

# **The Republic of Gambia**

## **Country programme document 2012-2016**

The draft country programme document for the Republic of Gambia (E/ICEF/2011/P/L.24) was presented to the Executive Board for discussion and comments at its 2011 annual session (20-23 June 2011).

The document was subsequently revised, and this final version was approved at the 2011 second regular session of the Executive Board on 15 September 2011.

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*Basic data<sup>†</sup>*  
(2009 unless otherwise stated)

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Child population (millions, under 18 years)	0.8
U5MR (per 1,000 live births)	103
Underweight (% , moderate & severe, 2005-2006)	16
(% , urban/rural, poorest/richest)	11/18, 21/10 <sup>a</sup>
Maternal mortality ratio (per 100,000 live births, 2001)	730 <sup>b</sup>
Primary school attendance (% net, male/female, 2006)	60/62 <sup>c</sup>
Survival rate to last primary grade (% , 2007)	70 <sup>d</sup>
Use of improved drinking water sources (% , 2008)	92
Use of improved sanitation facilities (% , 2008)	67
Adult HIV prevalence rate (%)	2
Child labour (% , 5-14 years old, 2006)	25
Birth registration (% , under 5 years, 2005-2006)	55
(% , male/female, urban/rural, poorest/richest)	57/53, 57/54, 52/64
GNI per capita (US\$)	440
One-year-olds immunized with DPT3 (%)	98
One-year-olds immunized against measles (%)	96

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<sup>†</sup> More comprehensive country data on children and women can be found at [www.childinfo.org/](http://www.childinfo.org/).

<sup>a</sup> Disparity source: MICS 2005/2006, re-analysed by UNICEF Headquarters, November 2007.

<sup>b</sup> 400 deaths per 100,000 live births is the 2008 estimate developed by the Maternal Mortality Estimation Interagency Group (WHO, UNICEF, UNFPA and the World Bank, together with independent technical experts), adjusted for underreporting and misclassification of maternal deaths. For more information, see [www.childinfo.org/maternal\\_mortality.html](http://www.childinfo.org/maternal_mortality.html).

<sup>c</sup> Survey data.

<sup>d</sup> UNESCO Institute for Statistics Data Centre, June 2010.

## Summary of the situation of children and women

1. Over 60 per cent of Gambians live in poverty. Women constitute 63 per cent of the poor, and 76 per cent of all the poor live in rural areas. Approximately 530,000 children and youth are characterized as poor.<sup>1</sup> Lack of access to basic social services for a large part of the population increases the depth of poverty, especially in rural areas; the disparities that are evident within and across regions, both in rural and urban settings, have an adverse impact on health, education, and child protection. However, the country is progressing slowly towards achieving the Millennium Development Goals; it has nearly reached universal coverage for vaccinations and safe water supply, but children's health and women's health remain a challenge, and mortality rates are not declining fast enough to meet the health-related targets for 2015.

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<sup>1</sup> UNICEF, Situation Analysis of Children and Women, 2010.

2. In 2010, under-five mortality rates in the rural areas were 36 per cent higher than that in urban areas; the major causes were malaria, pneumonia, and diarrhoeal diseases.<sup>2</sup> Maternal mortality rates are high, at 730 per 100,000 live births, with rates in rural areas almost double those of urban areas. The prevalence rates of underweight children are much higher in rural areas than in urban areas, and the three poorest regions have the highest rates of malnourished children. Unequal access to health within and across the regions depends on the levels of geographical access to health facilities and poverty levels of the families. Stunting levels reached 22.4 per cent, with wasting and underweight levels at 6.4 per cent and 20.3 per cent, respectively. In one of the eastern regions, Central River Region, the proportion of births attended by skilled personnel has increased slightly, from 28 per cent in 2005 to 32 per cent in 2010.<sup>3</sup> There has been some progress in fighting infectious diseases, including tuberculosis and malaria, and the country's Millennium Development Goals report indicates that HIV-1 prevalence rates have been halved, from 2.8 per cent in 2005 to 1.6 per cent in 2008. The Government has expanded the prevention of mother-to-child transmission (PMTCT) of HIV services into routine reproductive health and child health outreach services so that all HIV-positive mothers can access antiretroviral therapy. However, the services are not reaching the most disadvantaged women who, due to poverty and lack of access to health facilities, often deliver at home.<sup>4</sup>

3. The country will not meet the sanitation targets for the Millennium Development Goals. In 2010, over 548,000 people — some 33 per cent of the population — lived without access to improved sanitation. Sanitary disposal of excreta is more advanced in urban areas (93 per cent) than in the rural areas (78 per cent), and an even greater divide exists between the richest (97 per cent) and the poorest households (56 per cent). None of the households in the poorest quintiles have access to water, while 81 per cent of the wealthiest households do.<sup>5</sup>

4. In education, there are still major gaps in reaching the most disadvantaged children. In 2010, some 31.6 per cent of children aged 7-15 years were out of school.<sup>6</sup> The most disadvantaged children are in the eastern parts of the country, where a poor girl has virtually no chance of completing primary education. Nearly half of the education costs have to be funded by household resources, representing a significant burden on families.

