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Population Fund and the  
United Nations Office for  
Project Services**

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Item 9 of the provisional agenda

**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for the Gambia**

Proposed indicative UNFPA assistance:	\$30.4 million: \$4.1 million from regular resources and \$26.3 million through co-financing modalities or other resources
Programme period:	Five years (2024-2028)
Cycle of assistance:	Ninth
Category:	Tier I
Alignment with the UNSDCF cycle	United Nations Sustainable Development Cooperation Framework, 2024-2028

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## I. Programme rationale

1. The Gambia is the smallest and one of the most densely populated countries in West Africa, with an estimate population of 2.4 million (53 per cent living in urban areas and 47 per cent in rural areas), and an estimated annual population growth rate of 3.1 per cent. Over 64 per cent of the population is below 25 years and 42 per cent is below 15 years. The fertility rate among women of reproductive age has dropped, from 5.6 children per woman in 2013 to 4.4 children in 2019 (3.9 and 5.9 in urban and rural areas respectively). The high fertility in rural areas is mainly due to the lack of access to sexual reproductive health and reproductive rights information and services, low education levels, high prevalence of child marriage, deep-rooted gender and social norms, and endemic poverty. The fertility rate for adolescents aged 15-19 years is 65 per 1,000 births in 2019 (51 for urban and 103 for rural areas, respectively). The population is expected to double in 25 years if the high fertility rate, especially in rural areas (5.9), continues. The overall prevalence of disability is 1.2 per cent (2013 Census) with limited access to job opportunities and are the furthest left behind when it comes to basic social service provisions.

2. Despite a 3.9 per cent increase in gross domestic product (GDP) over the past three years and a reduction in extreme poverty, from 58 per cent to 40 per cent, in 12 years, the Gambia ranks 172 out of 189 countries on the 2019 Human Development Index while the Gini coefficient was 38.9 in 2020. According to the 2018 Gambia Labour Force Survey, 35.2 per cent of individuals aged 15-64 years are unemployed, with 69.9 per cent of them residing in rural areas. Rural poverty increased to 69.5 per cent in 2015/2016, while urban poverty decreased to 31.6 per cent. Women head 22.9 per cent of urban households and 16.9 per cent of rural households. The Gambian economy was hit hard by the COVID-19 pandemic in 2020 but has rebounded (4.5 per cent growth in 2021).

3. The Gambia's economy relies on limited domestic resources, with annual tax revenues accounting only for 10.1 per cent of GDP. Over 70 per cent of funding comes from official development assistance, while loans make up the remaining 30 per cent of GDP. Economic crises hinder the government's ability to invest in sexual reproductive health (SRH) and shift from funding to financing; however, advocacy efforts will be made to adjust budget reallocation within domestic resources and gaps will be identified through innovative strategies.

4. The Gambia has undergone a democratic transition since 2017, shifting away from decades of autocratic rule. This transition brings promising political openness, human rights and good governance opportunities. However, it also challenges building institutional capacities, ensuring effective governance and managing societal expectations.

5. The maternal mortality ratio has declined, from 433 per 100,000 live births in 2013 to 289 per 100,000 live births in 2019. A contributing factor to the decline is an increase in access to skilled birth attendants, which changed from 57.2 per cent in 2013 to 84 per cent in 2019. There are regional disparities, with deliveries by a skilled birth attendant far higher in urban (88 per cent) than in rural (75 per cent) areas. Most maternal deaths in the country are due to avoidable direct obstetric complications – notably, haemorrhage (21 per cent), hypertensive disorder (10 per cent) and severe anaemia (8 per cent), among others.

6. Maternal morbidity is also a concern, with the obstetric fistula prevalence in the Gambia estimated at 1.9 per 1000 women. Between 2010 and 2022, the country was only able to conduct 150 fistula repair surgeries, most of which were due to a nationwide Fistula Treatment Project. There is also low coverage of life-saving emergency obstetric and neonatal care, which contributes to maternal and neonatal deaths and morbidities. There are disparities in the availability of emergency obstetric and neonatal care services between rural and urban areas. For instance, in the Central River Region in the Kuntaur Local Government Area, there is no functional facility, and therefore a population of over 100,000 must travel at least 47 kilometres (by ferry) or 98 kilometres (by road) for emergency obstetric and neonatal care services.

