection Systems*, a first comprehensive diagnostic analysis of The Gambia's social protection system, were completed as a part of a larger strategy to protect the country's poor and most vulnerable populations. The analysis found that the existing social protection system faces a number of significant challenges, including a dearth of schemes; very low coverage of, fragmented and ad-hoc implementation among existing initiatives; and limited fiscal space – all of which have led to ineffective delivery of social protection measures. Those findings were validated at the Second Consultative Forum on Social Protection, *From Fragmentation to Integration, from Exclusion to Inclusion*, opened by the Vice-President of The Gambia in December 2013. The evidence generated and the policy options proposed at the Forum informed the design of the 2015-2020 Social Protection Policy, which is first-ever national policy in this area.

In March 2013, the Government of The Gambia (Ministry of Health and Social Welfare, Ministry of Finance and Economic Affairs, Ministry of Trade, Industry, Regional Integration and Employment), and the UN agencies (UNICEF, UNDP, UNAIDS, WFP, ILO and IMF), signed a wide-ranging *Memorandum of Understanding (MoU) on Social Protection*. The MoU partners committed to intensify technical and financial cooperation in order to support The Gambia in setting-up inclusive and integrated social protection systems.

In May 2013, UNICEF, in partnership with ILO International Training Centre and IMF, conducted a training workshop to strengthen capacity of NSPSC, central Government and civil society partners on social protection. The UN Group on Social Protection also was formed to coordinate the UNDAF social protection interventions; UNICEF chairs the Group.

UNICEF and its development partners will continue supporting the NSPSC in developing the Social Protection Policy and in designing and costing a minimum package of essential social protection in 2014.

On-track

PCR 1560/A0/05/008 Government capacity strengthened to collect, analyse and use data to inform policy and decision makers and conduct evaluations on policies and programmes by 2016.

Progress: In 2013, the Government of The Gambia, under the leadership of the office of the Vice-President, conducted the Gambia Demographic and Health Survey (GDHS) for the first time in the history of the country. Even though the Government, through the Gambia Bureau of Statistics (GBoS), has a long history of conducting National Censuses, Multiple Indicator Cluster Surveys, Integrated Household Surveys and other surveys on a regular basis, this was the first time they collaborated with the Ministry of Health and Social Welfare to produce comprehensive data on fertility and mortality, family planning, and maternal and child health. Blood samples were also taken and analyzed at a wide scale level for HIV and malaria.

An integral part of the GDHS was the conduct of several trainings for all the stakeholders of this survey to enhance their skills on collecting and analysing data. Several Government departments, including the National Nutrition Agency, MoHSW, National Population Council and the GBoS, benefitted from these trainings. The experience gained from undertaking this survey also further enhanced their capacity to manage complex surveys.

In line with the UN's decree to strengthen national capacity for data management, technical and financial support was provided to the GDHS by UNICEF, UNFPA, UNDP, WHO and UNAIDS. The UN agencies were ably represented both in the Steering Committee and Technical Committees, where solid guidance was provided to the Government for the successful conduct of the Survey.

The preliminary report has been shared with partners and the final report is expected in early 2014 to inform the end term report for Millennium Development Goals (MDGs).

On-track

IR 1560/A0/05/008/001 By 2016, equity based quality data is available and used for advocacy, designing, implementation, monitoring and reporting of national programmes, policies and laws.

Progress: The MICS IV results have been widely disseminated at various levels, from high-level briefings with the Vice-President to presentations for the media. The report also was made available to 500 stakeholders and uploaded on the Child Info website for wider dissemination. UNICEF and its partners are using the results of the survey to promote use of the data, make visible the inequities that exist in the country in almost all the social indicators, and advocate for equitable distribution of resources. The results are widely referred to in most Government publications, studies and public statements. MICS is used to track progress towards the MDGs and the Gambia's Programme for Accelerated Growth and Employment (PAGE).

UNICEF supported several key national studies, including the National Disability Study, which provided information on the types of disability among children in mainstream schools, the challenges they faced and their coping strategies to ensure that reliable information is available for all, including the most marginalized groups. The findings from the study were shared with stakeholders and will be used in the Ministry of Basic and Secondary Education's programme for special needs children.

