

Country Programme Performance Summary – The Gambia (CP 2012-2016)

A. Country Information		
Country name:	The Gambia	
Category per decision 2007/42:	Current programme period: 2012-2016	Cycle of assistance: 7

B. Country Programme Outputs Achievement <i>(please complete for all your CP outputs)</i>
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<u>Reproductive Health and Rights</u>
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Output : Strengthened national capacity in the provision of quality RH services including EmONC and family planning in the targeted areas
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Indicators	Baseline	Target	End-line data
• Number of health facilities offering basic EmONC	0	4	2
• Number of health facilities offering comprehensive EmONC	1	2	2
• Percentage of health facilities without stock out of at least 4 modern methods of FP commodities in the last 6 months	20%	80%	67.4%
• Number of personnel trained in basic EmONC	246	400	344

<u>Key Achievements</u>

1. UNFPA supported the training of health personnel in the provision of emergency obstetric care services. In addition, medical equipment and supplies were provided to a number of facilities to improve EmONC services. improved quality of care and sensitization of the population on use of maternal and child care services provided in the health facilities led to increased early booking of pregnancies and increased health facility deliveries. These achievements can be associated with the improved pregnancy outcomes. The underachievement in both the upgrading of health facilities to provide EmONC and the number of health personnel trained is attributed to a reduction in the Country Office budget.
2. Capacity building in terms of training of health care providers in the area of reproductive health is the hallmark of the current Country Programme. Health personnel have received training in EmONC signal functions, use of Partograph and delivery of quality antenatal and post-natal care with UNFPA support. UNFPA also supported the training of medical doctors on community surgery including obstetric fistula.
3. UNFPA supported Soma and Kuntaur Major Health Centers by refurbishing the theatres and providing surgical and other medical equipment. Through this support the theatres of these facilities became operational drastically reducing referrals from the facilities to tertiary ones.
4. Through UNFPA support, in the course of the current Country Programme, the Ministry of Health was provided with the CHANNEL software and computers which were distributed to most public health facilities. Health personnel manning the logistics management system were trained on the use of CHANNEL. This resulted in improved logistics management and forecasting which led to reductions in stock-outs of contraceptives. The introduction of CHANNEL in the health system provided an opportunity for constant monitoring of stock levels. These efforts must be pursued to ensure a continuous improved coverage of health facilities, reducing therefore the percentage of stock-outs.
5. The institutionalization of maternal death audits in all major health facilities have provided vital information on the potential causes of maternal deaths which informed interventions aimed at improving maternal survival

Output : Strengthened national capacity in the provision of quality RH services including EmONC and family planning in the targeted areas			
Indicators	Baseline	Target	End-line data
• Updated EmONC study available	0	1	1
Key Achievements			
<p>A national survey on emergency obstetric and natal care services was conducted in the country in 2012. Results of this survey provided an insight into areas most in need of emergency obstetric care services which informed the decision to target such regions. Support to Soma and Kuntaur major health centers was largely built on the findings of this survey. Following the conduct of this survey, onsite visits were also made to facilities in hard-to-reach parts of the country to assess the requirements of selected health facilities for the improvement of EmONC services.</p>			
Output : Strengthened community based initiatives to improve maternal and new born health			
Indicators	Baseline	Target	End-line data
• Number of regions supported and covered by community based RH package service provision	0	2	2
• Number of community based workers trained in provision of SRH/FP	466	700	619
Key Achievements			
<ul style="list-style-type: none"> Health personnel have received training in EmONC signal functions, use of Partograph and delivery of quality antenatal and post-natal care with UNFPA support. UNFPA has also supported the training of medical doctors on community surgery including obstetric fistula. 			
Adolescents and Youth			
Output : Strengthened capacity to provide SRH and HIV prevention information and services to young people			
Indicators	Baseline	Target	End-line data
• Revised guideline on HIV&AIDS prevention strategy reflecting young people needs	0	1	1
• Standardized guidelines on youth friendly services	0	1	1
• Number of youth friendly centres providing comprehensive SRH and HIV prevention information and services	0	1	1
Key Achievements			
<ul style="list-style-type: none"> Voluntary Counseling and Testing (VCT) has been integrated into community outreach activities for young people. Trained Peer Health Educators and youth networks are playing key roles in the provision of SRH/HIV/AIDS information and promoting VCT among adolescents and young people. During the 7th CP UNFPA supported two Youth Centres which provided SRH information and services to young people. The centres were equipped with IT equipment for use in sensitization activities and also to provide internet connectivity which was meant to attract young people to the centres. The centers reached 80,000 young people with relevant information and services. The revised guidelines are being used in the youth-friendly centres and public health facilities to guide health care providers in the provision of SRH services. 			