7. The Gambia has a contraceptive prevalence rate of 19 per cent (20 per cent in urban areas, compared to 13 per cent in rural areas, with variations in the different local government areas), and an unmet need for family planning of 24 per cent (23.9 per cent in urban areas and 24.7 per cent in rural areas), while 29.3 per cent of adolescents aged 15-19 years and 23.2 per cent of

young people aged 20-24 years have an unmet need for family planning). An investment case on family planning outlined the more ambitious scenario that requires commitments to increase the modern contraceptive prevalence rate for all women from 12.2 per cent to 30 per cent by 2030. However, assuming the current total demand for family planning remains the same (about 29.6 per cent), this scenario will meet all unmet demands by 2030 and avert 350,000 unintended pregnancies between 2023 and 2030.

8. The national prevalence rate for HIV is 1.5 per cent (NSS 2020). The prevalence rate among youth aged 15-24 years is 1.3 per cent in 2020, with regional disparities. Only one in five youth have comprehensive knowledge of HIV/AIDS. Key populations carry a disproportionate burden of HIV in the Gambia (up to 11 per cent among female sex workers), facing high rates of violence and discrimination, unmet sexual and mental health needs, and limited access to HIV prevention information, condoms and testing.

9. The Gender Gap Index 2023 ranks the Gambia 119 out of 157 countries/territories, with a score of 0.65 (up from 0.64 in 2021). Despite the closing of the gender gap in primary education, with 99 per cent of girls finishing primary school (compared to 90.4 per cent of boys), only 48.2 per cent of girls go on to complete secondary school. One in five young women aged 15-19 years (19 per cent) are currently in union, compared to less than 1 per cent of men in the same age group. While these figures are below the regional average of 37 per cent for women aged 20-24 years who were first married or in a union before age 18, the median age at first marriage among women aged 25-49 increases with increasing education, from 17.7 years among those with no education to 22.9 years among those with a secondary education or higher. Child marriage and female genital mutilation (FGM) therefore impede the potential of girls to grow and develop to their fullest.

10. Discriminatory customary laws, cultural, gender, and social norms, as well as intersecting socio-economic factors, affect women's land ownership in the Gambia. Intimate partner violence as a form of gender-based violence (GBV) is a concern, with the percentage of ever-married women aged 15-49 years who encountered emotional violence increasing, between 2013 to 2019, from 16 per cent to 26 per cent and physical violence increasing, from 20 per cent to 29 per cent, during the same period. In the same timeframe, sexual violence among spouses doubled, from 3 per cent to 6 per cent. Overall, 48 per cent of women aged 15-49 years experienced either physical or sexual violence.

11. The Government upholds its obligation to treaty bodies by submitting reports to the Committee on the Elimination of Discrimination against Women and allows civil society organizations to present shadow reports. Laws have been enacted to prevent GBV, but FGM still occurs due to cultural traditions, financial difficulties and insufficient enforcement, with 73 per cent of women aged 15-49 years having experienced it. There are regional differences in the prevalence of FGM, with the Lower and Upper River regions having rates as high as 80 per cent and 97 per cent, respectively. Of the women aged 15-49 years who underwent FGM, 65 per cent were cut before the age of five. Despite the government ban, religious leaders and traditional beliefs play a significant role in the continuation of FGM.

12. An investment case on FGM and child marriage projected 300,000 new cases of FGM, and 246,000 girls are at risk of getting married in the Gambia between 2023 and 2030. It is important to note that if action is not taken to prevent FGM, approximately 520,000 women and girls will be at risk by 2030. During the eight-year period, through investments, a total of 155,558 cases of FGM and up to 65 per cent of child marriages could be averted, increasing the likelihood of girls reaching their full potential by reducing potential new cases by nearly 50 per cent.

13. Data-related challenges hinder the country's development, including insufficient investment in data collection, weak institutional capacity and limited coverage. These obstacles negatively impact the availability, quality, accessibility, disaggregation and utilization of data. UNFPA remains committed to promoting the importance of high-quality demographic data despite challenges in data generation and utilization in the Gambia. UNFPA will support government efforts to provide essential data to support evidence-based national development plans and policies, including for vulnerable populations. UNFPA leads in generating data by supporting censuses and demographic and health surveys through technical supervision and financial aid.

