



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

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UNITED NATIONS POPULATION FUND

Country programme for the Gambia

Proposed UNFPA assistance: \$5.5 million: \$4 million from regular resources and \$1.5 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2007-2011)

Cycle of assistance: Sixth

Category per decision 2005/13: A

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	2.2	0.8	3.0
Population and development	0.9	0.3	1.2
Gender	0.4	0.4	0.8
Programme coordination and assistance	0.5	-	0.5
Total	4.0	1.5	5.5

I. Situation analysis

1. The Gambia ranks 155 out of 177 on the UNDP human development index. The 2003 population and household survey indicated a poverty level of 61.2 per cent. The Government recently developed a poverty reduction and growth strategy for 2007-2011 that merged the previous Millennium Development Goal-based poverty reduction strategy with the medium term plan, 2007-2011. The new strategy seeks to accelerate economic growth and reduce poverty.

2. The country has a population of 1.36 million and an annual population growth rate of 2.74 per cent. The total fertility rate is high, at 5.55 children per woman (2003), a situation attributed to the low status of women and to traditional practices such as early marriage and polygamy. The contraceptive prevalence rate for modern methods is estimated at only 17.5 per cent (2002), while the unmet need for family planning is estimated at 30 per cent. The low contraceptive usage is due to sociocultural and religious barriers and to inadequate access to high-quality services.

3. The maternal mortality ratio, though still high, declined from 1,050 deaths per 100,000 live births in 1990 to 730 deaths per 100,000 live births in 2001. During the same period, the infant mortality rate declined from 89.4 to 84 deaths per 1,000 live births. Contributing factors to the high maternal mortality ratio include: (a) the poor quality of care in prenatal and delivery services; (b) an inadequate high-risk referral system; and (c) delayed and/or inappropriate treatment of life-threatening complications of pregnancies and delivery.

4. The HIV/AIDS prevalence rate is estimated at 1.7 per cent (2005). Disaggregated data are not available for sexually transmissible infections (STIs) and HIV/AIDS. Although access to social services such as health and education has improved (70 per cent for primary health care and 83 per cent for basic education), insufficient resources have undermined the quality of these services. The vulnerable and the underserved, notably rural women and youth, the urban poor and refugees, are primarily affected.

5. There is a high unmet need for emergency obstetric services (79 per cent). Access to these services, especially at the community level, is constrained by a poorly functioning emergency obstetric care system, including ill-equipped and inadequately staffed facilities. Harmful traditional practices such as female genital cutting and early marriage contribute to the poor health status of women and children.

6. According to the 2003 census, nearly 41.5 per cent of those aged 15-24 are sexually active. A study on adolescents cited cost and the lack of youth-friendly services as factors limiting the access of young people to condoms. The low awareness among youth about reproductive health issues, coupled with their limited access to youth-friendly services, exposes them to sexually transmitted infections, HIV/AIDS and unwanted pregnancies.

7. The Gambia is predominantly a patriarchal society, characterized by gender disparities in health, education and other sectors. The Government has initiated gender-sensitive policies supported by important institutional developments such as the Women's Legislator Caucus and the National Women's Council. It has also promoted the development of women's entrepreneurial skills and women's access to credit and saving facilities. However, structures for monitoring implementation of the gender policies are weak.

II. Past cooperation and lessons learned

8. UNFPA assistance to the Gambia began in 1972. The fifth country programme (2002-2006) had three components: (a) reproductive health; (b) population and development; and (c) advocacy. There were seven component projects.

9. The programme helped the Government to strengthen the capacity of national institutions to provide reproductive health information, services and commodities. The programme increased the number of service delivery points offering condoms and other family planning methods and trained divisional health teams and other service providers in contraceptive logistics management. The programme also increased awareness of reproductive health issues, including sexually transmitted infections and HIV/AIDS, especially among adolescents and youth. However, there is a need to translate the increased awareness into behaviour change.

10. Adolescent sexual and reproductive health services have been gradually integrated into existing health facilities. However, only two out of the seven planned youth-friendly reproductive health centres have been completed, in part because of inadequate funds. UNFPA will evaluate this situation and incorporate lessons learned into the next country programme.

11. The programme helped the Government to conduct the 2003 population and housing census. Limited technical capacity at the Central Statistics Department contributed to delays in disseminating the data. The Government has revised the national population policy; incorporated population issues into government policies and sectoral documents; and institutionalized population and family life education in the formal and non-formal educational systems. As a result, some schools with high incidences of teenage pregnancies have registered significant declines.