5. Implementation of the Children's Act has been weak, and so far efforts have focused mainly in and around the capital. In 2005, one in four children was engaged in child labour, some 13 per cent under the age of 18 were orphans, and 84 per cent of children under 14 years were subjected to psychological or physical punishment, with 22 per cent subjected to severe physical punishment. Preliminary data indicate that some of those indicators have worsened in the last five years. Sexual abuse and exploitation of children is an acknowledged problem, but the formal child protection system is weak and not equitably accessible to all children. Only half of the children

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<sup>2</sup> Ibid.

<sup>3</sup> Unless otherwise stated, all data for 2005 is from the third round of the Multiple Indicator Cluster Survey (MICS3); the 2010 figures are preliminary data from MICS4.

<sup>4</sup> In 2005, 45.5 per cent of women delivered at home; the figure was 50.3 per cent in 2010.

<sup>5</sup> WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation, 2010 update.

<sup>6</sup> Gambian Ministry of Basic and Secondary Education/World Bank/UNESCO, Country Status Report, 2010.

under the age of five have a birth certificate, a trend that has stagnated for the last five years.

6. Gender inequities are evident, particularly for rural women, who do not have equal access to quality health care, post primary education, opportunities for income-generating activities and input into local decision-making. Even family-planning decisions are not in their control. Female genital cutting remains a significant problem; in 2005, 78 per cent of women aged 15-49 years reported having undergone the practice.

## **Key results and lessons learned from the previous cooperation, 2007-2011**

### **Key results achieved**

7. The country programme has contributed to a number of results at the country level, especially in the Upper River Region, where interventions have been concentrated. Nationwide, since 2005, the country has seen a decline in infant and under-five child mortality rates in all regions. The proportion of the population using improved drinking water sources has risen from 84 per cent in 2000 to 92 per cent in 2008, and the use of adequate sanitation facilities have also increased, from 63 per cent in 2000 to 67 per cent in 2008.<sup>7</sup>

8. National policies on nutrition, health, sanitation and PMTCT have been developed with UNICEF support, and almost all HIV-positive mothers in the Upper River Region received antiretroviral therapy for PMTCT as planned in 2005. In 2009, immunization coverage for measles and other diseases was almost universal. The support of UNICEF to immunization programmes, together with the World Health Organization (WHO), has made a difference.

9. In education, UNICEF in partnership with the Regional Education Directorate, contributed to an increase in net enrolment rates, from 42 per cent in 2007 to 53 per cent in 2010, in the Upper River Region. UNICEF also supported early childhood development, with enrolments rising nationwide, from 21.4 per cent in 2005 to 36.4 per cent in 2010.<sup>8</sup> For the past nine years, UNICEF has provided leadership in the coordination of in-country donors and preparation of funding proposals; this resulted in the leveraging of \$41.4 million in grants from the Education for All Fast-track Initiative Catalytic Fund.

10. For the first time, Gambian community child protection committees have been established nationwide — with a current total of 20 — in order to enhance community responsibility in the protection of their children. The Tostan<sup>9</sup> community empowerment programme for the abandonment of female genital cutting has reached 30 per cent of all communities in the region, resulting in a decline in the number of women who believe the practice should continue, from 92.2 per cent in 2005 to 72.6 per cent in 2010. Awareness of the harmfulness of these traditional

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<sup>7</sup> WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation, 2010 update.

<sup>8</sup> Gambian Ministry of Basic and Secondary Education/World Bank/UNESCO, Country Status Report, 2010.

<sup>9</sup> Tostan, which means “breakthrough” in the Wolof language, is a West African NGO that seeks to empower communities for sustainable development by helping them to participate and implement their own projects at community levels.

practices for girls, and some initial behaviour change efforts, are at the core of this result.

11. GamInfo has been established with support from UNICEF, providing web-enabled access to harmonized development data to measure and report on the progress of children. The tool currently has 437 indicators and over 10,000 data values.