UNFPA leads the fight against GBV and has established the first integrated GBV service delivery mechanism in the country.

14. The Gambia represents a country of origin, transit and destination for increasing numbers of domestic and international migrants. In recent years, Gambians have emigrated at a higher rate per capita than any other nation in Africa, while between January 2017 and July 2018, over 3,500 migrants returned to the Gambia, primarily from Libya and other countries in Africa. These returnees almost all (97 per cent) are young males while 90 per cent are youth aged 18-35 years.

15. The country is vulnerable to the impacts of climate change, from an increase in temperature, erratic rainfall patterns and a rise in sea levels. The degradation of land due to poor land management is also having a devastating effect on the agricultural sector – one of the key economic sectors of the Gambia, contributing one quarter (25 per cent) of the GDP from 1994 to 2013 and employing approximately 70 per cent (75 per cent of whom are women) of the labour force. Since 1997, the country has lost more than 97,000 hectares (nearly one fifth) of forest land from a total of 523,000 hectares. The effects of climate change are making the population vulnerable, leading to rising food insecurity, poverty and malnutrition, which affects especially women, youth and people living with disabilities.

16. Climate change in the Gambia exacerbates the development challenges already faced by many vulnerable and marginalized groups, including women and poor rural populations who are highly dependent on natural resources and without adequate alternative sources of livelihood. In 2022, floods displaced 2,609 pregnant and lactating mothers. The joint multisectoral assessment indicated that about 10,125 women of reproductive age were exposed to protection concerns and could not access important reproductive health services and supplies.

17. Young people's participation and leadership will be critical in achieving the three transformative results, especially in ending gender-based violence by transforming gender and social norms. Their leadership as agents of change and active contributors to peaceful communities will foster intergenerational partnerships, promote social justice and equity, and support the advancement of sustainable development, as outlined in the National Development Plan of the Gambia. By recognizing and supporting the importance of youth engagement, the Gambia can harness the potential of its youth population, paving the way for a more prosperous, inclusive and sustainable future if investments are made in human capital, gender equality and employment.

18. The evaluation of the previous country programme highlighted the following key lessons learned: (a) comprehensive health education (CHE) has contributed to the sexual and reproductive health empowerment of adolescents and youth; (b) it was also effective in improving knowledge on maternal health, gender inequality, GBV issues, FGM and child marriage issues; (c) the use of women economic empowerment (Kabilo Baama) as an entry point to SRH information and services, along with male involvement in SRH, has contributed to more health facility deliveries in the Lower River region; (d) the use of innovative approaches, such as using community-based distributors, promotion of male involvement in SRH, involvement of traditional and religious leaders, were important in maximizing the delivery of country programme outcomes.

19. The final evaluation of the country programme recommended that the country office: (a) maintain a close working relationship with key comprehensive health education implementing partners to facilitate the quick completion and delivery of the curriculum in both in-school and out-of-school settings across the nation; (b) increase support for implementing partners that work with vulnerable youth and key populations, especially those with disabilities, to ensure inclusive participation in programmes, with an emphasis on integrated SRH services, such as HIV, GBV and comprehensive health education delivery packages; (c) continue its efforts to address gender inequality and promote women's empowerment, in cooperation with governmental, and non-governmental organizations (NGOs), United Nations agencies and community-based structures; and (d) continue to promote integrated SRH interventions and adopt best practices such as girls' mentorship programmes, involving religious and traditional leaders and community-based distributors.

20. The country programme built strong strategic partnerships with the Government and other national stakeholders, as well as United Nations entities, which contributed to the successful implementation of the programme and achievement of results. The integrated strategy involving SRH, family planning, GBV and HIV was relevant and efficient. UNFPA was able to create a strong partnership with United Nations country team (UNCT), ultimately contributing to the efficient coordination of activities within the United Nations Development Assistance Framework in the Gambia. Such inter-agency partnerships led to effective joint fundraising and programming in the country. Partnerships with government ministries and civil society organizations demonstrated successes on sexual and reproductive health and reproductive rights in the various communities, leading to a decline in the maternal mortality ratio and an increase in skilled birth attendance and strengthening the community-based distribution of family-planning commodities; this has boosted the family planning acceptor rate as well as male involvement in other SRH issues.