UNICEF participated at the National Stakeholders Forum for the Users and Producers of Statistics, where the GBoS took the opportunity to further discuss and gather information to develop the National Strategy for the Development of Statistics (NSDS). UNICEF, together with the partners present at the forum, made several recommendations on ways to improve the coordination of the National Statistical System (NSS) and improve data management.

A major constraint is still the limited availability of funds to conduct district level surveys such as Lot Quality Assurance Surveys (LQAs)

to effectively monitor and report on MoRES. Limited availability of equity based data also poses a challenge for humanitarian interventions.

On-track

IR 1560/A0/05/008/002 By 2016, Key Social Sectors including the regional offices have enhanced capacities in programme planning, monitoring and evaluation.

Progress: The MoRES initiative was presented at the first MoRES workshop in June 2013, conducted by UNICEF Country Office with support from the Regional Office. It was well received by the Government. In early July 2013, the Government and UN partners met again at the second MoRES workshop to develop a comprehensive two-year Level 3 Monitoring Roadmap, discuss and agree on leadership and coordination issues, outline strategic partnerships with the UN and other partners, identify the pilot sites, and address the capacity building bottlenecks.

The Country Programme was assessed both at mid-year and end-year in cooperation with the Government of The Gambia. The progress achieved for 2013 has been reviewed, and the gaps and bottlenecks identified and analyzed. Annual work plans for 2014 were also discussed and developed with partners with the support from the Social Policy, Knowledge Management and Advocacy programme. The partners in the Country Programme were also exposed to Results Based Monitoring at those sectoral reviews.

Partners at the regional levels were involved in the monitoring exercises that the UNICEF programme staff members undertake on a regular basis. The monitoring findings were shared and discussed with partners at the sectoral reviews. Support was provided to various studies and evaluations in the Integrated Monitoring and Evaluation Plan (IMEP), and the overall quality of monitoring has been strengthened.

PC 800 - Cross-sectoral costs

On-track

PCR 1560/A0/05/009 Cross Sectoral costs - supply and procurement.

Progress: The Country Programme cycle 2012 - 2016 focuses on ongoing reviews and enhancement of management systems and processes, aiming at accelerating results for Gambian children and achievement of greater programme effectiveness and efficiency through:

- a) Developing staff capacity to fulfil VISION and IPSAS requirements by providing training, adjusting the work processes and adherence to enhanced rules and procedures;
- b) Strengthening control mechanisms over planning, implementation and monitoring;
- c) Promoting a dynamic work environment that will help all staff to perform at their best capabilities whilst promoting staff professional and personal growth.

On-track

IR 1560/A0/05/009/001 Effective and Efficient Programme delivery, supply and procurement

Progress: Utilizing Cross-sectoral funds, the Office was able to provide support to programme implementation and to ensure an optimal use of resources and the achievement of all planned results under the three main Programme Components of Child Survival and Development, Basic Education, and Child Protection, as well as for Social Policy and C4D. The operationalization of VISION is effective and standard operating procedures are in place and functioning. An internal control is in place that includes a regular review and monitoring of the Table of Authority (ToA) through Approva in order to review the risk of user violations and ensure that a proper segregation of duties is applied. Various management and coordination mechanisms are 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 the Business Continuity Plan (BCP), EWEAP, and the risk profile and control library; developing an Office learning plan; and completing HACT assurance activities.

PCR 1560/A0/05/800 Programme Support

On-track

IR 1560/A0/05/800/001 Governance and Systems

Progress: All Office statutory committees were in place in 2013 and performed their assignments as per their Terms of Reference. A new management team came on board in August (Representative, Deputy Representative and Operations Manager). The key results and management priorities were derived from the Annual Management Plan 2013, an analysis of the lessons learned from the previous year (2012) 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 helped in contributing to smooth management of the Office.

On-track

IR 1560/A0/05/800/002 Financial Resources and Stewardship

Progress: After the micro-assessment of all UN Implementing partners in 2012, the Office focused on the assurance activities in 2013. Eleven spot checks were conducted. The HACT working Group is being revived. The non-post cost of the Institutional Budget (IB) allocated in 2013 was fully utilized, and 90 per cent of the Regular Resources (RR) allocated in 2013 was spent for the programme activities, covering costs of the Communication for Development (C4D) Officer, the Supply and Logistics Assistant, one Programme Assistant, one programme and Budget Assistant, and three UNICEF drivers. The funds contributed to costs of common premises and services of the UN House, 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, staff development activities, and travel related costs.