### **Lessons learned**

12. The previous country programme had both a national and an area focus. Following the midterm review in 2009, three regional areas were consolidated into one, the Upper River Region, which comprises 16 per cent of the population. Efforts and resources were thus concentrated in that key region, and project planning, implementation, and monitoring were coordinated at the regional level, using a multisectoral approach. Preliminary data from 2010 show that several health, education, and child protection indicators have improved in this region. As a result, this coordinated and integrated approach will be expanded to the district level.

13. The more integrated the health services, the higher the chances are that a woman and her child can get comprehensive attention and care. The country office supported the health centres to provide the antenatal and postnatal care. Birth registration support and knowledge on key care practices were provided through public health officers, both in the reproductive and child health units and in the communities. The programme will continue to provide capacity development to health personnel and public health officers, combined with strengthened efforts at the community level, using communication for development, to improve care practices and skills. The education and child protection components will also benefit from communication for development to address social norms that often promote harmful traditional practices as well as prevent girls from attending school and continuing their education.

14. The 2009 midterm review recommended the creation of a social policy programme to strengthen the capacity of the Government and other partners in designing and implementing pro-poor policies. This includes allocation of budgets and equitable expenditures in social sectors, as well as improved data collection methods and quality analysis, in line with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women while placing child rights issues in national public discourses.

## **The country programme, 2012-2016**

### **Summary budget table**

(In thousands of United States dollars)

<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Young child survival and development	1 628	5 026	6 654
Basic education	850	3 000	3 850
Child protection	1 000	5 000	6 000
Social policy, knowledge, and advocacy for children's rights	1 005	1 500	2 505

<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Cross-sectoral costs	872	474	1 346
<b>Total</b>	<b>5 355</b>	<b>15 000</b>	<b>20 355</b>

### **Preparation process**

15. The country programme preparation process commenced with the 2009 midterm review and involved the Government, United Nations agencies, civil society representatives, and children and women stakeholders. This was followed by a series of meetings with senior officials from all social sectors to identify opportunities for the next period of cooperation. The design of the programme took into consideration the key findings of the 2010 situation analysis of children and women. The common country assessment for the United Nations Development Framework (UNDAF) was validated in 2011 and was also used to inform the programme. A prioritization workshop took place in January 2011, and the UNDAF results matrix was completed in March 2011.

### **Programme component results and strategies**

16. The country programme aims to advance the realization of children's rights in the country, and will consist of four components — young child survival and development; basic education; child protection; and social policy, knowledge and advocacy. The programme supports a rights-based approach which recognizes people as key actors in their own development and also mainstreams gender equality, with many of the interventions aiming at women and the girl child. Environmental sustainability has been taken into account, especially in areas related to education and water, sanitation and hygiene. Cross-sectoral support for supplies procurement, overall management, and operations will also be provided. All the programme component results have been designed based on a set of assumed risks.

17. In young child survival and development, the programme will achieve the following results by 2016: (a) women and children in the most vulnerable districts have access to quality maternal and child health services, including nutrition, PMTCT, and water, sanitation and hygiene, especially during emergencies; and (b) an increased number of mothers and caregivers in the most vulnerable districts have adopted essential care practices for young child survival and development.

18. In basic education, it will achieve the following results: (a) improved quality of education in 40 per cent of lower primary schools in the most vulnerable districts nationwide; and (b) enrolment and completion rates in lower primary schools, particularly for girls in rural districts, reach 70 per cent and 30 per cent, respectively, in Central River Region and Upper River Region.

19. In child protection, the programme will achieve the following results: (a) children in the most vulnerable districts have access to functioning child protection systems and services that protect them from violence, abuse, and exploitation; and (b) children and women are benefiting from significantly reduced levels of violence, exploitation, and abuse as a result of positive changes in gender and social norms.

20. In social policy, knowledge, and advocacy, the programme will achieve the following results: (a) national capacities strengthened to design and implement

child-friendly policies, legislative measures and budgets; and (b) government capacity strengthened to collect, analyse and use data to inform policy and decision makers and conduct evaluations on policies and programmes.

21. The main strategies utilized to achieve the target results will be a combination of capacity development and communication for development across all four programme components, and support to service delivery, especially in the components for child protection and for young child survival and development. A district-based approach for all interventions will be applied in an integrated manner in all target districts. All programme components will have an upstream element that will make use of effective advocacy, knowledge management, and strategic partnerships. The social policy programme will also partner with other countries in the region, in particular with Senegal, on studies related to child poverty, vulnerability, deprivations, and cross-border issues.

#### **Relationship to national priorities and the UNDAF**

22. The country programme is fully aligned with the national long-term development plan, *Vision 2020* and the medium-term plan, *Programme for Accelerated Growth and Employment, 2012-2015*, which reflect the commitment of the Government to the Millennium Development Goals. In addition, the programme fully reflects the contribution of UNICEF to the three pillars of the UNDAF 2012-2016: poverty reduction and social protection; basic social services; and governance and human rights. Individual programme components are also guided by the national policies and strategies in the corresponding social sectors.