12. The programme helped to establish gender-mainstreaming mechanisms, including a gender cabinet committee, gender technical committees and gender focal points in sectoral departments and non-governmental organizations (NGOs). UNFPA supported the development of the national policy for the advancement of Gambian women, which incorporated provisions of international legal instruments related to gender equity and equality. The UNFPA programme led to closer cooperation and partnerships between the Government, NGOs, civil society and the private sector through support to civil society networks, including networks of

parliamentarians, journalists and faith-based organizations.

13. Constraints encountered included: (a) the high attrition rate among personnel in key implementing agencies, leading to weaknesses in national execution; (b) inadequate project management capacity in some of the NGOs involved in programme implementation; (c) the inability to mobilize additional resources due to limited donor presence in the country; (d) the lack of updated national data; and (e) the lack of a comprehensive management information system.

14. Lessons learned include: (a) the need to develop and implement an effective resource mobilization strategy to support the programme; (b) the importance of establishing partnerships with civil society to promote population policy initiatives; (c) the need to assess in advance the capacity of implementing agencies for national execution to ensure the quality of programme implementation; (d) the importance of reliable and relevant data sources to monitor progress in achieving programme objectives using a results-based approach; (e) the recognition that community-based structures are effective vehicles for social mobilization; and (f) the importance of involving stakeholders in planning and designing programmes so that the programmes reflect their needs.

III. Proposed programme

15. The proposed programme is based on the national priorities as reflected in Vision 2020 (the national development plan) and the poverty reduction strategy paper. It is aligned with the UNFPA multi-year funding framework and with the Programme of Action of the International Conference on Population and Development (ICPD). It is designed to contribute to the outcomes of the United Nations Development Assistance Framework (UNDAF) in the priority areas of poverty reduction and social protection, basic social services, governance and human rights.

16. The goal of the programme is to contribute to an improved quality of life and standard of living for the population. The programme focuses on: (a) maternal health; (b) reproductive health information and services, with a focus on young people and HIV

prevention; and (c) the collection and utilization of gender-disaggregated data for development, planning and poverty reduction. The programme will support advocacy on population, gender, and reproductive health and rights at national as well as subnational levels.

17. The programme will be national in scope and will include joint programmes with the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) on HIV/AIDS, safe motherhood, data collection and management, and human rights.

18. The programme has three components: (a) reproductive health; (b) population and development; and (c) gender. These components will incorporate cross-cutting issues such as advocacy, culture, governance and human rights.

Reproductive health component

19. This component has two outcomes: (a) increased use of integrated, high-quality sexual and reproductive health services; and (b) young people practice safer behaviour to reduce sexually transmitted infections, HIV and unwanted pregnancies. These will be achieved through three outputs.

20. Output 1: Improved access to integrated, high-quality reproductive health information and services, including family planning, at all levels. This will be achieved by: (a) supporting the national road map for reducing maternal mortality and morbidity; (b) strengthening the capacity of institutions to provide reproductive health services and commodities; (c) updating policies, norms, protocols and training manuals on reproductive health service delivery and training service providers on their use; (d) supporting the development of a database to improve reproductive health programme management; and (e) undertaking joint programmes with WHO and UNICEF on emergency obstetric care.

21. Output 2: Improved access to HIV prevention and youth-friendly information and services at all levels. This output will be achieved by: (a) expanding youth centres that provide youth-friendly services, focusing on preventing sexually

transmitted infections and HIV among young people; (b) supporting condom programming and the establishment of voluntary counselling and testing centres that are integrated into reproductive health services; (c) strengthening the capacity of Government and NGOs, especially youth-oriented institutions and service providers, to develop and conduct behaviour communication activities and to provide youth-friendly, high-quality reproductive health services.

22. Output 3: Improved awareness and behaviour change of the population regarding gender, reproductive health and reproductive rights. This will be achieved by: (a) implementing interventions in the national behaviour change communication strategy; (b) strengthening partnerships with faith-based organizations, women's groups, youth, parliamentarians, traditional communicators and other segments of civil society to promote awareness of and advocacy on gender and on reproductive health and rights; and (c) supporting community-based structures to promote social mobilization and community awareness.

Population and development component

23. The expected outcomes of this component are: (a) increased availability of population, reproductive health and gender information for planning, monitoring and evaluation; and (b) strengthened national capacity to integrate population, reproductive health and gender concerns into policies and programmes.