 On-track

IR 1560/A0/05/800/003 Human Capacity

Progress: Two positions (one General Service and one international Professional) remained vacant due to lack of funds. There was no other pending recruitment at the end of 2013. The Office ensured PAS compliance, and all 2012 performance evaluations were completed by end February 2013. The key assignments for staff members in the 2013 PAS were defined by the end of March. The mid-year discussions for the 2013 PAS were completed by the end of August. All Office personnel files were assessed for completeness and were updated with missing and/or more recent HR forms. The HR staff is preparing and cleaning-up staff files for the electronic record management system. A comprehensive briefing package for new staff was developed and will be reviewed during the next staff retreat, scheduled in February 2014. An "HR in the box" initiative was created on the share drive.

 On-track

Progress: The Country Office did not have any outstanding salary payments for the Office staff in 2013. 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.

Effective Governance Structure

The Office identified its strategic programme, operations, and management priorities during its staff retreat in March 2013. The retreat served as a forum to address Office achievements and constraints, define management priorities, and brief and train staff on revised organization procedures such as the new revised work processes related to travel and contracts. It also served as a forum to conduct a comprehensive review of the TOA along with accountability and delegation of responsibilities and rights, and to discuss the findings of a self and risk assessment exercise.

Five management priorities for improved performance were identified in 2013:

- (i) Acceleration of results for Gambian children and achievement of greater programme effectiveness and efficiency, as well as operationalization of the equity agenda; Programme readiness of emergency situation, and timely and effective response to reduce vulnerability.
- (ii) Improvement of overall Office performance by continued strengthening of staff in operationalizing VISION and adjusting the work processes and procedures, and strengthening the control mechanisms over programme planning, implementation and monitoring as well as Operations management.
- (iii) Effective and focused fundraising activities in order to secure the funds required to sustain the programme's key interventions over the period 2013 and beyond – this priority is particularly important and challenging in view of the global financial crisis context and the fact that The Gambia is not attracting donors.
- (iv) Engagement in the implementation of UNDAF 2012-2016, in particular, through joint programmes and joint programming as well as the task forces and working groups, which include the Programme Coordination Group (PCG), Operations Management Team (OMT), UN Communications Group (UNCG), Monitoring and Evaluation (M&E), and Gender groups.
- (v) The promotion of a conducive work environment that will help all staff to perform at their utmost capacity and promote professional and personal growth.

Office performance was reviewed on a monthly basis at programme and operation coordination meetings, respectively, and reported to the Country Management Team (CMT). Key audit recommendations were standing items on the CMT agenda. Section performance with regard to travel, HACT and utilization were introduced as a standing item on the CMT agenda, resulting in significant improvements and better planning. Office management reports (OMR) have been useful in performing a reality check vis-à-vis other countries in the region as well as to push the agenda forward. The programme section is always represented in the Operations Group Meeting, and vice versa. The three-way weekly meeting between Representative, Deputy Representative, and Operations Manager was another mechanism that continued to ensure better coordination among Front Office, Programme, and Operations, with a focus on efficiency and results based management by maximizing impact.

Strategic Risk Management

The Office built a risk profile and control library in 2011, contained in the Risk and Control Self-Assessments (RCSA), which have been reviewed and updated on bi-annual basis. They will be reviewed and updated during the next Annual Management Plan (AMP) Retreat based on the new format in the Enterprise Risk Management (ERM) guidelines. The most significant risks were identified in the area of aid environment, country environment, neutrality, partner relations, predictability of funding, capacity for programme management, governance and accountability, and ethics and culture in view of the sensitive political environment in the country. The Office will capitalize on the preparations of the next mid-term review (MTR) to ensure that they are risk informed, and they will advise the development of risk informed rolling work plans (RWPs). All statutory committee TORs and the AMP were revised during the 2013 AMP retreat, including the Risk Action Plan. The implementation of the Risk Action Plan is reviewed at CMTs and at larger forums such as the yearly staff retreat.

The Office effectively and efficiently assisted the Government of The Gambia during the emergency caused by floods. Prepositioned supplies were placed at health centres during the floods. The Office undertook frequent

visits to verify that prepositioned emergency stock was available at all times according to the distribution list of health centres, including the completion of water facility rehabilitation and toilet constructions.

