REPUBLIC OF THE GAMBIA

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LEVEL OF ACHIEVEMENT OF THE MILLENNIUM DEVELOPMENT GOALS (MDGs)

MDG Status Report, 2009

FINAL REPORT

National Planning Commission
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FOREWORD

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This Report was prepared and compiled by the following team of Consultants:

1) Mr. Sheriffo S. T. Sonko, Lead Consultant
2) Mr. Alieu B.Sarr, Gambia Bureau of Statistics
3) Mr. Abu Camara, Gambia Bureau of Statistics
4) Mr. Musa Sowe, Health Management Information System, MoH&SW
5) Mr. Momodou Sowe,
6) Mr. Yusupha Dibba, University of The Gambia
7) Mr. Kebba N. Sonko, Department of Foresty

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The views expressed in this Report are those of the Consultants and do not necessarily reflect the official views of the National Planning Commission

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LIST OF ABBREVIATIONS AND ACRONYMS

AfDB	African Development Bank
AfDF	African Development Fund
ARV	Anti-Retroviral
BCC	Behavioural Change Communication
BCC	Banjul City Council
BFCI	Baby Friendly Community Initiative
CBG	Central Bank of The Gambia
CDDP	Community Driven Development Project
CIAM	Centre for Innovation Against Malaria
CO_2	Carbon dioxide
CPR	Contraceptive Prevalence Rate
CRR	Central River Region
CRR-N	Central River Region-North
CRR-S	Central River Region -South
CRS	Catholic Relief Services
DOTS	Directly Observed Treatment Short-course
DSA	Debt Sustainability Analysis
ECOWAS	Economic Community of West African States
EDF	European Development Fund
EEZ	Exclusive Economic Zone
EMCH	Emergency, Maternal and Child Health
EMIS	Education Management Information System
EPI	Expanded Programme of Immunization
EU	European Union
FAO	Food and Agricultural Organization
FAWEGAM	Foundation of African Women Educationist, Gambia
GBoS	Gambia Bureau of Statistics
GCPFDS	Gambia Contraceptive Prevalence and Fertility Determinants Survey
GEAP	Gambia Environmental Action Plan
GF	Global Fund
GHG	Green House Gases
GoTG	Government of The Gambia
HARRP	HIV/AIDS Rapid Response Project
HIPC	Heavily Indebted Poor Countries
HIS	Health Information System
HMIS	Health Management Information System
IDA	International Development Agency
IEC	Information, Education and Communication
IMF	International Monetary Fund
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
IT	Information Technology
ITNs	Insecticide Treated Nets
JICA	Japan International Co-operation Agency
KMC	Kanifing Municipal Council
KNCV	Royal Netherlands Tuberculosis Association
LGA	Local Government Area
LLN	Long Lasting Nets
LRR	Lower River Region
MDG	Millennium Development Goals
MDGR	Millennium Development Goal Report
MDR	Multi-Drug Resistant
MDRI	Multilateral Donor Relief Initiative

MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Rate/Ratio
MoCIIT	Ministry of Communication, Information and Information Technology
MoF	Ministry of Finance
MoH&SW	Ministry of Health and Social Welfare
MoTIE	Ministry of Trade, Industry and Employment
MRC	Medical Research Council
NAC	National AIDS Council
NaNA	National Nutrition Agency
NAPA	National Adaptation Programme of Action
NAPA	National Adaptation Plan of Action
NAS	National AIDS Secretariat
NAWEC	National Water and Electricity Company
NBR	North Bank Region
NEA	National Environment Agency
NEMA	National Environment Management Act
NER	Net Enrolment Ratio
NGO	Non-Governmental Organization
NPV	Net Present Value
NLTP	National Leprosy and TB Programme
NMCP	National Malaria Control Programme
NNC	National Nutrition Council
NPC	National Planning Commision
ODA	Official Development Assistance
ODS	Ozone Depleting Substances
OP	Office of the President
PAU	Policy Analysis Unit
PDU	Public Debt Unit
PER	Public Expenditure Review
PHC	Primary Health Care
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Transmission from Mother to Child
PRSP	Poverty Reduction Strategy Paper
PTCT	Parent to Child Transmission
RCH	Reproductive and Child Health
RVTH	Royal Victoria Hospital Teaching Hospital
SCC	Short Course Chemotherapy
SoS	Secretary of State
SPA	Strategy for Poverty Alleviation
TB	Tuberculosis
UNAIDS	United Nations AIDS
UNCBD	United Nations Convention on Biodiversity
UNCDD	United Nations Conventions for Combating Diversification
UNDP	United Nations Development Programme
UNEP	United Nations Environmental Programme
UNFCC	United Nations Framework Convention on Climate Change
UNFPA	United Nations Fund for Population Activities
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
URR	Upper River Region
VCT	Voluntary Counselling and Testing
WATSAN	Water and Sanitation Project
WHO	World Health Organization
WR	Western Region
XDR	Extra Drug Resistant

EXECUTIVE SUMMARY

Initially, the MDGs comprise of 8 Goals, 18 targets and 48 indicators. In January 2008, they were revised to 21 targets and 60 indicators. The Gambia is committed to the attainment of the MDGs and has put in place a monitoring mechanism to measure progress. To date, three progress reports have been prepared and submitted in 2003, 2005 and 2007 respectively. This is the fourth national report on the implementation status of the MDGs. It is worth mentioning that The Gambia's status with regards to the attainment of the MDGs has not changed since the last assessment in 2007.

Using data from the 2003 Integrated Household Survey, the round three of the Multiple Indicator Cluster Survey (MICS III), 2005/2006, the 2003 Census as well as sector specific data on education and health, the report presents an assessment of The Gambia's progress towards achieving the MDGs. The findings at national level are as follows:

- **Goal 2** (proportion of pupils starting grade 1 who reach last grade of primary) has been attained. On track to attaining net enrolment in primary education and literacy among 15-24 year olds,
- **Goal 3** (gender parity in primary and lower basic has been attained and parity at senior secondary is within reach)
- **Goal 4** (proportion of 1 year old children immunized against measles has been attained).
- **Goal 6** (proportion of under-fives sleeping under ITNs is on track). The country is on course to meet both the Abuja and MDG targets of .80% of children sleeping under ITNs
- **Goal 7** (proportion of population using improved drinking water source has been attained)
- **Goal 8** (partnership for development). Completion point under the enhanced HIPC Initiative has been reached and the country is eligible for debt relief under the HIPC to the tune of US$66.6 million and under MDRI to the tune of approximately US$373.5 million in nominal terms over the next 43 years (IMF Press Release No. 07/302, December 20, 2007.

In addition, significant strides have been made in the fight against malaria prevention and control. Recent data (2008 and 2009) from the six sentinel surveillance sites suggest that malaria is on the decline in The Gambia. This is also confirmed in earlier studies by the MRC in 2007.

Although The Gambia has made significant progress in attaining some MDG indicators, much more needs to be done to achieve the MDGs in its entirety. The country is not on track to reducing maternal mortality from its present rate of 730 per 100,000 live births to the MDG target of 263 per 100,000 births by 2015. Similarly, the country is not on track to attaining infant and child mortality including poverty targets. Concerted efforts are also needed to halt and reverse the trend of HIV/AIDS. Given the political commitment and leadership, there is no doubt that there will be further successes in attaining the MDGs in the years to come.

The report has identified some major challenges with regards to data. The paucity of recent data has greatly affected the compilation and analysis of this report. Other challenges in achieving the MDGs include resources, policy orientation and priorities for development co-operation. Recommendations have been made on all these issues.

Finally, it is hoped that the report, in addition to stimulating further discussions on the MDGs with development partners with a view to strategise for better results, will serve as a useful tool for resource mobilization for The Gambia's development efforts.

Table 1: Summary of MDG Status by Region, The Gambia MDG Status at a Glance 2009

Target	Indicators	MDG Target	MDG Status 2009								
			National	BCC	KMC	WR	NBR	LRR	CRR-North	CRR-South	URR
Goal 1: Eradicate Extreme Poverty and Hunger											
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than $1 a day	1.1. Proportion of population below $1 purchasing power parity (PPP) per day	15%	58% 55.5% (Projected)	7.6%	37.6%	56.7%	69.8%	62.6%	94%	75.7%	67.9%
	1.2. Poverty gap ratio		25.1%	0.8%	6.8%	13.7%	21.6%	10%	30.5%	14.4%	15%
	1.3. Share of poorest quintile in national consumption	8%	8.8%	NA	NA	NA	NA	NA	NA	NA	NA
Target 1.B: Achieve full and Productive employment and decent work for all, including women and young people	1.4. Growth rate of gross domestic product (GDP) per person employed	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	1.5. Employment-to-population ratio		0.38	0.38	0.32	0.29	0.37	0.38	0.45	0.40	0.40
	1.6. Proportion of employed people living below $1 (PPP) per day	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	1.7. Proportion of own-account and contributing family workers in total employment		0.79	0.51	0.48	0.69	0.89	0.88	0.95	0.93	0.94
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8. Prevalence of underweight children under 5 years of age	10.4	20.3%	17.5%	13.5%	16.8%	23.7%	27.0%	27.3%	26.1%	23.5%
	1.9. Proportion of population below minimum level of dietary energy consumption	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Goal 2: Achieve Universal Primary Education											
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1. Net enrolment ratio in primary education	100%	77%	103%	85%	76%	63%	78%	60%	59%	84%
	2.2. Proportion of pupils starting grade 1 who reach last grade of primary	100%	96.6%	96.8%	97.7%	99.5%	100%	96.0%	91.6%	87.9%	95.0%
	2.3. Literacy rate of 15-24 year-olds, women and men	72%	62.9%	75.1%	70.6%	69.7%	59.8%	69.3%	45.4%	62.9%	49.5%

Target	Indicators	MDG Target	MDG Status 2009								
			National	BCC	KMC	WR	NBR	LRR	CRR-North	CRR-South	URR
Goal 3: Promote Gender Equality and Empower Women											
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1. Ratios of girls to boys in primary, secondary and tertiary education	1.0	1.06	0.99	0.99	1.03	1.09	1.13	1.30	1.30	1.11
	3.2. Share of women in wage employment in the non-agricultural sector	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	3.3. Proportion of seats held by women in national parliament	33%	6.25%								
Goal 4: Reduce Child Mortality											
Target 4.A: Reduce by two thirds, between 1990and 2015, the under-5 mortality rate	4.1. Under-5 Mortality Rate	67.5	99	41	61	93	109	137	134	128	110
	4.2. Infant mortality rate	42	75	36	51	71	81	96	94	92	82
	4.3. Proportion of 1-year-old children immunized against measles		91			80	NBW 88 NBE -84	98	89	89	87
Goal 5: Improve Maternal Health											
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1. Maternal mortality ratio	263	556	NA	NA	NA	NA	NA	NA	NA	NA
	5.2. Proportion of births attended by skilled health personnel	63	56.8 64.49 (2008)	94.7	84.7	59.8	44.8	40.8	29.3	34.5	32.9
	5.3. Contraceptive Prevalence Rate		13.4%	NA	NA	NA	NA	NA	NA	NA	NA
Target 5.B: Achieve, by 2015, universal access to Reproductive Health	5.4. Adolescent birth rate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	5.5. Antenatal care coverage (at least one visit and at least four visits)	100%	99.3%	100%	98.5%	99.5%	99.8%	97.8%	99.5%	99.7%	99.5%
	5.6. Unmet need for family planning		30%	NA	NA	NA	NA	NA	NA	NA	NA

NA = Not Available

Target	Indicators	MDG Target	MDG Status 2009								
			National	BCC	KMC	WR	NBR	LRR	CRR-North	CRR-South	URR
Goal 6: Combat HIV/AIDS, Malaria and Other Diseases											
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1. HIV prevalence among population aged15-24 years	0.3	2.8HIV 1 0.9HIV 2	NA	NA	NA	NA	NA	NA	NA	NA
	6.2. Condom use at last high-risk sex		54.3	53.8	46.9	48.0	73.7	85.4	50.0	73.3	79.0
	6.3. Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS		39.1	37.4	40.9	50.1	46.8	32.9	32.1	24.4	23.2
	6.4. Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years		.87	NA	NA	NA	NA	NA	NA	NA	NA
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.5. Proportion of population with advanced HIV infection with access to antiretroviral drugs		NA	NA	NA	NA	NA	NA	NA	NA	NA
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6. Incidence and death rates associated with malaria	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	6.7. Proportion of children under 5 sleeping under insecticide-treated bed nets and proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs	80	49.0 ITN 52.4 Anti malarial	28.6 28.0	30.4 54.7	56.2 65.0	56.9 52.0	76.4 Nil	66.6 43.9	67.7 69.2	58.5 32.6
	6.8. Incidence, prevalence and death rates associated with tuberculosis	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	6.9. Proportion of tuberculosis cases detected and cured under directly observed treatment short course	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

NA = Not Available

Target	Indicators	MDG Target	MDG Status 2009								
			National	BCC	KMC	WR	NBR	LRR	CRR-North	CRR-South	URR
Goal 7: Ensure Environmental sustainability											
Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	7.1. Proportion of land area covered by forest	40%	50%	NA	NA	NA	NA	NA	NA	NA	NA
	7.2. Carbon dioxide emissions: total per capita and per $1 GDP (PPP) and consumption of ozone-depleting substances	.18	4.42	NA	NA	NA	NA	NA	NA	NA	NA
	7.3. Proportion of fish stocks within safe biological limits		74.1%	NA	NA	NA	NA	NA	NA	NA	NA
	7.4. Proportion of total water resources used	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	7.5. Proportion of terrestrial and marine areas protected	10%	4.09%	NA	NA	NA	NA	NA	NA	NA	NA
	7.6. Proportion of species threatened with extinction	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.7. Proportion of population using an improved drinking water source	85%	85.2%	100[1]	91.0	79.2	89.1	82.6	83.4	81.7	87.6
	7.8. Proportion of population using an improved sanitation facility	92%	84.2%	96..6	95.8	94.0	86.2	65.5	77.1	30.7	86.4
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum-dwellers	7.9. Proportion of urban population living in slums	NA	45.8	NA	NA	NA	NA	NA	NA	NA	NA

NA = Not Available

[1] Source: 2003 Census

Target	Indicators	MDG Target	MDG Status 2009								
			National	BCC	KMC	WR	NBR	LRR	CRR-North	CRR-South	URR
Goal 8: Develop a Global Partnership for Development											
Debt Sustainability	8.11. Debt relief committed under HIPC and Multilateral Debt Relief Initiatives		$66.6 m (HIPC) $373.5m [2] (MDRI)	NA	NA	NA	NA	NA	NA	NA	NA
	8.12. Debt service as a percentage of exports of goods and services		US$ 52.7m	NA	NA	NA	NA	NA	NA	NA	NA
Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	8.13. Proportion of population with access to affordable essential drugs on a sustainable basis	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.14. Telephone lines per 100 population		4.83	NA	NA	NA	NA	NA	NA	NA	NA
	8.15. Cellular subscribers per 100 population		41.9	NA	NA	NA	NA	NA	NA	NA	NA
	8.16. Internet users per 100 population		4.37	NA	NA	NA	NA	NA	NA	NA	NA

NA = Not Available

[2] Source: IMF Press Release (No. 07/302, dated December 20, 2007). The Gambia is eligible for debt relief under the MDRI in nominal terms over next 43 years

GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

Introduction

The Goal on eradicating extreme poverty and hunger has three targets relating to income poverty, employment and hunger, and nine indicators are used to measure progress towards these targets. As shown in Table 1.0 below, achievement of the targets of this goal are mixed with high level of achievement in some areas whilst in others little progress has been made. For instance, the poverty gap ratio has increased from 22.9 in 1990 to 25.1 in 2003. It is not likely that the poverty gap ratio will be reduced to the MDG target of 11.45 by 2015 (Table 1.0).

Table 1.0: Summary Status of Indicators

Target	Indicators	1990	Current Status (2009)	MDG Target 2015
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than $1 a day	1.1. Proportion of population below $1 purchasing power parity (PPP) per day (Poverty head count Index)	31%	58% (2003) 55.5 (2008) projected figure	15%
	1.2. Poverty gap ratio	22.9	25.1 (2003)	11.45
	1.3. Share of poorest quintile in national consumption	4%	8.8% (2003)	8%
Target 1.B: Achieve full and Productive employment and decent work for all, including women and young people	1.4. Growth rate of gross domestic product (GDP) per person employed	NA	NA	NA
	1.5. Employment-to-population ratio	0.33 (1993)	0.38 (2003)	No MDG target set
	1.6. Proportion of employed people living below $1 (PPP) per day	NA	NA	NA
	1.7. Proportion of own-account and contributing family workers in total employment	0.77 (1993)	0.79 (2003)	No MDG target set
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8. Prevalence of underweight children under 5 years of age	Moderate: 20.3% (1996) Severe: 5.3% (1996)	20.9 % (2005) 3.9% (2005)	10.2% 2.65%
	1.9. Proportion of population below minimum level of dietary energy consumption	NA	NA	NA

NA = Not Available

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than $1 a day

Status and Trends

Goal 1 of the Millennium Development Goals (MDG) has two targets, namely, to halve between 1990 and 2015 the proportion of people whose income is less than US$1 a day; and to halve, between 1990 and 2015, the proportion of people suffering from hunger.

Three different poverty studies have been conducted in the Gambia in 1992, 1998 and 2003 respectively. Although different methods were adopted for the different studies, overall poverty and food poverty were used in the estimation of the national poverty rate or the head count index. Results of the 1992 poverty study showed that, overall, the poverty level was 31 per cent. An analysis of the data by place of residence, showed that 33.1 per cent of the urban population was food-poor compared to 54 per cent in rural areas. When the second poverty study was conducted in 1998, the head count index increased to 69 per cent. Unlike the 1992 study, where the difference between the urban and rural food poor was not much, the 1998 study showed significant differences in poverty levels between the urban and rural areas, as 60 per cent of the population in the rural dwellers were estimated to be poor compared to only 13 per cent in urban areas. The 2003 Integrated Household Survey (IHS) is the most recent poverty survey in The Gambia. This survey showed a slight decline in the head count ratio from 69 per cent in 1998 to 58.0 per cent in 2003. Like the previous poverty studies, the poverty rates were higher in the rural than in urban areas (67.8 per cent rural compared to 39.6 per cent urban). As have been observed in most developing countries of Africa, poverty in The Gambia is more of a rural phenomenon.

The World Bank in collaboration with the Gambia Bureau of Statistics (GBoS) and the Ministry of Agriculture (MoA) conducted a Poverty Assessment exercise in 2008. The results of the assessment showed that the head count index dropped slightly to 55.5 per cent from a 2003 estimate of 58.0 per cent. The 2008 poverty assessment estimates were obtained through simulation exercises using the 2003 poverty profile, the impact of growth, remittances and internal migration since 2003 (see Table 1.1 below). Although there are many poverty reduction initiatives such as the Community Driven Development Project (CDDP) and Social Development Fund (SDF) project, among others, given the current poverty trend and the impact of the global economic downturn, it is unlikely that the targets set for poverty reduction will be achieved by 2015. Since more than 70 per cent of the population depend on agriculture, where earnings are generally lower than the other sectors of the economy, there is need to invest in the development of the sector so as to increase the earnings of the poorest segment of the population. Investment in agriculture will go a long way in reducing overall poverty in the country. According to the 2003 Integrated Household Survey (IHS), the agricultural sector's estimated poverty head count index was 76 per cent, which is significantly higher than the national average of 58 per cent. Thus, the high level of poverty observed among the population working in the agricultural sector explains the large rural-urban disparity in the poverty rates (67.8 per cent rural compared to 39.6 per cent urban). The data collection for the 2009/10 Integrated Household Survey has started and the results are expected in the first half of 2011. These results would provide an update on the poverty estimates for the country.

Table1.1: Poverty Simulation Results, Upper Poverty Line (Percent), 2008

	Headcount Rate (P0)
2003 Baseline:	58.0
2008 Baseline	55.5
Adjusted for:	
-Remittances	57.9
-Internal migration	43.1
-Remittances and migration	45.5

Source: 2008 Poverty Assessment Report

Regional Disparities in Poverty levels

The 2003 poverty study like the 1992 and 1998 poverty studies showed regional variations in poverty levels with higher poverty rates in the predominantly rural regions compared to the urban regions of Banjul and Kanifing.

The 2003 data showed that overall poverty rates decreased in all regions except in CRR North and CRR South which had the highest poverty rates compared to all the other regions (see Table 1.2 below). The reason for the increase in the proportion of the population categorized as poor in the CRRs can be attributed to the fact that a larger proportion of the employed population in these regions are engaged in crop production agriculture compared to the other regions. Results of successive poverty surveys have shown that those engaged in crop production agriculture constitute the poorest of the poor population. This largely explains the high poverty rates observed in the CRRs. The CRR-North is also the most deprived in terms of access to health and education services.

Table1.2: Overall Poverty Rates and MDG Targets by Region, 1992-2003

Region/Municipality	1992	1998	2003	Difference with MDG target
	%	%	%	
Banjul	0.0	50.0	7.6	-7.4
Kanifing	15.0	53.0	37.6	22.6
Western Region	35.0	69.0	56.7	41.7
Lower River Region	40.0	80.0	62.6	47.6
North Bank Region	36.0	80.0	69.8	54.8
Central River Region-N	39.0	74.0	94.0	79.9
Central River Region-S			75.7	60.7
Upper River Region	50.0	80.0	67.9	52.9
National Average	31.0	69.0	58.0	
MDG Target	15			

Source: GoTG (2000), 1998; Census 2003 & Integrated Household Survey (IHS), 2003

The regional variations in poverty are largely associated with variations in income levels with levels much higher in the urban areas where a large proportion of the workforce is engaged in the formal sector with higher income levels. The agricultural sector which employs the majority of rural dwellers is unreliable, unstable and less rewarding in terms of income
The country's economic performance in recent years has been relatively good but growth has gone down due to the impact of the global economic downturn. The sharp decline in the

global economic activity in 2008 has led to a decline in exports, remittances and capital inflow which consequently negatively impacted on the economy. Also, The Gambia's second foreign exchange earner, the tourism sector, faced a severe economic downturn due to the recession as travellers cancelled trips to most destinations including the Gambia. This development has affected the country's economy since the balance of payment figures showed that travel income has dropped from D1.9 billion in 2007 to D1.6 billion in 2008 and further decrease to 1.4 billion in 2009. Similarly, remittances were estimated to have declined by 7.7 per cent from D1.3 billion in 2007 to D1.2 billion in 2008 and further declined by 7.6 per cent in 2009. Real GDP growth at constant market prices is estimated to have declined from 6.3 per cent in 2008 to 5 per cent in 2009 (2009/10 Budget Speech).

A decline in remittances could have multiple effects on households. For example, this could reduce the purchasing power of households which could negatively impact on household food security as large numbers of households in the country are largely dependent on remittances for their livelihoods. As food insecure households would be most vulnerable to diseases, hence the possible negative impact on the survival of both children and adults.

Despite economic challenges faced by the country in the recent past, The Gambia Government is implementing economic and social development initiatives to alleviate poverty in the country. The commitment of government in poverty reduction is manifested in the development of SPA II, PRSP II (2007–2011) with the ultimate goal of reducing poverty by promoting inclusive growth. The government's commitment to reducing poverty is further articulated in national documents and development roadmaps such as Vision 2020 and other sectoral documents like the Public Expenditure Reviews (PERs).

Challenges

Notwithstanding the existence of government policies geared towards poverty alleviation, a number of challenges are faced in the fight against poverty and these include the following:

- Lack of adequate resources to implement the PRSP II after the seventh Round Table Conference was held in London from the 5th–6th February 2008 on the theme **'Taking a decisive step towards the MDGs in The Gambia'**. The purpose of the conference was to mobilize resources ($752 million) for results-oriented implementation of the PRSP II. Although during the conference pledges were made for financial support by the donor community, much has not been received, only about 30–35 per cent of the required funds have been received so far. Until the resource requirements are met it would be difficult for Government to implement the poverty programmes as enshrined in the PRSP.

- Vulnerability of the country to exogenous shocks like low rainfall, increased import prices and lack of value-added and marketing facilities for agricultural products.

Policy Environment

The importance Government of the Gambia attaches to poverty alleviation is manifested by the existence of many policy documents and strategies all geared towards poverty reduction. These documents include; Vision 2020, PRSP I & II, Public Expenditure Reviews of the PRSP sectors of Education, Health, Agriculture, the National Strategy for Food Security and

the National Nutrition Policy. Programmes aimed at reducing poverty in the country have been outlined in these documents. However, some of the policy documents have not been synchronized with the PRSP. Therefore, there is need for the harmonization of the PRSP and these documents which include the following:

- The Public Expenditure Review (PER) of the Ministries of Education, Agriculture and Health.
- The Agriculture and Natural Resources Policy.

Priorities for Development Co-operation

The priorities for development assistance are summarized below:

- Provision of adequate resources both internally and externally for the implementation of PRSP II and to build capacity of the various institutions implementing the PRSP II for better management of activities.
- Promote the diversification of agriculture from subsistence to commercial farming to increase the income levels of poor farmers and contribute to the attainment of food security particularly among rural communities who depend mainly on agriculture for their livelihoods.
- There is the need for national ownership and increased participation of all and sundry in the PRSP process so that everyone can play an active role in the fight against poverty.
- Microfinance services are tools for poverty reduction since they provide households the opportunity to access capital and financial services essential for their economic empowerment. Therefore, there is a greater need to expand access to microfinance products and services to poor households.
- As agriculture is central to the attainment of food security, it is essential to provide farmers with inputs, modern farming implements and improved techniques of farming to increase productivity. Improvements in agriculture will go a long way towards the achievement of the MDGs since most of the population in the Gambia depend on farming for their livelihoods.

According to results of 2003 Poverty Survey poverty in the Gambia, just like in most developing countries, is a rural phenomenon as 67.8 per cent of the poor are living in the rural areas. Presented in Table 1.3 below is the percentage of the population that live in extreme poverty by region. From the table it can be seen that the level of extreme poverty has declined in all regions from 1998 to 2003 levels. The urban areas of Banjul and Kanifing experienced the lowest levels (0.8 and 6.8 per cent respectively) compared to the predominantly rural areas whose proportion ranges from 10 per cent in LRR to 30.5 per cent in CRR-North, which has the highest incidence of extreme poverty. As highlighted earlier in this report, the high levels of extreme poverty in the rural areas can be attributed to the fact that most of their population are engaged in agriculture. The agricultural sector is characterised by low productivity stemming largely from over reliance on poor technology,

low rainfall coupled with declining soil fertility. The absence of rural credit networks, insufficient access to appropriate technology and adequate inputs are also contributory factors to low agricultural productivity.

Table 1.3: Extreme Poverty Rates Compared with MDG Targets

Municipality/Region	1992	1998	2003 poverty severity	MDG Difference
	%	%	%	
Banjul	0.0	19.0	0.8	-6.7
Kanifing	4.0	18.0	6.8	-0.7
Western Region	10.0	50.0	13.7	6.2
Lower River Region	26.0	71.0	10.0	2.5
North Bank Region	15.0	71.0	21.6	14.1
Central River Region-N	21.0	62.0	30.5	23
Central River Region-S			14.4	6.9
Upper River Region	32.0	73.0	15.0	7.5
National Average	15.0	51.0	25.1	
2015 MDG Target	7.5			

Source: GoTG (2000), 1998; Census 2003 & Integrated Household Survey (IHS), 2003

Presented in Table 1.4 below is the total household consumption by quintiles. The first quintile is the poorest and the fifth the richest. The share of the poorest quintile has increased from 4 per cent in 1998 to 8.8 per cent in 2003 representing a 120 per cent increase in the share of the poorest quintile. According to Table 1.5, the consumption of the households in the richest quintiles has dropped from 56 per cent in 1998 to 38 per cent in 2003 but the rest of the quintiles registered some increase in their share of the total consumption in 2003. Thus, the 2003 data suggest significant reduction in disparities in total household consumption by quintiles in The Gambia.

Table1. 4: Household total consumption by quintiles (in percentages)

Quintiles	1998 Estimate	2003 Estimate
1st. Quintile (Poorest)	4	8.8
2nd. Quintile	7.6	13.6
3rd. Quintile	12.1	18.0
4th. Quintile	20.3	21.6
5th. Quintile (Richest)	56.0	38.0

Source: 2003/04 IHS Survey/1998 NHPS

Table 1.5 below shows the distribution of the household mean consumption by quintiles. Households in the 1st quintile are the poorest and have a mean consumption of GMD 31,506 per annum which is the lowest whilst those in the richest quintile (5th quintile upper 20 per cent) have a mean consumption of GMD 136,069 per annum.

Table 1.5: Household mean consumption by quintiles of per capita real living standard

Quintiles	Estimate	Std. Error
1st. Quintile (Poorest)	31,506	1,380
2nd. Quintile	48,768	2,525
3rd. Quintile	64,443	3,293
4th. Quintile	77,267	4,614
5th. Quintile (Richest)	136,069	10,295

Source: 2003/04 IHS Survey

Poverty Gap

The depth of poverty for any individual is defined as the degree by which that individual is below the poverty line. The poverty gap measures the magnitude of poverty, considering both the number of poor and how poor they are (how far from the poverty line). According to the survey, the poverty gap index for the population, that is the sum of the depth of each individual divided by the total number of individuals in the population, is 0.251. This means that the permanent income of all poor persons is 25. per cent below the overall poverty line.

The poverty gap ratio in 1998 was 22.9 per cent which has increased to 25.1 per cent in 2003. This suggests that the proportion poorest has increased in The Gambia. Based on the increase, the total national consumption that should be reallocated to eliminate poverty has increased slightly by 2.2 per cent (i.e. 25.1%-22.9%).

Target 1B: Achieve full and productive employment and decent work for all, including women and young people

Employment data have been a major problem in The Gambia. To date, the most recent data on employment can be obtained from results of the 2003 Population and Housing Census. The majority of the employed are engaged in agriculture and since most agricultural activity is rain-fed farmers are engaged in limited economic activity for nearly half of the year.

Overall, the data show that the proportion of the employed population to the total population has increased from 33 per cent in 1993 to 38 per cent in 2003. The increase was more in the rural than in the urban areas. The employed population in rural areas increased from 33.1 per cent in 1993 to 39 per cent in 2003 compared to the urban, 29.4 per cent in 1993 to 30.8 per cent in 2003). The regional variations show that the employment rate was higher in CRR – North (45.6 per cent) and lowest in Western Region, the most populous region in the country with 29.3 per cent. Notwithstanding the high employment rates observed in CRR, it should be noted that the majority of the employed population are engaged in crop production agriculture. Results of successive poverty surveys (1992, 1998 and 2003) have shown that those engaged in crop production constitute the poorest of the poor population which largely explains the high poverty rates observed in the LGAs of CRR-North and South (Table 1.6 below).