## II. Programme priorities and partnerships

21. The proposed country programme is anchored in the United Nations Sustainable Development Cooperation Framework (UNSDCF) Outcomes 1.1, 2.1 and 2.2 and the Government's priorities, as outlined in the three Strategic Outcomes of the Green Recovery-focused National Development Plan, 2023-2028, and considers the voluntary national commitments on ICPD25, towards the achievement of the three transformative results. The programme is aligned with the UNFPA Strategic Plan, 2022-2025, and the Sustainable Development Goals, particularly Goals 1, 3, 5, 10, 13, 16 and 17.

22. The country programme was developed together with the Government, civil society organizations, young people, women's networks, United Nations agencies and other critical partners through various technical consultations, alignment of regional and national consultations with the UNSDCF process, as well as regular feedback with implementing partners and other stakeholders.

23. The programme will address gender and socio-cultural norms that perpetuate negative maternal health outcomes and exacerbate GBV, FGM and child marriage. It will also strengthen advocacy for the implementation of legislation promulgated against harmful traditional practices in the Gambia. A priority shift will be in engaging men and boys in promoting positive masculinity and building their knowledge and understanding of the importance of bodily autonomy for women and girls so that they become agents of change in ending GBV and FGM.

24. The country programme vision is to reduce maternal mortality in the country through the improvement of the health system, leading to high-quality health services while also addressing gender and social norms as the entry points to ensuring adolescents and youth are empowered, have access to sexual reproductive health services and information to reach their full potential. This approach is based on the findings and recommendations of the investment case on ending maternal mortality in the Gambia, which was conducted jointly with the Government. The programme will focus on strengthening human resources for health, particularly in hard-to-reach communities, to help reduce the maternal mortality ratio. Additionally, it will help the Government to address inequalities in accessing health services, including emergency obstetric care and ending obstetric fistula, with the goal of achieving these objectives by 2030. Special emphasis will be placed on rural and hard-to-reach communities first, as well as women, girls and persons with disabilities.

25. The programme will scale up comprehensive health education for adolescents and youth, particularly for marginalized young people, such as those living with disabilities or HIV/AIDS, as well as other high-risk populations, to ensure their access to SRH information and services and contribute to reducing maternal mortality and GBV. It will also prioritize mainstreaming human rights in youth programming and developing young people's leadership and decision-making skills, as well as their capacity to contribute to peacebuilding processes. The programme aims to address institutional barriers, such as lack of representation and inclusion, limited mentorship and

guidance, as well as cultural biases that hinder young people's participation in community and national leadership platforms.

26. This new country programme will use four accelerators: innovation; partnership; data; and a gender-transformative approach. Innovative strategies will promote inclusion and participation in adolescent and youth programmes and address the specific needs of young people, particularly in sexual and reproductive health. Partnerships and South-South and triangular cooperation will help move the programme from funding to financing and provide the necessary technical capacity to implement the various programme areas, including the conduct of the next population and housing census. The programme will also leverage the Sub-Saharan Africa Women's Empowerment and Demographic Dividend (SWEDD) project, the United Nations Integrated Strategy for the Sahel (UNISS), the Joint Programme on FGM and Child Marriage to achieve the planned results. It also aims to accelerate achievement of the SDGs by focusing on communities and populations that have limited access to sexual and reproductive health or gender-based violence services and information.

27. Data and evidence generation will be a key accelerator in achieving the objectives of the country programme. It will be applied by providing the necessary insights and information to guide decision-making, including in the design and implementation of annual budgets, monitoring progress, and making informed adjustments to strategies and interventions. The gender-transformative approach will be utilized to help in the realization of the three transformative results, especially at specific output levels, through education and empowerment, as well as by engaging men and boys as allies in promoting gender-equitable attitudes and behaviours related to health and well-being.

28. The programme will explore new and impactful partnerships, including with academia, women's and youth networks, and explore initiatives to build alliances for women's and girls' empowerment. The strategic interventions will take into consideration megatrends, such as climate change and rapid urbanization, and technological breakthroughs, including artificial intelligence and their effect on women and young people. UNFPA will advocate for sexual reproductive health and GBV services to be integrated into national climate change policies and related documents.

