



## **COMMON COUNTRY ASSESSMENT**

### **THE GAMBIA**

November 2005

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## LIST OF ABBREVIATIONS AND ACRONYMS

|        |   |   |
|--------|---|---|
| ACRWC  | - | African Charter on the Rights and Welfare of the Child                      |
| AIDS   | - | Acquired Immune Deficiency Syndrome   |
| BFCI   | - | Baby Friendly Community Initiative  |
| CBO    | - | Community-Based Organization  |
| CBG    | - | Central Bank of The Gambia  |
| CCA    | - | Common Country Assessment   |
| CEDAW  | - | Convention for the Elimination of all forms of Discrimination Against Women |
| CFA    | - | Communauté Financière d’Afrique (Financial Community of Africa)             |
| CPR    | - | Contraceptive Prevalence Rate   |
| CRC    | - | Convention on the Rights of the Child                                       |
| CSD    | - | Central Statistics Department   |
| CSO    | - | Civil Society Organisation  |
| DOSFE  | - | Department of State for Forestry and the Environment                        |
| DOSFEA | - | Department of State for Finance and Economic Affairs                        |
| DOSH   | - | Department of State for Health and Social Welfare                           |
| ECD    | - | Early Childhood Development   |
| EFA    | - | Education for All   |
| EPI    | - | Expanded Programme on Immunisation  |
| FAO    | - | Food and Agriculture Organization   |
| GAVI   | - | Global Alliance on Vaccines and Immunisation                                |
| GDP    | - | Gross Domestic Product  |
| GEAP   | - | Gambia Environment Action Plan  |
| GER    | - | Gross Enrolment Rate  |
| GFMC   | - | Gambia Forest Management Concept  |
| GFATM  | - | Global Fund for AIDS, Tuberculosis and Malaria                              |
| GOTG   | - | Government of The Gambia  |
| GTTI   | - | Gambia Technical Training Institute   |
| HARRP  | - | HIV/AIDS Rapid Response Project   |
| HDI    | - | Human Development Index   |
| HDR    | - | Human Development Report  |
| HIPC   | - | Highly Indebted Poor Countries  |
| HIV    | - | Human Immuno-deficiency Virus   |
| HRBA   | - | Human Rights Based Approach   |
| ICCPR  | - | International Covenant on Civil and Political Rights                        |
| ICESR  | - | International Covenant on Economic, Social and Cultural Right               |
| IDD    | - | Iodine Deficiency Disorder  |
| IMCI   | - | Integrated Management of Childhood Illnesses                                |
| IMF    | - | International Monetary Fund   |
| IMR    | - | Infant Mortality Rate   |
| IPT    | - | Intermittent Preventive Treatment   |
| ITN    | - | Insecticide-treated bed-nets  |
| LGA    | - | Local Government Area   |
| MDG    | - | Millennium Development Goal   |
| MDI    | - | Management Development Institute  |
| MICS   | - | Multiple Indicator Cluster Survey   |
| MMR    | - | Maternal Mortality Ratio  |
| MTP    | - | Medium Term Plan  |
| NAC    | - | National AIDS Council   |
| NACP   | - | National AIDS Control Program   |
| NaNA   | - | National Nutrition Agency   |
| NAS    | - | National AIDS Secretariat   |
| NEA    | - | National Environment Agency   |
| NEMA   | - | National Environment Management Act   |
| NER    | - | Net Enrolment Rate  |
| OVC    | - | Orphans and Vulnerable Children   |

|        |   |   |
|--------|---|---|
| PLWHA  | - | People Living with HIV/AIDS                     |
| PMTCT  | - | Prevention of Mother-To-Child Transmission      |
| PRGF   | - | Poverty Reduction and Growth Facility           |
| PRSP   | - | Poverty Reduction Strategy Paper                |
| RCH    | - | Reproductive and Child Health                   |
| SPA II | - | Strategy for Poverty Alleviation II             |
| SSA    | - | Sub-Saharan Africa                              |
| SSS    | - | Senior Secondary School                         |
| STI    | - | Sexually Transmitted Infections                 |
| TB     | - | Tuberculosis                                    |
| U5MR   | - | Under-5 Mortality Rate                          |
| UDHR   | - | Universal Declaration of Human Rights           |
| UN     | - | United Nations                                  |
| UNCT   | - | United Nations Country Team                     |
| UNDAF  | - | United Nations Development Assistance Framework |
| UNDG   | - | United Nations Development Group                |
| UNDP   | - | United Nations Development Programme            |
| UNFPA  | - | United Nations Fund for Population Activities   |
| UNHCR  | - | United Nations High Commission for Refugees     |
| UNICEF | - | United Nations Children's Fund                  |
| VCT    | - | Voluntary Counselling and Testing               |
| WATSAN | - | Water and Sanitation                            |
| WFP    | - | World Food Programme                            |
| WHO    | - | World Health Organization                       |