The Business Continuity Plan was updated and a test simulation will be conducted in the first quarter of 2014.

Evaluation

The Country Office developed a broad five-year Integrated Monitoring and Evaluation Plan (IMEP) in 2012. The 2013 IMEP was shared with the Regional Office, their feedback was incorporated, and the IMEP was updated to realistically provide the needed information for the country programme.

The main evaluation planned for 2013 was the Health Facility survey of IMNCI Case Management, which is a joint effort with the World Health Organization (WHO). The preparatory stage of the survey was completed and agreement was reached on survey logistics, with WHO providing technical assistance and UNICEF co-financing implementation of the survey. The survey will be completed in 2014.

The Evaluation of Teacher Training on Gender Mainstreaming that began in 2012 was completed in 2013. The UNEG guidelines on evaluations were used throughout the entire evaluation process. The findings of the evaluation, in summary, assert that boys and girls are still being socialized in the traditional way and that gender roles are still well entrenched in the rural areas, despite the numerous interventions undertaken by institutions such as UNICEF, FAWEGAM, the Gender Unit of the Ministry of Basic and Secondary Education (MoBSE) and ActionAid The Gambia. The evaluation's key recommendations were to intensify advocacy geared toward creating awareness on the importance of allowing the girl child to proceed up to senior secondary school, and that the teachers already trained on gender need more in-depth training on ways of systematically applying the methodology. In responding to the recommendations, the MoBSE is embarking on a review of the gender manual and subsequent retraining of teachers. The evaluation was uploaded in the Global Evaluation Reports Oversight System (GEROS) and upon receiving feedback, management prepared and submitted a timely response.

The local capacity to undertake evaluations is still limited and the Office sometimes has to resort to using the same consultants that it has worked with several times in the past. This introduces the risk of the consultants being familiar with the supervisors of the evaluations, which may jeopardize their impartiality. To minimize those risks, the 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.

The Office is not yet involved in building the national capacity on evaluation due to the limited internal human capacity. The UN Country Team (UNCT) is collaborating on strengthening the M&E capacity of the UN and its partners and has agreed to send a country delegation, comprised of both UN and key Government partners, to the African Evaluation Association Conference (AfrEA) in 2014, where they will advocate for more evaluations to be conducted.

Effective Use of Information and Communication Technology

The UN Information and Communication Technology (ICT) group, made up of all Executive Committee agencies ICT staffs, was established, and a One-UN mailing list was created in 2012 to facilitate communication among all within the group. ICT officers within the UN premises backstop one another during annual leave or official travel. A proposal to replace the analogue PABX system with an IP telephony that is shared with all agencies in the UN house, (with the exception of WFP, which already has IP telephony), was developed and sent to the Operations Management Team (OMT) for review. It will be included in the list of items to be done in 2014. The UNICT group is looking into the possibility of creating a joint UN wireless access as part of the BCP, which would allow consultants and visitors to the UN to have access to the internet.

With the introduction of Citrix and Inter-notes, users can now access VISION and Notes from any location

outside the Office once they have access to the internet. With the recent setup of the Lotus Notes Traveller server in the Regional Office, staff members are able to connect to the Regional Office server to send/receive Notes mail and calendar entries directly from/to their own iPad, iPhone, iPod, Android phone, Android Tablet, and/or Nokia Smartphone. This has immensely improved easy access to emails from outside of the Office.

All the agencies in the UN house have recently joined GAMTEL, a local ISP's fibre link. Initially, three agencies in the UN house (UNICEF, UNDP and WFP) were to conduct a joint process for a good deal for the installation of the fibre optic. Due to urgent priorities from the WFP headquarters, WFP Gambia proceeded alone. Subsequently, UNICEF and UNDP did a joint process and each signed its own individual contract with GAMTEL. The installation of the fibre optic was completed and a lease for its services secured for a one-year period. During the 2013 OMT retreat, it was agreed that after the expiry of the respective agency contracts, the UN should negotiate and sign one contract on behalf of all the agencies with GAMTEL to attract a better deal beneficial to all agencies.

Following recommendations from the Property Survey Board (PSB) committee, below standard IT equipment was donated to NGOs, Government partners and IT training schools. The obsolete IT items were disposed of in an environmentally friendly manner by the National Environmental Agency (NEA).