#### **Relationship to international priorities**

23. The country programme is guided by the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, and other major human rights treaties. Objectives and strategic approaches are consistent with the Millennium Development Goals, which are the basis for the national planning papers prepared by the Government of the Gambia for the period 2012-2015. Programme component results correspond to all five focus areas of the UNICEF medium term strategic plan 2006-2013.

#### **Programme components**

24. **Young child survival and development.** This programme component will contribute to key interventions at the policy level, in collaboration with other United Nations agencies, especially WHO, and local and international non-governmental organizations (NGOs). The programme will support an increased coverage of services for children and women and also improved practices by caregivers in the family and in the community. It will provide technical support and capacity development to the Ministry of Health and Social Welfare, the National Nutrition Agency, the National AIDS Council, the National Malaria Control Agency and the Department of Water Resources. Capacity development on strategic planning, data collection and research will be at the core of this intervention.

25. To support access to quality health services for women and children, it will support improvements in the capacity of the health personnel in antenatal care, delivery, and postpartum, as well as the integrated management of neonatal and child illnesses, and the management of common childhood diseases at health facility

and community levels. Supplies and logistic support will be provided to improve the services. Routine and integrated supplemental immunization, including new vaccines and vitamin A supplementation for children under the age of five and post-partum mothers, will be a key intervention. Support will also be provided to PMTCT and paediatric care for infected babies.

26. To improve the capacities of caregivers, mothers, families and communities to adopt essential care practices, the component will support the scale-up of the Community-led Total Sanitation strategy and use communication for development in support of programme results: adoption of hand-washing practices; household water treatment; use of insecticide-treated nets for pregnant women and children under the age of five; preparation and use of oral rehydration salts for diarrhoeal cases; and promotion of exclusive breastfeeding for the first six months of life. A nutrition component will ensure micronutrient supplementation, including iron for pregnant women, deworming interventions as well as promotion of salt iodization.

27. In light of the yearly floods, UNICEF will support emergency response to address safe water supplies and prevent cholera outbreaks as well as continue to advocate disaster risk reduction with the National Disaster Management Agency. It will contribute to building national and community capacities to mitigate and respond to disease outbreaks following flooding.

28. Programme coordination with all partners will be ensured through existing technical working groups on primary health care, under the leadership of the Ministry of Health and Social Welfare. During emergencies, internal coordination at the United Nations level will be guided by the World Food Programme (WFP), the lead agency for the response during emergencies, and with national counterparts according to national coordination mechanisms.

29. **Basic education.** This component will contribute to the national education strategic plan and policies, focusing on improving access and quality of education in the most vulnerable areas of the country and addressing disparities between rural and urban areas, gender, and economic groups. Programme coordination will be ensured by the Ministry of Basic and Secondary Education and the donor coordination group, co-chaired by WFP.

30. To increase school access of children, and especially girls, in the most vulnerable areas, it will embark on communication for development activities through “mothers’ clubs”, voluntary associations of women at community level, linked to the child-friendly schools, which can influence attitudes of families and communities towards education and encourage parents to send their children, especially girls, to school. Modalities of cash transfers for the poorest to access schools will be explored. At the same time, UNICEF will support classroom construction in the most vulnerable areas in need of school space. The promotion of early childhood development to ensure school readiness includes curriculum development and training of facilitators at early childhood centres. At the community level, focus will be on parental education through the village support groups.<sup>10</sup> These groups work towards the promotion of exclusive breastfeeding,

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<sup>10</sup> Village support groups are community structures comprising eight key members of the community, including the village health worker, the traditional birth attendant, the village development committee chair.



maternal and child nutrition, water and sanitation issues, cognitive and psychosocial development, and child protection matters.

31. To improve the quality of education in the most vulnerable areas of the country, the component will provide in-service teacher training on child-centred teaching methodologies and early-grade reading to teachers in the most vulnerable areas of the country. This will be complemented by a curriculum review for lower primary schools and supply of learning and teaching materials to the most vulnerable schools. Interventions to improve the quality of the school environment will include construction of water and sanitation facilities in schools, especially in the most vulnerable districts. In collaboration with WFP and other institutions, deworming activities will take place as well as initiatives to ensure better health and nutrition of the learners, including life skills for HIV prevention. The quality of school management and monitoring will be addressed, and support will be provided to improve the capacities of the school community for monitoring of learning achievements.