Gender Equality and Women's Empowerment

Output : Strengthened capacity of national key institutions to coordinate, monitor and evaluate the implementation of national and international agreements to address gender inequality

Indicators	Baseline	Target	End-line data
• Number of government institutions with capacity to address gender inequality	4	6	6
• National and NGO shadow reports on CEDAW, SODGEA, Beijing + 20 reports supported (one each)	0	1 each	1 Shadow Reports for CEDAW, Beijing+20 and SODGEA developed
• Number of supported gender responsive policies implemented	1	4	4

Key Achievements

- A Gender Management and Information System (GMI) created at the Women's Bureau and staff trained on its use. The GMI is meant to be used for the compilation of all gender related data to track programme achievements and also better understand challenges in gender equality.
- UNFPA supported the development of periodic reports on CEDAW, Beijing +20 and SODGEA in fulfillment of a global requirement for countries to report on these instruments annually.
- Some of the gender responsive policies formulated in the course of the current Country Programme are; The National Women and Gender Empowerment Policy (2010-2020), Gambia National Health Policy (2012-2020) and National Education Policy (2016-2030).

Output : Strengthened national capacity for addressing gender-based violence (GBV) and provision of services, including in humanitarian settings

Indicators	Baseline	Target	End-line data
• A National Policy, law, Action Plan and data base on GBV in place	0	4	4
• Number of communities abandoning FGM/C	564	800	1,013
• Number of institutions supported to provide services to GBV survivors (MISP)	0	2	2

Key Achievements

- FGM was banned and a law adopted criminalizing the practice in December 2015.
- With UNFPA advocacy and support, a Domestic Violence Act (2013) and a Sexual Offences Act (2013) were enacted.
- FGM has been successfully integrated into the curricular of all the health professional schools, 1,000 health officials have been trained on FGM and 200 on the management of complications. Trained health staff include FGM in health education talks during antenatal care services as well as during activities in the field.
- UNFPA supported interventions contributed towards the reduction of the national prevalence of FGM from 95% to 75%. This was achieved through a multi-prong approach targeting community and religious leaders, young people, women, health personnel, policy makers and legislators. School going children have also been specifically targeted for sensitization. Sensitization was done through social mobilization activities, community radio talk shows, essay competitions for schools and use of print materials. To compliment community sensitization activities community radios were used. In addition to sensitization, traditional communicators, school children, journalists and health care providers were trained on issues related to FGM.
- Issues related to gender based violence have been integrated into the curricula of the National police training school and a training manual developed with UNFPA support. A core group of trainers has been trained on the use of the training materials and Police Officers are being trained on GBV and the management of cases. A hundred and eighty serving Gender and Child welfare police officers trained on Gender Based Violence and the management of GBV cases.
- A gender unit has been established and strengthened at the National police training school.

Population Dynamics			
Output: Institutional and technical capacities strengthened to integrate population, sexual and reproductive health and gender concerns into national and sectoral policies and plans.			
Indicators	Baseline	Target	End-line data
• Number of policies and plans that integrate population issues	0	4	4
• Number of manuals and guidelines developed for integrating population issues in national plans and policies.	0	2	0
• Number of personnel trained in integrating population issues into development planning processes.	21	40	50
Key Achievements			
<ul style="list-style-type: none"> Under the current programme cycle with UNFPA support and/or advocacy the following policies/plans were formulated; National Health Policy, 2012-2020, Social Protection Policy, 2015-2025, HIV/AIDS Policy 2014-2020 and the Education Sector Policy, 2015-2030. The production of manuals and guidelines that integrate population issues was postponed to enable the Country Office allocate more resources towards the 2013 Population and Housing Census and the 2013 Demographic and Health Survey. These activities were given priority in light of the large funding gap for these major national activities. 			
Output: Strengthened institutional and technical capacities to produce reliable and timely sex and age disaggregated data for development planning, monitoring and evaluation.			
Indicators	Baseline	Target	End-line data
• Number of thematic reports generated from the Census, Demographic and Health Survey (DHS) and the health management information system (HMIS).	0	16 from Census and 1 from DHS	16 Draft Census Reports produced DHS Report published
• Existence of a National Strategy for the Development of Statistics (NSDS)	0	1	1 Draft National Strategy for the Development of Statistics produced
Key Achievements			
<ul style="list-style-type: none"> UNFPA supported the entire process of the 2013 Population and Housing Census from the preparatory phase to the finalization of the census reports. UNFPA support to the census began with the fielding in of a multidisciplinary team of consultants that prepared the census project document. The team comprised a demographer, communication expert, data processing expert and a census mapping expert. Following this the agency fielded in technical assistance in census mapping and procured mapping software, computers and other mapping equipment and materials. A census mapping team was trained on the use of GIS technology in census mapping with UNFPA support. Improvements in the census maps as a result of the use of modern GIS technology led to completion of the census mapping within record time and improvements in the census coverage. UNFPA support led to production of a census preliminary report some two months after the census count and the production and validation of 16 thematic reports on the census results by the end 2015. UNFPA will support the printing and dissemination of the final census reports by the second quarter of 2016. The first ever Demographic and Health Survey in The Gambia was conducted in 2013. UNFPA took the lead in advocating for the survey and provided the initial funding for the survey. The final DHS report has been published and disseminated in the Greater Banjul area. UNFPA plans to support the dissemination of the DHS results to the rest of the country in early 2016. This dissemination is aimed at increasing awareness on key demographic and health indicators across the country. UNFPA played a pivotal role in advocacy for the formulation of a National Strategy for the Development of Statistics (NSDS). Concern for the development of a NSDS is premised on a general realization of weaknesses in the national statistics system and need for a strategy for actors to buy into for the improvement of national statistics. A draft strategy has been developed and is expected to be finalized before the end of 2016. 			