In its effort to ensure business continuity, the Office recently acquired a more secure and higher capacity internet access. Citrix, Inter-notes and Vision were all updated according to the latest release from GHD.

Fund-raising and Donor Relations

Fundraising for the Country Office has been a challenge as donors are very limited and a number of UNICEF traditional donors do not support the country. Given The Gambia's donor orphan status, the Office further intensified its fundraising efforts in 2013 to attract donor interest by reviewing and streamlining its fundraising plan. Strategic tools (including proposals, donor updates and information, donor reports, press releases and flagship reports) were developed and shared with current and potential donors, as well as with the Regional Office and New York Headquarters (NYHQ). A Natcom Toolkit for young child survival and development (YCSD) was developed and shared with Private Fundraising and Partnership Division (PFP) for comments. It was then put on hold pending the alignment of PFP processes with UNICEF's latest Strategic Plan. Action points of the Office fundraising plan were monitored regularly at Fundraising Taskforce, Programme and CMT meetings.

The Office continued to face inconsistencies in funding for the programmes components, with some components adequately funded and others grossly underfunded. For example, Basic and Secondary Education mobilized 139 per cent of its yearly target for 2013, thus performing quite well, while Social Protection, Knowledge and Advocacy was able to raise only 16.6 per cent of its target. Overall, the Office mobilized US\$2,572,794.64 for regular programming, corresponding to 80.9 per cent of the other resources (OR) ceiling for 2013, and received an additional US\$328,179.58 from ECHO for Humanitarian Response.

The Office continued to engage with the EU Delegation, the Country Coordination Mechanism for the GFATM, GAVI and National Committees on a regular basis. Donor reports were reviewed and finalized through a quality assurance process established by the Country Office and were all submitted on time.

PBAs expiring in 2013 were closely monitored through monthly reports to the programme and CMT meetings to ensure they were fully spent before expiry date. Overall fund utilization in 2013 for both OR and RR was approximately 95 per cent.

Management of Financial and Other Assets

The Office maintained good systems to safeguard financial and other assets. PPE and programme supplies were kept updated as per IPSAS requirement. Movement and disposal were properly recorded. Regular PSB meetings were conducted in accordance with the scheduled time plan. All new equipment was properly

tagged and updated in VISION.

The last audit was in 2008 and had a satisfactory rating in the area of operations. To sustain this, the Office ensures that all transactions are in accordance with standard operating procedures (SOPs), and that the timeframe established in the SOPs and the Division of Financial and Administrative Management policies are followed. Bank optimization reports have always been submitted to the Regional Office on time; however, for 2013, it was not a regional priority.

The Office maintained a cash flow balance on both accounts (GMD and USD) to the minimum benchmark set by the Regional/NYHQ office. Bank reconciliations were 100 per cent successful. Regular financial spot checks for implementing partners who received cash transfers between US\$50,000 and US\$100,000 were conducted. Cash forecasts were sent on time and the regional/NYHQ website was updated accordingly. Staff payroll was done on time, in accordance with the timetable provided by NYHQ, and adjustments and updates on funding sources were prompt. Close monitoring of the Institutional Budget and Cross Sectoral (CS) budget was maintained throughout the year. Clearing, reconciliation and updating of activities of the year-end closures for financial transactions (Receivables, Payables, prepayments, Staff Receivables PAR accounts, Direct Cash Transfers (DCT) Receivables, DCTs refunds, Reclassification, etc.) were closely monitored and fell within the set due dates. As part of DFAM month-end closure activities, the Office reviewed the status of GLs, JVs, and PARs on a monthly basis. The Office spent 100 per cent of integrated budget (IB). Throughout the year, the Office did not have any outstanding DCT over 9 months. The Office is using Standard Chartered Bank electronic banking (S2b) platform and module in VISION for almost all payments; this has significantly reduced the risk for any foreseeable fraud and delays in payments.

The Office performed well on key indicators. More than 90 per cent of regular resources (RR) allocated in 2013 was spent.

There are still challenges related to realistic planning. This will be further discussed with staff members during the 2014 retreat and appropriate actions will be taken to improve the situation.

The interagency working group (HACTWG) had been chaired by UNICEF from 2007 to 2011, followed by UNFPA in 2012. The working group has been dormant since the end of 2012. With the arrival of the new UN Heads of Agencies this year, the new UN management considers HACT a priority and is trying to revive the committee. The first meeting is planned from January 2014.