It can also be observed in Table 1.6 that there has been an increased in the proportion of the employed population in all the regions except in Western Region where there was no change in the number of people employed as ratio to the total population during the intercensal period. Comparing the regional figures to that of the national average also depicts a different picture as Kanifing and Western Region had proportions lower than the national average (31.7 per cent and 29.3 per cent respectively). The lower proportion for Kanifing and

Western Region compared to the rest of the regions can be attributed to their large population sizes compared to any of the regions.

Table 1.6: Proportion of the population employed as a ratio of total population by Region and type of Residence, 1993 and 2003 Censuses

Residence/Region		1993 Census	2003 Census
Residence	Urban	0.2943721	0.3077017
	Rural	0.3306008	0.3904777
Region	Banjul	0.3468317	0.3824833
	Kanifing	0.2895221	0.3170373
	Western Region	0.2935505	0.2932808
	Lower River Region	0.3269272	0.3814189
	North Bank Region	0.321471	0.3706117
	Central River Region (North)	0.4436067	0.4555334
	Central River Region (South)	0.3566354	0.4057213
	Upper River Region	0.2992603	0.4046231
The Gambia	**TOTAL**	**0.3347256**	**0.3763387**

Source: Census 1993 and 2003

In most communities in the Gambia particularly in rural areas, household members assist their families on the farm or are engaged in petty trade for the well-being of their families. These are defined in the censuses as unpaid family workers or own account workers. Overall, this category of workers has increased slightly between 1993 and 2003 from 77.1 per cent to 79.1 per cent. However, the percentage increase was larger in urban compared to the rural areas (urban, 50.2 per cent in 1993 to 56.8 in 2003 compared to rural, 88.7 per cent in 1993 to 92.3 per cent in 2003). The regional variations showed that the CRR-North, which had the highest poverty rate according to the 2003 Integrated Household Survey results also had the highest number of own account workers and unpaid family workers (about 96 per cent) and Kanifing had the lowest proportion with about 49 per cent (Table 1.7 below).

Table1.7: Proportion of own-account and contributing family workers in total employment, 1993 and 2003 Censuses

Residence/Region		1993 Census	2003 Census
Residence	Urban	0.502662	0.568534
	Rural	0.887383	0.923216
Region	Banjul	0.444608	0.518859
	Kanifing	0.429702	0.486737
	Western Region	0.712076	0.698562
	Lower River Region	0.878820	0.889987
	North Bank Region	0.895402	0.899424
	Central River Region -North	0.950325	0.959559
	Central River Region -South	0.918445	0.932612
	Upper River Region	0.941238	0.942824
The Gambia	TOTAL	0.771327	0.791071

Source: Census 1993 & 2003

Target 1C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Status and Trends

One of the targets of Goal 1 is to reduce by half, between 1990 and 2015 the proportion of people who suffer from hunger. Two indicators, namely, prevalence of underweight children under-five years of age and proportion of population below minimum level dietary energy consumptions have been identified to measure the target. However, in The Gambia, data are not available on the proportion of the population below minimum level dietary energy consumptions.

The Gambia Multiple Indicator Cluster Survey III (2005/06), estimated three nutritional indicators for children; namely, Height–For–Age, Weight–For–Height and Weight–For–Age. Height-for–Age (Stunting) is an indicator of chronic malnutrition. Stunting usually takes place before the age of two years, and is irreversible in most cases. Not eating the required complementary food often causes growth failure in the second six months of life (7 to 12 months) and severe malnutrition in the second year. Children who are stunted are considerably shorter than they should have been for their ages. Weight-For–Height (Wasting) is an indicator of acute malnutrition (malnutrition over a short period of time). The children are lighter than they should have been due to food depravation or recent illness and Weight-For-Age (underweight), is an indicator of underweight and is a combination of chronic and acute malnutrition. These children have weights that are lower than their ages. The prevalence of underweight children among under-fives is a proxy indicator that is used to measure the extent of hunger in a population

The results of MICS III showed that 20.3 per cent of children in the Gambia are underweight compared to 17.1 and 20.9 per cent respectively in 2000 and 1996. This shows that the proportion of children who are severely and moderately underweight has increased slightly. The rate rose to 23.4 per cent in the rural areas compared to 14.1 per cent in urban areas over the five-year period. There were variations by region. Whereas in Banjul 17 per cent of

under-five children were under-weight, the proportion was 13.5 and 27.3 per cent respectively for Kanifing and Kuntaur**.** Of all the regions, it is only Banjul, Kanifing and Brikama that has an average lower than the national average whilst the others which are predominantly rural have averages higher than the national average. The high prevalence rate of moderately and severely underweight children in the rural compared to the urban areas could be attributed to the fact that, urban areas have better access as well as a wider range of food stuffs compared to the rural areas. It could also be seen that slightly more males (20.5 per cent) compared to females (20 per cent) were moderately and severely underweight (Table 1.8 below).

Table 1.8: Percentage of Underweight Under-Five Children by Region and Type of Residence

Region/Municipality	1996	2000	2005	MDG Difference
Banjul	26.0	6.2	17.5	7.1
Kanifing	14.4	9.0	13.5	3.1
Western Region	15.8	11.3	16.8	6.4
Lower River Region	24.0	21.0	27.0	16.6
North Bank Region	18.6	19.1	23.7	13.3
Central River Region-North	27.2	28.0	27.3	16.9
Central River Region-South			26.1	15.7
Upper River Region	22.9	26.4	23.5	13.1
National Average	20.9	17.1	20.3	
Urban	15.7	9.4	14.7	4.3
Rural	22.1	21.2	23.4	13.0
Male			20.5	10.1
Female			20.1	9.7
2015 MDG Target	10.4			

Source: 1996 MICS, 2000 MICS II, 2005 MICS III

Regional Disparities

According to Table 1.9 below, the proportion of severely underweight children at the national level was 5.3 per cent in 1996, dropped to 3.5 per cent in 2000 and increased slightly to 4.8 per cent in 2005. The proportion of severely under-weight children has increased in all regions except in Lower River Region, where it has dropped slightly by 2 percentage points. For Kanifing, it remained the same at 1.7 per cent in 2000 and 2005/6 respectively. Banjul recorded the highest increase from 1.0 per cent in 2000 to 5.0 per cent in 2005. The prevalence of malnutrition manifested by severe under-weight was also higher in the rural than in the urban areas (4.8 per cent compared to 2.2 per cent) and this is exacerbated by poverty. More males than females are severely underweight (4.1 per cent compared to 3.7 per cent).

Table 1.9: Percentage of Severely Underweight Under-Five Children by Region and type of Residence

Municipality/Region	1996	2000	2005	MDG Difference
Banjul	6.0	1.0	5.0	-2.4
Kanifing	4.7	1.7	1.7	0.9
Western Region	3.5	1.9	2.8	-0.2
Lower River Region	7.0	3.2	6.1	-3.5
Lower River Region	7.1	5.4	5.2	-2.6
Central River Region-N	4.7	7.7	7.2	-4.6
Central River Region-S			3.8	-1.2
Upper River Region	6.3	4.5	5	-2.4
National Average	5.3	3.5	3.9	
Urban	4.9	1.7	2.2	0.4
Rural	5.4	4.5	4.8	-2.2
Male			4.1	-1.5
Female			3.7	-1.1
2015 MDG Target	2.6			

Source: 1996 MICS, 2000 MICS II, 2005 MICS III

In 2009, a Food Vulnerability study was conducted in the urban areas of Banjul and Kanifing by the Permanent Inter-State Committee for Drought Control in the Sahel (CILLS) and the National Nutrition Agency (NaNA). The results of the survey showed that 50 per cent of households in Banjul and Kanifing were experiencing some form of food insecurity. As expected, the poorer households were the least food secure compared to richer households. This should be cause for concern as Banjul and Kanifing are urban settlements and have the lowest poverty rates. If 50 per cent of households in these settlements are experiencing some form of food insecurity, the proportion could even be much higher in the other LGAs, particularly in the predominantly rural areas which have higher poverty rates.

Regarding the nutritional status of children, the results of the 2009 survey showed that 5.5 per cent of under-five children were wasted or acutely malnourished, 14.7 per cent were stunted or chronically malnourished and 8.6 per cent underweight, a possible combination of both acute and chronic malnutrition and 2.8 per cent under-nourished (using the mid-upper arm circumference). Although the survey was conducted in Banjul and Kanifing only, the survey results showed that the proportion of children underweight declined from 20.3 per cent in MICS3 to 8.6 per cent according to the 2009 study. Preparatory activities for round four of the Multiple Indicator Cluster Survey have started and the preliminary results of the survey are expected in the last quarter of 2010.

Challenges

Although the Gambia Government has formulated policies that address health, nutrition and demographic needs of the population, the government is faced with challenges in the fight against malnutrition in the country. These challenges include:

- High incidence of poverty in the rural areas resulting in most households' ability to afford the minimum dietary requirements with serious nutritional and health implications at household level;
- Vulnerability of children under-five to poor feeding and hygiene practices;
- High food bacterial contamination due to poor sanitary conditions;
- Low rain fall and poor yields, which translate into food insecurity;
- Lack of sectoral consensus and sustained collaboration to reduce hunger and improve nutrition;
- Non-inclusion of nutrition objectives in sectoral policies, and
- Inadequate financial and human resources to implement nutrition programmes and services.

Policy Environment

The Government of The Gambia attaches great importance to the nutritional status of the population and this is reflected in both the National Nutrition Policy (2000–2004) and the Food Act, 2005. The National Nutrition Agency (NaNA) which is under the office of the Vice President implements the 2000–2004 National Nutrition Policy. The National Nutrition Council is chaired by the Vice President and the council members include various Ministers and Permanent Secretaries. The policy is now being updated and covers the period 2010–2020. The goal of the policy is to attain the basic nutritional requirements of the population of The Gambia to ensure healthy and productive living. The co-ordination of the enforcement of the Food Act is also vested in the National Nutrition Agency. The Act deals with food fortification, salt iodization, development of a national code of conduct for the marketing of breast milk substitutes and the importation and exportation of food items.

Priorities for Development Co-operation

- Strengthen private sector and civil society participation in the delivery of nutritional services through partnership;
- Strengthen the capacity of communities to plan, implement, and manage nutrition interventions;
- Increase support to agricultural and rural development efforts so as increase food security and poverty alleviation;
- Support programmes to improve feeding and hygiene practices and sanitary conditions;
- Provide adequate financial and human resources to deliver the required nutritional services;
- Collaboration with various sectors to reduce hunger and improve nutrition.

GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Introduction

Goal 2 has one target and three indicators to measure progress, namely, net enrolment ratio in primary education, proportion of pupils starting grade 1 who reach last grade of primary and literacy rate of 15-24 year-olds, women and men.

The education sector continues to be one of the priority areas of The Gambia Government. Government attaches much importance to the sector in view of the increasing need for trained manpower for the country to attain its development objectives. In the recent past considerable gains have been made in improving enrolment at the primary level. Increased enrolment in the Madrassahs has immensely contributed to gains made at this level of education.

The Education Policy 2004-2015 provides the framework for the attainment of quality education for all in pursuit of the objectives of attaining the MDG goals. For the attainment of gender parity in enrolment, major gains have been made which can be attributed to initiatives such as the Girls' Education Trust Fund which seeks to promote the enrolment and retention of girls in schools.

Table 2.0: Summary Status of Indicators

Target	Indicators	1990	Current status	MDG Target
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1 Net enrolment ratio in primary education	46.3% (1991)	77% (2008)	100%
	2.2 Proportion of pupils starting grade 1 who reach last grade of primary	88.1% (1992)	96.6% (2006)	100%
	2.3 Literacy rate of 15-24 year-olds, women and men	48% (1991)	62.9% (2003)	72%

Source: EMIS, 2009, MICS 2005/6, Census 2003

Target 2A: Ensure that by 2015, children everywhere boys and girls alike, will be able to complete a full course of primary schooling

Status and Trends

According to Table 2.0 above, net enrolment rates have improved considerably over the years with enrolment improving across the sexes and the gender gap narrowing. The NER for both sexes was estimated at 46.3 per cent in 1991/92 which gradually increased to 77 per cent in 2008/09. In 1991/92 male net enrolment was 54.2 per cent compared to 38.5 per cent for females. Corresponding estimates for 2008/09 are 75 per cent and 78 per cent for males and females respectively (Table 2.1). This shows that not only have the gender gap in enrolment been bridged but female enrolment rates have surpassed that of males over time. As indicated

in Table 2.1 gender parity in enrolment in The Gambia was attained as early as in 2002/03. Since then female enrolment rates have surpassed those of males.

A review of the available data across the regions shows that enrolment rates have been consistently improving over the years. In the predominantly rural regions where gender differentials in enrolment were highest in the past, gender parity was attained in most regions by 2002/03. This is an encouraging development since in the past the rural areas experienced the lowest enrolment rates, particularly, the enrolment of girls.

Improvements in enrolment can partly be attributed to improved access to schools with the construction of new schools in many parts of the country. Another factor which can explain the rapid improvement in enrolment, particularly for girls, is the Girls' Scholarship Trust Fund which has considerably reduced the burden of educating the girl-child and encouraged parents to enrol and retain their children in school. The Girl Friendly School initiative, which among others, created conducive learning and safe environments (e. g. separate toilets for girls) encouraged parents to send their daughters to school, thus, leading to improvements in girls' enrolment rates.

Notwithstanding the gains in enrolment, a significant proportion of children remain out of school and every effort should be made to consolidate the gains made and further improve on achievements in enrolment. It is worth noting that if the current trend in enrolment is maintained the country would be on course to meet the MDG target by 2015.

Table 2.1: Enrolment rates by region 1991/92 to 2008/09

Year	Gender	Banjul/ Kanifing	Banjul	Kanifing	Western Region	North Bank	Lower River	Central River	Kuntaur	Janjan-bureh	Upper River	The Gambia
1991/92	Total	64.0			50.4	40.1	64.8	34.1			20.0	46.3
	Male	69.7			66.1	51.3	66.8	43.7			25.3	54.2
	Female	58.9			33.9	28.5	39.6	24.1			14.4	38.5
1994/95	Total	76.2			82.8	61.4	80.1	46.6			34.0	65.0
	Male	84.2			91.8	73.8	98.9	56.5			42.9	75.6
	Female	69.3			73.5	48.8	59.9	36.5			24.5	55.3
1998/99	Total	57.3			73.6	49.9	72.9	55.6			43.9	59.8
	Male	62.2			78.2	57.4	77.7	58.9			49.2	64.2
	Female	53.1			69.0	42.5	67.9	52.3			38.3	55.4
2001/02	Total	58.0			76.0	52.0	66.0	55.0			43.0	60.0
	Male	62.0			80.0	57.0	68.0	54.0			45.0	62.0
	Female	55.0			73.0	47.0	65.0	56.0			41.0	57.0
2002/03	Total	58.0			79.0	55.0	70.0	60.0			46.0	61.0
	Male	62.0			81.0	57.0	67.0	56.0			46.0	60.0
	Female	54.0			77.0	54.0	74.0	65.0			47.0	61.0
2003/04	Total	47.0			71.0	50.0	66.0	54.0			40.0	62.0
	Male	49.0			72.0	51.0	64.0	48.0			39.0	60.0
	Female	44.0			69.0	49.0	68.0	60.0			40.0	63.0
2004/05	Total	49.0			60.0	52.0	63.0	51.0			36.0	61.0
	Male	52.0			59.0	54.0	59.0	44.0			35.0	59.0
	Female	47.0			60.0	50.0	67.0	59.0			37.0	64.0
2005/06	Total	79.0			71.0	64.0	66.0	54.0			39.0	64.0
	Male	79.0			70.0	63.0	63.0	46.0			37.0	62.0
	Female	78.0			72.0	65.0	69.0	62.0			40.0	66.0
2006/07	Total	85.0			70.0	57.0	65.0	53.0			39.0	64.0
	Male	86.0			69.0	55.0	61.0	46.0			37.0	62.0
	Female	85.0			71.0	60.0	69.0	60.0			41.0	66.0
2007/08	Total		111.0	87.0	73.0	59.0	75.0		72.0	62.0	58.0	72.0
	Male		115.0	89.0	72.0	55.0	74.0		63.0	55.0	58.0	70.0
	Female		107.0	86.0	74.0	64.0	76.0		81.0	69.0	57.0	74.0
2008/09	Total		108.0	93.0	76.0	63.0	78.0		60.0	59.0	84.0	77.0
	Male		110.0	93.0	75.0	61.0	77.0		52.0	52.0	87.0	75.0
	Female		107.0	93.0	77.0	66.0	79.0		67.0	66.0	81.0	78.0

Source: EMIS 1991/92-2008/09

Proportion of Pupils Starting Grade 1 who Reach Last Grade of Primary

Regional Disparities

The proportion of children starting Grade 1 who reach last grade of primary was estimated at 96.6 per cent in 2000 and 96.6 per cent in 2006 (Table 2.2 below). Available figures suggest that transition rates to Grade 5, in general, have stagnated. Across the sexes, the figures for 2000 and 2006 show that the rates have improved for males but declined for females. Similarly, transition rates for the same period across the regions suggest slight improvements in Kanifing, Western and Upper River Regions; and declines in Banjul, Lower River, Central River, North and South. The transition rate stagnated in the North Bank Region over the period at 100 per cent. The Gambia is on track to attaining this MDG indicator both at the regional and national levels by 2015.

Table 2.2: Percentage of children entering first grade of primary school who eventually reach grade 5, The Gambia, 2000 and 2006

Percent who reach grade 5 of those who enter grade 1	2000	2006
Male	96.4	98.1
Female	97.0	95.2
Banjul	98.2	96.8
Kanifing	96.5	97.7
Western Region	98.1	99.5
Lower River Region	96.3	96.0
North Bank Region	100.0	100.0
Central River Region (North)	94.0	91.6
Central River Region (South)	98.0	87.9
Upper River Region	88.0	95.0
Urban	96.9	98.1
Rural	96.5	95.7
The Gambia	96.6	96.6

Source: MICSII and MICSIII, 2000 and 2005/6

Literacy Rate of 15-24 Years-Olds

Although the major focus of the education sector has been the provision of formal education, the government attaches great importance to non-formal education. The non-formal sector primarily focuses on the provision of literacy skills to persons who are less fortunate to have attended formal school. In addition to government interventions in this area, informal arrangements are also in place that provides literacy skills. These are mainly through religious education and literacy skills provided are mainly in the local languages using either the Roman or Arabic script.

Over the period 1991–2003, literacy levels improved across all regions. Overall the literacy rate increased from 48 per cent in 1991 to 62.9 per cent in 2003. On the other hand, male literacy rates increased from 60.9 per cent in 1991 to 73.9 per cent in 2003. For females the literacy rate increased from 35.7 per cent in 1991 to 52.5 per cent in 2003. Among the

regions, the URR has the lowest female literacy rates ranging from 13-15 per cent in 1991, 1994 and 1998. Despite the significant reduction in the gender gap in literacy, male literacy rates are higher than that of females across all regions (Table 2.3).

Disparities have been observed in literacy rates across regions. Compared to all the regions, the URR fared worst with overall literacy rates ranging from 24-25 per cent from 1991-1998. In 2003 the literacy rate in URR was estimated at 49.5 per cent compared to 75.1 per cent in Banjul. Over the years the observed literacy rates were highest in Banjul, Kanifing and Western Region and lowest in CRR and URR (Table 2.3).

The increase observed in literacy rates across regions mirrors improvements in educational attainment in the country among 15-24 year olds. Nonetheless, the levels still remain low and there is much room for improvement. The gender gap in literacy rates, particularly in predominantly rural regions, and disparities in literacy rates across regions are indicative of the need for consolidated efforts to consolidate gains made in improving literacy.

Table 2.3: Literacy Rate of 15-24 Year Old, Women and Men, 1991 to 2003

Year	Gender	Banjul/ Kanifing		WD	NBR	LRR	CRR		URR	The Gambia
1991	Total	59.7		53.9	44.3	50.6	35.7		24.1	48.0
	Male	67.1		68.0	60.2	68.3	53.4		36.4	60.9
	Female	52.1		39.6	30.2	32.9	21.1		13.5	35.7
1994	Total	61.3		54.6	43.8	49.0	34.7		23.8	48.2
	Male	69.8		69.7	60.0	66.7	52.0		36.2	61.8
	Female	52.6		39.5	29.5	31.4	20.0		13.1	35.3
1998	Total	55.1		51.9	45.8	55.9	39.0		25.0	47.5
	Male	59.6		63.4	61.1	73.6	57.8		36.9	58.3
	Female	50.3		40.2	32.6	38.1	23.9		14.7	37.1
		Banjul	Kanifing				CRR-North	CRR-South		
2003	Total	75.1	70.6	69.7	59.8	69.3	45.4	62.9	49.5	62.9
	Male	80.7	78.4	79.0	74.5	85.8	60.1	73.9	62.7	73.9
	Female	69.6	63.2	60.5	47.2	54.4	32.4	52.5	37.6	52.5

Source: EMIS, 1991, 1994, 1998 and 2003

Challenges

Major challenges to be overcome for the attainment of universal education at the primary level can be identified as follows;

- Integration of disabled children (i.e. visually impaired, hard of hearing, physically impaired, learning difficulties etc.) into the mainstream schools;
- Maintenance of quality education and relevance at the primary level;
- Retention of girls in school beyond primary level;
- Bridging the huge gender gaps in literacy rates, particularly in the CRR-North and the URR

Policy Environment

Cognisant of the need to improve primary school enrolment rates the Government of the Gambia with support from the donor community and NGOs have put in place policies and programmes geared towards improving access and creating a conducive learning environment. These initiatives include the following;

- The mainstreaming of Madrassahs into the national education system which has provided alternative educational opportunities;
- Partnership between government, international and bilateral agencies in the promotion of access to education, particularly in promoting girls' education
- The establishment of schools in many parts of the country with a view to making educational facilities more accessible;
- Broadening of the Madrassah syllabus to include English language and other taught subjects in the formal school system.

Priorities for Development Co-operation

The challenges identified above require development cooperation to enable the country attain the set MDG goals. Key amongst intervention were much cooperation would be required are the following areas;

- Improvement of the curriculum of Madrassahs to reflect national development aspirations and to prepare graduates of these education facilities for the Gambian job market;
- Reduction in educational costs to improve access to education, particularly at the tertiary level;
- Improve capacity of teaching staff to enable them deliver quality education;
- Increased monitoring and evaluation educational standards, particularly at primary and secondary school levels;
- Institute periodic review of curriculum to ensure that it addresses national development objectives.

GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Introduction

This MDG has one target i.e. to eliminate gender disparity in primary and secondary education, preferably by 2005 and in all levels of education no later than 2015. Three indicators have been identified to measure progress, namely; ratios of girls to boys in primary, secondary and tertiary education, share of women in wage employment in the non-agricultural sector and the proportion of seats held by women in national parliament.

The Gambia Government is committed to the promotion of gender equality and this is demonstrated in the establishment of the Women's Bureau and the National Women's Council. This commitment is further affirmed by the explicit focus on gender issues in a variety of policy documents notably the National Policy for the Advancement of Gambian Women and the National Gender Policy. The goal of the policy is to achieve gender equity and equality at policy, programme and project levels in all institutions across all sectors of Gambian society, achieve sustainable eradication of gendered poverty and deliver an acceptable quality of life, eliminate all forms of discrimination and gender based violence and empower women to be able to take their rightful position in national development. The objectives of the policy will be realized through the following priority substantive areas:

- Gender and education;
- Gender and health;
- Gender and sustainable livelihoods development;
- Gender and good governance;
- Gender and human rights;
- Poverty reduction and economic empowerment.

Education Policy 2004-2015

The current Education Policy (2004-2015) also provides for the reduction of gender disparity in enrolment through strategies directed at reducing the direct costs of girls' education at senior secondary and tertiary educational levels. Under the policy, a scholarship trust fund has been created to get more girls to school. The Policy recommends more gender sensitive curriculum and environment and the continuous promotion of community awareness on the benefits of both boys and girls' education.

Following this policy initiatives, the gross enrolment rates (GER) for girls have increased significantly over the years and in some rural schools girls now outnumber boys. In the UNICEF intervention Regions, GER for girls increased, on average, from 69 per cent in 2000/2001 to 81 per cent in 2002/2003. In addition to the Mothers' Clubs, the Department of State for Education also embarked on a nation wide sensitization programme called the "Big Bang". This was aimed at bridging the gender gap in enrolment and has immensely contributed to the increased sensitization of the population on the importance of girls' education, hence their positive impact on enrolment, particularly, for girls.

Target 3A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Status and Trends

Table 3.0: Summary Status of Indicators

Target	Indicators	1990	Current status (2007)	MDG Target (2015)
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1 Ratios of girls to boys in primary, secondary and tertiary education	Primary- 0.74 L/Secondary- 0.72 S/Secondary- 0.44	1.06 (2006) 1.00 (2006) 0.83 (2006)	1.0 1.0 1.0
	3.2 Share of women in wage employment in the non-agricultural sector	N/A	N/A	N/A
	3.3. Proportion of seats held by women in national parliament	Parliament- Local Councils-	6.25% 13.91%	33% 33%

Source: EMIS 2007, Independent Electoral Commission (IEC) and Municipal Councils, 2009

The gender gap as measured by the gender parity index shows that over the years the gap closed at the lower basic level but the gap exists at the senior secondary level. Table 3.1 shows that the gender gap at the lower basic level closed by 2003 and since then more girls than boys are enrolled at this level. For the lower secondary level or upper basic, the gender gap closed by 2006 with a gender parity of 1 Tables 3.0 and 3.1) Although the gender gap at the senior secondary level has narrowed considerably over the years, males still predominate at this level of education.

A reduction in the gender gap across all levels of education is quite encouraging and a possible pointer to the irreversibility of this trend. However, existence of a gender gap at the senior secondary level is evidence of the continued existence of negative practices which militate against the retention of girls beyond the lower secondary level. Some of these practices relate to early marriage and negative attitudes to girls education. Although much more needs to be done at the senior secondary level to attain gender parity, it is gratifying to note that The Gambia is one of the few sub-Saharan African countries to attain gender parity in primary (lower basic) and lower secondary (upper basic) levels by 2005.

The ratio of literate females to literate males mirror gender differentials in educational attainment. Available figures suggest a narrowing in literacy rates across the sexes which may largely be influenced by improvements in enrolment observed over the years. The index shows a decline from 0.60 in 1996 to 0.64 in 1998 and 0.71 in 2003 (Table 3.1 below).

Table 3.1: Trends in Gender Parity Index in Lower, Upper, Secondary Education and by Literacy, 1996 to 2008

Indicator	1996	1998	2002	2003	2004	2005	2006	2007	2008
Ratio of girls to boys in primary education – Lower Basic	0.74	0.85	0.99	1.05	1.08	1.06	1.06	1.06	1.04
Ratio of girls to boys in Lower secondary education – Upper Basic	0.72	0.70	0.80	0.93	0.90	0.94	1.00	1.00	1.00
Ratio of girls to boys in Senior Secondary education –	0.44	0.57	0.60	0.90	0.67	0.80	0.83	0.95	0.94
Ratio of Literate Female to Male 15-24 years-olds	0.60	0.64	NA	0.71	NA	NA	NA	NA	NA

Source: EMIS 2008, Census 2003

Regional Disparities

Overall enrolment figures at the primary level point to considerable improvements across the sexes, particularly, for girls. As observed earlier, even in predominantly rural areas where enrolment rates for girls were the lowest, girls' enrolment rates have improved considerably. . As shown by the time series data points, the gender gap is gradually closing across the regions (Table 3.2). For instance, in the LRR and CRR (two of the three UNICEF intervention regions where the Mothers' Clubs initiative began), the gender gap closed and gender parity was achieved in 2002 in tandem with urban areas of Banjul and Kanifing. By contrast, gender parity was achieved in URR (another UNICEF intervention region) in 2003 and in WR and NBR much later in 2005. Gender parity estimates for 2007 and 2008 seem to suggest that gains made in gender parity have been sustained.

Table 3.2: Gender Parity Index at Primary School Level by Region, 1990-2008

Year	The Gambia	Banjul/Kanifing		WR	NBR	LRR	CRR		URR
1990	0.68	0.92		0.71	0.50	0.50	0.54		0.54
1994	0.74	0.95		0.78	0.65	0.56	0.62		0.54
1998	0.85	0.98		0.86	0.74	0.78	0.83		0.73
2002	0.98	1.00		0.96	0.93	1.00	1.07		0.97
2003	1.05	0.90		0.96	0.96	1.06	1.25		1.03
2004	1.08	0.90		0.97	0.93	1.14	1.34		1.06
2005	1.06	0.99		1.03	1.03	1.10	1.35		1.08
2006	1.06	0.99		1.03	1.09	1.13	1.30		1.11
		Banjul	Kanifing				CRR North	CRR South	
2007	1.06	0.93	0.97	1.02	1.16	1.03	1.29	1.27	0.99
2008	1.04	0.97	1.00	1.03	1.08	1.03	1.28	1.29	0.93
MDG Target	1.00								

Source: EMIS 2008

A major challenge of the education sector in The Gambia has been a high dropout rate at the secondary level, particularly for girls. Despite the achievement of gender parity at the primary school level, at the secondary level marked disparities existed between the sexes in the past. Cost reduction measures were instituted, aimed at promoting girls' education and this has considerably improved the retention of girls in schools beyond the primary level in the recent past.

Figures presented in Table 3.3 show that the gender gap in enrolment at the junior secondary level until 2000 was wide across all regions. Beyond the year 2000, only Banjul and Kanifing registered parity in enrolment. By 2005 most regions, except URR, attained gender parity in enrolment at the junior secondary level. It is interesting to note that gender parity levels in URR seem to stagnate over the years implying that limited gains are being made in retaining girls in school beyond the primary level. This may be attributed to an entrenchment of traditional practices which discourage the retention of girls in school beyond this level.

Table 3.3: Gender Parity Index in Junior Secondary Schools by Region, 1996-2008

Year	Banjul/Kanifing		WR	NBR	LRR	CRR [3]		URR	The Gambia
1996	0.92		0.63	0.52	0.47	0.48		0.84	0.72
1998	0.86		0.71	0.55	0.44	0.49		0.44	0.70
2000	0.98		0.68	0.59	0.58	0.60		0.46	0.73
2001	0.93		0.85	0.67	0.75	0.70		0.62	0.82
2002	0.94		0.93	0.83	0.82	0.79		0.79	0.85
2003	0.95		0.91	0.88	0.90	0.92		0.64	0.93
2004	0.92		0.88	0.77	0.71	0.83		0.83	0.90
2005	0.94		0.97	0.88	1.03	1.00		0.81	0.94
2006	1.03		0.91	0.88	1.11	1.15		0.81	1.00
	Banjul	Kanifing				CRR North	CRR South		
2007	1.00	1.00	1.00	1.10	1.00	1.20	1.30	0.80	1.00
2008	1.10	1.00	1.00	1.10	1.00	1.30	1.30	0.80	1.00
MDG Target	1.00								

Source: EMIS 2007

Gender parity levels at the senior secondary school level have improved remarkably over the years (see Table 3.4). Estimates of the gender parity index at this level for 2007 and 2008 suggest that, in general, parity has been achieved in all regions except in CRR North and URR. If gains made in bridging the gender gap are sustained and girls' education initiatives maintained the attainment of gender parity at the senior secondary school level may be within reach by 2015.