32. **Child protection.** This component will focus on strengthening child protection systems and services to protect children and women in the most vulnerable districts. It will address gender and social norms to enhance the protective role of families and communities, and to reduce violence, exploitation and abuse of children and women.

33. To strengthen the child protection systems and services, it will provide capacity development to the Department of Social Welfare to implement and roll out the community child protection committees, aimed at reaching the most vulnerable districts in the country. The participation of civil society in the committees will ensure sustainability. Support will be provided to the reproductive and child health unit in the Ministry of Health and Social Welfare to ensure the expansion of birth registration for all children in the country. UNICEF will support government partners in strengthening their monitoring and evaluation systems. The component will help to build alliances towards a child protection system that begins with the family and the community, and involves all social sectors including the justice system. To ensure access to health and education, specific support will be provided, in collaboration with local NGOs, to orphans and the most vulnerable children, particularly in the eastern part of the country.

34. To ensure changes in gender and social norms and to reduce violence against children and women, the component will support the expansion of the community empowerment programme, in collaboration with Tostan. Raising awareness on the importance of adolescent girls attending school and on harmful traditional practices, such as female genital cutting, early marriage and gender-based violence, will be a core effort, to be conducted in collaboration with the education sector and the Women's Bureau, a department under the Office of the Vice President in charge of women's issues. The Department of Social Welfare will coordinate the programme with NGO partners in biannual review meetings, while the Women's Bureau will coordinate on issues of female genital cutting.

35. **Social policy, knowledge, and advocacy.** This component will help to strengthen the capacity of the Government and other partners in designing, implementing and allocating budgets and to ensure quality expenditures, especially in the health and education sectors, to be conducted in partnership with the United Nations Development Programme and civil society organizations. It will also

support quality research, in partnership with the University of the Gambia. Surveys, such as the Multiple Indicator Cluster Survey and the Demographic and Health Survey, will be conducted, in collaboration with the Gambia Bureau of Statistics, to provide evidence on equity, gender and human rights disparities, and to inform policies and decision-making in social protection, health, education, and child protection.

36. Support will be provided to initiate a national dialogue on social protection systems for the poorest families and children. Monitoring of social expenditures will be conducted in partnership with local NGOs and advocacy groups. It will also embark on advocacy campaigns to promote children's and women's rights as well as capacity building of civil society organizations, adolescents, and decentralized local government authorities in budgetary analysis and tracking, with a view to form a strong pro-poor budget advocacy platform.

37. Information on children and women's rights will be disseminated to promote the Convention on the Rights of the Child, particularly through the strengthening of media relations and publication of articles, press releases, and statements by the representative and other staff. Resource mobilization efforts will be strengthened through the website, development of resource mobilization packages and human interest stories, provision of support to donor reporting and proposals, and coordination of donor and national committee visits. Programme coordination will be ensured by the Ministry of Finance and Economic Affairs and the newly created donor coordination unit, in coordination with the Office of the Resident Coordinator.

38. **Cross-sectoral costs** will provide operational support to overall coordination and management of the country programme, and include elements of supply and procurement, monitoring and evaluation, assurance activities, key staff salaries and operating costs.

### **Major partnerships**

39. The country programme will strengthen existing partnerships with government ministries and agencies, and collaborate with multilateral and bilateral agencies, NGOs and civil society organizations, as well as young people and children, in the implementation of its various components. Such partnerships will be intensified through sectoral and thematic consultations. Cooperation with United Nations agencies will be strengthened within the UNDAF framework for programming and joint programmes.

40. The programme will also seek to work with a range of partners: the World Bank; the European Union; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the GAVI Alliance; and the Education for All Fast-track Initiative. UNICEF will seek to maintain and expand partnerships with the national committees of the Netherlands, Sweden, Switzerland and the United Kingdom.

### **Monitoring, evaluation, and programme management**

41. The Policy Analysis Unit, under the Office of the President, will assume overall coordination of the country programme, in collaboration with the donor coordination unit in the Ministry of Finance and Economic Affairs, while delegating the coordination of programme components to line ministries and departments.

42. The programme will be closely monitored through quarterly joint field monitoring visits, reports from implementing partners and updates on the key indicators proposed in the summary result matrix, using the GamInfo database and in partnership with the Gambia Bureau of Statistics. The GamInfo database will be updated regularly and used to prepare annual reports and reviews on national strategic documents and on the Millennium Development Goals. An integrated monitoring and evaluation plan will be developed together with United Nations agencies and other partners as part of the UNDAF, and will include at least one major evaluation in the areas of young child survival and development, basic education and child protection, with a focus on equity and disparities. To the extent possible, reviews of the country programme will be conducted through UNDAF processes.

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