Supply Management

In 2013, the supply plan, developed in close collaboration with programme and government partners, was signed before the deadline and monitored. An internal deadline of the end of July was set for the creation of all offshore orders with available funding. Overall, the implementation of offshore procurement was timely and no major constraints were encountered. Throughout the year, support provided from the Supply Division in implementing the offshore component of the supply was very good. The items purchased were ready to use therapeutic foods (RUTF), cold chain equipment, education supplies, garden tools, computer equipment, fuel, vehicle spare parts, stationery and office furniture.

The Office established an LTA for fuel and one for stationery and office supplies, continued from 2012. The small size of the local market continues to be a challenge. Due to the departure of the Operations Manager (OM) in early February 2013, the supply assistant was backing up the OM position, and monitoring of suppliers at end user level was minimal as a result. However, a series of spot checks were conducted with programmes in confirming deliveries at partner warehouses. The late availability of funding for some programmes resulted in heavy workload during the third and fourth quarter. Due to limited funds received by programmes, some of the planned items were not procured.

Procurement Activity – 2013

Type	Programme	Admin	Grand Total
Supply	87,788	98,274	186,062
Services		185,457	185,457
Gambia Total	87,788	283,731	371,519

Figures in US \$

The supply assistant was able to benefit from procurement training in Copenhagen, funded by the Supply Division. The training was timely and assisted in tackling some of the challenges in supply.

UNICEF Procurement Services continued to play a significant role in the UNICEF Gambia Country Programme and the annual turnover increase every year. For 2013, US\$3.3 million was registered. The Office continued to promote and support Government partners in procurement of essential and strategic supplies. EPI, Ministry of Health, National Nutrition Agency (NaNA), GAVI and Medical Research Council continued to be UNICEF major customers.

Partner	2013 Amount
GAMBIA - GAVI Department of State	2,788,390
Ministry of Health and Social Welfare	508,730
Medical Research Council	2,762
National Nutrition Agency	5,383
Gambia Total	3,305,265

Figures in US\$

Commodity	2013 Amount
Immunization	3,029,329
Cold chain & devices	178,962
Proj. Support Copenhagen	142,567
Nutrition	2,763
Gambia Total	3,353,621

Figures in US\$

At the level of the UN, the Office participated in joint selection processes of suppliers for common services. The UN is now working toward creating joint LTAs for various supplies and services for 2014.

The Office continued to support partners in the development of specifications for locally acquired supplies and collaborated with the partners and the Regional Office in monitoring RUTF and vitamin A capsules in order to avoid stock outs and ensure availability when needed.

The Contracts Review Committee (CRC) met eight times based on the yearly calendar. Most of the submissions were for recruitment of services of international consultants. The Committee welcomed newly elected members who were briefed and provided key reference materials to ensure that they are familiar with the roles and responsibilities of the CRC.

Limited human resources in the supply section continued to put a lot of pressure on the Supply Assistant, who manages Procurement Services as well as all supply and logistics for the Country Office, and spends 45 per cent of her time daily on procurement services. Since the Country Office does not have its own warehouse, the Supply Assistant conducted several spot checks to Government warehouses to confirm supply materials delivered. One Field monitoring visit was conducted to the Upper River Region, which is at the extreme end of the country from the Office.

The Office currently owns one four-wheel vehicle which has gone past the 100,000km limit, one mini-van which is more than five years-old, and a sedan used by the Representative. Two four-wheel vehicles were leased from CFAO since 2011 for programme field monitoring, and are being managed without any problem. That lease will expire on 16 October 2014.

Human Resources

During the last Country Programme Management Plan (CPMP) in 2012, a new structure/organogram was established for programme and operations, with a total of 29 positions, including 4 International Professionals, 10 National Professionals, 13 General Service staff and 2 UN volunteers. The Office had made conscious efforts in reaching gender parity, with 14 female staff and 13 males.

Two posts (GS5 Admin assistant and UNV M&E) remained vacant in 2013 due to funding issues. . Due to the limited market for human resources, the Office was unsuccessful in identifying candidates for the nutrition specialist (NOC) on a Temporary appointment. Consequently, the recommendation of the Central Review Body (CRB) was to review the Terms of Reference (ToRs) and hire a consultant at an international level.