## EXECUTIVE SUMMARY

The 2005 CCA for The Gambia is an assessment of the development challenges confronting the country. The assessment is a follow up to the previous CCA exercise which took place in 1999, and predated national events such as the 2001 Presidential elections, adoption of SPA II/PRSP and international events such as the Millennium Declaration and World Summit on Sustainable Development. The document is the result of a participatory process involving UN agencies, Government departments, civil society organizations and other interested stakeholders. The document was drafted by local consultants and national and international staff of the UN agencies. The framework of the document adheres closely to the Millennium Development Goals (MDGs). These goals are a priority for the government of The Gambia, and for the resident and non-resident development partners. The structure of the document is premised on a human rights-based approach where individuals are located at the center of socio-economic development. It undertakes an analysis of problems aimed at ascertaining their causes.

The development challenges discussed herein must be seen in the context of the prevailing economic and governance environment, as well as global realities. Faced with high rates of illiteracy, cultural/traditional values that limit the contributions that women can make to socio-economic development, a weak resource base, and slippages in economic governance, it is easy to see why The Gambia faces numerous development challenges. As regards socio-economic development, the primary challenges consist of the persistence of, and increase in poverty. The country also faces formidable challenges in the form of persistent gender inequality, inadequate provision of health and education services (particularly for the poor and rural residents), non-observance of child rights and rising HIV sero-prevalence rates. The high rates of poverty also exacerbate environmental degradation and threaten government efforts to promote sustainable environmental management.

Although The Gambia is confronted with numerous challenges, it has the potential to surmount these difficulties. The well-documented constraints in human and financial resources can be addressed with a renewed commitment to public sector performance that promotes transparency and accountability. The delivery of key basic services such as education and health can be improved through a results-based management approach and greater participation by key stakeholders. However for these steps to occur, government must increase funding to those programs having a direct impact on the lives of the poor, and thus more effective management of scarce state resources is essential.

In assessing the challenges facing the country, five key areas of development cooperation are cited. These include assistance in the areas of: economic and political governance, poverty reduction, reproductive and child health, codifying and implementing nationally recognized conventions on the rights of women and children and improving the system of education. The 2005 CCA will serve as the basis for the 2007-2011 UN Development Assistance Framework and thus will form the basis of UN programming in The Gambia. By providing assistance in these areas, UN agencies will strengthen the government's ability to reduce poverty and the capacity of state and non-state actors to promote sustainable socio-economic development. Through harnessing the power of its people, The Gambia would be well placed on the path to realize its long term development strategies as outlined in the Vision 2020 document.

## **INTRODUCTION**

### **Processes**

1. The 2005 Common Country Assessment (CCA) for The Gambia identifies the country's main development challenges, and uses a causality analysis approach to examine the reasons contributing to these challenges. It also offers policy options and priorities to help prepare the United Nations Development Assistance Framework (UNDAF), which will form a strategic planning framework for the United Nations (UN) development assistance and support to The Gambia.
2. This is the second CCA for The Gambia, and is the successor to the 1999 CCA document. Since 1999, there have been a number of developments, including:
  - i) The holding in 2001, of the second general elections during the Second Republic of The Gambia.
  - ii) The preparation of a Poverty Reduction Strategy Paper (PRSP), commonly called the second Strategy for Poverty Alleviation (SPA II), and its implementation between 2003 and 2005.
  - iii) A 75 per cent increase in HIV-1 prevalence from 1.2 per cent in 2000/01 to 2.1 per cent in 2004, although HIV-2 prevalence rates have essentially stabilized (0.9%) during the same period.  
Increased urbanization  
An increase in poverty (based on preliminary results from the 2003 National Household Poverty Survey) from 1998 to 2003.  
A reduction in the proportion of government spending (as a percentage of the recurrent budget) on basic social services from 2003 to present.
  - iv) The commencement of periodic reporting on progress in attaining the MDGs at both national and divisional levels.
3. In the six years since the last CCA report for the Gambia, the country has experienced a number of political, economic and social developments. National elections were held in 2001 (Presidential) and 2002 (National Assembly). The President was re-elected, and following a boycott of the National Assembly elections by the main opposition party at the time (UDP), the ruling party also obtained a strong majority in the National Assembly. The period coincided with an unstable economic climate, as drought in 2002 resulted in poor agricultural performance and lower government revenues. Although a donor roundtable was held in September of that year to mobilize resources for the country's first PRSP (SPA II), many of the outcomes envisaged in that document have yet to be accomplished. The slow implementation of the PRSP can be attributed to a variety of factors, including low absorptive capacity by government, suspension of the PRGF (and HIPC) agreements by the IMF in 2003 and high levels of domestic debt. The challenges in the economic arena have come at a time where demographic changes have resulted in approximately 55 per cent of the Gambian population residing in the 17 per cent of the national territory that comprises the Greater Banjul Area (GBA). Falling government expenditure on the education and health sectors have had an adverse effect on the quality of public sector services, especially those provided to the poor. The reduction in government spending has taken place at a time when the proportion of the poor has risen from 59 per cent in 1998 to 74 per cent in 2003.<sup>1</sup>
4. The 2005 CCA for The Gambia is premised on the attainment of the MDGs and responds to the outcomes of the recently concluded World Summit. The assessment uses a human rights-based approach (HRBA) to address the various development challenges faced by The Gambia. In developing this CCA, the UNCT has worked with the Government of The Gambia (GOTG), Civil Society Organizations (CSOs) and other national stakeholders through a consultative, participatory, and inclusive process. During this process, two capacity-building workshops were held to strengthen the capacity of the CCA task force to critically assess the document. The first was on the subject of mainstreaming gender in the CCA/UNDAF process, while the second focused on deepening understanding of Causality Analysis and the Human