[3] Refers to both CRR – North and South

Table 3.4: Gender Parity Index in Senior Secondary Schools (Grades 10-12) by Region, 1996-2008

Year	The Gambia	Banjul/Kanifing		WR	NBR	LRR	CRR[4]		URR
1996	0.44	0.55		0.22	0.37	0.26	0.35		0.34
1998	0.57	0.65		0.54	0.35	0.68	0.32		0.42
2000	0.63	0.69		0.57	0.36	0.53	0.51		0.55
2001	0.80	0.81		0.75	0.33	0.75	0.50		0.50
2002	0.71	0.79		1.00	0.36	0.60	0.50		0.80
2003	0.90	0.89		0.86	0.86	1.00	0.67		0.60
2004	0.67	0.66		1.00	0.42	1.00	0.40		0.75
2005	0.80	0.73		1.11	1.00	1.17	0.75		0.83
2006	0.83	0.75		0.88	1.08	0.86	0.64		1.00
		Banjul	Kanifing				CRR North	CRR South	
2007	0.95	0.69	0.94	1.00	1.06	1.25	0.89	1.03	0.80
2008	0.94	0.75	0.87	1.11	1.21	0.76	0.95	1.04	0.72

Source: EMIS 2008

Policy Environment

The Gambia as a country is committed to the ideals of gender equality and the empowerment of women and this is amply manifested in the country's commitment to international obligations as enshrined in documents emanating from the Beijing Platform, the Convention on the Elimination of all forms of Discrimination Against Women (DEDAW), the African Platform for Action and other international conferences. Government commitment to the advancement of women led to the enactment of the National Women's Council Act which established the National Women's Council, an advisory body to Government on women's issues and concerns. These developments also culminated in the establishment of the National Women's Bureau.

Although the articulation of a national policy for women was only achieved recently, a policy statement in recognition of the important role of women in the development process was first issued by Government in 1980. The non-articulation of a policy for women over the years meant that, over the years, interventions geared towards the advancement of women were, largely, piece-meal and uncoordinated, hence ineffective, resulting in limited gains in the empowerment of the women folk.

The Gambia National Gender Policy (2010-2020) is in part Government's fulfilment of commitments made at Beijing to promulgate a gender policy that seeks to empower women and provide them every opportunity to effectively partake in national development. This Policy provides women equal access to jobs, education, finance, land ownership and identifies women as equal partners in development.

With this policy in place, women and girls have been provided with an ideal environment to realise their full potentials. The major gains in the attainment of gender equity and equality as amply shown in the statistics reviewed earlier, coupled with the right policy environment, are

[4] Refers to both CRR – North and South

a pointer to the fact that if these gains are sustained, the attainment of gender equality is within reach of the country.

Challenges

Attainment of gender parity at primary and junior secondary levels in all regions of the country is quite encouraging. At the senior secondary level, however lower gender parity levels are indicative of a low transition rate from junior secondary to senior secondary level. Worse affected regions according to the figures reviewed earlier are CRR North and URR. The continuous existence of gender disparities in enrolment at the senior secondary school level may be attributed to socio-cultural beliefs and practices that negatively impact on retention of girls beyond primary school. Some of these beliefs and practices relate to the following;

- Early marriage, particularly in rural areas;
- Parental preference of boys education to girls education;
- Parental preference of Quranic education for their daughters;

Priorities for Development Co-operation

To address some of the challenges that impede gender equality and the empowerment of women, the following priority measures should be explored through development co-operation;

- Strengthen the madrassah system of education whilst ensuring that quality is maintained and ensuring that the curriculum caters for the development needs of the country;
- Increase scholarships for girls beyond the secondary school level;
- Provide more labour saving devices for women to improve their participation in gainful employment by reducing the time they spend on household chores;
- Create markets for agricultural produce, particularly, horticultural products to increase the income of women;
- Encourage more women to assume top managerial positions and other decision-making roles in the interest of empowering them.

Females in Senior Management positions, the National Assembly and Representation in Local Government Councils

The empowerment of women has gained more focus and attention recently. This is evidenced by mainstreaming gender in development at all levels. In the Gambia, for the period under review, the Vice President and Minster for Women Affairs, Minister for Tourism and Culture, Minister for Basic and Secondary Education, Minister of Justice, Minister for Energy and the Deputy Minister of Petroleum are all females. In the diplomatic service, the High Commissioner in London and the Ambassador in Nigeria are also females. At the level of the National Assembly, the speaker is a female; there is one nominated member and two elected members out of the 53 members of the National Assembly meaning that the proportion of seats held by women is far below that of the men (4 compared to 49). At the regional level, there is no female Governor or District Chief but there is one female Deputy Governor. At village level, there are few female village heads.

Considering the fact that 51 per cent of the population are females, these figures still leave much room for improvement. The majority of the poor are disproportionately women and are found mostly in the agricultural sector and in the rural areas. Income levels in the sector are low and due to unpredictable climatic conditions output in the recent past has been largely erratic.

Table 3.2 shows that the number of male councillors greatly outnumbers that of females (103 males compared to 16 females). With the exception of Banjul and Kanifing municipalities, where there are four female councillors out of nine and four out of twenty two, the gender gap in representation is wide in all other councils with no female councillors in Kerewan. This is yet another indication that, women are still highly under-represented at decision making levels.

Table 3.2: Number of Elected Council Members by Sex and Local Government Area

Local Government Area	Number of Councillors		
	Male	Female	Total
Banjul City Council	5	4	9
Kanifing Municipal Council	18	4	22
Brikama Area Council	21	3	24
Mansakonko Area Council	11	1	12
Kerewan Area Council	16	0	16
Kuntaur Area Council	9	1	10
Janjanbureh Area Council	11	1	12
Basse Area Council	12	2	14
Total	103	16	119

Source: Independent Electoral Commission (IEC), 2009 and Municipal Councils

Policy Environment

In the Gambia not explicit gender discriminatory employment policies exist that could explain the disadvantage nature of women regarding the assumption of senior positions in employment. Similar all legislations relating to political office provides to equal opportunities for both sexes. In terms of policy therefore one can safely conclude that the policy environment is conducive to equal access to jobs and political office.

In the area of employment with the current trend in the reduction of the gap in educational attainment and increased employment of girls and women in the formal sector it is hoped that over time the gender gap in employment in senior position will at least be drastically reduced or even bridged. In the political sphere however, it is likely to take much longer to attain gender parity. The slow pace of progress towards the attainment of gender parity in political offices has a lot to do with negative perceptions regarding the assumption of leadership by women. In the cultural context, leadership is the domain of men, hence very few women venture into politics.

Challenges

Although significant gains have been made regarding the women's assumption of senior managerial positions and high political office a number of challenges impede achievements in this area. These are as follows;

- Low retention of girls beyond junior secondary school level continues to impede the educational attainment of girls;
- Cultural beliefs that consign women to marriage and home keeping instead of employment outside the home;
- The general belief that politics is a male domain

Priorities for Development Co-operation

Government, civil society organizations and private individuals have policies and programmes that are geared towards the attainment of gender equality in a number of sectors of the economy. This has contributed to the empowerment of women in the Gambia. Notable among these efforts are the interventions of NGOs like Action Aid, The Gambia, Catholic Relief Services (CRS), TOSTAN, FAWEGAM, etc. These interventions should be intensified so that gains made in the empowerment of girls and women are consolidated. The following areas require some attention, just to highlight a few priority areas that require concerted efforts;

- Promotion of girls' education beyond the secondary level;
- Promotion of employment of girls/women in the formal sector of the economy;
- Increased access to seed money for girls/women to enable them setup private businesses in the interest of their financial independence;
- Promotion of girls'/women's participation in politics.

GOAL 4: REDUCE CHILD MORTALITY

Introduction

The target of Goal 4 is the reduction by two thirds, between 1990 and 2015, of the under-five mortality rate. The reduction of child mortality will be measured using three indicators, namely, under-five mortality rate, infant mortality rate and the proportion of one year old children immunised against measles.

Until the late 1970s, the Gambia had one of the highest childhood mortality rates in the sub-region. This high rate of mortality was attributed to factors such as low immunization coverage, poor access to health services, poor access to safe water and sanitation and low nutritional status. Nutritional status, particularly of children, has in the past been adversely affected by food taboos and feeding practices. Over the years however, major gains have been made in improving access to health services, particularly in the area of maternal, newborn and child health.

Among the goals of the national health policy 'Health is Wealth' is the reduction of the infant mortality rate from 75 per 1000 to 28 per 1000 by 2015 and to reduce the under-five mortality rate from 99 per 1000 to 43 per 1000 by 2015.

In The Gambia, estimates of infant and child mortality have largely been derived from censuses and surveys since the registration of births and deaths is incomplete and often such events are recorded late and these records cannot be used for statistical purposes.

Target 4A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Status and Trends

Table 4.0: Summary Status of Indicators

Targets	Indicators	1990	Current Status (2009)	MDG Target (2015)
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five Mortality Rate	135 (1993)	99 (2003)	67.5
	4.2 Infant Mortality Rate	84 (1993)	75 (2003)	42
	4.3. Proportion of 1 year-old children immunised against measles	87 (1991)	92.4 (2006)	100

Source: EPI Coverage Surveys, 1991; Censuses 1993 & 2003; MICS 2005/2006

There has been marked improvements in mortality (infant and under-five) over the inter-censal period (1993 to 2003). Under-five mortality has declined from 135 deaths per 1000 live births in 1993 to 99 deaths per 1000 live births in 2003. Correspondingly, infant mortality rate has also declined from 84 deaths per 1000 live births to 75 deaths per 1000 live births during the same period.

The reduction in child mortality can be attributed to the various interventions implemented by the health sector, particularly in the area of Integrated Management of Childhood Illnesses (IMCI) which helped to improve heath seeking behaviour among families. Vitamin A supplementation has also contributed towards mortality reduction. To improve the nutritional status of children, better feeding practices such as exclusive breastfeeding continue to be promoted. This has positively impacted on the nutritional status of children, hence their health and survival. Another contributory factor is the high national coverage rates of immunization observed in The Gambia in the recent past.

The national immunization coverage for measles in 1990 was 87 per cent; which increased to 92 per cent in 2000 and declined to 89 per cent in 2000 and increased in 2006 and 2008 to 92.4 and 91 per cent respectively (Table 4.1). Although The Gambia has made significant progress over the years in reducing both infant and under-five mortality, the country is still far from reaching the target of reducing under-five and infant mortality respectively to 67.5 deaths per 1000 live births and 42 deaths per 1000 live births by 2015 (see Table 4.0 above).

Table 4.1: Summary of Child Mortality and Measles Immunisation Coverage

Indicator		1990	2000	2001	2002	2003	2006	2008
Under-five mortality rate (per 1000 live births)	National trend	135(1993)	NA	135	NA	99	**NA**	**NA**
	MDG Target		67.5	67.5	67.5			
Infant mortality rate (per 1000 live births)	National trend	84(1993)	NA	84	NA	75	**NA**	**NA**
	MDG Target		42	42	42			
One-year-olds immunized against measles	National trend	87(1991)	92	89	93	NA	92.4	91

Source: EPI Coverage Surveys, 1991; Census, 1993 & Maternal, Peri-natal, Neonatal, Infant Mortality and Contraceptive Prevalence Survey, 2001

Regional Disparities

The reduction in under-five mortality from 135 deaths per 1000 live births to 99 deaths per 1000 live births over the inter-censal period (1993-2003) is manifest across regions, as there have been significant improvements in the under-five mortality rate in all regions. In both 1993 and 2003 censuses, mortality rates were highest in the predominantly rural areas. In 1993 under-five mortality was highest in LRR with 169 deaths per 1000 live births and lowest in Banjul with 91deaths per 1000 live births. In 2003, the same trend was observed as the under-five mortality rate was again lowest in Banjul with 41 deaths per 1000 live births and highest in CRR- North with 134 deaths per 1000 live births. Although there has been an improvement across the regions, CRR-North which is the poorest region in the country according to the 2003 Integrated Household Survey, continue to trail behind the other regions.

Table 4.2: Under-five Mortality (per 1000 live births) by Region, 1993 and 2003 Censuses and 2001 Survey

Year	Banjul	Kanifing	WR	NBR	LRR		CRR	URR	The Gambia
1993 Census	91	100	134	137	169		137	158	135
2001 Survey*	NA	NA	NA	NA	NA		NA	NA	135
2003 Census	41	61	93	109	137	CRR-North 134	CRR-South 128	110	99
National Target	102	102	102	102	102		102	102	102

Source: 1993 and 2003 Population and Housing Census Maternal, Peri-natal, Neonatal, Infant Mortality and Contraceptive Prevalence Survey, 2001

NB: 2001 Survey Because of the small sample size, the data cold not be disaggregated by regions. Thus, the under-five mortality rate is only available at the national level*

As was observed with the under-five mortality rates, infant mortality rates were also highest in the predominantly rural areas. An analysis of the data by region shows a different trend, Banjul still has the lowest rates but LRR instead of CRR had the highest infant mortality rates in both censuses. However, all regions have registered considerable improvements in infant and child survival rates over the period under review.

Table 4.3: Infant Mortality (per 1000 live births) by Region, 1993 and 2003 Censuses

Year	Banjul	Kanifing	WR	NBR	LRR		CRR	URR	The Gambia
1993 Census	59	64	84	85	103		85	97	84
2001 Survey*	NA	NA	NA	NA	NA		NA	NA	84
2003 Census	36	51	71	81	96	CRR-North 94	CRR-South 92	82	75
National Target	64	64	64	64	64	64	64	64	64

Source: 1993 and 2003 Censuses and Maternal, Peri-natal, Neonatal, Infant Mortality and Contraceptive Prevalence Survey, 2001

NB: 2001 Survey Because of the small sample size, the data cold not be disaggregated by regions. Thus, the infant mortality rate is only available at the national level*

Measles Immunization Coverage

Improvements in infant and child survival in The Gambia have often been associated with the high immunization coverage. Whilst the high coverage rates can partly be associated with a rigorous sensitization campaign which was aimed at educating the public on the importance of immunization, improved access to maternal and child health, particularly outreach services have significantly contributed to the gains of the EPI programme.

Measles coverage in the Gambia has been impressive since the early 1990s in all the regions. In 1990, the coverage of vaccination against measles at the national level was 89 per cent and was highest in CRR with 93 per cent and lowest in URR with 83 per cent of one-year olds vaccinated against measles. From Table 4.4 below it can be observed that coverage rates for measles for the period 1990-2008 were slightly higher in the predominantly rural regions compared to the urban regions of Banjul and Kanifing which have better access to health services. Across regions, immunization coverage has improved slightly over the period 1990-2008 but the target of universal coverage is yet to be achieved.

According to the 2008 figures, the LRR was the only region very close to achieving the target of universal coverage of measles immunization. It has been observed that there was a decline in coverage in all the regions particularly in the Western Health Region (Banjul, Kanifing and Brikama LGAs combined) from 92 per cent in 2006 to 80 per cent in 2008. There is need for concerted efforts to consolidate the gains made, to further improve coverage rates for the country to achieve universal coverage. Notwithstanding this decline in the regions, The Gambia is on track to attaining the MDG target for immunization by 2015 since the country achieved national average measles coverage of more than 90 per cent as early as 2002.

Table 4.4: Percentage of One-Year-Olds Immunized Against Measles, 1990-2008

Year	Banjul	Kanifing	WR		NBR	LRR		CRR	URR	The Gambia
1990			84			89		93	83	89
1992			85			86		90	92	83
1993	85		86		77	86		93	89	87
1994	87		83		93	92		92	92	89
1995	92		91		94	92		91	87	91
1996	91		92		95	95		95	97	94
2000	83	87	89		81	87		91	87	88
2001	86		86		90	92		93	89	89
2002	90		91		89	96		97	96	93
2006	91	89	92		93	99	CRRN	CRRS	93	92
							96	93		
2008			80	NBW	NBE	98	CRRN	CRRS	87	91
				88	84		89	89		

Source: EPI Coverage Surveys 1990´1996, 2001, 2002, 2006 and 2008; MICS II 2000 and MICS III, 2005/2006

Challenges

Despite the significant gains in reduction of infant and childhood mortality, levels observed in the Gambia remain among the highest in the World. The observed levels can be associated with a number of factors. The challenges that impede the desired low levels of mortality relate to the following;

- Differential access to quality health services across the country;
- Sustenance of adequate supply of essential drugs and equipment in public health facilities;
- Retention of trained manpower in the public health system;
- Maintenance of an efficient cold chain for the storage and transportation of drugs and vaccines for immunizations;
- Non-functionality of the Primary Health Care (PHC) system at village and community levels
- Maintaining health personnel in the rural areas
- High poverty rates in the predominantly rural areas

Policy Environment

A National Health Policy has been formulated which seeks to address the pressing health needs of the country. The policy specifically lays emphasis on reducing maternal and childhood morbidity and mortality and outlines measures to address the following areas;

- Free maternal and child health services;
- Improved access to reproductive and child health services;
- Improvements in the cold-chain to improve vaccine efficacy;
- Provision of medical doctors to almost all health facilities;
- Reduction and eventual elimination of morbidity and mortality due to malaria by increasing access to insecticide treated bed-nets and the introduction of residual spraying.

Priorities for Development Co-operation

Despite considerable gains being made in reducing morbidity and mortality due to malaria, the case fatality rates remain high in The Gambia, particularly among children. The observed maternal mortality rates in the country also remain among the highest in the sub-region which is cause for concern. There is therefore need for government to maintain collaborative ventures with development partners to address these problems. Some areas in which government should continue collaboration with partners are as follows;

- Expand coverage of residual spraying to all parts of the country;
- Consolidate gains made in improving access to insecticide treated bed-nets;
- Maintain the existing high levels of immunization coverage;
- Strengthen the Primary Health Care Programme and maintain regular supplies of essential drugs;
- Provide incentives to health care providers to improve retention, particularly among staff posted to remote parts of the country;
- Improve access to emergency obstetric care.

GOAL 5: IMPROVE MATERNAL HEALTH

Introduction

This MDG has two targets (1) reduce by three-quarters between 1990 and 2015 the maternal mortality ratio, and; (2) achieve, by 2015, universal access to reproductive health. Under target 1, two indicators have been identified to measure progress, namely; maternal mortality ratio and the proportion of births attended by skilled health personnel. For target 2, four indicators will be used to measure progress, namely; contraceptive prevalence rate, adolescent birth rate, antenatal care coverage (at least one visit and at least four visits) and unmet need for family planning.

Maternal and Reproductive health services are high priority of the Government of The Gambia. In 2007, the government declared free Reproductive and Child Health Services (RCH) for all Gambians. The Mission Statement of the Ministry of Health and Social Welfare (MoH&SW) as indicated in the Health Strategic Plan 2010-2014 is as follows:

- To Promote and protect the health of the population by providing a comprehensive healthcare package in partnership with all relevant stakeholders.
- To ensure high coverage and affordable essential healthcare services
- To ensure a reduction of maternal and infant morbidity and mortality

The revised health policy 2007-2020 'Health is Wealth' identified the following strategies for the improvement of reproductive and child health services:

- Improve the provision of and access to quality maternal, child and newborn care including emergency obstetric care (EOC) and family planning services countrywide.
- Increase awareness on sexual and reproductive health issues.
- Promote partnership and co-ordination among stakeholders

Target 5A: Reduce by three-quarters between 1990 and 2015, the maternal mortality ratio

The Reproductive and Child Health provide integrated services at all levels of the health system by both public and private facilities through a network of 255 base and outreach health facilities across the country. With a nationwide coverage of maternal health services, the Maternal Mortality Ratio (MMR) has over the years declined significantly from 1,050 to 730 per 100, 000 live births between 1990 and 2001 (DoSH 2001) and further reduced to 556 per 100,000 live births in 2006 (Table 5.0 below). Despite these achievements at national level, The Gambia's MMR is one of the highest among sub-Saharan African countries and poses a development challenge for the country. It is noteworthy that the country lacks data on maternal mortality. Estimates of maternal mortality could not be disaggregated by region because of the small sample sizes of the 1990 and 2001 surveys; consequently, the estimates were only available at the national level.

The improvement in the maternal mortality ratio over the years can be attributed to the impact of the various public health interventions that were put in place by the government. These include the improvements in nutritional status, environmental health, sanitation, the implementation of the intermittent preventive therapy (IPT), popularizing the use of Insecticide Treated Bed Nets (ITNs) and vector control strategies for malaria prevention and

control. Through these measures, significant reductions have been achieved in the burden of maternal morbidity due to anaemia and malaria. It is important to note that anaemia is one of the leading causes of maternal deaths in The Gambia. In addition, improved access to reproductive health services, appropriate case management and timely referrals have also contributed to the reduction of maternal deaths.

The Gambia is unlikely to attain the target of reducing the MMR by three-quarters i.e. 263 maternal deaths per 100,000 live births by 2015 (Table 5.0 below). The factors that militate against the attainment of this MDG target include, but not limited to, the global economic crises and its effects on The Gambia, the inadequate state of emergency obstetric care in the country coupled with the high attrition rates of trained health personnel. Furthermore, maternal health is cross-cutting in nature and goes beyond the scope of the Ministry of Health and Social Welfare (MoH&SW). It requires the concerted efforts of all stakeholders including development partners.

Status and Trends

Table 5.0 Summary Status of Indicators

Targets	Indicators	1990	2000	Current Status 2009	MDG Target 2015
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal Mortality Ratio per 100,000 Live birth	1050	730 (2001)	556 (2006)	263
	5.2 Proportion of births attended by skilled health personnel	42	56.8% (2006)	64.49 % (2008)	90 %
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive Prevalence Rate	6.7%	NA	13.4% (2001)	NA
	Adolescent (15-19 years) Birth Rate per 1,000	167 (1993)	103 (2003)	NA	NA
	Antenatal care coverage (at least one visit to four visits)		90.7% (2000)	97.8% (2006)	100 %
	5.4 Unmet need for Family Planning	30%	NA	NA	NA

Source: Fertility Determinants and Contraceptive Prevalence Survey, 1990; Census, 1993; Maternal, Peri-natal, Neonatal, Infant Mortality and Contraceptive Prevalence Survey, 2001; Census, 2003; Multiple Indicator Cluster Study III, 2006; Fistula study, 2006 and HMIS report, 2008.

Maternal Health Indicators

The percentage of deliveries attended by skilled health personnel has increased from 56.8 per cent in 2005/6 to 64.5 per cent in 2008 (HMIS, 2008). This indicates an increase of 7.7 per cent (Table 5.1 below). However, regional variations continue to exist across the country. The improvements in urban areas can mainly be attributed to increase availability of midwives, access to better antenatal care, access to private health facilities, higher literacy

rates among women in the urban areas and early health seeking behaviours among urban women compared to rural women. Notwithstanding the modest increase in births attended by skilled health personnel, the country is not likely to attain the MDG target of 90 per cent by 2015 (Table 5.1 below).

Table 5.1: Percentage of births attended by skilled health personnel

Indicator		1990	2000	2005/6	2008	MDG Target 2015
Percentage of births attended by skilled health personnel	National Trend	42	54.6	56.8	64.5[5]	90

Source: GFDCPS 1990, MICS II, 2000 and MICS III, 2005/6), HMIS Report, 2008

Regional Disparities

In 2009 the national ratio of midwives per 10,000 populations was 1.3. Banjul registered the highest ratio,16.3, followed by LRR with 1.6, NBR, 1.2, Kanifing,1.0, Western Region, 0.9, CRR (North and South) and URR, 0.8 respectively (Table 5.1). However, LRR the second LGA with 1.6 midwives per 10,000 populations does not necessarily translate into the region ranking second in terms of births attended by skilled health personnel. This is because LRR has the smallest population compared to any of the other predominantly rural regions. In general, the ratio of midwives to the population falls far short of the recommended staffing norms of the MoH&SW, which is 2 midwives per 10,000 populations.

Table 5.2: Ratio of Midwives per 10, 000 Populations by Local Government Area, 2009

LGA	Banjul	KMC	Western Region	Lower River Region	North Bank Region	Central River Regions (N&S)	Upper River Region	The Gambia
Ratio of Midwives per 10,000 population	16.3	1.0	0.9	1.6	1.2	0.8	0.8	1.3
Estimated population in 2009	31,283	396,956	479,191	88,764	212,583	228,410	224,576	1,661,762

Source: HMIS 2009

The proportion of births attended by Doctors increased from 3.7 per cent in 2000 to 7.5 per cent in 2005/6 in the urban areas whereas in the rural areas the increase was from 4.5 per cent in 2000 to 4.6 per cent in 2005/6. The LRR recorded a larger proportion of deliveries attended by the Traditional birth attendant 42 per cent in respectively in 2000 and 2005/6 (Table 5.3 below).

[5] HMIS Report, 2008

Table 5.3: Percentage of births by type of personnel assisting at delivery, 2000-2005/6

LGA	2000 Assistant During Delivery					2005/6 Assistant During Delivery				
	Doctor	Nurse/ midwife	Auxiliary midwife	TBA	Relative/ friend	Doctor	Nurse/ midwife	Auxiliary midwife	TBA	Relative/ friend
BCC	16.7	66.7	7.9	.8	.8	7.9	86.8	.0	1.3	.0
KMC	4.0	77.8	1.6	3.2	4.0	8.0	75.0	3.9	5.2	.0
WR	3.8	51.5	3.8	21.5	13.8	4.3	60.8	.2	22.3	3.6
LRR	.9	43.0	7.5	42.1	4.7	6.3	34.0	6.3	41.8	.6
NBR	7.8	37.9	4.3	38.8	9.5	6.2	31.0	7.4	44.6	.5
CRRN	5.0	23.7	.0	36.2	26.9	.5	24.1	3.8	55.8	2.3
CRRS	1.0	31.3	5.1	32.3	17.2	8.6	16.7	9.5	43.5	.3
URR	2.7	24.2	2.0	38.9	21.5	3.2	22.7	8.3	50.8	.9
	2000					2005/6				
Urban	3.7	72.4	2.0	9.3	5.4	7.5	71.0	4.6	7.9	.5
Rural	4.5	33.9	3.6	33.8	17.0	4.6	34.1	4.7	42.3	1.7

Source: MICS II, 2000 and MICS III, 2006

Banjul was also the LGA with the highest percentage of births attended by skilled health personnel compared to CRR and URR which recorded the lowest ratio of midwives per 10,000 populations and also the regions with the lowest percentage of births attended by skilled health personnel (Table 5.4 below).

Table 5.4: Percentage of Births Attended by skilled Health Personnel by Region

Year/ Survey	Banjul	KMC	WR	LRR	NBR	CRR-N	CRR-S	URR	Urban	Rural	The Gambia
1990 GCPFDS	83	83	35	32	32	26	26	26	NA	NA	44
2000 MICS II	91.3	83.3	59.2	51.4	50.0	28.7	37.4	28.9	78.1	41.9	54.6
2005/6 MICS III	94.7	87	65.3	46.5	44.6	28.4	34.8	34.2	83	43.4	56.8
2008 HMIS	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	64.5

Source: GFDCPS 1990, MICS II, 2000 and MICS III, 2005/6, HMIS Report, 2008

Target 5 B: Achieved, by 2015, universal access to reproductive health

Contraceptive Prevalence Rate

One of the indicators to measure universal access to reproductive health is the contraceptive prevalence rate. Contraception is a major fertility determinant. Empirical data from most countries do suggest that accelerated declines in fertility can be achieved through the long-term use of more effective and modern contraceptive methods. Despite the major gains made in improving reproductive health in The Gambia, the use of modern contraceptives remains low.

Between 1990 and 2001, contraceptive prevalence rate increased from 6.7 per cent in 1990 to 13.4 per cent in 2001. The increase in the use of contraception can mainly be accounted for in the use of pills and injections, over 90 and 100 per cent respectively (Maternal, Perinatal, Neonatal and Infant Mortality Study, 2001).

Status and Trends

Table 5.5: Contraceptive prevalence rate, adolescent birth rate, FP methods used, antenatal care (ANC) coverage and unmet need for family planning

Indicator	FP Method	1990	1993	2001	2003
Contraceptive Prevalence Rate (CPR)	Modern	6.7	-	13.4%	
	Traditional	5.0%	-	4.1%	
Adolescent (15-19) years Birth Rate per 1,000	-	-	167	-	103
Antenatal care coverage (at least one visit and at least four visits)	-	-	-	90.7% (2000)	97.8% (2006)
Unmet need for Family Planning	-	30%	-	-	-

Source: Gambia Contraceptive Prevalence & Fertility Determinants Survey (GCPFDS), 1990; Censuses 1993 and 2003 and GFPA

The sensitization and promotion of the use of modern contraception methods as enshrined in the population and reproductive health policies were aimed at improving the reproductive health of women, in general and fertility reduction in particular. During the implementation of the Participatory Health, Population and Nutrition Project, 2000-2005, the social marketing of contraceptives was introduced in The Gambia. This initiative was aimed at improving access to contraceptives. This has contributed in the fertility reduction currently being experienced in the country. With the integration of the family planning into the reproductive and child health services, access to contraceptives has increased across the country. The services are provided through a network of health facilities, both public and private. It is anticipated that with this improvement in access to contraceptives, the contraceptive prevalence rate would significantly improve. New data on contraceptive prevalence would be available from the MICS IV, which is currently being collected.

Adolescent Birth Rate

Births to adolescents (15-19 years old) have reproductive health implications, particularly in countries where they marry early and thus, have long exposure to child bearing. Adolescents' fertility merit special attention since children born to young mothers are usually more prone to higher risks of illness and deaths. Moreover, adolescent mothers are more likely to experience complications during child birth, which may often result in maternal deaths. From the 2003 Census, it is gratifying to note that the proportion never married among adolescents increased from 61 to 80 per cent respectively from 1993 to 2003. The 2003 Census data appear to suggest that more and more adolescents in The Gambia are delaying marriages as evidenced by the increased in overall singulate mean age at first marriage (SMAM) from 19.6 to 22 years for 1993 and 2003 respectively. Births to adolescents (15-19 years old) in The Gambia declined significantly from 200 births per 1,000 adolescents in the 1983 Census to 167 and 103 births per 1,000 adolescents respectively in the 1993 and 2003 Censuses.

The decline in adolescent birth rate can largely be attributed to increases in girls' enrolment and retention in school. The introduction of the Girls' Scholarship Trust Fund encouraged parents to retain their daughters in school, thus, leading to delayed marriages and child births (Fertility Analysis Report, 2003 Census).