Management maintained an open dialogue with the Local Staff Association (LSA) through the JCC resulting in good communication between staff and senior management. The LSA also maintained the momentum on staff welfare issues, organized staff outings and supported staff in difficult circumstances.

The Office Learning Plan implementation was monitored at CMT level, based on group/individual trainings and learning approved during the 2013 AMP.

The Learning and Development Committee (LDC), which serves as an advisory body to the Representative, coordinates assessment of the Office learning/training needs, monitors the implementation of learning/training and career development plans. For 2013, the LDC approved a staff member to go on mission for three months to another Country Office.

Although the Office does not have an official stress management committee, the Office has appointed a focal point as peer support volunteer (PSV) for stress management.

In 2013, one HIV/AIDS training was organized jointly by the UN agencies on HIV/AIDS and UN CARES.

The impact of the Office's actions toward the 2011 Global Staff Survey has been positive. LSA, in consultation with Senior Management Team (SMT), drafted an action plan to work on the recommendations made in the 2012 AMP. Areas that needed improvement for Gambia Country Office included personal empowerment, career and professional development, and work/life balance.

In the area of personal empowerment, staff were advised to continue expressing their opinions and making suggestions. A peer review system will be maintained to ensure that this continues. Programme Officers were given authority to approve up to \$5,000 of their IRs.

For 2013, the Regional Office (RO) provided funds for a French language course, which was intended for eight staff (five women and three men), starting in July, and ending in mid-December 2013. The RO also funded the Rosetta Stone French online courses for six staff at the end of 2013. The main reason for having staff fluent in a second language is to assist them in their career and professional development goals of attaining International status.

SMT appreciates the need for a good work/life balance. Seven staff members opted for flexi-time in 2013 to suit their family requirements. All efforts are made to ensure meetings no longer go beyond 5:00 pm, and the agenda/discussions are time-bound. Staff who work on UN holidays and weekends are compensated through compensatory time.

Efficiency Gains and Cost Savings

The Operations Management Team (OMT) is chaired by WFP and is composed of all UN agencies, including IMF and World Bank.

UNICEF shares the UN complex and contributes the second highest amount to costs. UNICEF contributed to influencing the 2012 budget for transaction cost reduction. Steady decline in expenditure of Common Services contributed to a total savings of 1 per cent. The amount was re-credited to the 2013 Budget and contributed to reducing the total amount of disbursements for the year to US\$135,073. Compared to the 2012 Common Services Budget, this represents an increase of 9 per cent. This increase is attributable to the contribution of UNICEF for the procurement of a new 300 KVA generator. In total, the amounts spent are as follows: rent – US\$41,885, dispensary – US\$24,244, and other costs – US\$68,943. Given the limited Support Budget resources, the total cost was covered by additional funds from the cross-sectoral and the Rapid Credit Facility (RCF) funds transferred by the Regional Office.

The UN Dispensary is governed by the UN Dispensary Management Committee (UNDMC), chaired by WHO and reporting to UNCT. The OMT Chair sits at UNDMC. With regard to the UN Dispensary, an MOU has been signed between the Resident Coordinator and Van Breda medical insurance on cost recovery. A financial software was purchased for use by the Dispensary to manage the patients and issue bills to Van Breda, so that agencies can start recovering. The software has not been functioning due to different constraints. UNICEF hopes to see it become functional, as all staff are insured with Van Breda, while this is not the case for other agencies.

The OMT faced challenges in terms of low participation level, the majority of tasks are dealt with by only few agencies and therefore work burden is not properly shared. There are four sub-committees under OMT: Finance, ICT, HR and Procurement. Those sub-committees are to help the OMT look at documents such as quarterly audit on Common Services activities, proposals/LTA, draft MOUs, and leases in the different technical areas. The composition of the sub-committees was reviewed and updated during the OMT retreat in May, but at year end had not yet been endorsed by the UNCT, thus delaying sub-committees. OMT keeps pushing for improvements. After a thorough analysis of the budget was conducted by the OMT Committee, savings were identified and, as a result, the budget was duly approved and contributions were released accordingly.

The Office held a joint procurement with UNDP for fuel and installation of a fibre optic link, in which a two-year LTA was signed. LTAs for common services such as security, cleaning and gardening, were also signed, for shorter work process and cost reduction. A joint UN LTA for travel and other supplies and services are being processed to start in 2014.