C. National Progress on Strategic Plan Outcomes	Start value	Year	End value	Year	Comments
Outcome 2 Increased access to and utilization of quality maternal and newborn health services					
Indicator	Start value	Year	End value	Year	Comments
Maternal mortality ratio	556	2012	433	2015	
Births attended by skilled health personnel	56.6%	2012	57%	2015	
<u>Summary of National Progress</u>					
<ul style="list-style-type: none"> Although the rate when compared to other countries remains high, major gains have been made in reducing maternal mortality in the country. This may be attributed to improvements in access to ante natal care services in particular, and maternal care services in general. In 2013 ante natal care coverage was estimated at 98.9 per cent and the proportion of births attended by skilled birth attendants increased from 56.8 per cent in 2005 to 57.2 per cent in 2013 (DHS). 					
<u>UNFPA's Contributions</u>					
<ul style="list-style-type: none"> UNFPA continues to be a major provider of maternal lifesaving medicines and with support to the logistics management system, the country have improved on the management of stocks and reduced the stock-out of essential maternal medicines. To complement the provision of essential medicines, UNFPA has also provided critical medical equipment to maternal and child health care facilities. UNFPA also supported the training of health personnel in the area of maternal care, hence an improvement in pregnancy outcomes. 					

Outcome. 3 Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions					
Indicator	Start value	Year	End value	Year	Comments
Contraceptive prevalence rate (modern methods)	13.5%	2012	9%	2015	
Unmet need for family planning	30%	2012	25%	2015	
Percentage of service delivery points (SDPs) offering at least five modern methods of contraception.	20%	2012	50.7%	2015	The set target was ambitious and could not be reached with the current budget reductions.
<u>Summary of National Progress</u>					
<ul style="list-style-type: none"> Going by the indicators on contraceptive use, no gains have been made in the country in this area. Socio-cultural barriers continue to impede progress in contraceptive use. There are plans to intensify demand creation activities and strengthen community distribution structures to ensure that contraceptives are readily available in hard-to-reach areas. In addition, there are plans to support more centres that provide youth-friendly sexual and reproductive health information and services to increase access to contraceptives for young people. 					
<u>UNFPA's Contributions</u>					
<ul style="list-style-type: none"> Notwithstanding the undesirable state of contraceptive use in the country, UNFPA continues to be the main source of contraceptives in the Gambia. The management of contraceptive stocks has been integrated with the national drugs management system. A software, CHANNEL, has been provided by with UNFPA support and Ministry of Health Officials trained on its use to better manage commodities. This intervention has immensely improved the management of commodities. 					
Outcome 4 Increased access to and utilization of quality HIV- and STI-prevention services especially for young people (including adolescents) and other key populations at risk					
Indicator	Start value	Year	End value	Year	Comments
HIV prevalence in youth (15-24 years)	1.8%	2012	1.2%	2015	

Percentage of women and men aged 15-49 who had more than one partner in the last 12 months who used a condom during their last sexual intercourse	31.6%	2012	35.8%	2015	
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Summary of National Progress

The Gambia has over the years managed to contain the spread of HIV. This can be attributed to sensitization on the prevention and also care of the infected.

UNFPA's Contributions

Through the UNFPA-funded Country Programme, the agency has been supporting national sensitization efforts using both the electronic and print media. UNFPA supported youth centers that have specifically targeted young people with relevant HIV/AIDS messaging. To better reach out to hard-to-reach parts of the country, traditional communicators have been trained on message development on HIV/AIDS. These communicators have been effective in providing messages on prevention, care and support in rural areas. Access to condoms is improved with condoms being part of the routine contraceptive supplies and condoms also distributed through condom programming strategies. These efforts significantly contributed to the containment of the disease.