29. To address the existing development gaps, the country programme will focus primarily on rural populations and other communities left furthest behind – with the poorest development indicators especially in the Upper River, Central River, Lower River and North Bank region – to ensure their access to rights and choices. In these targeted regions, the country programme will focus on women and girls, young people, persons living with disabilities and other most-at-risk populations. Through strategic partnerships and coordination with key ministries and agencies, UNFPA aims to implement innovative approaches in addressing the stated programme priorities.

**A. Output 1. By 2028, strengthened mechanisms and capacities of actors and institutions to address discriminatory gender and social norms, and, using evidenced-based data, to advance gender equality and women's decision-making and provide gender-transformative, climate-sensitive, humanitarian and peace-responsive services and information.**

30. This output contributes to the UNSDCF Outcome 1.1 (on resilient and inclusive livelihoods) and Outcome 2.2 (on human development, social inclusion and people-centred governance). It also contributes to the National Development Plan Outcome 6.1 on empowering Gambian women economically, socially, and politically, and on building the resilience of women, youth, and persons with disabilities to climate-related and other shocks and ensuring access to sustainable food, WASH and health systems. It will strengthen adolescent and youth well-being and the empowerment of young women and girls using gender-transformative and human rights-based approaches, within the context of a humanitarian, peace and development continuum, to achieve the three transformative results and contribute to the achievement of SDGs 5 and 13.

31. The strategies for this output will be: (a) delivering advocacy and technical assistance for the institutional capacities of government agencies and civil society organizations to provide

needs-based, age- and context-specific SRH services, gender-based violence prevention, risk mitigation and response services, including protection and access to justice, including in humanitarian emergencies; (b) enhancing women's and youth participation in leadership and decision-making processes and national mechanisms; and (c) building networks and institutional capacities to respond to challenging cultural, gender and social norms that fuel discrimination and inequalities for women, girls, persons with disabilities and other marginalized populations.

32. It will be implemented through inter-agency collaboration and partnerships and by strengthening government institutions and mechanisms for disaster risk mitigation and response. It will ensure the prepositioning of sexual and reproductive health kits to effectively respond to the needs of women and girls during emergencies. UNFPA will also help women's networks and grassroots civil society organizations build capacities to address gender and social norms that perpetuate discrimination, including GBV.

**B. Output 2. By 2028, strengthened capacity of systems, institutions and communities to provide high-quality, comprehensive sexual and reproductive health information and services, including supplies, as well as essential services.**

33. This output contributes to the UNSDCF Outcome 2.2 (on reduced poverty and inequalities as a result of efficient social and economic inclusion services for vulnerable people that are rights-based). It also contributes to the National Development Plan Outcome 4.2 on the delivery of quality, accessible, and affordable healthcare services for all. It will also contribute to the achievement of SDG 3.

34. The strategies for this output will be to: (a) improve midwifery services in regional healthcare facilities, offering comprehensive sexual and reproductive healthcare, including family planning, adolescent health, HIV prevention and emergency obstetric and provide fistula repair and survivor reintegration within the community; (b) enhance the national capacity to implement a maternal and perinatal death surveillance and response mechanism, including at community levels; (c) provide sexual and reproductive health services in humanitarian settings; (d) support the production and use of evidence-based data for decision-making on sexual and reproductive health; (e) provide inclusive family planning services, based on human rights and gender equality, using effective methods and innovative approaches to generate demand and engage with communities; (f) support the training of healthcare workers to integrate sexual reproductive health services into nutritional and other assessments, especially at the community level, in development and crisis situations; (g) improve the sustainability of sexual reproductive health and reproductive rights programmes, particularly for adolescents and youth, by integrating them into health system strengthening initiatives and advocating for domestic resource mobilization to procure contraceptives.

35. The output will be implemented by government and civil society organization partners to ensure women, adolescents and youth have access to sexual reproductive health and quality healthcare services, including emergency obstetric and newborn care, and improved access to family planning contraceptives, especially in hard-to-reach communities. This will also include strengthening the human resources capacity for health in an integrated manner, to address the health and well-being needs of people in rural communities.