Changes in AMP & CPMP

The 2014 AMP will be updated to reflect Office compliance while considering recommendations from reviews of the MTR and maintaining focus on achieving results for the most marginalized.

AMP statutory committee TORs will also be revised to ensure that they are risk informed, and contain the Country Office's risk profile, control library, and action plan.

The Office will concentrate on learning priorities for 2014 to prepare the staff for smooth organizational change while focusing on preparations for efficiency and effectiveness implementation for timely procedures. Key 2014 management priorities will identify areas for cost saving and cost control, and will be subsequently monitored through the AMP.

Summary Notes and Acronyms

Acronyms

AMP – Annual Management Plan
 APR – A Promise Renewed
 BCP – Business Continuity Plan
 CaDO – Catholic Development Organization
 CBOs – Community Based Organizations
 CCM – Coordinating Committee Meeting
 CLTS – Community-Led Total Sanitation
 CMT – Country Management Team
 CO – Country Office
 CP – Child Protection
 CPMP – Country Programme Management Plan
 CRR – Central River Region
 CSD – Child Survival and Development
 DAC – Day of the African Child
 DRR – Disaster Risk Reduction
 DoSW – Department of Social Welfare
 ECD – Early Childhood Development
 EMIS – Education Management Information System
 EPI – Extended Programme for Immunization
 ERM – Enterprise Risk Management
 FAWEGAM – Forum for Women Educationalists – The Gambia
 FGM/C – Female Genital Mutilation/Cutting
 FIOH – Future in our Hands
 GAM – Global Acute Malnutrition
 GBV – Gender Based Violence
 GDHS – Gambia Demographic and Health Survey
 GHD – Global Help Desk
 GoTG – Government of The Gambia
 HACT – Harmonized Approach to Cash Transfer
 ILO – International Labour Organization
 IMAM – Integrated Management of Acute Malnutrition
 IMEP – Integrated Monitoring and Evaluation Plan
 IMNCI – Integrated Management of Neonatal and Childhood Infections
 ITNs – Insecticide Treated Nets
 KHHP – Key Household Practices
 LDC – Learning and Development Committee
 M&E – Monitoring and Evaluation
 MDFT – Multi-Disciplinary Facilitation Teams
 MICS – Multiple Indicator Cluster Survey
 MoBSE – Ministry of Basic and Secondary Education
 MoHSW – Ministry of Health and Social Welfare
 MTR – Mid-term Review
 NaNA – National Nutrition Agency
 NAT – National Assessment Test
 NDMA – National Disaster Management Agency
 NGOs – Non-governmental Organizations
 OG – Operation Group
 OMR – Office Management Reports
 OMT – Operations Management Team
 OR – Other Resources
 ORS – Oral Rehydration Solution
 OVCs – Orphans and Vulnerable Children
 PCG – Programme Coordination Group
 PIOSS – Programme for Quality Standards in Schools

PMTCT – Prevention of Mother to Child Transmission
 RCF – Regional Contingency Fund
 RDT – Rapid Diagnostic Test
 REACH – Renewed Efforts Against Child Hunger
 RO – Regional Office
 RR – Regular Resources
 RUTF – Ready to Use Therapeutic Foods
 RWP – Rolling Work Plan
 SAM – Severe Acute Malnutrition
 SOWCR – State of the World’s Children Report
 SP – Social Protection
 SPKA – Social Policy, Knowledge and Advocacy
 SUN – Scaling Up Nutrition
 TOA – Table of Authority
 TOR – Terms of Reference
 UN – United Nations
 UNCG – United Nations Communications Groups
 UNCT – United Nations Country Team
 UNDAF – United Nations Development Action Framework
 UNDP – United Nations Development Fund
 UNHDR – United Nations Human Development Index
 UNICEF – United Nations Children’s Fund
 UNV – UN Volunteer
 URR – Upper River Region
 VSG – Village Support Groups
 WASH – Water, Sanitation and Hygiene
 WFP – World Food Programme
 WHO – World Health Organization

Document Centre

Evaluation

	Title	Sequence Number	Type of Report
1	Evaluation of the Gender Training for Teachers and School Management Committee Members in URR	2013/001	Evaluation