Regional Disparities

Table 5.6 below presents regional data on adolescents' births as percentage of total fertility from the 1983, 1993 and 2003 Censuses. According to Table 5.6, overall, reductions in adolescent fertility contributed immensely in the fertility decline registered in the country over the years. In 1983 adolescent births accounted for 16 per cent of total fertility but their contribution to fertility declined to 10 per cent in 2003.

Table 5.6: Adolescent (15-19) births as percentage of total fertility by Region, 1983, 1993 and 2003 Censuses

Region/ Census Year	Banjul	Kanifing	Western Region	LRR	NBR	CRR-N	CRR-S	URR	The Gambia
1983	10	15	17	16	15	16	17	17	16
1993	9	13	14	15	14	15	16	16	14
2003	7	8	9	11	10	10	11	13	10

Source: 1983, 1993 and 2003 Population and Housing Censuses

It can be observed that most of the decline in adolescent births to total fertility occurred in predominantly urban areas of Banjul, Kanifing and Western Region with single digits of 7, 8 and 9 per cent respectively (Table 5.6 above). The contribution of adolescent births to total fertility has declined in all the regions; however, URR has the highest births to adolescents at 13 per cent. The high adolescent birth rate in URR compared to the rest of the regions can be attributed to the Fula and Sarahule ethnic groups who predominate in this region and practice early marriage more than any other ethnic group in this area.

Antenatal Care Coverage

A major achievement of the health services in the Gambia is in the area of access to antenatal care services. In addition to improved access as a result of the opening of health facilities in many parts of the country, the introduction of outreach stations in areas where no health facility exists has substantially improved access to antenatal care services. The percentage of women who received antenatal care from skilled personnel increased from 90.7 per cent in 2000 to 97.8 per cent in 2006. Despite the increase of 7.1 percentage points nationally, there are regional disparities, although not significant. The LRR record the lowest percentage of women who received antenatal care from a skilled health care provider (97.8 per cent), followed by Kanifing with 98.5 per cent, Western Region, CRR-North and URR with 99.5 per cent, CRR-South 99.7 per cent, NBR with 99.8 per cent and Banjul with 100 per cent (Table 5.7 below). In The Gambia antenatal care attendance is very high and concerted efforts should be made to sustain the high level of coverage.

Table 5.7: Percentage of women who receive antenatal care from skilled personnel by Region

	Banjul	Kanifing	WR	LRR	NBR	CRR-N	CRR-S	URR	Urban	Rural	The Gambia
2000 MICS II	91.3	88.1	97.7	86.9	77.6	88.1	68.7	96.6	90.6	90.9	90.7
2005/6 MICS III	100	98.5	99.5	97.8	99.8	99.5	99.7	99.5	98.7	99.5	97.8

Source: MICS, 2000 and MICS, 2006

Challenges

Health service related factors responsible for the high maternal and reproductive health indicators are:

- Unmet need for emergency obstetric care services due mainly to inadequate basic reproductive health equipments and supplies.
- Inadequate functional blood transfusion services and theatres.
- Inadequate functional basic laboratory services (e.g. haemoglobin test, blood film, venereal disease reference laboratory and urine analysis)
- Acute shortage of skilled health professionals especially in the rural health facilities.
- Weak referral system especially from the community to health facility levels.
- Inadequate financial resources for maternal and reproductive health services.
- Lack of resources to conduct Demography and Health Survey (DHS).
- Availability of essential medicine and other medical supplies.

The non-health related factors responsible for the high maternal and reproductive indicators are:

- High fertility (national TFR 5.4).
- Inadequate nutritional intake, particularly for pregnant and lactating mothers.
- Access to safe drinking water and basic sanitation.

Policy Environment

- Health Policy Framework 2007-2020 with the strategic goal of improving the quality of life by addressing maternal, reproductive and child health issues.
- Implementation of priority strategies in both the Health Policy Framework 2007-2020 and the Reproductive Health Policy 2009-2014 such as 24/7 Emergency Obstetric Care, Emergency Neonatal Care, Reproductive Health Commodity Security Plan, improvement of the nutritional status of the antenatal women and under-five years old to address the immediate needs of reproductive and child health services.
- Strengthening technical co-operation agreements and partnership with the governments of Cuba, Egypt, Nigeria and Taiwan and other multilateral development partners for provision of human and financial resources to the health sector.
- Increase budgetary allocations to address the resource needs of the MoH&SW

Priorities for Development Co-operation

- Strengthen the health planning capacity, monitoring and evaluation system and enhance management skills of staff at both central and regional levels.
- Provision of basic equipment, essential medicines, drugs, vaccines, contraceptives and other medical supplies needed for effective service delivery.
- Provision of functional theatres, blood transfusion, laboratory and radiology services in all the regional hospitals and major health centres.
- Provision of an effective, efficient and sustainable referral system from community to secondary and tertiary levels.
- Provision of resources to conduct Demography and Health Survey (DHS) in the Gambia for the first time and maintain regular DHS.
- Provision of adequate and motivated skilled health professionals particularly in rural areas where there is a low ratio of midwives per 10.000 population e.g. CRR and URR
- Provision of infrastructure for expansion of health facilities and opening new outreach stations for reproductive and child health services especially in LRR the region with the lowest percentage of women who receive antenatal care from skilled health personnel

GOAL 6: COMBATING HIV/AIDS AND OTHER DISEASES

Introduction

Goal 6 comprises of three targets; namely, (i) Have halted by 2015 and begun to reverse the spread of HIV/AIDS, (ii) Achieve, by 2010, universal access to treatment for HIV/AIDS for those who need it; and, (iii) Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases. Under target 1, four indicators, namely, HIV prevalence among population aged 15-24 years, condom use at last high-risk sex, proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS and ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years have been identified to measure progress. Target 2 has one indicator i.e. proportion of population with advanced HIV infection with access to antiretroviral drugs, whilst target 3 has five indicators, namely, incidence and death rates associated with malaria, proportion of children under-five sleeping under insecticide-treated bed nets, proportion of children under-five with fever who are treated with appropriate anti-malarial drugs, incidence, prevalence and death rates associated with tuberculosis and proportion of tuberculosis cases detected and cured under directly observed treatment short course. It should be noted that data on incidence and death rates associated with malaria are currently not available.

National Response to HIV/AIDS

The Gambia's response to HIV/AIDS began in 1987 when the then Ministry of Health, Labour, and Social Welfare established the National AIDS Control Programme (NACP) following the notification of the first AIDS case in May 1986. Since then, the response has been guided by series of national HIV and AIDS plans. The first Medium Term Plan was effective from 1988-1990. The second Medium Term Plan was launched in 1992 but not implemented due to the military coup in 1994 that affected donor aid to the country. Before the development of the National Strategic Plan 2003-2008, the World Bank funded HIV/AIDS Rapid Response Project (HARRP) programme strategy (2001-2006) provided the framework for the national response mainly focusing on prevention and applying the multi-sector response approach.

The response to HIV in The Gambia was informed and guided by international and regional commitments such as the Millennium Development Goals 2000, Declaration of Commitments (UNGASS, 2001), Abuja Declaration (2001), "Three Ones" Principles (2004), Dakar Declaration on Population Development and HIV (2004), African Union Solemn Declaration on Equality between Men and Women (2004), Paris Declaration on Aid Effectiveness (2005), Brazzaville Commitment on scaling Up Towards Universal Access to HIV and AIDS prevention, Treatment Care and Support in Africa by 2010.

The implementation of HIV/AIDS activities has been mainly supported by the Government of the Gambia, WHO, World Bank, UNAIDS, UNFPA, UNICEF, Global Fund, UNDP and other concerned agencies. The initial response of the programme was focused on Information Education and Communication (IEC) with the assumption that an effective IEC programme will eventually result in the control and stabilization of the epidemic. However, the current focus is on treatment, care and support through Voluntary Counselling and Testing (VCT), PMTCT and Anti-Retroviral (ARV) provision to curb the prevalence rate. Behavioural Change Communication (BCC) is now given prominence in the current response. There has never been any nationwide comprehensive study conducted to have a better understanding of

the epidemic and its driving force. Most of the information on HIV/AIDS is obtained from sentinel surveillances and clinical records from urban and peri-urban areas. This limited the planners and policy makers understanding of the epidemic to enable them to better plan and formulate appropriate policies to fight the disease.

In spite of the remarkable gains registered in the national response to HIV/AIDS there is still an apparent gap between knowledge and behaviour change as well as insufficient knowledge of the key driving force of the epidemic (BSS, 2005).

Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Status and Trends

The first nationwide survey of 30,000 pregnant women in 1993-1995 revealed prevalence rates of 0.6 per cent for HIV-1 and 1.1 per cent for HIV-2. The first generation of sentinel surveillance began in 2000-2001 with a baseline survey in the catchments of four health centres: Serekunda, Sibanor, Farafenni and Basse, which gave prevalence rates of 1.2 per cent for HIV-1 and 0.9 per cent for HIV-2. These results were based on the number of pregnant women coming to the sentinel sites for the first time with their blood samples tested for HIV with anonymity.

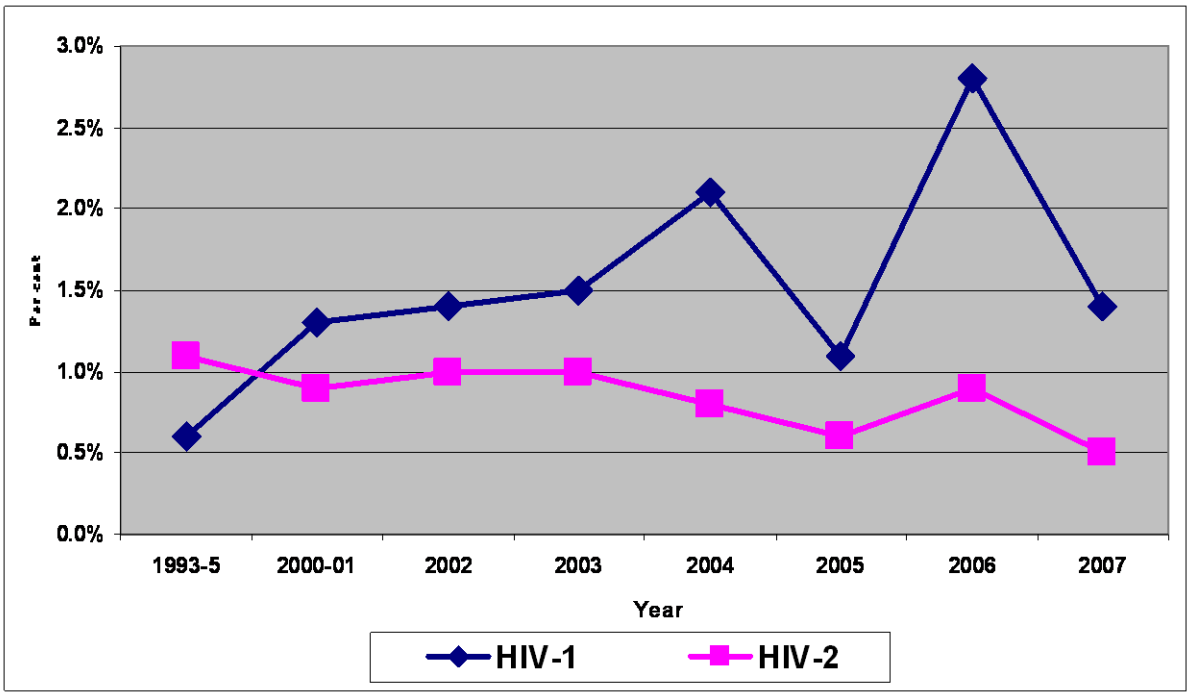
HIV-1 trends among pregnant women aged 15-49 years indicate a steady increase from 0.6 per cent in 1993 to 2.1 per cent in 2004. The data show a sharp decline to 1.1 per cent in 2005 and a significant increase to 2.8 per cent in 2006 followed by a steep decline to 1.4 per cent in 2007. HIV-2 trends indicate a stationary level from 1.1 per cent in 1993 to 1 per cent in 2003. In subsequent years, the data showed a decline to 0.6 per cent in 2005, an increase to 0.9 per cent in 2006, and a decline to 0.5 per cent in 2007 (see Table 6.0 and Figure 6.0 below). The zigzag pattern of HIV-1 (Figure 6.0) cannot be explained by any known epidemiological or other factors. No explanation is also given for the trends in HIV-2 for which much less is known apart from the fact that it is less virulent than HIV-1.

Table 6.0: Summary of HIV/AIDS Indicators

Indicator	1993-5	2000-01	2002	2003	2004	2005	2005/6	2007
HIV-1 Prevalence (%) among pregnant women 15-49 years	0.6	1.3	1.4	1.5	2.1	1.1	2.8	1.4
HIV-2 Prevalence (%) among pregnant women 15-49 years	1.1	0.9	1.0	1.0	0.8	0.6	0.9	0.5
% of women aged 15-24 years with non-marital, non-cohabiting partner in the last 12 months, who used a condom at last sex with such a partner	NA	NA	62.0	73.7	NA	NA	54.3	NA
Percentage of Population aged 15-49 years with comprehensive knowledge of HIV/AIDS	NA	NA	37	NA	NA	48.8	39.1	NA

Sources: * Sentinel Surveillance data; ** The Gambia 2003 Behavioural Surveillance Survey (BSS) on HIV/AIDS and (MICS III, 2005/2006 Report)

Figure 6.0: Prevalence of HIV 1 and HIV 2 among pregnant women aged 15-49 years, 1993/5-2007



Source: The Gambia, 2007 Sentinel Surveillance Data.

The national prevalence rate of 2.8 per cent in 2006 for HIV-1 could be attributed to geographical variations. The highest recorded prevalence rates were found in Brikama, Sibanor, Basse and Essau, where the prevalence rates were 4.8 per cent, 4.2 per cent, 4.1 per cent and 3.2 per cent respectively (see Table 6.1 below). The possible reasons for the high rates may include the influx of refugees from conflict situations in neighbouring countries in addition to cultural/traditional practices that could lead to the spread of the disease, low condom use and poverty among others reasons.

Table 6.1: HIV-1 Prevalence (%) among Pregnant Women by Sentinel Sites

Year	Bjul	S/kunda	Brikama	Sibanor	Soma	Farafenni	Essau	K/taur	Basse	The Gambia
1993-95	NA	0.7	0.1	0.6	NA	0.3	NA	Na	1.0	0.6
2000-01	NA	1.0	NA	3.0	NA	0.4	NA	NA	1.4	1.3
2002	NA	0.2	2.4	3.4	NA	0.0	NA	0.6	0.3	1.4
2003	NA	2.4	0.8	2.8	NA	0.7	NA	1.2	0.8	1.5
2004	NA	2.2	2.0	2.8	NA	1.8	NA	1.0	2.8	2.1
2005	NA	1.0	2.6	2.2	0.2	0.4	0.0	0.9	1.3	1.1
2006	1.5	2.8	4.8	4.2	1.4	2.5	3.2	0.2	4.1	2.8
2007	1.3	2.7	1.2	2.4	1.1	0.4	0.3	2.5	1.4	1.4

Source: The Gambia 2007 Sentinel Surveillance Survey on HIV

The results of the 2007 sentinel surveillance survey indicated a considerable decline in the prevalence rate of about half from 2.8 per cent to1.4 per cent for HIV-1 in 2006 whilst HIV-2 declined from 0.9 per cent to 0.5 per cent in 2007. The highest rates were recorded in Serekunda, Kuntaur and Sibanor with 2.7 per cent, 2.5 per cent and 2.4 per cent respectively. Brikama which recorded the highest prevalence rate of 4.8 per cent in 2006 has now recorded a decline in prevalence by four-fold, 1.2 per cent. Similarly, Sibanor, Farafenni, Essau and Basse have all recorded significant declines in prevalence in 2007 (Table 6.1 above).

These declines could be associated to a number of factors; key among these are, increased knowledge of HIV/AIDS, increased use of condoms, and positive behavioural change towards the epidemic. Also, the scaling up of sentinel sites from four to nine improved the national coverage to ensure and provided better estimates. For the selection of the sentinel sites, the Reproductive and Child Health Clinics were the sites used for testing women with the assumption that the WHO recommended sample size of 500 antenatal women could be obtained for the sentinel surveillance.

Sentinel surveillance has been carried out for several years, but there are still no detailed reports available which document the data and allow an examination of the methodological aspects of the survey. Furthermore, the surveillance surveys only present HIV prevalence rates for pregnant women thus, making it difficult to estimate population level prevalence and trends (Bannerman, C. et al 2008). The HIV/AIDS sentinel surveillance data are the only major source of prevalence in the country. The data does not include males or other subpopulations which may have high risk behaviour. The data available on behavioural aspects are also very limited. Thus, the information should be used with caution given the limitations highlighted. Based on these aforementioned factors, the DHS can provide the country with more reliable prevalence rates that can be used to gauge progress towards the attainment of MDG 6.

Regional Disparities

Condom use at last high-risk sexual encounter among women aged 15-24 years, shows that at the national level 54.3 per cent used a condom during their last high-risk sexual contact. A review of the data across regions showed that LRR registered the highest proportion of condom use during last high-risk sexual encounter, 85.4 per cent followed by URR with 79 per cent while NBR and CRR-S recorded almost equal proportions of 73.7 per cent and 73.3 per cent respectively. Kanifing recorded the lowest proportion of condom use during last high-risk sexual encounter, 46.9 per cent (Table 6.2 below). It could be argued that the high rate of condom use during high-risk sexual encounter could have contributed to the low prevalence rate of HIV-1. As indicated in Table 6.2, Kanifing which recorded the lowest condom use amongst persons engaged in high-risk sexual activity, 46.9 per cent, has the highest prevalence, 2.7 per cent. However, this may not be conclusive in itself, because CRR-S with a significant proportion of 73.3 per cent of condom use registered HIV prevalence rate of 2.5 per cent. Comparing use of condom at last high-risk sex by place of residence shows that, the proportion was highest in the predominantly rural areas compared to urban areas (55 per cent versus 53.8 per cent, MICS-III, 2005/2006 Report). This is possibly an indication that HIV-1 is more prevalent in the urban compared to the rural areas.

Table 6.2: Percentage of women aged 15-49 years with comprehensive knowledge of HIV/AIDS and percentage of women aged 15-24 years with non-marital, non-cohabiting partner in the last 12 months, who used a condom at last sex with such a partner

Indicator	Banjul	Kanifing	WR	LRR	NBR	CRR-N	CRR-S	URR	The Gambia
% of women aged 15-49 years with comprehensive knowledge of HIV/AIDS	37.4	40.9	50.1	32.9	46.8	32.1	24.4	23.2	39.1
% of women aged 15-24 years with non-marital, non-cohabiting partner in the last 12 months, who used a condom at last sex with such a partner	53.8	46.9	48.0	85.4	73.7	50.0	73-3	79.0	54.3

Source: Multiple Indicator Cluster Survey (MICS-III), 2005/2006 Report.

Knowledge on HIV/AIDS prevention and control was generally low among women aged 15-49 years. The Western Region had the highest proportion 50,1 per cent and URR had the lowest proportion, 23.2 per cent. Comprehensive knowledge of HIV/AIDS by place of residence shows that women living in the urban areas (41.9 per cent) have more knowledge about HIV/AIDS transmission compared to 37.1 per cent of those living in the rural areas (MICS-III, 2005/2006 Report).

The ratio of school attendance of orphans to non-orphans aged 10-14 years is used to analyse the educational opportunities available to orphans and non-orphans by sex. The data shows that overall, the ratio of orphans to non-orphans aged 10-14 years attending school is 0.87. Therefore, there is not much difference in school attendance between orphans and non-orphans. The reason for the high ratio of orphans to non-orphans attending school could be attributed to the support given to orphans by the extended family. The data also show that the orphaned female is more disadvantaged, 0.76 compared to the male orphan, 0.99 in terms of educational opportunities.

Key Achievements

The achievements of national efforts to prevent and control HIV/AIDS include the establishment of National AIDS Council (NAC) and its secretariat, the National Aids Secretariat (NAS). Additionally, in the regions, Regional/Municipal AIDS Committees (DAC/MAC) have been created. The composition of these committees is multi-sectoral which is meant to ensure a cross-sectoral approach to the national response. The National Strategy Plan (NSP) 2003-08 had many thematic areas that addressed issues of co-ordination (Surveillance and Research, Monitoring and Evaluation, Management, Institutional and Co-ordination Arrangements). With support from UNAIDS, The Gambia has a comprehensive framework of indicators that are used to track progress in the overall response management. Other achievements include the following:

- Strategic Planning Framework
- Overall co-ordination of the National HIV Response
- Involvement and visibility of People Living With HIV/AIDS (PLHIV)
- Development partners' support to the National HIV Response

Challenges

Despite strenuous and concerted efforts to raise awareness and control the pandemic, the prospects of meeting the 2015 MDG target of halting and reversing the spread of HIV/AIDS in The Gambia appear elusive. Several major challenges must be overcome to reinforce the response against HIV/AIDS and this includes the following:

- Thorough understanding of the epidemic and the key driving factors;
- Issue of stigma and discrimination towards PLHIV;
- Poverty which could lead to high-risk behaviour and vulnerability to HIV/AIDS, especially amongst most at-risk population;
- Availability of reliable and timely data on behavioural characteristics of high-risk groups, such as sex-workers, uniformed services and truck drivers;
- Lack of capacity in some health facilities in providing Voluntary Counselling and Testing (VCT), as a conduit to promoting lasting behavioural change;
- Lack of male involvement in HIV and AIDS response;
- Absence of sustained resource base for the HIV Response; and
- Slow progress in meeting universal access targets on ARVs.

Policy Environment

There are many policies and programmes that exist in The Gambia aimed at combating HIV/AIDS. This includes the following:

- National HIV/AIDS policy
- National Strategy Framework for HIV/AIDS
- Strong political leadership and support in the fight against HIV/AIDS,
- Implementation of a Global Fund Round 8 HIV/AIDS Grant currently being co-ordinated by NAS and Action AID The Gambia;
- Major interventions to increase prevention programmes as well as the establishment of home-based care, PLHIV support groups, provision of Voluntary Counselling and Testing (VCT) services and Prevention of Mother to Child Transmission (PMTCT) of HIV/AIDS and Anti-Retroviral therapy are being provided.

Priorities for Development Co-operation

- Expanding and scaling up Voluntary Counselling and Testing services;
- Ensuring the continuous availability of ARVs and opportunistic infection drugs for all eligible PLHIV;
- Conduct demographic and health survey plus (DHS+);
- Conduct ethnographic study;
- Increase the number of sentinel sites to ensure wider national coverage;
- Strengthening national efforts to sensitise all sectors of society and mainstreaming HIV and AIDS into all sectoral policies;
- Accelerating HIV and AIDS prevention programmes through BCC
- Expanding and scaling up prevention of Mother to Child Transmission (PMTCT) services countrywide; and
- Promoting income generation for PLHIV and high-risk groups.
- Implementation of the "Three Ones" principles.

Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDS for those who need it

The Gambia has not yet achieved this target of universal access to treatment for HIV/AIDS for those who need it.

Target 6C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Globally, malaria accounted for an estimated 869,000 deaths in 2008, of which 89% were in the African Region (WHO, 2009). Since malaria is a public health problem, global initiatives are required to combat it.

National Response to Malaria

The National Malaria Control Programme (NMCP) is charged with the responsibility of the fight against malaria in The Gambia. The first strategic plan of the NMCP was developed for the period 2002–2007. The plan outlined key interventions and formed the basis for malaria control and prevention services. Significant progress has been made in the implementation of the previous strategic plan. Funding opportunities for malaria control has increased over the years leading to increased coverage for key interventions such as insecticide treated nets (ITNs) use by pregnant women and children under-five, intermittent preventive treatment for pregnant women (IPTp) and case management through access to malaria treatment. The Gambia is working towards meeting the RBM targets of 80% coverage for key interventions by 2015. Recently, additional interventions have been introduced such as in-door residual spraying (IRS) and environmental management. The antimalarial drug policy change for the treatment of uncomplicated malaria from Chloroquine monotherapy to Artemisinin-Combination Therapy (ACT) will also contribute to the reduction of malaria morbidity and mortality.

Status and Trends

Malaria is endemic in The Gambia with high seasonal variations. Transmission during the rainy season is intense with 80% of severe cases occurring in October and November. The whole population is at risk of malaria. However, children under-five and pregnant women are more vulnerable to the risk of severe malaria. In rural areas, children experience 1–3 clinical episodes of malaria a year. Thus, the current intervention of the National Malaria Control Programme (NMCP) focuses on the under-five, pregnant women and the differentially able (a category which includes the physically challenged, weak, poor and destitute segments of the population).

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Using fever as a proxy for malaria, results of MICS III showed that overall, 8.4 per cent of children under-five had fever in the two weeks preceding the survey, out of these 62.6 per cent received anti-malrial drugs and 49 per cent were reported to have slept under an ITN the night before the survey (see Table 6.3).

Regional Disparities

The incidence of fever, use of anti-malarial drugs and ITNs differ across the regions as shown in Table 6.3. The proportion of under-fives who had a fever in the two weeks preceding the survey was lowest in LRR and CRR-South 3.4 per cent and 6.5 per cent respectively. The highest was reported in Banjul (15.6 per cent) followed by CRR-North (11.2 per cent).

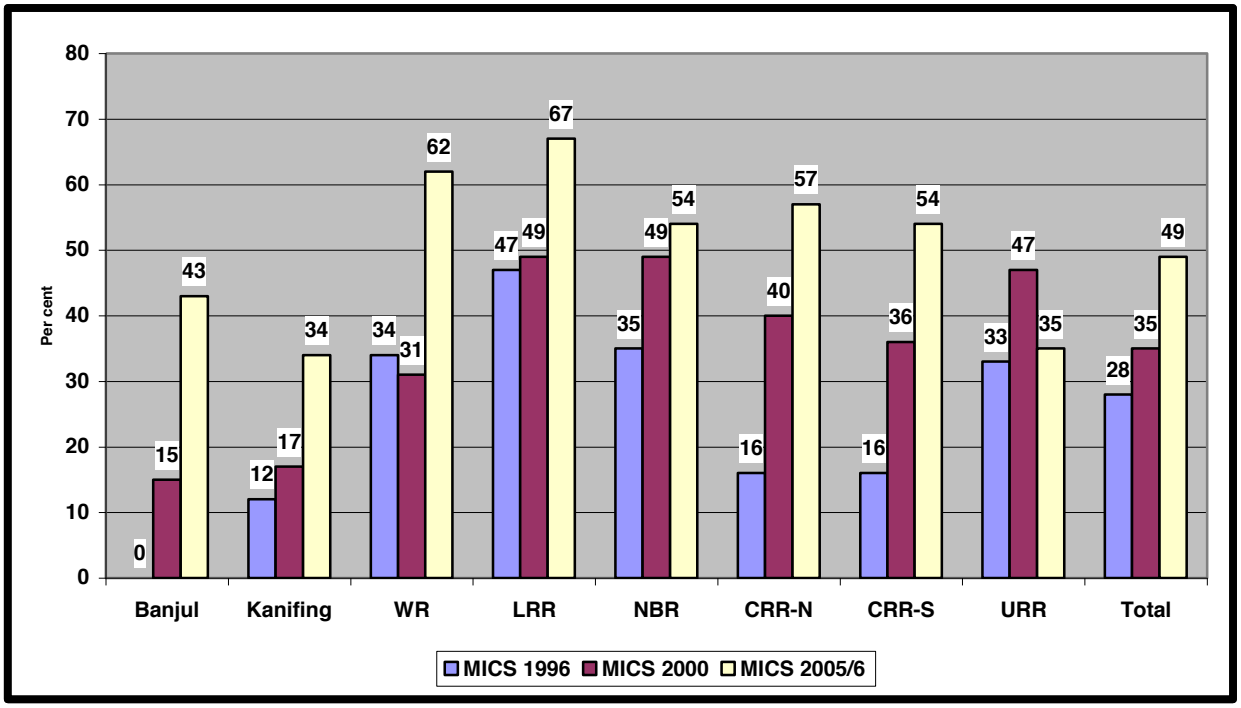
Table 6.3: Percentage of under-five children who had fever in the last two weeks before the survey, who received anti-malarials and slept under ITNs the previous night before the survey by region, MICS III, 2005/6

Region	Had Fever in the 2 weeks Prior to the Survey%	Received Anti-Malarial Drugs%	Slept Under ITN %
Banjul	15.6	28.0	42.5
Kanifing	9.0	60.2	34.3
Western Region	7.7	66.9	62.3
LRR	3.4	NA	66.6
NBR	9.7	65.1	54.0
CRR-North	11.2	64.3	56.8
CRR-South	6.5	79.6	54.0
URR	7.9	56.8	35.0
The Gambia	8.4	62.6	49.0

Source: MICS 2005/6

The proportion of children who were reported to have had fever and have taken anti–malarial drugs was highest in CRR-S, 79.6 per cent and lowest in Banjul, 28 per cent. The use of insecticide treated nets (ITNs) was highest in the predominantly rural areas. Data from MICS1, MICS2 and MICS3 show that the use of ITNs has increased in all areas, except in Kanifing and URR (Figure 6.1 below).

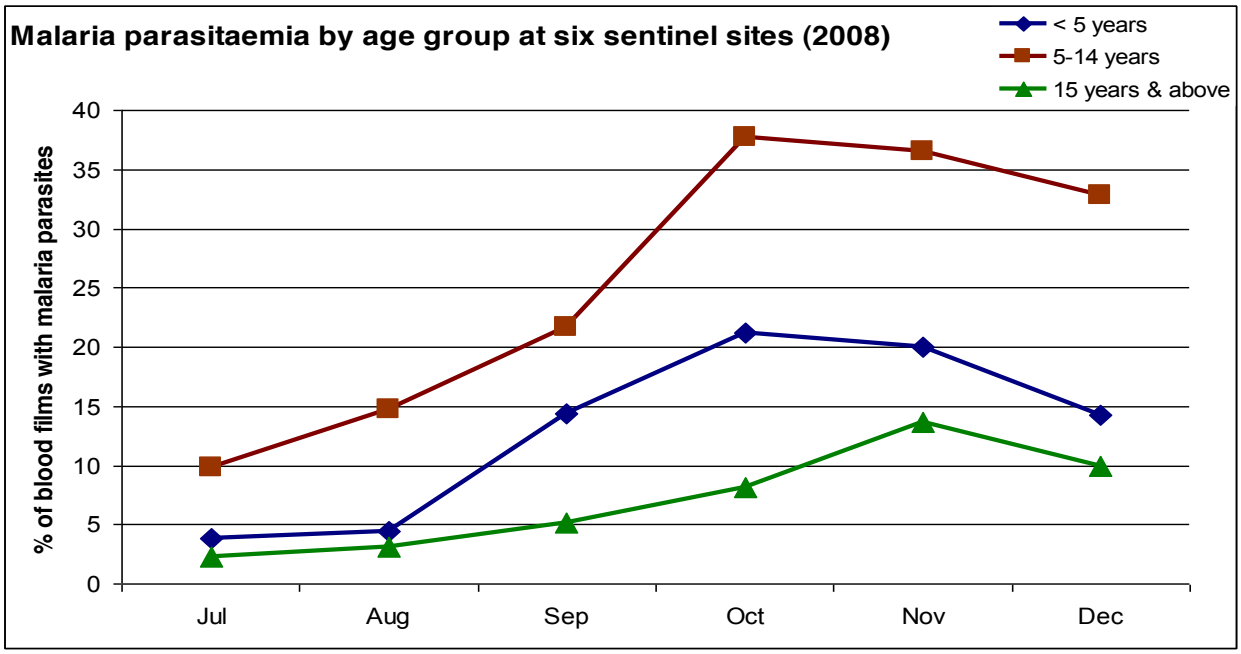
Figure 6.1: Percentage of under-five children who slept under ITNs during the previous night before the surveys



Source: MICS I, II & III, Reports

Recent data (2008/9) from the national malaria six sentinel surveillance sites (Essau, Farafenni, Kuntaur, Brikama, Soma and Basse) suggest that the age at which malaria transmission occurs mostly has now shifted from among the under-fives to the 5-14 year olds (see Figures 6.2 and 6.3 below). Ceesay et al; (2008) also found that the mean age of paediatric malaria admissions increased from 3·9 years to 5·6 years.