24. Output 1: Availability of reliable and timely gender-disaggregated population and reproductive health data at national and subnational levels. This will be achieved by: (a) enhancing the capacity of the Central Statistics Department and other institutions, such as the University of the Gambia, to conduct evidence-based population, sociocultural, health and educational surveys and to obtain other baseline data; (b) supporting the demographic and health survey and the dissemination of its results by 2009; (c) finalizing and disseminating the 2003 population and housing census; (d) strengthening the capacity of the Departments of State for Health and Education to generate programme-level statistics and data; and (e) establishing and implementing an integrated management

information system, including *DevInfo*, for programme monitoring and evaluation, an area identified for joint programming with UNICEF.

25. Output 2: Strengthened institutional and technical capacity to integrate population, reproductive health and gender concerns into national plans and programmes. This output will be achieved by: (a) supporting the National Population Secretariat to ensure that population concerns are included in the health, youth and gender sectoral plans and policies; (b) enhancing coordination at the decentralized level; and (c) strengthening the capacity of divisional and local structures to mainstream population, reproductive health and gender in their plans and programmes.

26. Output 3: High-quality population and family life education is reinforced in formal and non-formal education. This output will be achieved by: (a) supporting population and family life education in primary and secondary schools and madrasas; (b) training teachers in population and family life education at Gambia College; and (c) scaling up population and family life education to provide life skills to young people both in and out of school, in cooperation with UNICEF and WFP.

Gender component

27. The expected outcome of this component is: enhanced capacity of national and local institutions to advance gender equality and equity, and the empowerment of women and girls, through a culturally sensitive, rights-based approach.

28. Output 1: Strengthened capacity of national and local institutions to mainstream gender into national and sectoral policies and programmes. This output will be achieved by: (a) building the gender-mainstreaming capacity of local institutions and associations; (b) empowering women and girls by developing their skills and reducing their workloads; and (c) building the capacity of the Women's Bureau to conduct research, and use data, on gender mainstreaming.

29. Output 2: Enhanced capacity of national institutions to promote gender equality, equity and empowerment. This will be achieved by: (a) building the capacity of institutions to implement

and monitor laws and policies that promote gender equity and equality and gender mainstreaming; and (b) supporting established gender mainstreaming mechanisms, such as the gender technical committee and the gender focal points in sectoral departments and NGOs.

IV. Programme management, monitoring and evaluation

30. The National Population Commission, through the Population Secretariat, working in collaboration with UNFPA, will coordinate the programme. Programme component committees will provide technical guidance on programme implementation. The population task forces will coordinate, facilitate and monitor activities of the programme at divisional and municipal levels.

31. The programme will be implemented through strengthened national execution modalities. United Nations Volunteers and national experts will help to strengthen capacity in programme implementation, monitoring and evaluation. UNFPA will assess the capacity of prospective implementing institutions before the start of the programme. UNFPA has formulated a resource mobilization plan to secure additional resources for the programme.

32. The programme will employ monitoring and evaluation mechanisms within the framework of a results-based approach. UNFPA and the Government will establish an integrated management information system to enhance monitoring and evaluation. They will also conduct annual programme reviews and a final evaluation at the end of the programme.

33. The Gambia country office consists of a non-resident country director based in Senegal, an assistant representative, a national programme officer and several support staff. UNFPA will recruit a national programme officer for HIV/AIDS to strengthen programme implementation. The UNFPA Country Technical Services Team in Dakar, Senegal, along with national institutions and consultants, will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR THE GAMBIA