**C. Output 3. By 2028, strengthened skills and opportunities for adolescents and youth to ensure bodily autonomy, leadership and participation and to build human capital.**

36. This output supports UNSDCF Outcome 2.2 (reduce poverty and inequality by providing vulnerable individuals with effective social and economic services based on their rights). It also aligns with National Development Plan Outcomes 4.5 and 6.3 by implementing policies and strategies that leverage the demographic dividend, provide economic opportunities and promote social and cultural development for adolescents and youth. It aims to enhance the education, skills and knowledge of young people while empowering marginalized individuals through youth-led and girl-led movements – and ultimately, to encourage the active participation of young people in decision-making processes to shape their future and to strengthen their leadership abilities, agency and voice. By involving young individuals in evidence-informed programmes, it will

contribute to the development of human capital and the demographic dividend. This output will also contribute to the achievement of SDG 5.

37. The strategies for this output will include: (a) strengthening institutions, schools, youth-focused and youth-led networks to deliver sexual reproductive health and reproductive rights information and services for adolescents and youth through comprehensive health education programmes using a human rights-based approach; (b) adopting innovation and digitization to expand the participation and leadership of young people in promoting gender equality and peace and security; (c) supporting community mobilization to promote adolescent and youth SRH; (d) supporting the formulation and implementation of youth policies and strategies that meet the unique needs and challenges of young people, including by promoting their involvement in decision-making, improving education, employment and healthcare, in line with the UNFPA and United Nations Global Strategies on Youth; (e) producing in-depth analytical reports from surveys (including e-surveys) and the census for evidence-informed programming and policy formulation; and (f) supporting the conduct of a population situational analysis on population changes and diversity and the impact of megatrends, including climate change, on achieving the three transformative results and the ICPD Programme of Action.

38. The output will be implemented by government and civil society organization partners to ensure adolescents and youth have access to sexual reproductive health and quality health care information and services, as well as empowerment programmes, to enhance their leadership and participation in the decision-making process, and to support the formulation of policies and programmes to promote their engagement. Research and data generation and analysis to inform policies and programmes will be a key implementation priority.

### **III. Programme and risk management**

39. The National Population Commission Secretariat, under the Office of the Vice President, will coordinate the new country programme. Key government ministries, such as the Ministry of Health, the Ministry of Gender and Social Welfare, the Ministry of Finance and Economic Affairs (which includes the National Bureau of Statistics), the Ministry of Justice, as well as the Ministry of Interior, will be critical, at sectoral and policy levels, for implementing the country programme. It will be aligned with the priorities of the National Development Plan and collaborate with other United Nations agencies, the private sector, the Gambian diaspora, development partners and the World Bank (on SWEDD) to achieve the three transformative results. If necessary, the country programme will be adjusted, particularly after the midterm reviews of the National Development Plan and the UNSDCF.

40. National ownership was ensured through community consultations and engagement of the Government and civil society, including grassroots organizations, in all stages of the development process. The comparative advantage of UNFPA and, within the United Nations country team (UNCT), its leadership in the thematic working group on gender and a results group related to one of the UNSDCF outcomes will help strengthen inter-agency partnership, joint programme implementation and resource mobilization, toward a shift from funding to financing. This will also strengthen the joint reporting of results in UNInfo.

41. Country office staffing will be aligned to enhance the implementation of the country programme as well as the UNSDCF, which emphasizes the need for specific technical capacities to guide implementation from resident and non-resident agencies. Technical capacity from UNCT partners, the Regional Office and UNFPA headquarters will be leveraged to support programme implementation.

42. The potential risks to the programme include: (a) political and economic constraints (including a tight fiscal space to support the shift from funding to financing), environmental shocks and natural disasters, as evident with the COVID-19 pandemic; (b) global crises, including climate change, conflicts and financial crises; (c) unprecedented floods as a result of heavy rainfall as well as limited domestic resources in response; and (d) deeply rooted negative gender and social norms.

43. To mitigate these risks, UNFPA will (a) undertake, together with other United Nations agencies, environmental and political scanning to assess operational and political risks;



(b) develop a humanitarian response plan, in line with a multisectoral and partnership approach; (c) develop a risk management and readiness assessment plan and resource mobilization strategy, with an emphasis on innovative financing approaches; (d) provide technical assistance to government and implementing partners in capacity building and in integrating sexual and reproductive health and gender-based violence response services within national contingency and other emergency preparedness plans; and (e) support networks in enhancing positive masculinity and addressing deep-rooted gender and social norms.

44. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels, with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

#### **IV. Monitoring and evaluation**

45. The country programme will prioritize monitoring and evaluation as a crucial element. UNFPA will implement results-based management systems and approaches to programming, building on a strong monitoring and evaluation plan. UNFPA and partners will work together to create and implement an effective monitoring and evaluation system to track and report on country programme results, in accordance with UNFPA policies and guidelines. UNFPA will participate in joint monitoring activities, including quarterly joint field visits, at national and regional levels, and systematically conduct annual reviews. The country programme will also enhance the monitoring and evaluation capabilities of implementing partners, enabling them to manage programmes based on results. To support this country programme, a comprehensive monitoring and evaluation plan, including a comprehensive framework with clear metadata, will be developed to provide clarity on the indicators, baselines and targets, as well as the sources of data for guiding programme implementation.

46. The programme will link monitoring and reporting of the country programme results framework with the UNSDCF. UNFPA will contribute to and integrate multidimensional programming processes by actively participating in UNSDCF joint planning, programming, monitoring, reporting and evaluation. It will engage in technical working groups on United Nations monitoring and evaluation, data for development, and other key strategic results areas. UNFPA will participate in government and UNCT reviews and evaluations of the UNSDCF and support the voluntary national reviews.

47. The country programme will work with academia and research institutes to conduct perception surveys, studies and the generation of relevant data for evidence-informed programming. The UNSDCF monitoring and evaluation working group will use updated terms of reference to help the United Nations agencies to better coordinate monitoring and evaluation and facilitate easier reporting through UNInfo.

48. The country programme will prioritize capacity building of UNFPA staff and partners (government and civil society) in results-based management to ensure the development of results-oriented workplans with integrated activities for programme monitoring and evaluation; this will involve quarterly review meetings, joint programme monitoring and evaluation, and annual planning meetings.

49. A costed evaluation plan will be developed, highlighting all project evaluations during the programme cycle, including an evaluation of the UNSDCF. A midterm programme review will be undertaken to determine key factors and conditions that have contributed to the results as well as the progress made toward the realizing the country programme results.