Figure 6.2: Percentage of blood films with malaria parasites among under-fives, 5-14 year olds and 15 years and above at six sentinel sites, July-December 2008

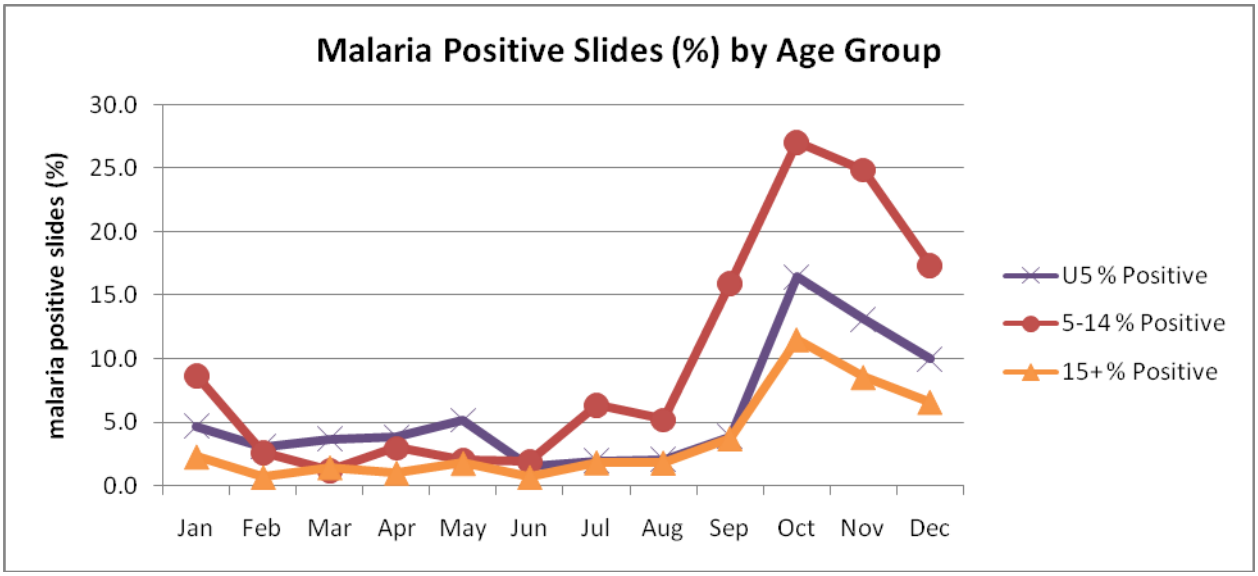


Source: Malaria Sentinel Sites, 2008

Although the reasons for the shift in malaria transmission from the under-fives to the 5-14 year olds are not clear, it is assumed that this is the effect of the current national malaria intervention, which only targets the most vulnerable i.e. under-five children and pregnant women. Thus, the under-fives are more likely to be protected from malaria as they benefit from long lasting insecticide nets (LLINs), which are distributed freely to them. However, more studies are needed to confirm the reasons for the shift in transmission. It can be observed from both Figures 6.2 and 6.3 that malaria transmission in The Gambia peaks from September to November.

There is evidence to suggest that malaria has started to decline in The Gambia. According to Ceesay et al; (2008), from 2003 to 2007, at four sites with complete slide examination records, the proportions of malaria-positive slides decreased by 82% in site 1, 85% in site 2, 73% in site 3 and 50% in site 4. At three sites with complete admission records, the proportions of malaria admissions fell by 74%, 69% and 27% respectively. Proportions of deaths attributed to malaria in two hospitals decreased by 100 and 90% respectively. Since 2004, mean haemoglobin concentrations for all-cause admissions increased by 12 g/L. The findings of this study could be largely attributed to the current scaling up of key malaria interventions across the whole country as a result of the Global Fund (GF) grants (i.e. Rounds 3, 6 and the Rolling Continuation Channel or RCC).

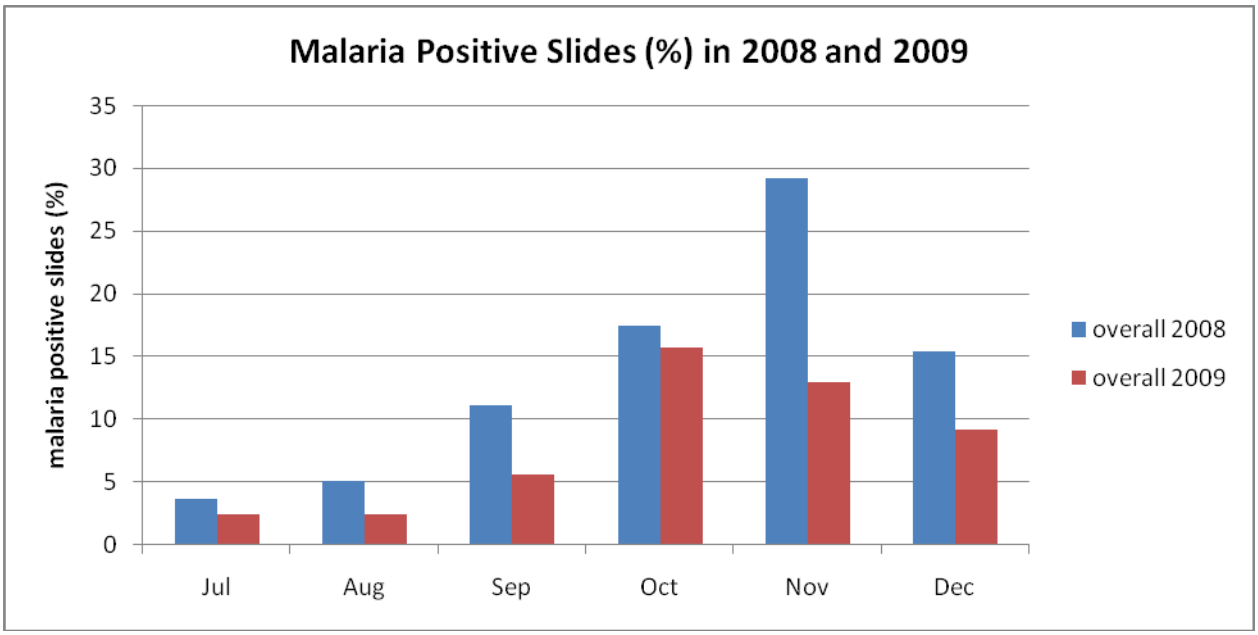
Figure 6.3: Percentage of malaria positive slides among under-fives, 5-14 year olds and 15 years and above at six sentinel sites, January-December 2009



Source: Malaria Sentinel Sites, 2009

New data from the six sentinel sites have also confirmed that malaria is declining in The Gambia (Figure 6.4). Comparing malaria positive slides in 2008 and 2009, it can be observed from Figure 6.4 that the 2009 slides show a downward trend for all the months.

Figure 6.4: Percentage of malaria positive slides from six sentinel sites, July-December 2008 and 2009



Source: Malaria Sentinel Sites, 2008 and 2009

Challenges

The incidence of malaria can be reduced, but will require concerted action by all stakeholders. Major challenges to overcome include:

- Improving environmental sanitation, especially drainage infrastructure;
- Increasing the utilization of mosquito nets particularly ITNs;
- Policy shift from clinical to confirmatory diagnosis of malaria
- Sustaining the gains already made in malaria prevention and control
- Ensuring regular supply and availability of anti-malarial drugs; and
- Increasing resistance to first line malaria drugs.

Policy Environment

The Gambia is a member and focal point for the co-ordination of malaria control at the sub-regional level as part of the "Health for Peace Initiative" (HPI) which includes The Gambia, Senegal, Guinea Conakry, and Guinea Bissau. Furthermore, the country is fully committed to achieving the MDG and Roll-Back Malaria (RBM) /Abuja targets as highlighted in both the National Malaria Policy and Strategic Plan 2008-2015. As a signatory to the Abuja Declaration and Plan of Action, The Gambia is committed to achieving the targets on malaria. It is worth noting that the MDG, Roll-Back Malaria/Abuja targets are consistent with The Gambia's development agenda as enshrined in Vision 2020.

Furthermore, there is a strong political commitment to prevent and control malaria in The Gambia and a good supportive policy environment exist. A National Malaria Policy and Strategic Plan, 2008-2015 have been developed. The Goal of the Strategic Plan is: '**To control malaria so that it ceases to be a major public health problem in The Gambia'.** The Strategic Plan outlines a comprehensive approach in reducing malaria and malaria related burden through the massive scale-up of malaria control interventions for impact. The NMCP has secured new funding under the GF Round 9 to consolidate the gains achieved in the previous Rounds (i.e. 3 and 6) and to initiate the universal coverage of LLINs.

Over the years, the Global Fund to fight malaria, TB and HIV/AIDS has provided funding for malaria prevention and control in The Gambia. The partners, among others, include the British Medical Research Council (MRC), which has a facility with a strong focus on malaria research. The Gates Foundation is supporting the Centre for Innovation Against Malaria (CIAM). The United Nations Children's Fund (UNICEF) is supporting the Accelerated Child Survival and Development (ACSD) project in LRR and CRR and the WHO provides technical assistance. The Government of Cuba also provides technical assistance in the vector control activities.

Priorities for Development Co-operation

Priorities for development co-operation should focus on meeting the challenges identified above including the strengthening of health facilities in diagnosing and proper management of malaria cases at community levels..

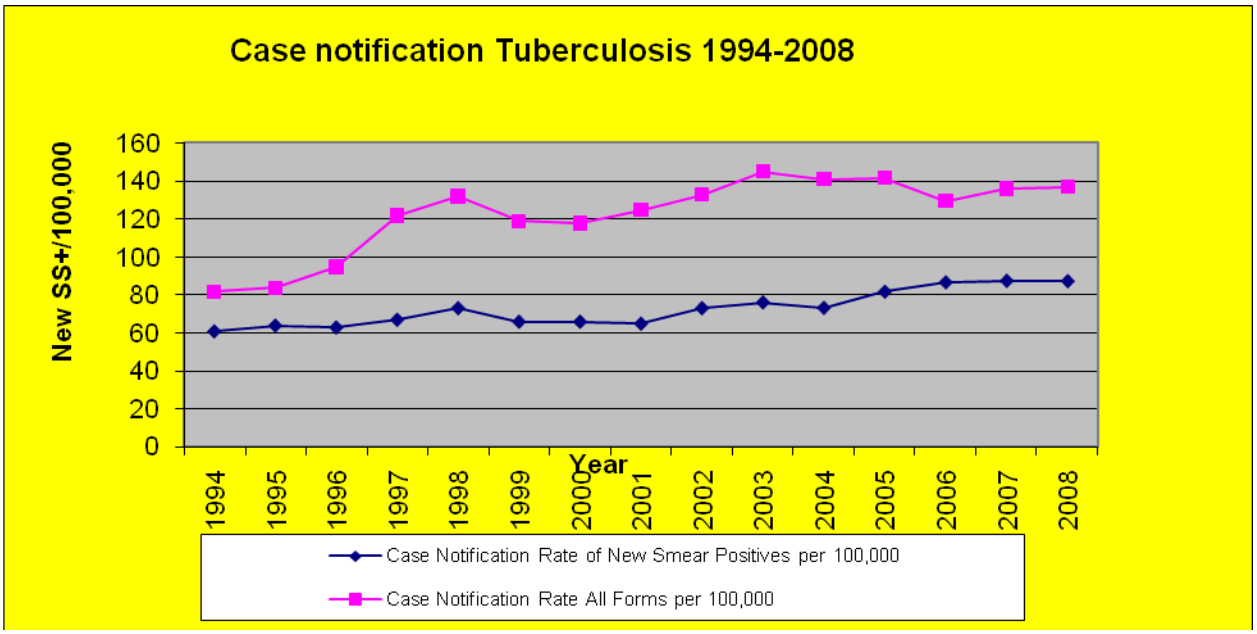
Tuberculosis

The Gambia Tuberculosis (TB) control programme has used the Directly Observed Treatment Short-Course (DOTS) strategy since 1985 and has achieved countrywide coverage through the Primary Health Care (PHC) programme. Community DOTS implemented by Village Health Workers (VHWs) with the financial and technical support of the Royal Netherlands Tuberculosis Association (KNCV) also contributed to the success of the national TB Control Programme. These efforts have been complemented by approval of the Global Fund TB Component Grant Round 5 of 2005, which is being implemented countrywide since May 2006. The programme includes the provision of diagnostic treatment services, provision of free drugs, registration and monitoring, supervision of services and continuing education of all health staff. These strategies are public oriented, vertically structured and have been largely donor driven.

Status and Trends

The incidence and prevalence of TB in The Gambia are unknown since there have been no comprehensive studies or tuberculin surveys conducted in conformity with WHO protocols. Nevertheless, data are routinely collected at specialised public sector TB clinics and by NGO and private sectors. Figure 6.5 below shows that the case notification rate per 100,000 population of new smear positive TB cases and TB of all forms increased significantly over the past decade.

Figure 6.5: Case notification of Tuberculosis per 100,000 population in The Gambia, 1994-2008



The rate of new smear positive cases have been increasing steadily from 61 per 100,000 in 1994 to 87 per 100,000 in 2006, 2007 and 2008 respectively. Similarly, the rate for All Forms of TB (New sputum Smear positive, New negative, Extra-pulmonary TB, Relapse, Failure and Return after default, others) also increased (Table 6.5 below). This increase is attributed to both improved surveillance and increased incidence as a secondary infection associated with HIV-1.

Table 6.4: Brikama notifications

Nr patients	2005	2006	2007	2008
Ss+	170	181	158	176
ss-	68	85	95	104
EP	15	20	34	20
Total new patients	253	286	287	325
Retreatment	17	7	23	25
Total in all forms (TB)	270	293	310	350

Source National Leprosy and TB Programme, 2008

Table 6.5:Serrekunda notifications

Nr patients	2005	2006	2007	2008
Ss+	576	487	400	331
ss-	336	202	222	186
EP	43	54	34	45
Total new patients	955	743	656	562
Retreatment	3	18	33	12
Total	958	761	689	574

Source: National Leprosy and TB Programme, 2008

Table 6.6 and Figure 6.6 show the percentage distribution of Short Course Chemotherapy (SCC) treatment outcomes of TB cases from 1988 to 2008. According to the data, there are high success and cure rates of 84 and 78 per cent respectively.

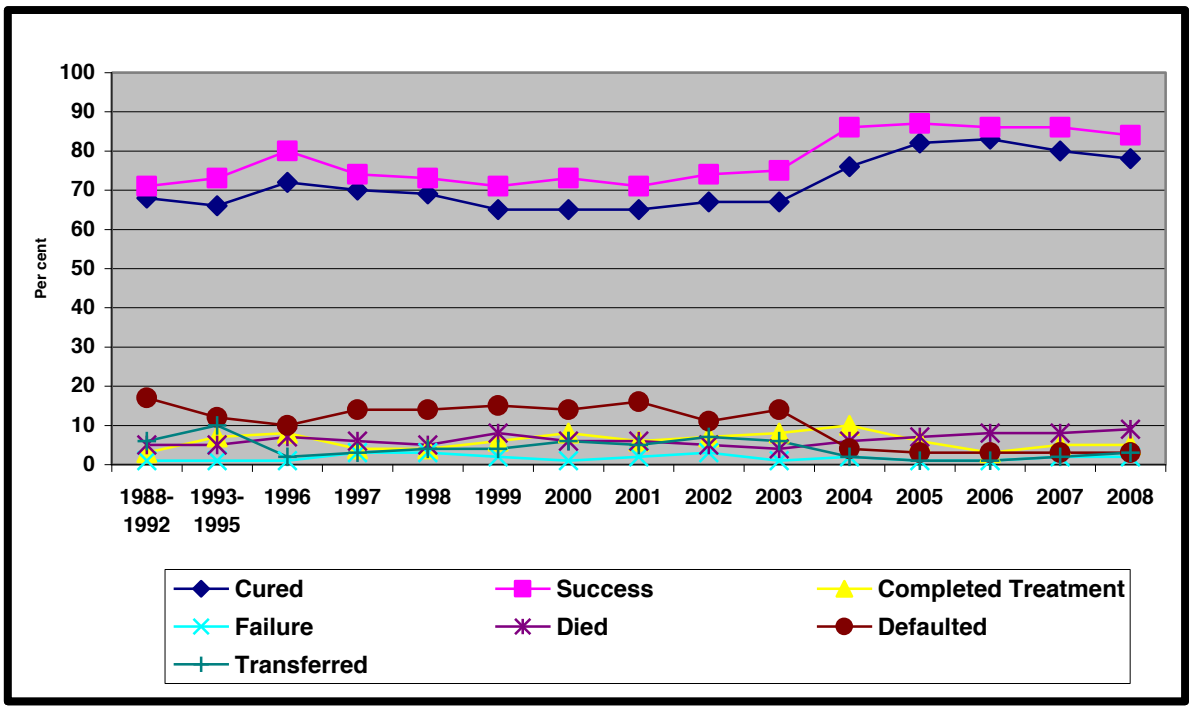
Table 6.6: Percentage distribution of treatment of new smear positive, 1988-2008

Year	Cure	Success rate	Completed Treatment	Failure	Deaths	Default	Transfer
1988-1992	68	71	3	1	5	17	6
1993-1995	66	73	7	1	5	12	10
1996	72	80	8	1	7	10	2
1997	70	74	4	3	6	14	3
1998	69	73	4	3	5	14	4
1999	65	71	6	2	8	15	4
2000	65	73	8	1	6	14	6
2001	65	71	6	2	6	16	5
2002	67	74	7	3	5	11	7
2003	67	75	8	1	4	14	6
2004	76	86	10	2	6	4	2
2005	82	87	6	1	7	3	1
2006	83	86	3	1	8	3	1
2007	80	86	5	2	8	3	2
2008	78	84	5	2	9	3	3

Source: National Leprosy and TB Programme (NLTP), 1988-2008

This is mainly due to high coverage of TB treatment in the country. Success rate is a combination of treatment completed and cured. Only 9 per cent died, with 2 and 3 per cent failure and default respectively. The epidemiology of tuberculosis (TB) in The Gambia is influenced by urbanisation, HIV infection and age-sex distribution in the population.

Figure 6.6: TB Treatment Outcomes 1988-2008, National Leprosy and TB Programme, 1988-2008

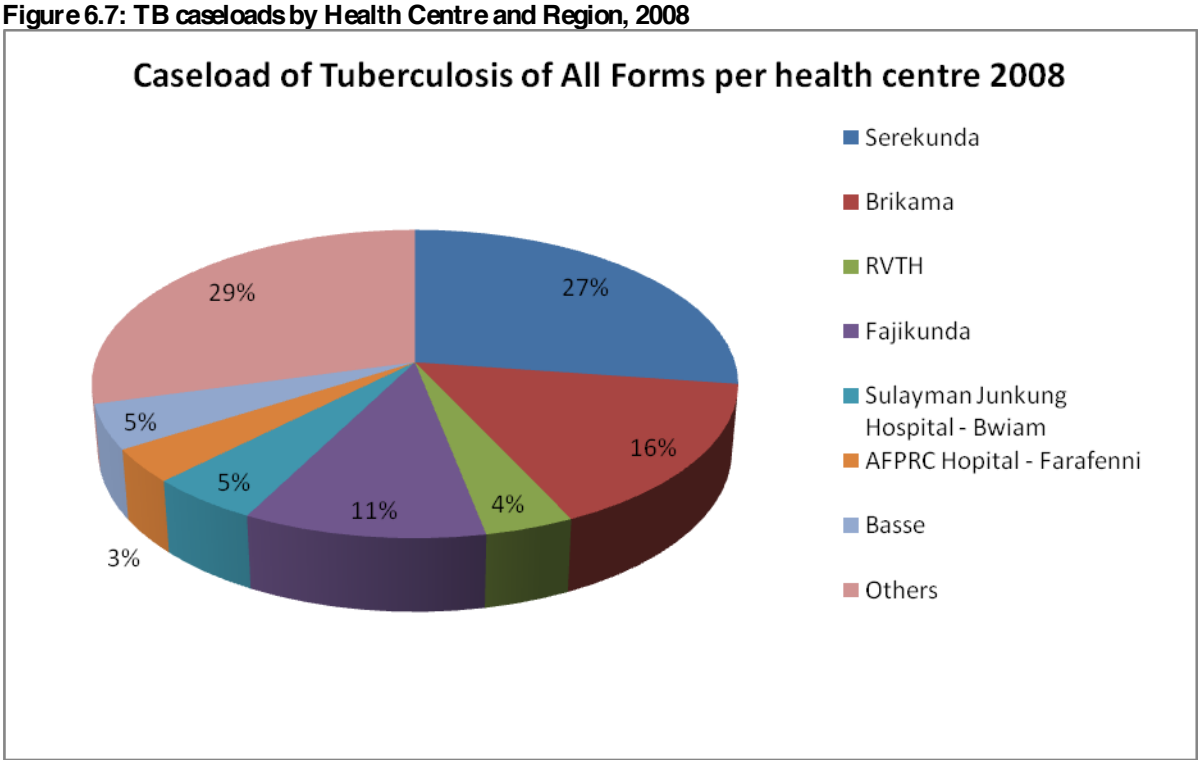


Source: National Leprosy and TB Programme (NLTP), 1988-2008

Urban Tuberculosis

Tuberculosis (TB) caseload and notifications differ strongly across regions. The Western Health Region (WR), which comprises of Serekunda, Brikama, RVTH, Faji Kunda and Sulayman Junkung Health centres diagnosed 66 per cent of all notified cases (Figure 6.7). It is however not clear whether these cases are all residents of the WR or whether a number of patients come from rural areas to WR for diagnosis and treatment. Overall, the new cases registered in WR may be due to a settlement pattern that is conducive to the spread of TB, such as crowded housing. Therefore activities geared towards increased case finding in the Western Region should focus primarily on areas with clustering of TB cases.

Figure 6.7: TB caseloads by Health Centre and Region, 2008



Source: National Leprosy and TB Programme (NLTP), 2008

TB and HIV

Integrated voluntary TB/HIV counseling and testing services (VCT) are available in 24 out of 25 TB diagnostic centres. At national level, the overall acceptance rate for VCT was estimated at 82 per cent in 2008. Out of this the acceptance rate was estimated at 82 and 84 per cent respectively for males and females indicating that more females volunteered to know their HIV status (Figure 6.8 below). The positivity rate for HIV among TB patients (co-infection) overall was estimated at 19 per cent in 2008, whilst estimates for males and females were 15 and 26 per cent respectively (Figure 6.9 below).

Results from a Medical Research Council (MRC) survey conducted in 1999 indicated HIV prevalence rates of 8-30 per cent among TB patients who had consented to participate in voluntary counseling and testing. At the Royal Victoria Teaching Hospital (RVTH) medical ward up to 50 per cent of TB patients were reported to have tested positive for HIV. Preliminary data from a study conducted in 2004 in the pediatric wards of the same hospital indicated an HIV positive rate of above 50 per cent among children admitted with TB.

Disparities within the Western Region

Within the Western Health Region, Serekunda, and Brikama are the three main Health Centres where screening of people in waiting areas could yield additional suspects. Serekunda experienced a decline in sputum smear positive (ss+) and smear negative notifications and an increase in Extra-pulmonary (EP) cases. Brikama on the contrary experienced an increase in smear positive (ss+) and smear negative (ss-) and declined in Extra-pulmonary (EP) smear negative (Tables 6.5 and 6.6 above). Most of the smear negative cases reported in recent times are generally linked to co-infection of TB and HIV.

Figure 6.8; Acceptance rate of VCT by sex and quarter, The Gambia 2008

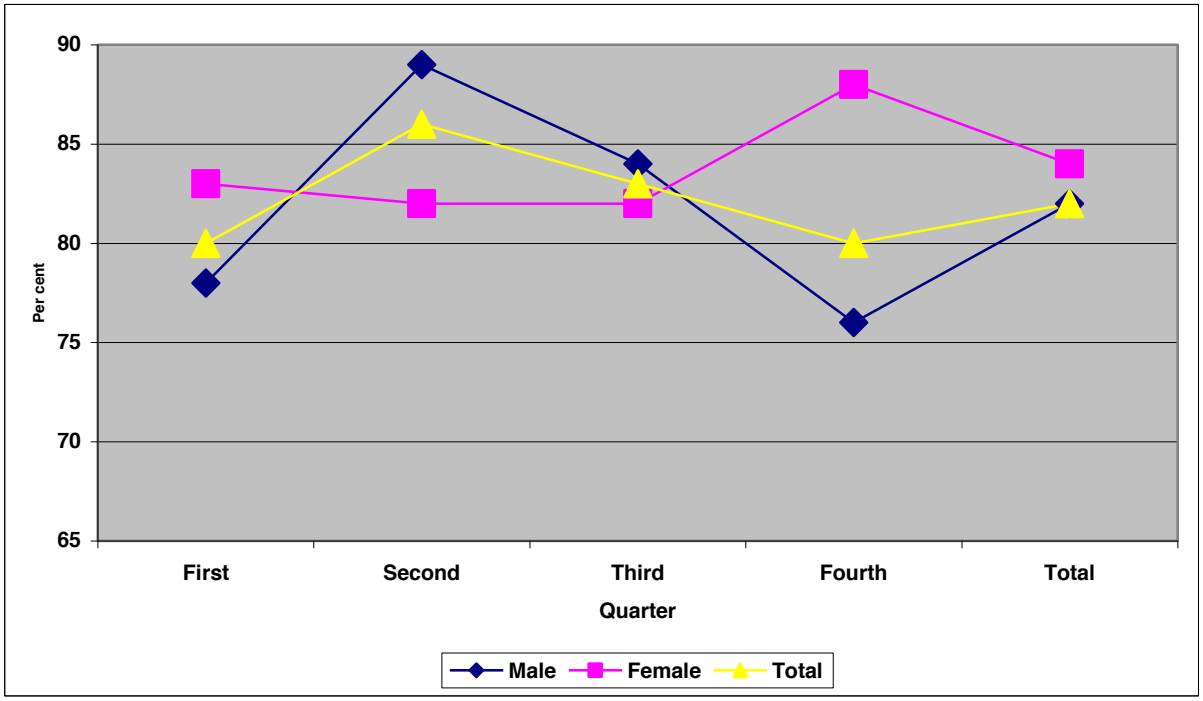
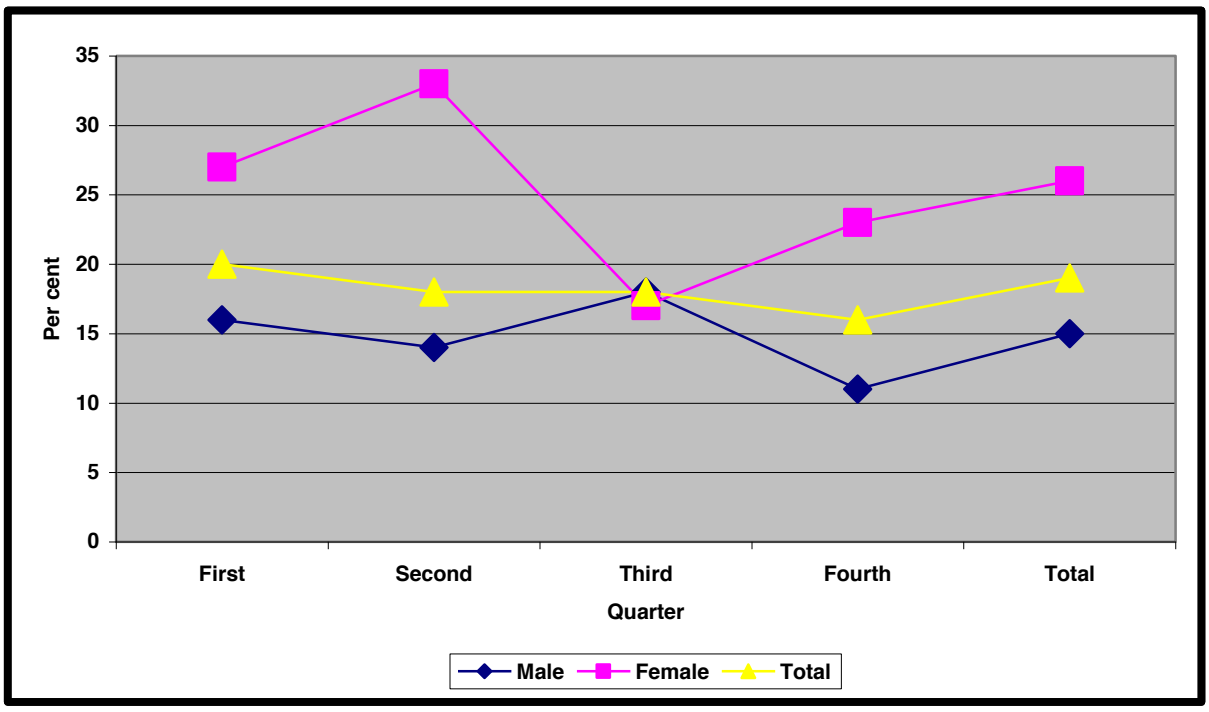


Figure 6.9: Positivity rate of VCT by sex and quarter, 2008



Key Achievements

Major achievements have been registered in the National TB Control Programme since 2003 in the following areas:

- Integration of TB/Leprosy services into the existing PHC system enabling TB treatment to be supervised by village health workers, community health nurses and other community DOT volunteers.