National priority or goal: (a) improving coverage of the unmet basic needs of the poor; and (b) building capacity for local, people-centred development through decentralization				
UNDAF outcome: improved access to quality basic social services, with particular attention to vulnerable and marginalized people				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><u>Outcome:</u> Increased use of integrated, high-quality sexual and reproductive health services</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ▪ Skilled attendance at birth increased ▪ Increased contraceptive prevalence <p><u>Outcome:</u> Young people practice safer behaviour to reduce sexually transmitted infections, HIV and unwanted pregnancies</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ▪ Proportion of adolescents using youth-friendly services ▪ Sexually transmitted infections and HIV infection among young people aged 15-24 years decreased 	<p><u>Output 1:</u> Improved access to integrated, high-quality reproductive health information and services, including family planning, at all levels</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ Number of facilities providing basic and comprehensive emergency obstetric care increased from 12 to 24 ▪ Percentage of service delivery points offering at least four reproductive health services increased from 90% to 100% ▪ Proportion of deliveries by skilled birth attendants increased from 52% to 77% <p><u>Output 2:</u> Improved access to HIV prevention and youth-friendly information and services at all levels</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ Number of youth-friendly service centres increased from 5 to 10 ▪ The percentage of young people aged 15-24 knowledgeable about transmission and prevention of sexually transmitted infections and HIV increased from 62.5% to 90% ▪ Number of voluntary counselling and testing centres increased from two to six ▪ Number of reproductive health facilities integrating voluntary counselling and testing increased from 8 to 20 <p><u>Output 3:</u> Improved awareness and behaviour change of the population regarding gender, reproductive health and reproductive rights</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ The national information, education and communication/behaviour change communication strategy and guidelines operationalized ▪ NGOs, faith-based organizations and networks with capacity to advocate gender issues increased from 11 to 15 ▪ Changed attitude of the population towards gender-based violence 	<p>Office of the Vice President; Department of State for Health; Department of State for Youth and Sports; Department of State for Communication, Information and Technology; Department of State for Education; Women’s Bureau; National Youth Council</p> <p>UNICEF; WHO; World Bank; European Union</p> <p>NGOs and civil society organizations</p>	\$3 million (\$2.2 million from regular resources and \$0.8 million from other resources)
Population and development	<p><u>Outcome:</u> Increased availability of population, reproductive health and gender information for planning, monitoring and evaluation</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> ▪ Sex- and age-disaggregated data from national and subnational databases are used to monitor national development plans 	<p><u>Output 1:</u> Availability of reliable and timely gender-disaggregated population and reproductive health data at national and subnational levels</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ Database on demography available ▪ Number of studies on the linkages between population, reproductive health, gender and poverty undertaken 	<p>Central Statistics Department; Office of Vice President; Department of State for Education</p> <p>UNICEF; UNDP; WFP</p> <p>Training institutions</p>	\$1.2 million (\$0.9 million from regular resources and \$0.3 million from other resources)

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development (cont'd)	<p><u>Outcome:</u> Strengthened national capacity to integrate population, reproductive health and gender concerns into policies and programmes.</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> ▪ Number of national and regional policies, plans and strategies that take into account the ICPD approach as a basis for policymaking 	<p><u>Output 2:</u> Strengthened institutional and technical capacities to integrate population, reproductive health and gender concerns into national plans and programmes</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ Number of institutions with reliable methods for data collection, analysis and information dissemination increased from four to seven ▪ Three implementing partners trained every year to integrate population issues into development planning processes ▪ Number of sociodemographic data sources increased from two to four <p><u>Output 3:</u> High-quality population and family life education is reinforced in formal and non-formal education</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> ▪ Number of formal schools, madrasas and tertiary institutions teaching population and family life education increased from 82 to 300 		
Gender	<p><u>Outcome:</u> Enhanced capacity of national and local institutions to advance gender equality and equity, and the empowerment of women and girls, through a culturally sensitive, rights-based approach</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ▪ Laws and policies promoting the advancement of women and girls in place and implemented ▪ Increased number of women in key policymaking positions 	<p><u>Output 1:</u> Strengthened capacity of national and local institutions to mainstream gender into national and sectoral policies and programmes</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ Number of gender-mainstreamed laws and policies increased from 6 to 15 ▪ Number of gender-mainstreamed programmes implemented increased from 7 to 14 ▪ Number of labour-saving devices provided to local women's associations increased from 13 to 26 ▪ Number of women and girls trained in livelihood and management skills <p><u>Output 2:</u> Enhanced capacity of national institutions to promote gender equality, equity and empowerment</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ Number of institutions with the capacity to promote gender equality, equity and the advancement of women and girls increased from 7 to 14 ▪ Number of institutions involved in monitoring the implementation of the Convention on the Elimination of All Forms of Discrimination against Women 	<p>Office of the Vice President; National Youth Centre; Department of State for Communication, Information and Technology; Women's Bureau; other relevant line departments</p> <p>Gambia Radio and Television Services; Network of Journalists</p> <p>NGOs and civil society organizations</p> <p>UNDP; UNICEF; WHO</p>	<p>\$0.8 million (\$0.4 million from regular resources and \$0.4 million from other resources)</p> <hr/> <p>Programme coordination and assistance: \$0.5 million from regular resources</p>