Outcome 5 Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy

Indicator	Start value	Year	End value	Year	Comments
Percentage of women aged 20-24 who were married or in union before age 18	36.4%	2012	30.4%	2015	
Number of mechanisms in place to implement laws and policies advancing gender equality and reproductive rights	NA	NA	NA	NA	The Country Programme did not track this indicator.

Summary of National Progress

Child marriage has been a perennial problem in The Gambia. The practice is premised largely on socio-cultural beliefs and practices. Although still prevalent, major gains have been made in delaying the marriage of girls. Although increased retention of girls in school in The Gambia has increased the average age at marriage, national sensitization on the dangers of early marriage have also contributed to the gains.

UNFPA's Contributions

UNFPA has through the population and family life education programme in schools sensitized young people on their sexuality and the dangers of early marriage. UNFPA supported the production of POP/FLE materials for students and teachers and supported the training of teachers on teaching of the subject. Similar messages have also been disseminated during health talks in communities aimed at reaching the out of school with such messages.

Outcome 6 Improved access to SRH services and sexuality education for young people (including adolescents)

Indicator	Start value	Year	End value	Year	Comments
Adolescent birth rate	118	2012	88.1	2015	
Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission	32.8%	2012	25.8%	2015	The observed drop in comprehensive knowledge on HIV/AIDS may be due to errors in the estimates.

Implementation status of comprehensive age-appropriate sexuality education in and out of school at national scale	NA		NA		UNFPA support to the teaching of comprehensive sexuality education was stopped in 2013 due to budget cuts.
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Summary of National Progress

Results of successive censuses in The Gambia have shown that most of the fertility decline is attributed to reductions in fertility in the younger ages. Fertility decline in this age cohort has been associated with improvements in retention of girls in school beyond the primary level. According to the DHS 2013 results, the percentage of women who had given birth by age 15 is less than 2 percent among women aged 15-19 years, as compared with 11 percent among those aged 45-49. The decrease in the percentage of women giving birth early in life is testimony of a gradual increase in age at first childbirth in The Gambia.

UNFPA's Contributions

- UNFPA contribution in reductions in the adolescent birth rate has been through support to sensitization of young people through the media and use of traditional communicators.

Outcome 7 Improved data availability and analysis around population dynamics, SRH (including family planning) and gender equality

Indicator	Start value	Year	End value	Year	Comments
2010 round of population and housing census completion status	0	2012	16	2015	A Population and Housing Census was conducted in 2013 and 16 Draft Thematic Reports have been produced
Number of national household surveys conducted (in the last five years) that allow for the estimation of all MDG 5B indicators	0	2012	1	2013	A Demographic and Health Survey was conducted in 2013

Summary of National Progress

- A demographic and health survey was conducted in The Gambia for the first time in 2013 and the results published and disseminated.
- In 2013 a population and housing census was conducted. A preliminary report was produced within two months of the completion of the population count and draft reports completed and validated in December 2015. The reports are being edited and would be published by mid-2016.

UNFPA's Contributions

- UNFPA took the lead in advocating for the conduct of the demographic and health survey and contributed more than \$500,000 towards the funding of the survey. The agency was also represented in the technical advisory committee for the survey and effectively contributed in all processes leading to the successful completion of the survey.
- UNFPA provided both technical and financial support to the 2013 Population and Housing Census. UNFPA provided technical assistance in the development of a Census project document and during the census mapping exercise. Mapping equipment, software and pick-up vehicles were procured for use during the census. With UNFPA support the country was able use GIS technology for the census mapping for the first time. Use of such technology expedited the mapping exercise and led to improvements in the quality of the maps, hence the coverage of the census. Additional IT equipment were procured for use during the census data processing.

E. Country Programme resources (2012-2015)						
SP Outcome (for 2013 onwards only) Choose only those relevant to your CP	Regular Resource		Others (Planned and Final Expenditure)		Total (Planned and Final Expenditure)	
	Planned	Expenditure	Planned	Expenditure	Planned	Expenditure
Population and Development	2,018,393.76	1,997,991.37	0	0	2,018,393.76	1,997,991.37
Reproductive Health (including RHCS)	1,836,647.69	1,684,707.42	3,484,640.52	3,146,820.53	5,321,288.21	4,831,527.95
Gender (including FGM)	472,623.77	462,207.82	958,791.70	723,986.50	1,431,415.47	1,186,194.32
PCA	584,027.06	598,145.73	0	0	584,027.06	598,145.73
Total	4,911,692.28	4,743,052.34	4,443,432.22	3,870,807.03	9,355,124.50	8,613,859.37