- The NLTP succeeded in the GFAM TB Round 9 Grant application which ensures continuous funding for implementation of TB activities for the next 5 years.
- DOTS expansion countrywide in both public and private health facilities, which has made TB diagnosis and treatment more accessible and affordable to patients and communities at large. It could be noted that up to the second quarter of 2005, there were not more than 11 TB diagnostic/treatment centres in the country, all of which provide HIV counseling and testing services for TB cases.
- No stock-out of anti-TB drugs at the end of 2009.
- Unlike many countries, NLTP has achieved high TB case detection rate of 64 per cent in relation to the global target of 70 per cent as recommended by the WHO.
- NLTP has almost achieved the global target of 85 per cent Treatment success rate.
- Current defaulter rate is estimated at 2 per cent compared to the global target of <5 per cent.
- Defaulter rate of re-treatment cases is maintained at 0 per cent in 2008.
- HIV counseling and testing services for TB patients is also in place and a referral system for care established. This high HIV positivity rate is an indication of the impact of HIV on the TB epidemic.
- NLTP has achieved Leprosy elimination targets of less than 1 case per 10,000 inhabitants. The current incidence rate is 0.3 cases per 10,000 inhabitants.

Challenges

Although DOTS coverage is high, but physical access to centres for diagnoses remains a challenge. The TB control programme still requires further expansion to reach out to the entire intended population by providing one centre per district for diagnoses in order to achieve the objectives of the DOTS expansion plan to detect 70 per cent of cases and 85 per cent cure rate, which are in line with the Global Stop TB initiative. Extra efforts and inputs are also required, including additional activities and additional financial resources for control operations. Tuberculosis services need to be expanded in urban areas to cover all public health facilities and the private sector and to follow up on all smear-positive cases to ensure compliance with the DOTS treatment regime. The main problems are:

- health seeking behaviour with late presentation to health facilities by patients;
- barrier to access to diagnostic and treatment centres in remote/underserved parts of the country,
- lack of or inadequate public transport in addition to high transport costs; and cultural barriers;
- lack of capacity to diagnose smear negative and extra-pulmonary TB in rural health facilities due to a lack of trained staff, and diagnostic facilities such as chest radiography and culture facilities;
- late diagnosis;
- defaulting during treatment; and,
- reporting and recording

Policy Environment

The National Tuberculosis/HIV Committee has now been constituted by TB/HIV Co-ordination bodies at national and regional levels. This body is responsible for disease control policy and strategy development for both Tuberculosis and HIV/AIDS epidemic. Discussions are underway to finalize TB/HIV policy at national level.

Priorities for National Leprosy Tuberculosis Control Programme

- Increase early case detection of smear positive cases
- Increase cure rate of new smear positive cases
- Reduce death rate among co-infected patients (TB/HIV)
- Maintain Multi-drug Resistance Rate (MDR-TB) at less than 1 per cent
- Increase ART coverage for eligible TB/HIV cases
- Strengthen Private-Public collaboration in TB control
- Support the development of a comprehensive human resource development plan for TB
- Provision of logistical support
- Training and retraining of TB control personnel
- Strengthening Monitoring and Evaluation System (M&E)

Way Forward

- Country Co-ordinating Mechanism (CCM) of The Gambia to negotiate with Global Fund prior to grant signing on flexibility issues related to the condition precedent;
- NLTP/NAS and partners to jointly develop a national TB and HIV/AIDS Policy;
- MoH&SW to urgently consider office space for NLTP
- Clinicians to conform to new WHO treatment guidelines for co-infected patients.

GOAL7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Introduction

Goal 7 has four targets and ten indicators to measure progress. The four targets are:

(i) Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources,
(ii) Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss,
(iii) Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation; and,
(iv) By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.

The following ten indicators have been identified:

(1) Proportion of land area covered by forest,
(2) CO2 emissions, total, per capita and per $1 GDP (PPP)
(3) Consumption of ozone-depleting substances
(4) Proportion of fish stocks within safe biological limits
(5) Proportion of total water resources used
(6) Proportion of terrestrial and marine areas protected
(7) Proportion of species threatened with extinction
(8) Proportion of population using an improved drinking water source
(9) Proportion of population using an improved sanitation facility
(10) Proportion of urban population living in slums

Climate Change and the MDGs

Climate change constitutes one of the greatest burdens to national development efforts, poverty alleviation, and the achievement of the MDGs because the productive base of the economy thrives on climate-sensitive activities such as crop production, livestock rearing, fisheries, energy, and water resources. However, little or no research has been undertaken in The Gambia on the linkages between climate and biophysical processes. A primary cause for the above situation is the absence of long-term datasets at the appropriate geographical scale in the various socioeconomic sectors.

There is a consensus that climate change poses an additional challenge to the attainment of the MDGs. Climate change may, if not urgently addressed, reverse some of the gains made in reducing poverty and controlling infectious diseases. It could negatively impact the productivity of land and accelerate the loss of environmental resources, including forestry (Africa MDGR 2009 p. 38).

Achieving Goal 7 Indicators

The Gambia has made strides in most of the indicators of Goal 7. For instance, the targets for safe drinking water and sanitation have already been attained. Notwithstanding, the gains, there exists threats that may hinder or even reverse the gains made in this goal and by extension the other MDGs. For example, the frequent occurrence of floods in the country in the recent past has the potential to damage the predominantly rain-fed agricultural sector,

which is the mainstay of the country's economy. Floods can also reverse the gains made in the health sector, access to safe drinking water and accelerate the proportion of urban slum population. Table 7.0 below summarizes the targets and indicators with baseline values from 1990. Note that data are available only for 2003, 2005, 2007 and 2009.

Table 7.0: Summary indicators of environmental sustainability

Targets	Indicators	Baseline 1990	2003	2005	2007	Current Status 2009	MDG Target 2015
7A: Integrate the Principles of Sustainable Development into Country Policies and Programmes and reverse the loss of environmental resources	Proportion of land area covered by forest	40.7%	41.5%	43%	45%	46%	50%
	CO_2 emissions, total, per capita	0.215	0.196	0.187	0.187	0.187	NA
	Proportion of fish stock within safe biological limits.	88.8%	NA	NA	74.1%	75%	NA
7B: Reduce Biodiversity loss, Achieving, by 2010 a Significant Reduction in the Rate of loss	Proportion of Terrestrial and Marine Areas Protected.	3.7%	4.09%	NA	4.1%	4.1%	10%
	Proportion of species threatened with extinction.	NA	NA	NA	NA	25%	NA
7C: Halve by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	Proportion of Population Using an Improved Drinking Water Source	69%	NA	NA	85.1%	87%	85%
	Proportion of population using an improved sanitation facility	80%	NA	NA	84%	84%	92%
7D: By 2020, to have Achieved a Significant Improvement in the Lives of at least 100 million Slum dwellers.	Proportion of urban population living in slums	NA	NA	NA	59.2%	45.8%	NA

Target 7A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

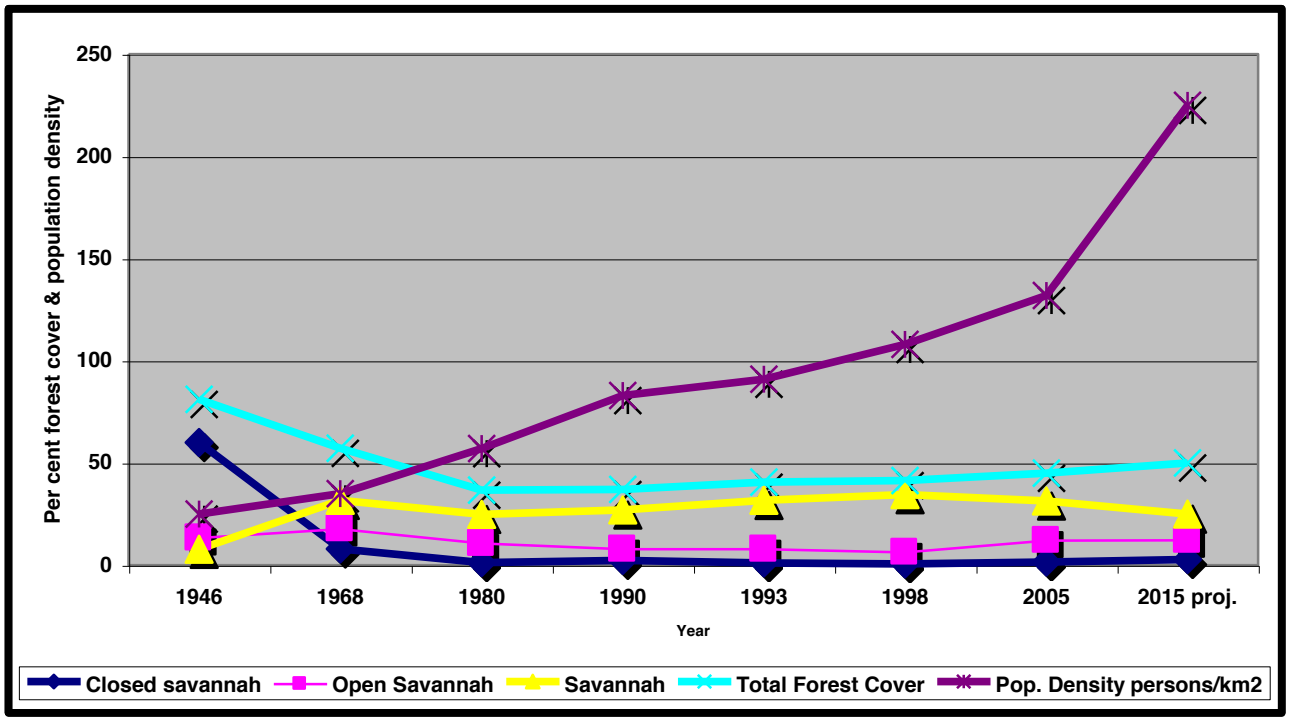
Proportion of land area covered by forest

Like the rest of the Sahelian countries, The Gambia's vegetation is dominated by Savannah woodland. The Guinea Savannah, characterized by broad-leafed trees is dominant in the west of the country. The Guinea Savannah thins into the Sudan Savannah characterized by shrubs and grasslands, and moving east of the country.

Status and Trends

The Gambia's total forests cover witnessed a rapid decline between 1946 and 1980 and a steady decline between 1980 and 1990. However, the total percentage forest cover increased from 40.7 per cent in 1990 to 46 per cent by 2009[6]. The increase in forest cover has not gone in pace with population growth and density. This means that the forest cover is depleting fast due to the cutting down of trees and other environmental degradation (Figure 7.1).

Figure: 7.1: Percentage of forest cover compared to population density, 1946-2015



Source: FAO, Forest Plantation Studies 1994

Policy Environment

The revised National Forest Policy 2006–2016 encourages community participation in sustainable forest management. This framework incorporates the interests of the other stakeholders to reduce or avoid conflicts. This represents a paradigm shift in forest management in the country as a result of the introduction of the concept of community forestry management programmes that recognizes the role of communities in sustainable

[6] The Gambia State of the Environment Report

management of the forest through incentives and benefits from forest products in a sustainable manner.

The National Forest Policy and Programme recognizes the Gambia Environmental Action Plan (GEAP) as the apex piece of national instrument for sustainable environmental management and works within its framework to coordinate and implement its programmes. The policy also caters for the role of local authorities and traditional structures in meeting its goal of sustainable management of forest resources of the country.

Challenges

Notwithstanding the gains made in halting the degradation of the national forest cover in earlier years, challenges still exist in consolidating the gains and ensuring that the target of 50 per cent forest cover by 2015 is achieved.

- High population density of 127 persons per km square[7] resulting in constant pressure on forest resources
- Increase in settlements due to high population.
- Expansion of agricultural activities to feed the growing population
- High infrastructural development programmes particularly road construction
- Uncontrolled bush fires
- Managing a balance between agriculture, conservation and wildlife
- Continuous logging and sustainable protection of mangroves
- Inadequate funding to implement the National Forest Programme

Priorities for Development Co-operation

- Funding and technical support to implement the revised National Forest Policy
- Capacity building and institutional strengthening
- Strengthening community participatory approaches
- Encouraging participation of private firms and individuals in forest management and conservation

[7] GBOS, Population and Housing Census 2003

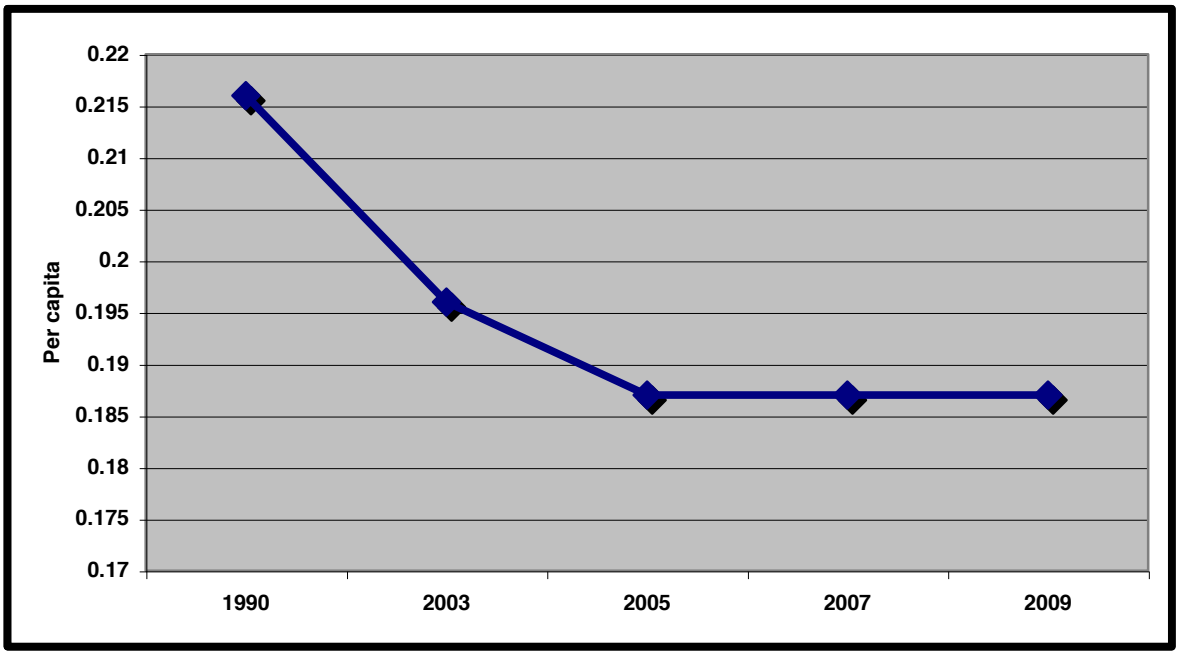
CO_2 emissions, total, per capita

It has been observed worldwide that global atmospheric concentration of greenhouse gases have dramatically increased due to human activities. The global increases in carbon dioxide concentration are due primarily to fossil fuel use and land use change, while those of methane and nitrous oxide are primarily due to agriculture. The Gambia is considered as a net sink (i.e. the amount of greenhouse gases (GHG) removed from the atmosphere is greater than the ones emitted). Thus, The Gambia's climate is influenced by global climate changes particularly for greenhouse gas emissions[8].

Status and Trends

Environmental management in The Gambia is a crosscutting issue. The country is currently implementing the second Gambia Environmental Action Plan (GEAPII). The total CO_2 emission by 2001 was 216, 18 TM representing 0.2 per capita emission (UNEP 2004). This has dropped to 0.196 per capita in 2003 and 0.187 in 2005[9] is reported to be the same as of 2007 (Gambia GHG Inventory 2007). The study also indicated that about 60 per cent of total emissions of $C0_2$ are from transports.

Figure 7.2: Per capita emissions of CO_2 in The Gambia, 1990-2009



Source: World Bank World Development Indicators 2010

The drop in CO_2 emissions from 0.20 per capita in 1990 to 0.187 per capita in 2005 (Figure 7.2) indicates the success in reversing the emission of greenhouse gasses in The Gambia. The major contributor to GHG emission in The Gambia is the transport sector[10] .As early as 1994; The Gambia started the phasing out of ozone depleting substances and developed an ozone

[8] FNC 2003

* Latest date by which data is available

[9] World Bank World Development Indicators 2010

[10] GHG Inventory 2003

depleting substances (ODS) regulation in 2002 to ban the importation of all controlled substances.

Policy Environment

The Gambia has made significant policy pronouncements and regulations over the years to ensure environmental sustainability. The National Environment Agency was established in 1993 backed by the National Environment Management Act. The country is currently implementing the second phase of the Gambia Environmental Action Plan (GEAPII). Furthermore, The Gambia has ratified most of the major International Environmental conventions and protocols on climate change. These include the United Nations Convention on Biodiversity (UNCBD), United Nations Conventions for Combating Diversification (UNCDD) and the United Nations Framework Convention on Climate Change (UNFCC). On adaptation to climate change, the country has prepared a National Adaptation Programme of Action (NAPA) in response to emerging impacts of climate change. There have been major regulations and legal instruments with regard to the control of harmful substances such as ODS and environmental protection and management in general.

Challenges

Some of the major challenges in ensuring sound environmental management are:

- Integrating environmental consideration in the macroeconomic framework
- Weak implementation capacity of the GEAP
- Lack of support systems for environmental management
- Lack of coordination and harmonization of donor funding
- Funding of the implementation of GEAPII

Priorities for Development Co-operation

The priorities for development cooperation in this area include:

- Funding for the implementation of GEAPII
- Technical support/assistance to strengthen capacity of the National Environment Agency
- Support to institutionalized a sustainable environmental monitoring system in the country
- Strengthening decentralized structures at the LGAs to fully participate in the National Environmental Management programme

Proportion of fish stock within safe biological limits

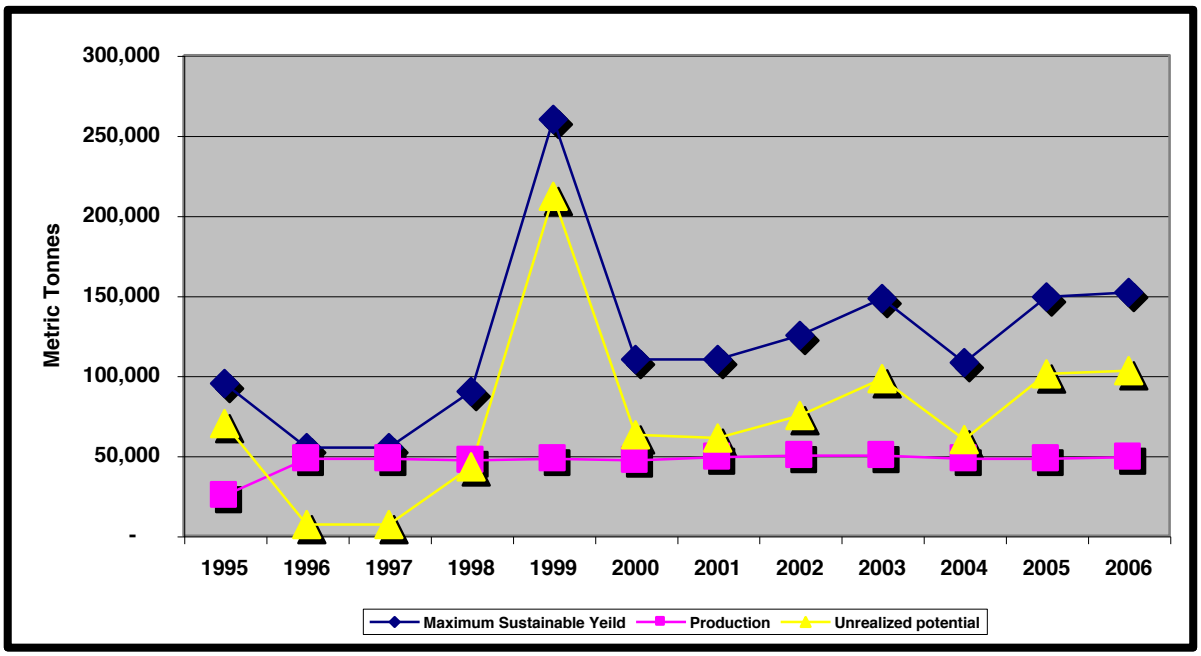
The Fisheries of The Gambia is characterized by marine, brackish and fresh water regimes. The country has an approximate continental shelf of 4000 km^2 and an Exclusive Economic Zone (EEZ) of 10,500 km2[11]. There are over 500 marine species which are classified as demersals and pelagic. The Gambia Fisheries sector is divided into two sub-sectors, the industrial and the artisanal sub-sectors, characterized by different mode of operations.

The total fish production in 2006 was estimated at nearly 40,000 metric tonnes with 83 per cent (33,500 metric tonnes) coming from the marine fisheries sector and 10 per cent from the inland sector. Total industrial production constitutes only 7.1 per cent of this total fisheries production[12].

Status and Trends

As indicated in the chart below, the proportion of fish stock within safe biological limit is estimated at 75 per cent as only 40,000 metric tonnes of the 160,000 metric tonnes of the maximum sustainable yields are currently being exploited as of 2006 (Figure 7.3). The proportion has declined from about 90 per cent in 1990 indicating an increase in commercial fishing activities in The Gambia.

Figure 7.3 Fish production, sustainable yield and unrealized potential in metric tonnes, The Gambia, 1995-2006



Source: Department of Fisheries, 2007

[11] Source: FAO 1964
[12] Source Department of Fisheries Statistics Unit

Policy Environment

The Fisheries Act of 2007 is the main legal instrument for the management of fisheries resources in The Gambia. The Act incorporates aspects of the FAO Code of Conduct for Responsible Fisheries (CCRF) and the Ecosystem Approach to Fisheries Management (EAF). The Act is operationalized through the revised Fisheries Policy of 2008 and a new Fisheries and Aquaculture Regulations of 2008. Furthermore, the Fisheries Department is currently implementing a joint Gambia Government, African Development Bank and BADEA Project on Artisanal Fisheries Development with the aim of remedying management issues related to sustainable resource utilization. The Department is also benefiting from an EC UNIDO project on Quality improvement matters targeting quality assurance issues within the industrial sector for improved export of fish and fisheries products. These, coupled with community management approaches such as the introduction of fisheries community centre management communities within the coastal fishing villages are the basis for the implementation of the Fisheries Management Programme of The Gambia.

Challenges

- Comparably low participation of Gambians in marine artisanal fishing, thereby preventing communities from deriving maximum benefits from government interventions in the sector.
- Adoption of unsustainable fishing methods to maximize catches in the face of stiff competition
- Rapid decline in demersal species.
- Fishing over capacity and excessive fishing by commercial and industrial fishing companies.
- Lack of effective monitoring, control and surveillance.
- Underdeveloped inland fisheries
- Access to reliable outside market for the exportation of fish and fish products
- Extensive regulations of the international market.

Priorities for Development Co-operation

- Strengthening national fisheries planning for economic development.
- Maintenance and enhancement of fisheries ecosystem.
- Greater cooperation with international organizations for global protection of marine and fresh water ecosystem.
- Training facilities and research in fisheries matters.
- Improving quality assurance mechanisms for greater access to international markets.

Target 7B: Reduce biodiversity loss, achieving, by 2010 a significant reduction in the rate of loss

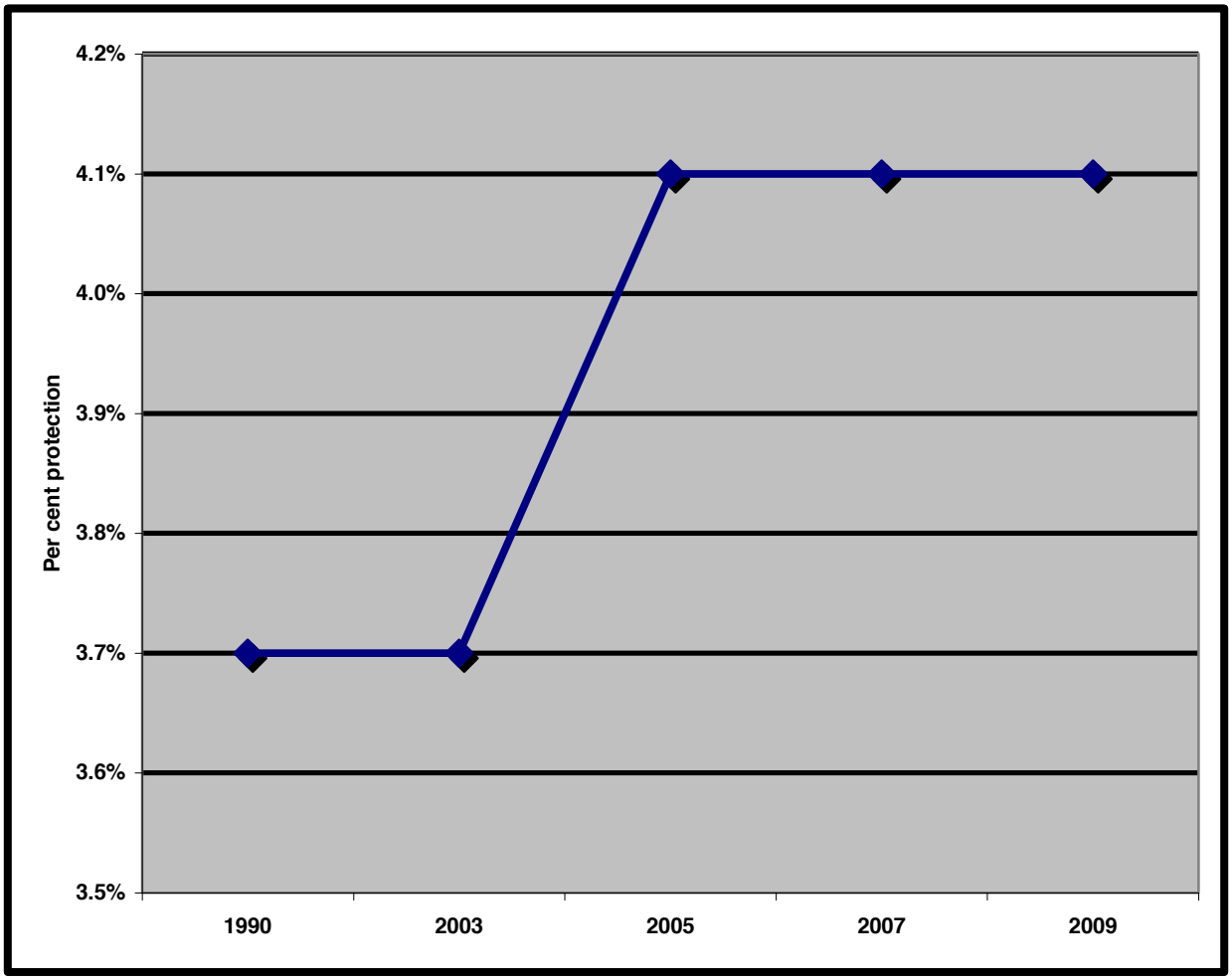
Proportion of terrestrial and marine areas protected

There are seven wildlife protected areas occupying a total land area of over 40,000 ha constituting 4.1 per cent of the country's total land area. Information from the National Biodiversity and Action Plan shows that there are over 180 species of wild animals in The Gambia of which 13 species are extinct[13].

Status and Trends

The proportion of terrestrial and marine areas under protection rose from 3.7 per cent in 1990 to 4.1 in 2007 (Figure 7.4). However, with a national target of 10 per cent protection, it is not likely that the country will meet the target it sets for itself in 2015. Meeting the national target of 10 per cent by 2015 will require at least an annual (1 per cent) percentage point increase. However, considering the trends in the last five years, it is unlikely that this target will be met.

Figure 7.4: Percentage of terrestrial and marine area protected, The Gambia 1990-2009



Source: Department of Parks and Wildlife

[13] Source: National Biodiversity Strategy and Action Plan

Policy Environment

The Gambia's long time commitment to environmental protection has been demonstrated through various policies, laws and institutions for environmental management and biodiversity. The Department of Parks and Wildlife Management was established as early as 1968 following the designation of Abuko as a Nature Reserve, coupled with a declaration, Banjul Declaration, on wildlife conservation in 1977. Several cross-sector policies, legislation and action plans and strategies such as the GEAP, NEMA, NBSAP and the National Adaptation Programme of Action have been initiated by the government of The Gambia to ensure the protection of natural resources particularly the protection of endangered species of both terrestrial and marine.

Challenges

The challenges in meeting the national target of 10 per cent of terrestrial and marine areas protected are multifaceted. Key among them is the rapid population growth thereby resulting to increase deforestation for settlement and agricultural purposes. Other challenges are the lack of clear cut policies on land use and demography, low awareness, uncoordinated policy response and unmitigated socio-infrastructural developments.

Priorities for Development Co-operation

- Capacity building and institutional strengthening of the Department of Parks and Wildlife Management
- Formulation and implementation of a mangrove rehabilitation programme
- Ecosystem conservation and management plan
- Protect critical ecosystem and natural habitats outside designated forest parks and protected areas.
- Rehabilitate critical degraded ecosystems and protect endangered species
- Establish and manage a system of protected areas representative of major ecosystem types and unique or threatened natural habitats,

Proportion of species threatened with extinction

The Gambia has to date recorded 3,335 different species, however during the past three decades the country lost about 13 species of mammals and an unknown number of floral species[14]. This is attributed to loss of forest cover and environmental degradation resulting in the destruction of the natural habitat of most of these species.

Status and Trends

This indicator has not been reported in the previous national MDGs status reports of The Gambia. Furthermore, there are no national targets set for this indicator, which makes it difficult to discuss trends in this report; rather the focus is on current status.

Table 7.1: Status of Gambia's large mammals and primates

Scientific name	Common name	Status
Phacocherus aethiopicus	Warthog	Common
Potamocherus porcus	Red-river	extinct
Hippopotamus amphibious	Hippopotamus	localized
Girrafa camelopardalis	Giraffe	extinct
Ourebia ourebi	Oribi	rare
Tragelaphus scriptus	Bushbuck	common
Tragelaphus spekii	Sitatunga	rare
Hippotragus equines	Roan	rare vagrant
Kobus ellipsiprymnus	Waterbuck	rare (vagrant)
Kobus kob	Kob	extinct
Damiliscus lunatusa	Western korrigum	rare
Tragelaphus oryx derbianus	Derby eland	extinct
Syncerus caffer	Buffalo	extinct
Loxodonta Africana	Elephant	extinct
Trichechus senegalenis	Manatee	common
Lycanon pictus	Wild dog	extinct
Aonyx capensis	Cape clawless otter	rare
Crocuta crocuata	Spotted hyaena	common
Hyaena hyaena	Striped hyaena	extinct
Panthera leo	Lion	extinct
Panthera pardus	Leopard	rare
Leptailurus serval	Serval	rare
Caracal caracal	Caracal	rare
Profelis aurata	Golden cat	rare
Gazelles thomsonii	Thomson gazelles	extinct
Equus grevyi	Zebra	extinct
Damaliscus lunatus	Topi	rare (vagrant)
Damaliscus corrigum	Hartebeest	extinct
Papio papio	Baboons	locally common
Cercopithecus aethiops	Calithrax	locally common
Colobus badius	Red Colobus	locally common
Cercopithecus mitis	Blue monkey	rare
Galo senegalensis	Bush baby	common
Erthrocebus patas	Red patas	locally common
Pan troglodytes	Chimpanzee	extinct

Table 7.1 above presents the status of the large mammals and primates of The Gambia. Thirteen or 37 per cent of these species are known to be extinct while 9 or 25 per cent of

[14] **Source Department of Parks and Wildlife Management**

them are on the verge of extinction. This situation requires an urgent attention to conserve the remaining ones and reverse the situation of those indicated to be on the verge of extinction.