## RESULTS AND RESOURCES FRAMEWORK FOR THE GAMBIA (2024-2028)

<b>NATIONAL PRIORITY:</b> Interim Transition Programme 2022-2025: Priority Area 4: Social action, employment and employability, with the aim of investing more and better in people, at every stage of their life cycle, to give them the means to become productive members of a more cohesive society.				
<b>UNSDCF OUTCOME(S):</b> 1.1. By 2028, women, children, displaced people, youth and persons with disabilities, particularly in rural and urban disaster and conflict-prone areas, are resilient to climate-related and other shocks and have access to sustainable food, water, sanitation and hygiene (WASH) services and health systems, including education and social protection. 2.2 By 2028, marginalized and vulnerable people in the Gambia enjoy efficient social and economic inclusion and rights-based human development for reduced poverty and inequality.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<b>UNSDCF outcome indicators:</b> <ul style="list-style-type: none"> <li>• Maternal mortality rate (per 100,000 live births) <i>Baseline: 289 (2019); Target: 213 (2028)</i></li> <li>• Skilled birth attendance rate <i>Baseline: 84% (2019) Target: 90% (2028)</i></li> <li>• Contraceptive prevalence rate <i>Baseline: 19% (2019) Target: 24% (2027)</i></li> <li>• Prevalence of FGM for women aged 15-49 years <i>Baseline: 73% (2019) Target: 70% (2028)</i></li> <li>• Percentage of women aged 15-49 years who have experienced any physical violence by a husband or anyone else since age 15 <i>Baseline: 46% (2019) Target: 30% (2028)</i></li> </ul>	<b>Output 1.</b> By 2028, strengthened mechanisms and capacities of actors and institutions to address discriminatory gender and social norms, and, using evidenced-based data, to advance gender equality and women's decision-making and provide gender-transformative, climate-sensitive, humanitarian and peace responsive services and information.	<ul style="list-style-type: none"> <li>• Availability of a functional national mechanism to engage men's and boys' organizations, networks and coalitions promoting positive masculinity that actively advocates achieving transformative results <i>Baseline: No (2023); Target: Yes (2028)</i></li> <li>• Availability of strong social movement advocating for tackling harmful social and gender norms, stereotypes and discriminatory practices, supporting the achievement of the transformative results <i>Baseline: No (2023); Target: Yes (2028)</i></li> <li>• Number of women, adolescents and youth, including women and young people with disabilities, benefitting from the high-quality services for SRH and GBV and harmful practices (including services related to mental health and psychosocial support) <i>Baseline: 0 (2023); Target: 5000 (2028)</i></li> </ul>	Ministry of Health; Ministry of Justice; Ministry of Gender, Children and Social Welfare; World Food Programme; Gambia Red Cross Society; National Disaster Management Agency; civil society organizations; youth-led networks; women-led networks; young men/boys' network.	\$13.9 million (\$1.6 million from regular resources and \$12.3 million from other resources)
		<b>Output 2.</b> By 2028, strengthened the capacity of systems, institutions and communities to provide high-quality, comprehensive sexual and reproductive health information and services, including supplies, as well as essential services.	<ul style="list-style-type: none"> <li>• Percentage of pregnant women aged 15-49 years who receive a minimum number of recommended antenatal care visits (at least four visits) during their pregnancy <i>Baseline: 79% (2020); Target: 95% (2028)</i></li> <li>• The country meets at least 75% of the requirement of midwifery professionals for sexual, reproductive, maternal, newborn and adolescent health care <i>Baseline: No (2023); Target: Yes (2028)</i></li> <li>• Percentage of national health facilities with no stock-outs of modern contraceptives <i>Baseline: 60.4% (2022); Target: 85% (2028)</i></li> </ul>	Ministry of Health; Ministry of Gender, Children and Social Welfare; Gambia Bureau of Statistics; Gambia Family Planning Association.

<ul style="list-style-type: none"> <li>Percentage of women aged 15-49 years who have ever experienced any sexual violence by a husband or anyone else <i>Baseline: 9% (2019)</i> <i>Target: 3% (2028)</i></li> <li>Unmet need for family planning <i>Baseline: 24% (2019);</i> <i>Target: 10% (2028)</i></li> <li>Percentage of young women and men aged 18-29 years who experienced sexual violence by age 18, by sex and age <i>Baseline: 0.4% (2019);</i> <i>Target: 0.1% (2028)</i></li> <li>Anticipatory action framework in place that includes sexual and reproductive health and gender equity <i>Baseline: No; Target: Yes</i></li> <li>Country readiness assessment to provide Minimum Initial Service Package for reproductive health in crisis situations <i>Baseline: No; Target: Yes</i></li> </ul>	<p><b>Output 3.</b> By 2028, strengthened skills and opportunities for adolescents and youth to ensure bodily autonomy, leadership and participation, and to build human capital.</p>	<ul style="list-style-type: none"> <li>The country has operationalized in-school and out-of- school comprehensive health education, in line with international standards <i>Baseline: No (2023); Target: Yes (2028)</i></li> <li>Population Situation Analysis conducted <i>Baseline: No (2023); Target: Yes (2028)</i></li> <li>Number of national policies and strategies developed that integrate demographic variables <i>Baseline: 0 (2023); Target: 6 (2028)</i></li> <li>Number of in-depth census thematic, demographic and health survey and SRH research reports, produced with the support of UNFPA, that take into consideration the three transformative results, <i>Baseline: 3 (2023); Target: 8 (2028)</i></li> <li>Number of young people participating in decision-making processes supported by UNFPA <i>Baseline: 0 (2023); Target: 2,500 (2028)</i></li> </ul>	<p>National Population Commission Secretariat; Ministry of Basic and Secondary Education; National Bureau of Statistics; University of the Gambia; Ministry of Youth and Sports; Gambia National Youth Council; Nova Scotia Gambia Association; Gambia Red Cross Society; youth networks.</p>	<p>\$6.2 million (\$1.2 million from regular resources and \$5.0 million from other resources)</p>
Programme coordination and assistance				<p>\$0.6 million from other resources</p>