Policy Environment

In response to the growing environmental challenges, the government has formulated and adopted the Gambia Environmental Action Plan (GEAP) in 1993. The GEAP was to provide a framework for the complete and total management of the country's environment. It identifies all the major factors contributing to environmental degradation, proposed solutions and lays down both legal and institutional framework for its implementation. Other than the GEAP, there are other policies and strategies dealing with environmental issues namely:

- National Biodiversity Strategy and Action Plan
- National Environment Management Act (NEMA)
- National Fisheries Act
- National Forestry Act
- National Adaptation Programme of Action (NAPA)

Challenges

Conservation is still faced with the challenges of increasing demand for environmental goods and products such as food, water, housing materials and land. The major challenges are:

- Over cultivation of agricultural farmlands
- Deforestation
- Bush fires
- Over grazing
- Fuel wood extraction
- Poaching and uncontrolled hunting
- Over fishing of marine products

Priorities for Development Co-operation

The priorities for development co-operation in addressing species feared of extinction include the following:

- Identify, assess and monitor on a regular basis the status and trends of the components of biological diversity for timely intervention to arrest processes and activities that are likely to have an impact on biodiversity.
- Maintaining a regularly updated audit of forest resources and estimating the minimum viable limit under which forest cover should not be allowed to fall. Also, undertaking reforestation and aforestation programmes
- Review the terms of concession and ensure that they reflect fully all environmental costs.
- Funding for the strengthening of policy measures, tools, methods and technologies that promote sustainable use of biodiversity

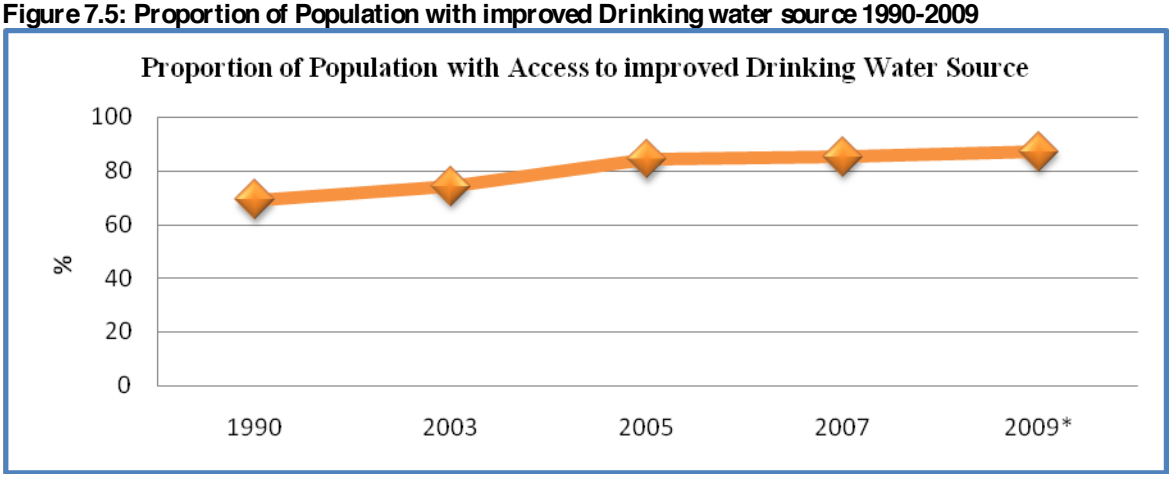
Target 7C: Halve by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Proportion of Population Using an Improved Drinking Water Source

Status and Trends

The Gambia has made significant strides in ensuring access to improved drinking water for its population. The proportion of the population with access to safe drinking has increased from 69 per cent in 1990 to 87 per cent[15] in 2009 (Figure 7.5). The country has therefore met the MDG target of halving the proportion of people without access to improved water source which stood at 31 per cent in 1990. As of 2009, only 13 per cent of the population is without access to improved drinking water sources.

Figure 7.5: Proportion of Population with improved Drinking water source 1990-2009



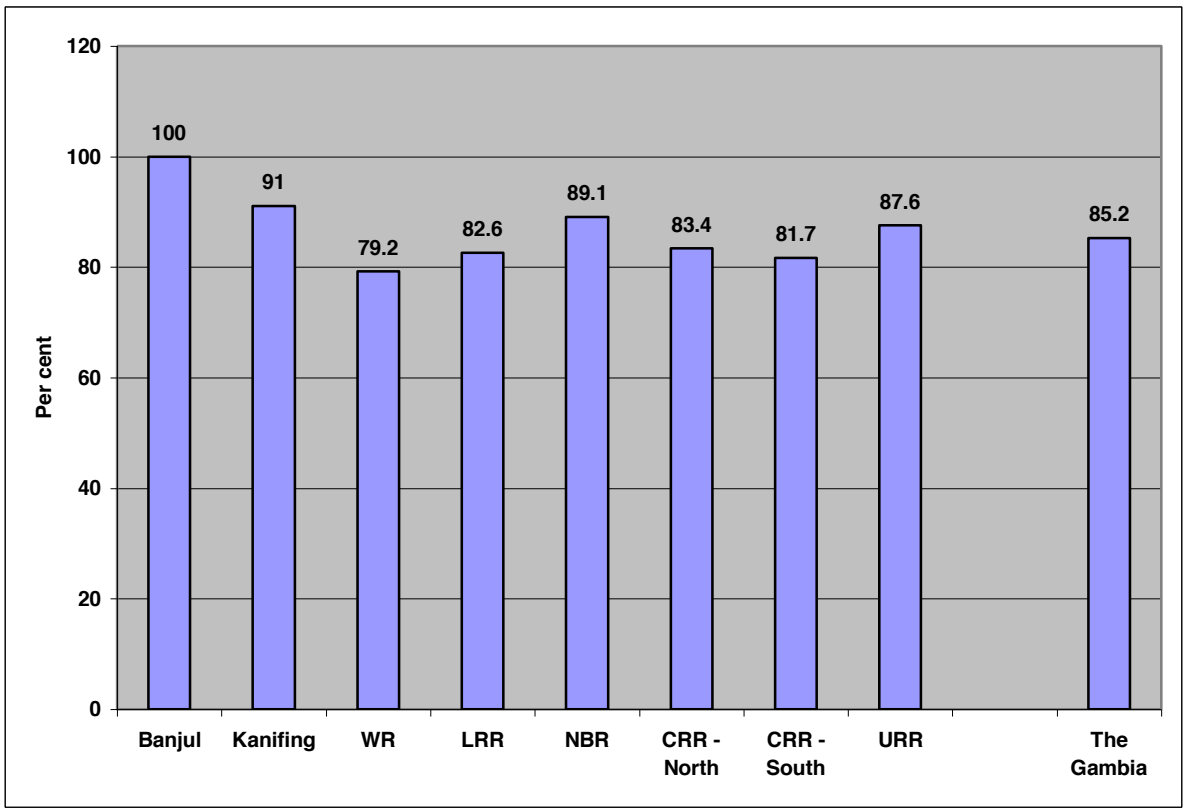
Source: *Africa MDGs Status Report 2009

Regional Disparities

Nationally, 85 per cent of households have access to safe drinking water. Access to safe drinking water has improved among all regions in the country, although there still remain disparities among the regions. Banjul has the highest coverage at 100 per cent followed by Kanifing with 91 per cent of its residents having access to safe drinking water. The residents of the Western Region (Brikama LGA) have the least access to safe drinking water among all the regions; about one in five of the residents of the area still lack access to safe drinking water[16] (Figure 7.6 below).

[15] Source Africa MDGs Status Report 2009, This is a projected figure
[16] Source GBOS MICSIII 2007

Figure 7.6: Percentage of household using improved drinking water sources by Region



Source: GBoS (MICSIII 2007)

Policy Environment

The provision of safe drinking water has been a top government priority. This effort has been strongly supported by development partners over the years. The Ministry of Fisheries and Water Resources has formulated a National Water Policy as part of the Natural Resource Policy. Over the years, partners such as the United Nation Development Programme (UNDP), the Japan International Co-operation Agency (JICA) has invested heavily in the water sector. This momentum has continued throughout as the country is currently implementing a rural and peri-urban water project as part of the European Development Fund grant (EDF 9). Other partners such as the Islamic Bank are also investing in the water sector through the implementation of a rural water project.

Challenges

- Improving management capacity of communities on a gender sensitive manner for sustainable management of the water infrastructure.
- Maintaining adequate supply of safe drinking water to match growing population growth particularly in peri-urban centres.
- Formulation and implementation of legal and institutional frameworks that address the competing water demands for human consumption and agricultural purposes.

Priorities for Development Co-operation-

- Provision of solar reticulation system for villages that have increased in population and can no longer be sustained through the use of hand pump well.
- Addressing the emerging demands of water in the peri-urban centers due to increase in rural urban migration
- Support the training and retention of professional staff
- Financial and technical support to assess ground water resources in terms of quality.

Proportion of population using an improved sanitation facility

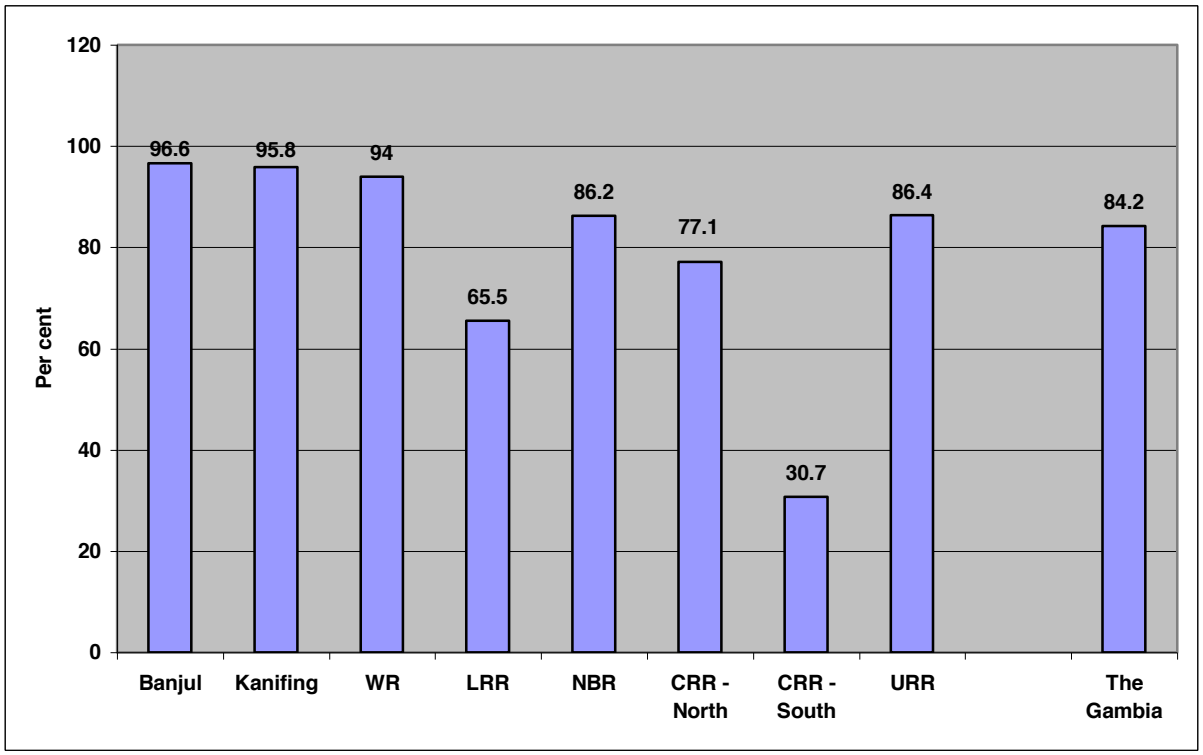
Access to adequate sanitary facilities is an important requirement if adverse health effects of poor sanitation are to be avoided. An improved sanitary facility includes the following: toilet with sewer connection or septic tank, pour flush toilet/pour flush latrine to sewer, septic tank or pit and ventilated improved pit latrine (VIP). The gains in improved access to safe drinking water and improved health care services are not sustainable in the absence of proper sanitation and sanitary facilities for the population. The most recent data on the proportion of the population using an improved sanitation facility is from the M ICS 2005/06.

Status and Trends

Nationally, the percentage of the population with access to sanitary means of excreta disposal was 84.2 per cent[17]. The proportion of the population using improved sanitation facilities is higher in urban areas of Banjul, Kanifing and Western Region with 96.6 per cent, 95.8 per cent and 94.0 per cent respectively. The residents of CRR-South Region have the lowest proportion, 30.7 per cent. The reasons for the lower proportion for the CRR-South compared to the other regions are not known. The proportion of the population with access to improved sanitation facilities remains relatively high since 1990 as it has been within the range of 80 per cent. But there is still room for improvement in the CRR-South Region where only 3 in every 10 have access to sanitary means of excreta disposal (Figure 7.7 below)..

[17] Source: MICS 2007

Figure 7.7: Percentage of households with access to improved sanitation by Region



Source: MICS 2007

The management of waste has of recent been a national priority to The Gambia. However, sanitation seems not to be getting the desired policy response. Besides, the Water and Sanitation Project (WATSAN) implemented by the Department of Community Development with the aim of introducing hygienic means of excreta disposal in the entire country in the past several years, there has not been much co-ordinated policy response to basic sanitation issues in the country. Another weakness in the response to basic sanitary issues is the absence of a clear-cut institutional home for basic sanitation. On the contrary, sanitary issues are found in various policies and programmes of numerous sectors such as the MoH&SW, Department of Water Resources, Department of Community Development, the National Environment Agency and the Local Councils.

The country has for the past four years introduced a nationwide monthly cleansing exercise to ensure environmental sanitation. In 2007, an anti-littering Act was enacted to ensure proper environmental practices. Waste management, part of which is the role of the local councils and municipalities has been revived and there are periodic waste collection exercises in the two urban councils.

Challenges

- Positive changes on customs and personal habits of communities towards hygiene and proper waste disposal.
- Effective and efficient waste management system.
- Clear institutional mandates for sanitation.

Priorities for Development Co-operation

- Technical and financial support to institute more sustainable waste management strategies.
- Private sector investment in waste management.
- Formulation of policies and programs that address sanitation in a holistic manner

Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

Proportion of urban population living in slums

The Gambia is one of the most densely populated countries in Africa. According to the 2003 Population and Housing Census, the population density of the Gambia was estimated at 127 persons per square kilometre. The urban areas of Banjul and Kanifing constitute about 16 per cent of the total land area and 50 per cent of the country's population live in this area[18]. As more and more people migrate to the urban areas, social services are over stretched, resulting in shortages of housing, schools, jobs and can lead to environment degradation.

Status and Trends

The proportion of urban population living in slums in The Gambia has dropped from 65 per cent in 2003 to 59.2 per cent in 2007 to 45.8 per cent[19] in 2009. This is a significant step in improving the lives of urban dwellers. However, it is important to note that the assessment of this indicator during the MICS III encompasses only two of the proxies used for the indicator i.e. durability of construction materials and access to sanitation (water canister) in the house. Despite the reduction in the proportion of the urban population living in slums, the overall percentage is still high for the fact that over 50 per cent of the country's population lives in urban settings.

Policy Environment

The country has formulated housing regulations under the auspices of the physical planning and Housing Department. However, building and housing issues are entirely handled by the private sector in the country. With regards to utility and service provision, the National Water and Electricity Company (NAWEC) remains the sole provider. Although NAWEC's capacity has recently been strengthened, it still lacks the capacity to adequately meet the demand of utility services for the entire country. The Gambia government has recently created a Department of State for Energy and Public Utility Regulatory Authority to regulate utility service provision in the country.

Challenges

The major challenges for urban housing are:

- Rapid urbanization as a result of rural urban drift.
- Rising urban poverty

[18] Source State of the Environment Report
[19] Source MDGs Status Report for Africa, 2009, The figure is projected

- Limited capacity to implement housing regulations.
- Limited capacity of utility services to match rapid urbanization

Priorities for Development Co-operation

- Finance and technical capacity to formulate and implement housing regulations.
- Technical support for research on alternative low tech and efficient construction materials.

GOAL 8: DEVELOPING A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Introduction

The MDG 8 has a total of 6 targets and 16 indicators. However, one target and two indicators address the needs of landlocked and small Island developing countries. For lack of data, this section of the report will focus on the following targets; namely, Target 8 D: deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term, and target 8 F; in co-operation with the private sector, make available the benefits of new technologies, especially information and communication.

Goal 8 of the MDGs seeks to develop further an open, rule based, predictable, non–discriminatory trading and financial system. This goal includes commitment to good governance, development and poverty reduction, both national and international. The Goal emphasizes the attainment of development through Global partnership between countries and institutions.

For the past two years, 2008-09, The Gambia has shown steady progress towards achieving targets set in MDG Goal 8. This assessment will focus on the level of public-private sector partnership towards national development efforts. Presented in table 8.0 below are key national indicators that can be used to measure the country's performance towards the attainment of targets 8 D and 8 F of Goal 8.

Table 8.0: Summary MDG Targets and Indicators

Targets	Indicators	1990	2007	2008	2009 (Current Status)	2015 MDG Target
Target 8 D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	8.11. Debt relief committed under HIPC and Multilateral Debt Relief Initiatives	N/A	Qualified for debt relief Dec. 2007	Benefited from debt relief after qualifying in December 2007	Continue to benefit from debt relief after qualifying in Dec. 2007	N/A
	8.12. Debt service as a percentage of exports of goods and services	NA	NA	NA	NA	N/A
Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	8.13. Proportion of population with access to affordable essential drugs on a sustainable basis	NA	NA	NA	NA	N/A

Targets	Indicators		1990	2007	2008	2009 (Current Status)	2015 MDG Target
Target 8.F: In co-operation with the private sector, make available the benefits of new technologies, especially information and communications	8.14. Telephone lines per 100 population		(2006) 21.6%	54.47%	76%		
	8.15. Cellular subscribers per 100 population		16.28 (2005)	51.4%	72.9%		
	8.16. Internet users per 100 population		3.22 (2005)	1,442 (ISP subscribers)	4,814 (ISP subscribers)		
	Radio stations	National	1	1	1	1	
		Private				14	
		Community	3	5	6	6	
	TV stations		0	1	1	1	
	TV station with satellite reception			0	0	1	

Target 8 D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term,

Status and Trends

In 2008, the value of the total external trade was D7.4 billion compared to 8.2 billion in 2007. This has shown a decline of 9.7 per cent. This decline is partially attributed to the global price hikes of food and petroleum products which constitute the major imports of the country.

In 2008, both imports and exports declined by 10.5 per cent and 9.7 per cent respectively. For imports, the decline was D7.9 billion in 2007 with a further decline to D7.1 billion in 2008, which is equivalent to a 0.8 per cent drop in 2008. The export value dropped from D332.8 million in 2007 to D300.6 million in 2008. The export value to EU countries dropped from D200.2 million in 2007 to D118.2 in 2008, which shows a decline of 41 per cent. The EU continues to be the Gambia's main trading partner accounting for 42 per cent of her total imports and 39 per cent of exports (GoTG, 2008).

The three main products exported by The Gambia in 2008 included fish and fish products, 23 per cent, groundnuts, 10 per cent and cashew nuts, 1 per cent. The 2008 annual report on external trade indicated that the main drop in imports in 2008 was in response to the drop in exports leading to a slight improvement in the trade deficit amounting to D6.8 billion in 2008 compared to D7.6 billion in 2007. Table 8.1 below shows a breakdown on The Gambia's external trade over the period 2005-2008.

Table 8.1: Summary of external trade in D'000, The Gambia, 2005-2008

Trade	2005	2006	2007	2008	% Change
Total trade	7,633,823	7,599,034	8,207,241	7,412,160	
Imports	7,422,502	7,277,284	7,945,367	7,111,604	-9.7
Domestic exports	201,039	288,198	312,167	277,282	-10.5
Re-exports	10,291	33,552	20,603	23,274	-11.2
Total exports	211,330	321,750	332,771	300,556	13.0
Trade balance	-7,211,172	-6,599,534	-7,612,596	-681,048	-9.7
Trade balance US$ '000*	-252,315	-244,427	-317,192	-309,593	-10.5

Source: Gambia Bureau of Statistics (GBoS)
*** Note: Nominal exchange rate for 1US$: D24.58 for 2005, D27.00 for 2006, D24.00 for 2007 and D22.00 for 2008**

Imports, domestic exports and re-exports have declined by 9.7, 10.5 and 11.2 per cent respectively. The total exports from 2007 to 2008 have increased by 13 per cent whilst the total trade balance has declined by 9.7 per cent (see Table 8.1 above).

Review of external trade data for The Gambia for the period January to June 2009 (Table 8.2 below); shows an improvement in value of total trade compared to the same period in 2008. The value of external trade in the first half of 2009 has increased by 29 per cent from 3.6 billion in 2008 to 4.7 billion in 2009. The value of both imports and exports increased in 2009 compared to the same period in 2008. The value of imports increased from D3.5 billion in 2008 to 3.9 billion in 2009 which implied a 12.9 per cent increase in the value of exports. Total value of exports increased significantly from D187.9 million in 2008 to D822.8 million in 2009. This increase in total exports was as a result of increase in both domestic and re-export trade for the country.

Table 8.2: Summary of the Gambia's External Trade in (000) (Jan – Jun 2009)

	Jan – June 2008	Jan - Jun 2009	% Change
Imports	3,461,308	3,907,880	12.9%
Domestic exports	169,335	360,463	112.9%
Re-exports	18,584	362,309	1948.6%
Total exports	187,919	822,772	337.8%
Total trade	3,649,227	4,730,652	29.6%
Total balance	-3,273,389	-3,085,108	-5.8%
Total trade	**165,873,954.5**	**181,948,153.8**	

Source: Gambia Bureau of Statistics (GBoS)

The direction of trade between The Gambia and a block of exporting countries in different regions remains unchanged for 2008 with the European Union (EU) as the main centre for exports. There was a substantial drop in the value of exports in 2008 with exports dropping from D200.2 million in 2007 to D128.7 million in 2008 implying a decline of 35.7 per cent in the value of exports. The decline is mainly attributed to the drop in the export of groundnuts, fruits and vegetables in 2008. The export of groundnut products declined from D48.3 million in 2007 to 10.6 million in 2008. Also, the export of fruits and vegetables dropped from D36.7 million in 2007 to D20.2 million in 2008, a drop of 45 per cent. The total share of exports to the EU also declined from 61 per cent in 2007 to 43 per cent in 2008. The Netherlands, UK, Spain and Denmark were the main destinations of the exports from The Gambia to the EU. These five countries accounted for 94 per cent of the total value of The Gambia's exports to the EU and accounted for 40 per cent of the total value of exports in 2008. Table 8.3 shows direction of export trade by region in 2007 and 2008.

Table 8.3: Direction of exports in D'000 by region, The Gambia, 2007-2008

Region	2007	2008	% Change
E.U	200,217	128,696	-35.7
ECOWAS	87,778	59,200	-32.6
ASIA	7,087	75,232	961.5
Americas	7,267	10,158	39.8
Others	30,422	27,270	-10.4
Total Exports	332,771	300,556	-9.7

Source: Gambia Bureau of Statistics (GBOs)

In the first half of 2009, the total value of exports amounted to D822.8 million compared to D187.9 million for the same period in 2008. There was a substantial increase for both the domestic and re-export trade during the period under review (Table 8.4).

The major domestic products exported were groundnuts, cashew nuts and fisheries products. Woollen fabrics were the main products for the re-export trade. There was a significant increase in exports to ECOWAS states increasing the sub-region's share of the exports from about 19 per cent in the first half of 2008 to about 63 per cent in the first half of 2009. Similarly, exports for the EU, Asia and Americas also increased substantially during the first half of 2009 when compared to the same period in 2008 (see Table 8.4 below).

Table 8.4: Direction of exports in D'000 by region, The Gambia, 2008-2009

Region	Jan – Jun 2008	Jan – Jun 2009	% Change
E.U	79,203	199,444	151.8%
ECOWAS	34,845	517,223	1384.4%
ASIA	49,868	79,608	59.6%
Americas	6,203	11,168	80.0%
Others	17,800	15,329	-13.9%
Total Exports	187,919	822,772	337.8%

Source: Gambia Bureau of Statistics (GBOS)

Presented in Table 8.5 below is the direction of imports in 2007 and 2008. The value of imports for the period 2007 and 2008 for the Gambia had declined by 10.5 per cent. This reduction is attributed to the global financial crises which caused hikes in both food and commodities prices, including petroleum products in 2008. In 2008, the major imports of The Gambia were petroleum products (19.89 per cent), vehicles and spare parts (12 per cent), cereals (8 per cent), edible oils (5.37 per cent) and electrical machines and spare parts (4.47 per cent). These commodities accounted for 50 per cent of total imports for both 2007 and 2008. The EU remains the main source of imports for the Gambia (42 per cent) and other major trading regions includes: Asia (21 per cent), America (15 per cent), and ECOWAS (14 per cent).

Table 8.5: Direction of imports in D'000 by region 2007-2008

Region	2007	2008	% Change
E.U	3,681,093	2,990,753	-18.8
ECOWAS	1,655,604	1,510,131	-8.9
ASIA	1,328,341	1,080,515	-18.7
Americas	857,064	969,513	13.2
Others	423,265	560,692	32.4
Total Exports	7,945,367	7,111,604	-10.5

Source: Gambia Bureau of Statistics (GBoS)

As of mid-June 2009, the main importing countries from The Gambia are those of the European Union. The value of imports from the EU has dropped in the first half of 2009 from D1.4 billion in 2008 to D1.3 billion in 2009 and this is could be attributed to effects of the global economic melt down. As a result the share of imports from the EU has dropped from 42 per cent in the first half of 2008 to 34 per cent in 2009 for the same period showing a decline of 6.3 per cent (Table 8.6 below).

Table 8.6: Direction of imports in D'000 by region January-June 2008-2009

Region	Jan – Jun 2008	Jan – Jun 2009	% Change
E.U	1,425,349	1,335,990	-6.3%
ECOWAS	673,849	1,215,884	80.4%
ASIA	493,071	358,816	-27.2%
Americas	594,026	575,763	-3.1%
Others	275,013	421,427	53.2%
Total Exports	3,461,308	3,907,880	12.9%

Source: Gambia Bureau of Statistics (GBoS)

The main import products from the EU were motor cars, vehicles, medicaments, motor bicycles, and cement and wheat flower. The total imports of The Gambia from the United Kingdom, Belgium, Germany and France accounted for 81 per cent of the total value of imports from the EU in the first six months of 2009 (GoTG, 2009) .

Similarly, imports from Asia substantially increased in the first six months of 2009. The import value for the first half of 2009 stood at D1.2 billion. This figure increased by 80.7 per cent when compared to 2008. Some of the major commodities imported from Asia were rice, vegetable fats and oils, woven fabrics, cement and fertilizers. In the Asian block, China,

Thailand, Malaysia and India were the main origins of imports in the first half of 2009. In West Africa, Cote d'Ivoire and Senegal were the main importing countries accounting for 79 and 11.9 per cent respectively. The value of imports from the ECOWAS region dropped slightly from D594 million in the first half of 2008 to D576 million in the same period in 2009 (9.6 per cent drop). Imports from Cote d'Ivoire are mainly petroleum products and cement from Senegal. For cooking oil, Guinea is the major importing country. Table 8.7 below shows the direction of import by country in the first half of 2009;

Table 8.7: Direction of imports in D'000 by region January-June 2009

Country	Jan – Jun 2009	As % of imports from ECOWAS Jan – Jun 2009	% Change of imports
Cote d'Ivoire	455,566	79.1	11.7
Senegal	68,474	11.9	1.8
Nigeria	28,878	5.0	0.7
Guinea	8,361	1.5	0.2
Guinea Bissau	6,187	1.1	0.2
Ghana	5,540	1.0	0.1
Others	2,757	0.5	0
Total	575,763	100	14.7

Source: Gambia Bureau of Statistics (GBoS)

Brazil, 76.0 per cent, dominates The Gambia's imports from the Americas followed by the USA, 23.7 per cent. The total value of imports from the two countries accounted for 99 per cent of the total value of imports from the Americas in the first half of 2009 (see Table 8.8 below). In Europe and Asia, Germany and China were the main origin of imports to the Gambia in 2008 with 10.9 and 10.8 per cent respectively (see Table 8.9 below).

Table 8.8: Direction of import in D'000 from Americas by country, January-June 2009

Country	Jan – Jun 2009	As a % of imports from Americas	% Change of total imports
Brazil	273,504	76.0	7.0
United States	85,265	23.7	2.2
Canada	792	0.2	0
Argentina	155	0	0
Panama	100	0	0
Total	359,816	100%	9.2

Source: Gambia Bureau of Statistics (GBOs)

Table 8.9: Summary of the source of The Gambia's imports in 2008

Country	Value of import (D*000)	As % of total imports	Key products
United states	775,924	10.9	• Vehicles • Linseed oils and fractions • Sugar Portland cement • Cigarettes
Germany	773,698	10.9	• Petroleum products • Rice • Vehicles • Portland cement • Linseed oils and fractions
China	765,714	10.8	• Wooven or cotton fabrics • Linseed oils and fractions • Candles • Green tea • Battries • Tomatoes
Cote d'Ivoire	635,832	8.9	• Petroleum products • Plywood
United Kingdom	575,927	8.1	• Medicament products • Sugar • Parts and accessories of vehicles • Vehicles
Denark	521,981	7.3	• Petroleum products • Rice • Sugar • Cigarettes
Netherland	499,105	7.0	• Tubes,pipes,and hoses • Flour • Onions • Potatoes
Brazil	304,714	4.3	• Sugar • Rice • White Portland cement • Crude soya-bean oil
United Arab Emirates	258,025	3.6	• Vehicles
Belgium	216,375	3.0	• Vehicles • Parts and accessories of vehicles
Senegal	213,520	3.0	• Petroleum products • Butane liquefied
France	193,476	2.7	• Petroleum products • Radio/TV transmissions • Vehicles • Flour
Hong Kong	137,910	1.9	• Linseed oil • Radio/TV transmissions • Tomato paste
Japan	135,336	1.9	• Rice • Medicament products • Plain cotton weave
India	122,720	1.7	

Source Gambia Bureau of Statistics (GBoS)

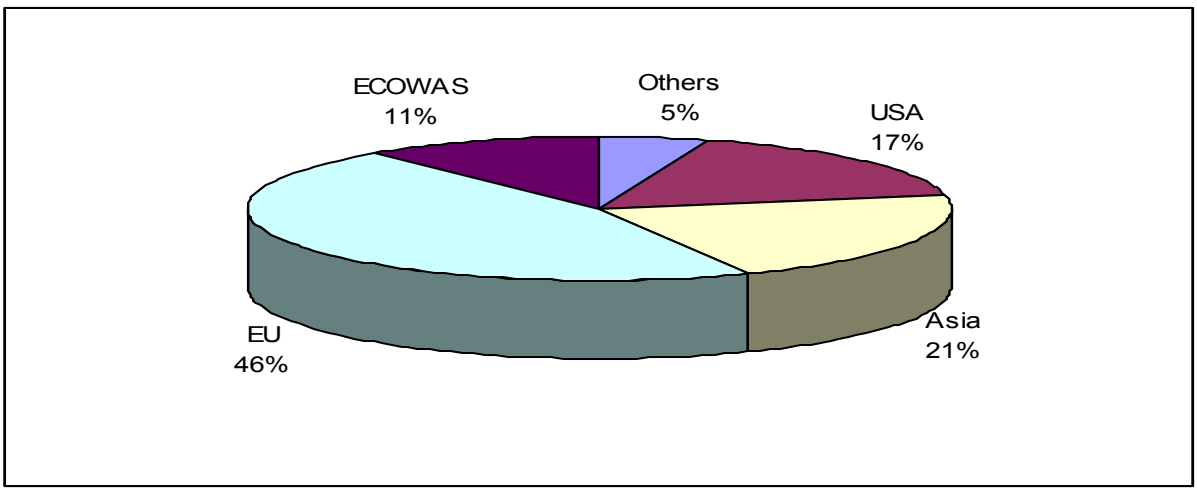
The Gambia still remains a major importing country with only limited exports. In 2008, the country imported goods worth D7.1 billion compared to the value of exports which was estimated at D300 million. As in the past, large quantities of the goods imported were to be re-exported. As indicated in the 2010 budget speech, re-export trade amounted to D2.6 billion in 2009. Sixty-five percent of the imports to the country are meant for domestic consumption and the balance is for re-export. For 2008, the value of re-exports was estimated at D23 million. The large volume of goods re-exported may be a heavy burden on the national economy because of the foreign currency requirement for such transactions.

The unfavourable terms of trade affected The Gambia' economy as follows:

- A global price hike on petroleum products and food items, particularly rice;
- Imports from EU dropped by 18 per cent because of the substantial drop in import of petroleum products and rice. However, Asia, the Americas, China and the United States remain Gambia's significant import markets;
- A drop in exports due to the drop in traditional export of groundnuts and vegetables;

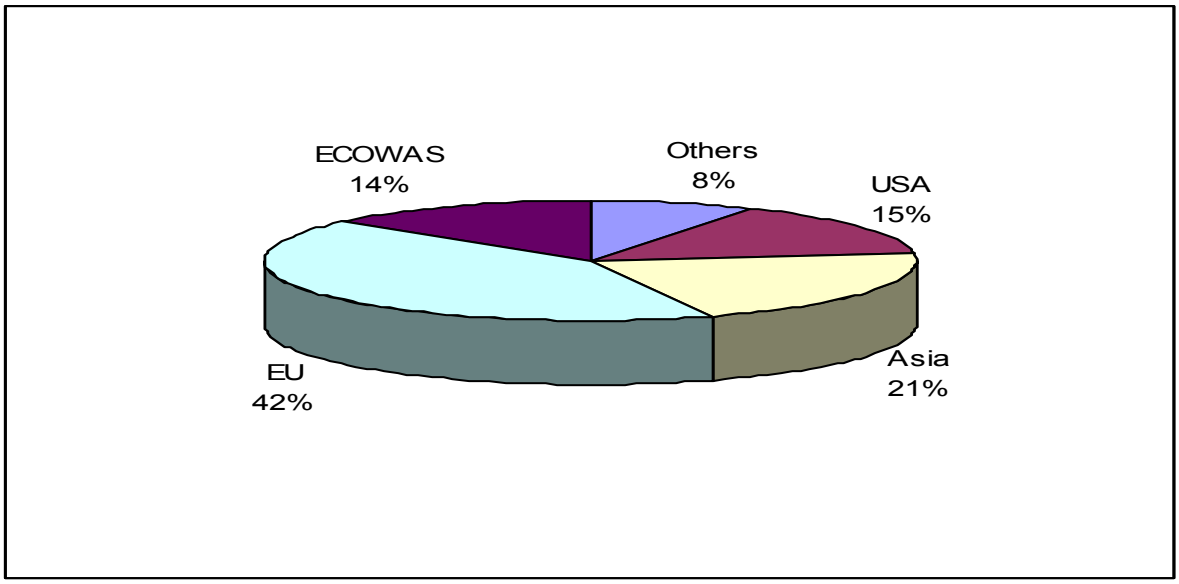
Both in 2007 and 2008 the EU continued to dominate as The Gambia's import market (see Figures 8.1 and 8.2 below):

Figure 8.1: Share of The Gambia's Imports by Region, 2007



Source: Ministry of Trade, Industry and Employment, 2008

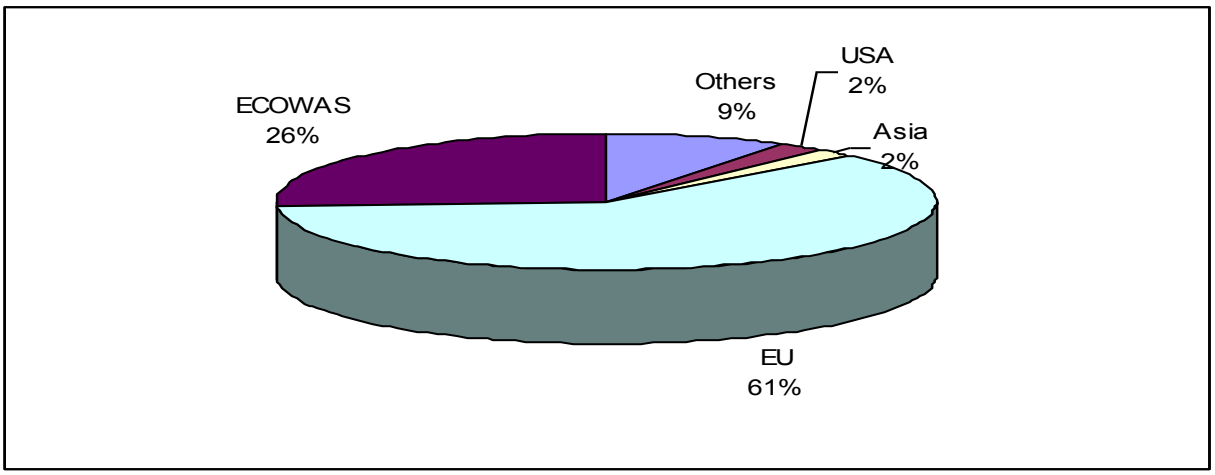
Figure 8.2: Share of The Gambia's Imports by Region, 2008



Source: Ministry of Trade, Industry and Employment, 2008

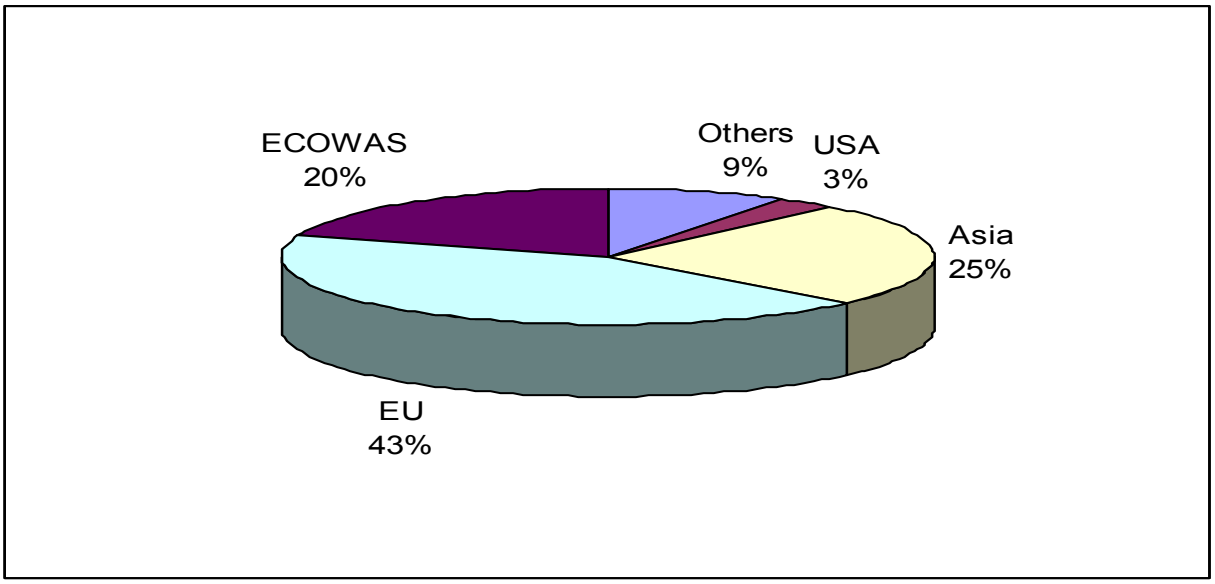
The share of Gambian Exports in 2007 and 2008 is also dominated by the EU, Figures 8.3 and 8.4

Figure 8.3: Share of The Gambia's Exports by Region, 2007



Source: Department of State for Trade, Industry and Employment, 2008

Figure 8. 4: Share of the Gambian Exports by Region, 2008



Source: Department of State for Trade, Industry and Employment, 2008

Presented in Table 8.10 below is the expenditure budget funding overview for The Gambia from 2007-2009:

Table 8.10: Funding Grand Summary Estimates of Revenue/Expenditure (D '000), The Gambia 2007-2009

Item	2007 Actual	2008 Actual	2009 Approved	(%)
GLF	3,792,979	4,303,488	4,320,446	74.32
Loans	27,570	9	979,373	16.85
Grants	0	46	513,105	8.83
Total Budget	3,820,549	4,303,544	5,812,924	

Source: MoFEA, 2010

The resource base of the Gambia to stimulate the economy is narrow. The contribution of each sector of the economy to the Gross Domestic Product (GDP) is presented in Table 8.11 below:

Table 8.11: Gross Domestic Product by kind of activity at Constant 2004 price in D'000

Activity	2007	2008	2009 Revenue Estimate	% Change
Gross Domestic Product (GDP)	**19,092,224**	**20,292,395**	**21,312,276**	**5.0**
Agriculture	**3,836,872**	**4,855,727**	**5,331,348**	**9.8**
Crops	1,690,973	2,624,001	3,000,282	14.3
Livestock	1,663,309	1,734,933	1,813,556	4.5
Forestry	107,384	108,458	109,268	0.7
Fishing	375,205	388,335	408,241	5.1

Activity	2007	2008	2009 Revenue Estimate	% Change
Industry	**2,612,734**	**2,582,494**	**2,664,073**	**3.2**
Mining and quarrying	343,405	373,514	418,335	12.0
Manufacturing	1,237,530	1,135,066	1,139,606	0.4
Electricity, gas and water supply	287,936	292,858	301,644	3.0
Construction	743,863	781,056	804,488	3.0
Services	**11,306,527**	**11,785,741**	**12,276,119**	**4.2**
Wholesale and retail trade	5,230,072	5,108,690	5,415,212	6.0
Hotels and restaurants	694,277	714,395	537,940	-24.7
Transport, storage, communication	2,306,459	2,122,216	2,228,327	5.0
Finance and Insurance	1,249,876	1,602,629	1,778,918	11.0
Real estate, renting and business activities	583,580	583,630	598,221	2.5
Public administration	505,410	718,109	732,471	2.0
Education	256,574	354,645	364,220	2.7
Health and social work	354,300	444,280	479,822	8.0
Other community, social and personal services	125,979	137,147	140,987	2.8
Adjustments	**1,336,091**	**1,068,434**	**1,040,737**	**-2.6**
Less: FISIM	-605,809	-640,093	-710,504	11.0
Plus: Taxes *less* subsidies on products	1,941,900	1,708,527	1,751,240	2.5
Memorandum				
GDP at basic price	**17,150,324**	**18,583,868**	**19,561,036**	**5.3**
Annual Real GDP Growth Rate	**6.0 %**	**6.3%**	**5.0%**	
Agriculture	-1.9 %	26.6%	9.8%	
Industry	2.5 %	-1.2%	3.2%	
Services	8.3 %	4.2%	4.2%	
Population estimates	1,562,894	1,617,521	1,673,603	
GDP per Capita (GMD)	12,216	12,545	12,734	
GDP per Capita (USD)	496	561	481	
Exchange Rate (1USD to GMD) annual average	24.65	22.35	26.50	

Source: Gambia Bureau of Statistics (GBoS)

UN Development Assistance

The UN has been one of Gambia's major multi-lateral partner over the past two years, 2008-2009. The United Nations Development Assistance Framework (UNDAF), which is a holistic approach to development brings together the sister agencies of UNDP, UNICEF, WFP, FAO and UNFPA. Over the years, the UN System in The Gambia had a cordial partnership with Government and other stakeholders through the UNDAF.

In summary, the achievements made by Government with the support of the UN System are as follows:

- Establishment of the National Planning Commission

- Although the target is yet to be attained, giant strides have been made towards food self-sufficiency with significant increases in agricultural production in 2008 and 2009;
- Capacity built for 22 projects of which 17 (77 per cent) had human capacity development components, 12 (55 per cent) of these projects had both human and institutional capacity development and 5 projects had exclusively human resources capacity development.
- Promotion of life skills education targeting youth, women and children,
- Procurement and supply of both male and female condoms,
- Training of health care workers, and;
- Prevention of Mother-to-Child Transmission of HIV (PMTCT).

Other activities implemented under the UNDAF and the achievements made are provided in Table 8.12 below;

Table 8.12: Summary of UNDAF activities and achievements

UNDAF Out come	Indicators and baseline	Agency Contribution	Assessment
National institutions responsible for development and implementation of strategies to promote economic growth , reduce poverty and build capacity	Establishment of a functional social and civil protection mechanism, National Planning Commission (NPC) and regular with effective monitoring of the MTP and PRSP II	UNDP supported the establishment of NPC and made functional, Capacity building for implementing MDGs, PRSPs and CAPs,	In 2008, about 60% of UNDP capacity building trainings were accomplished
National systems to increase employment (formal and informal) and productive capacity with a particular focus on women and youths enhanced	Increased employment rate among marginalized groups (especially youths and women). GAMJOBS is expected to create 10,000 jobs; train 20,000 young men and women on vocational skills…	UNDP… Supported the Gambia to establish GAMJOBS and made it operational	The results are not attainable in the UNDAF circle because the plan was over ambitious. Therefore, the National Employment Policy and Action plan has to be updated
Establishment of	Adopted the early	UNICEF…	Financed a mine risk

UNDAF Out come	Indicators and baseline	Agency Contribution	Assessment
effective social and civil protection mechanism to protect the most vulnerable supported and timely emergency response strengthening taking into account of environment sustainability	warning system and national contingency and preparedness relief plans, assessment of possible communities and CBOs to apply for of micro-health services	Supported to attain 90% birth registration rate for Under 5s nation wide	education awareness campaign in 43 villages and 15 lower basic schools in the Fonis bordering Southern Senegal region of Cassamance
	Committed to joint vulnerability missions	WFP… Provided full support of food for recent case load of 7,000 refuges and implementing the National School Feeding Operation in The Gambia covering all rural primary schools	Involved in building institutional capacity for government to manage and respond to emergency situation (30% completed)
		WHO… sit on the Steering Committee of the Nutritional Education Project.	WHO was counterpart in child health, along with UNDP, and the Global Fund observed some movements in the statistics of social and civil protection services
	National Forest Facility (policy, forest assessment with enterprise development) and Livestock (Endemic Ruminant project) management	FAO served on the National Technical Advisory Body and with other institutions partners like UNICEF, WFP and WHO sit on the Steering Committee of the Nutritional Education Project. .	No specific target provided but many of the indicators are still well above average The activities of FAO, WFP, UNDP and other collaborating agencies were particularly visible during and after the period of the soaring food crisis in 2007/2008

Source: Courtesy Author, UNDAF drat Report

According to Dadzie (2010), some of the observations made on UNDAF activities and achievements indicated the following;

- No specific baselines or indicators for tracking performance regularly
- The economic and social contexts through which the UNDAF outcomes were developed have changed considerably. Since the inception of UNDAF in The Gambia, climate change and external economic shocks have made their impact on social services and the economic fortunes of many in The Gambia and have even threatened food security and prompted concerted responses from the GoTG.

Debt relief committed under HIPC and Multilateral Debt Relief Initiatives

Public External Debt

Overall, The Gambia's public debt portfolio was estimated at US$575 million at the end of December 2008 (GoTG, 2009). In 2007, The Gambia received external debt relief after reaching the decision point under the Highly Indebted Poor Countries (HIPC) initiative

However, even though The Gambia was given debt relief, the country continued to remain under debt stress. After the country's policy and institutional assessment was carried out by International Development Agency (IDA), The Gambia was rated 3.2 out of 5 in 2008. The economy was hard hit by the global financial meltdown that eroded the gains of the debt relief. This situation worsened because funding from the traditional development assistance was exhausted and like other developing countries, borrowing loans from International Capital Markets from emerging economies from South-East creditor countries (GoTG, 2009).

The debt relief in 2007 from various creditors included IDA (US$183.4 million), AfDB (US$ 170.1 million), IMF (US$11.2 million) and Paris Club (US$ 15.6 million). Out of the debts relieved, US$52.7 million was used for debt services and loan payments and US$364.7 million was used for reduction on debt stock (GoTG, 2009).

The external source of financing through borrowing, The Government of The Gambia maintained her official creditors over the years. As a result of her debt sustainability concern, there came a reduced reliance on external borrowings with gross disbursements declining from 9 per cent of the GDP from 2004 – 06 to 1.9 percent in 2008 (GoTG, 2009).

According to GoTG (2009), following the debt reduction under the MDRI initiative in 2007, the share of bilateral debt increased to 35 per cent in total external debt. In 2008, around 1.7 per cent of the total external debt was on export credit received mainly from bilateral agencies or creditors such as China-Taiwan and Kuwait. Presented in Table 8.13 below is the Public External Debt in US$ million.

Table 8.13: Public External Debt in US$ Million, 1999, 2005, 2006 and 2008

Category	1999	%	2005	%	2006	%	2008	%
Multilateral of which:	355.6	80	525.2	84	566.2	84	225.4	65
IDA	172.7	39	252.9	41	263.6	39	62.3	18
AfDB	119.3	27	168.4	27	174.5	26	67.2	19
IMF	11.3	3	14.6	2	17.8	3	0.0	0
Other (IsDB) BADEA etc.	52.3	12	87.3	14	110.3	16	95.9	28
Bilateral of which:	89.2	20	103.1	16	110.6	16	122.8	35
Paris Club	29.8	7	16.0	3	15.6	2	0.0	0
Non Paris Club	59.3	12	87.1	14	95.0	14	122.8	35
Totals	889.5	100	628.2	100	676.7	100	348.3	100

Source: The Gambia MDT Debt Management Strategy Report 2009

Domestic Public Debt

Apart from the public external debt shown in Table 8.14 above, The Gambia uses Treasury bills (T Bills) to fund government financial needs and conduct an open market operation. These bills are issued with maturities of 90, 182, 364-days on a weekly basis carried out on Wednesdays by the Central Bank. As of July 2009, the distribution of the T Bills by maturity indicated that 364-day bills accounted for 65 per cent of the domestic debt stock, 182-day bills at 18 per cent and 91-day bills at 17 per cent. A summary of domestic public debt outstanding from 2007 (US$226,598,117) until the end of December 2008 (US$265, 284,064) is US$138, 685,947 (85.4 per cent) is given on Table 8.15 below.

Table 8.14: Summary of domestic public debt outstanding at the end of December, 2008 in millions US$

Debt Type	2006	2007	2008
Interest bearing debt	182,402,036	209,897,947	226,003,570
Marketable	151,920,612	196,841,763	214,755,728
• Treasury Bills	151,920,612	196,841,763	211,325,586
• SAS Bills			3,430,142
Non-Marketable	30,481,424	13,056,185	11,247,842
• Government Bond	8,902,285	10,051,260	11,247,842
• Ways and Means	21,579,139	3,004,925	
Non-Interest Bearing debt	5,125,363	16,700,169	39,280,93
• Treasury Note	5,125,363	16,700,169	39,280,493
Total	187,527,399	226,598,117	265,284,064

Source: 1. Central Bank of The Gambia annual report 2006 - 2008
2. End period exchange rate used

According to the GoTG (2009), some key factors that continued to affect economic stability for debt relief for The Gambia in 2008/09, can be summarized as follows;

- The global downturn suppressed growth. The GDP grew by 6.5 per cent through Agricultural output. However, with low tourist arrivals and meagre remittances, the GDP growth declined to 3.5 per cent
- The overall balance of payment fell from a surplus of ½ per cent of GDP in 2007 to a deficit of 2.25 per cent as non-oil import taxes declined in domestic currency terms as the dalasi appreciated
- The Government kept spending within budget, allowing it to repay some borrowing from the Central Bank of The Gambia (CBG)
- The external currency account deficit including official transfers increased to 16.8 per cent of GDP in 2008
- Foreign exchange reserves fell sharply in 2008 because the CBG intervened heavily to support the Dalasi in November and December. From the end of 2007 to March 2009, gross international reserves fell from 5.5 to 3.25 months of import.
- The Gambia had better growth with low inflation as compared to other regional countries. However, the country lost competitiveness in terms of port services and goods clearance during turn around time.

Debt service as a percentage of exports of goods and services

Debt Sustainability Analysis (DSA) is included in the decision point document. The Net Present Value (NPV) of The Gambia's external debt at the end of 2007, after full delivery of the assistance committed under the enhanced HIPC Initiative at the decision point, is estimated at US$347 million, equivalent to 236 per cent of exports, as compared with a decision point projection of 137 per cent. As the delivery of full HIPC initiative relief by the Paris Club creditors will entail the cancellation of all of their claims, the Paris Club will not be in a position to provide "beyond HIPC" relief to The Gambia. As explained in the discussion on topping-up, the significant deterioration of the NPV of debt-to-exports ratio was mainly due to poor export performance, higher new borrowing compared with the decision point projections, and adverse changes in the discount rates and exchange rates.

Partnership for Development

In the Gambia, the country continued to benefit from her mutual relationship on partnership in many spheres of development. The principles of flexibility, fair play in terms of the implementation of different projects and programmes both in Government and the private sector served as foundation of the relationship. The development agenda of the country remained unchanged. These include the following:

- The Gambia's vision 2020 and the poverty reduction strategy (PRSP II) as a development agenda
- Maximizing resource use while applying the principles of best practice that are socially friendly and environmentally sound;
- Avoiding negative competition, unnecessary duplication of efforts and encourage complementary work
- Mutually benefiting, transparent and accountability to all parties;
- Open and accountable donor agreements and financing;
- Exploring other alternatives towards energy and food needs for the country because they absorb most of the funds received by the state;
- Domesticating and internalizing the MDGs, PRSP II and Vision 2020 as a household word for poverty alleviation;
- Provide an enabling environment supportive to profitable investments.

The above mentioned partnership needs openness and institutional discipline so that sectors can work effectively. This kind of inter-sector partnership is not new in the country. Indeed, the Government has already established an Aid Co-ordination Policy Unit at MoF (now Ministry of Finance) and with support from the Office of the President this unit will bear positive results.

Target 8F: In co-operation with the private sector, make available the benefits of new technologies, especially information and communication.

Information and Communication Technologies

The enabling environment created for investment by both State and private sector over the past two years have shown tremendous improvements in the Information and Communication Technologies (ICTs) sector under the Ministry of Information, Communication, Information and Information Technology (MoCIIT). The development of the National Information and

Infrastructure policy with its plans and strategies resulted in actions such as e-government as well as other e-strategies and their inclusions into the Information and Communication (IC) Act have been important milestones for the MoCIT.

For the period under review, the MoCIIT used some strategies to attain socio-economic development of The Gambia. The following policy directions were implemented:

- Promote a technology neutral policy and start using wireless technologies which can ease information access
- Complete the National and Communication Infrastructure (NICI) policy action plan
- Develop the capacity of government officials in ICT and undertake institutional strengthening of the MoCIIT and the Directorate of ICT

On the issue of creating and enabling environment and using appropriate legal framework to the service providers and operators in ICT services, the country undertook the following:

- Develop a telecommunication policy, which promoted universal access and continue to develop the infrastructure
- Develop a policy on e-government and other electronic intervention areas
- Set up the Universal Service Fund (UFS), the Frequency Allocation Advisory Committee and Licensing Framework.

From 2008, some of the ongoing programmes of the MoCIIT that have been mainstreamed into the public service delivery system and achieved the following as shown on Table 8.16 below.

The main telephone service provider licensed in The Gambia is the Gambia Telecommunication Company Limited (GAMTEL). After it became operational in 1984, GAMTEL's subscribers increased from 2,400 to 43,454 in 2009. It has also improved its national coverage from 70 per cent in the 1980s to 100 per cent in 2009. Currently, GAMTEL has a fibre network of 534 km. In 2006, there were 3,225 telecentres registered by GAMTEL. There were 2,275 prepaid and 4,047 post-paid subscribers giving a total of 6,312 telecentres in 2009. During the first national survey, the DoCIIT found that 4,205 of the telecentres were not operational giving a decline of 67 per cent. This declining trend in telecentres has been attributed to the increase in the GAMTEL tariffs and the proliferation of new cellular phone services in the country.

Telephone lines per 100 population

This indicator increased from 22 per cent in 2006 to 54.5 and 76 per cent respectively for 2007 and 2008.

Cellular subscribers per 100 population

In view of the government's commitment to ensuring universal access to telephone services an environment was created for the establishment of Africel, Comium and Qcell cellular phone services. The operation of the additional three cellular phone services in the country has increased competition in the sector, hence the rapid increase in cellular phone lines. Consequently, cellular phone lines which rose from 2.89 per 100 population in 2005 further increased to 3.93 per 100 population in 2007 as shown in Table 8.0 above

Table 8.15: Summary of programme achievements in the MoCIIT

No.	Period	Achievements	Remarks
1	2008-09	Negotiations underway for Tele-medicine and Tele-education for the health and education sectors VVIP provided to facilitate teleconferencing and make Internet access easier and cheaper Provided a digital x-ray machine, ultrasound machine glucometer, EGG machine and defribillator and so on	With Pan-African e-network
2	May 2009	IC bill signed into law	IC Act 2009
3	2008	E-government programme in progress for communication through electronic means among government ministries and government officials have been assigned dot.gov sub-domain	Reduce cost of communication on government
	2009	E-readiness survey done for the up-dating of ICT profile of government	
	2009	…GRTS transformed to satellite information broadcasting	Inaugurated by H.E President Yahya A. J.J. Jammeh of The Gambia
	2009	Government joined the ACE consortium to provide a sub-marine landing station in the Gambia	Work in progress to start cable construction

Source: MoCIIT

However, the number of cellular phone lines in use in the country has been difficult to establish because there is no centralized data available to capture their distribution at the MoCIIT. The cellular telephone service provider issue SIM cards to customers without keeping records of customer details. This is the major problem recognised by the MoCIIT as a constraint in keeping track of the number of cellular phone lines issued by service providers.

Internet Service Providers

Currently, there are five Internet service providers (ISPs) that are operational in the country, namely;

- Gamtel (www.gamtel.gm)
- Netpage (www.netpage.info)
- Unique Solutions (http://unique.gm)
- QuantumNet (www.qanet.gm)
- Connexion Solutions (www.connexion).

Access to Radio

Households' access to the radio is near universal in The Gambia with almost every household with a radio. The radio is the most popular source of information and entertainment in The Gambia, particularly in the rural areas. Although a quantitative figure on the number of radio per population is not available, a proxy indicator obtained from most household surveys indicate that over 95 per cent of households use radio as their principal source of information.

Newspaper Companies

There are 7 newspaper companies which are a source of information to the general public. These newspaper companies are; The Observer, Point, The Gambia Info, Foroyya, The Gambia News and Report, Today and The Daily News. Among these newspaper companies, three have gone online with wider coverage and accessibility. There are also on-line news sites which do not have an equivalent printed version like the Gambia News such as (www.gambianow.com), Wow (http://wow.gm/news-stream), and so on.

Challenges

The major problems for the MoCIIT in executing their projects have been funding. However, over time the Ministry has been successful in improving its base on radio and telephone service coverage within and outside the country. These facilities have provided alternatives in communication at relative lower costs. This achievement has been a big boost in the sector's contribution towards poverty alleviation in the country.

Other challenges for The Gambia to achieve MDG 8 are:

- Limited resources
- Continuous debt burden
- Narrow market for service delivery
- Regular and sustainable gridline electricity supply
- Timely data availability and access
- Limited financial support to the agricultural sector when compared to the education and health sectors despite being considered as the backbone of the economy and the engine for poverty alleviation through rural employment creation and the production of food in the strive for the attainment of food security in The Gambia.

Debt relief is very important to the Gambia for the country to meet the MDG targets. Developments in relation to global partnerships have shown that The Gambia is on track. As indicated earlier the country has met the IMF eligibility criteria for HIPC funds. A heavy dept burden continues to impede national development efforts. Even during the 2008-09 economic crisis, a good amount of the national budget was spent on debt servicing

This assessment has highlighted the importance of good quality data for project planning and programme development. Furthermore, even where data are available, bureaucratic and other institutional problems highly limit access to data.

Frequent change of staff, inadequate information and limited institutional capacity at both national and local levels negatively affect programme planning and implementation. It is

obvious that with weak institutions, effective use of donor assistance will become meaningless unless institutional capacity is adequately built.

The role of the private sector and civic organizations in partnership towards the attainment of targets set in MDGs cannot be over emphasized. In the field of communication, trade and agriculture the private sector should be the catalyst for economic development by creating the necessary job opportunities for the people.

Decentralisation, transparency and accountability at all levels of partnership in the country should be encouraged for greater financial and administrative autonomy from central government. This will allow flexibility, timely implementation of programmes for the achievement of targets set in the MDGs, particularly Goal 8

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