Rights Based Approach (HRBA).

5. The importance of the workshops was magnified in the absence of recent data on demographic changes and poverty profiles in The Gambia. Although a national Population Census and a National Household Poverty Survey (NHPS) were conducted by the Central Statistics Department (CSD) in 2003, neither document had been finalized by the time of producing the 2005 CCA. The consequence was a lack of data that was disaggregated by gender, as the estimates provided did not take classifications by sex into account. The unavailability of timely and relevant data is a widespread occurrence in The Gambia, and has an adverse effect on government planning departments, CSOs, development partners and other stakeholders. Support to CSD is one of the key activities of the World Bank's Capacity Building for Economic Management Project (CBEMP). Although updating the Statistics act and restructuring of the CSD (construction of new facilities, provision of equipment and training of staff etc.) are expected to improve the quality and timeliness of data collection and dissemination in The Gambia, the results of these changes are not expected before 2007.

### **Scope of CCA**

6. The CCA is organized into a number of sections, along the lines of the United Nations Development Group (UNDG) CCA/UNDAF Guidelines.<sup>2</sup> Toward this end, Section 2 of the CCA focuses on an analysis of key national development challenges identified through a review of the literature, validation workshops, and consultations with various stakeholders. Section 2 thus presents an overview of the socio-cultural, economic, political, and demographic challenges facing The Gambia. The CCA also examines prospects for attaining the MDGs in The Gambia and governance and development issues, especially in the context of how The Gambia can be strategically positioned to successfully address the challenges of the 21<sup>st</sup> century in a globalized competitive world economy.
7. In Section 3, the document discusses key areas for cooperation and strategic intervention by the UN, while Section 4 consists of an indicator framework linking national development strategies (Vision 2020, the Poverty Reduction Strategy Paper/SPA II) with the MDGs. The sources of data used in the document are provided in Section 5.

### **STRATEGIC ANALYSIS**

#### **Development Framework**

8. The current national development strategy is based on the second Strategy for Poverty Alleviation or SPA II. This is the Gambia's first PRSP and runs for a three-year cycle (2003-2005), which is scheduled to end in December 2005.<sup>3</sup> SPA II consist of five 'pillars' (i.e. development objectives), which are:
  - Improving the enabling policy environment to promote growth and poverty reduction
  - Enhancing the productive capacity and social protection of the poor and vulnerable
  - Improving the coverage of the unmet basic needs of the poor
  - Building capacity for local, people-centred development through decentralisation
  - Mainstreaming gender equity, environmental issues, nutrition, governance, and HIV/AIDS awareness into all development programs
9. In support of SPA II, The sixth Roundtable Conference for The Gambia was convened in September, 2002. At the conference, a total of USD \$118 million was pledged by a variety of development partners, including the International Monetary Fund, World Bank, African Development Bank (AfDB), Department for International Development (DfID) and United Nations agencies. However, full disbursement of the amounts pledged was conditional on the government meeting a variety of specific policy actions or 'triggers'. These 'triggers' included action on budgetary processes, greater transparency and accountability in financial matters,

development of strategies and indicators on rural development issues and measures to ensure a more supportive policy and institutional environment to encourage private sector investment.<sup>4</sup>

- 10.** The Gambia's recent economic performance has been below expectations and, consequently, efforts to attain PRSP targets have been impaired. Government has had difficulty in sustaining economic targets during the programme supported by the Poverty Reduction and Growth Facility (PRGF) and building institutional capacity of the key PRSP sectors (Agricultural, Education and Health). In the case of the former, although the country had reached the decision point during the HIPC process of debt relief, the failure to reach a number of IMF 'triggers' coupled with the provision of inadequate information led to the suspension of the PRGF in 2003. In addition to the loss of income associated with HIPC resources (funds released by partial debt relief had been used to construct housing for teachers in rural areas, environmental campaigns by youth, etc.), the lack of an agreement with the IMF also had an adverse effect on the country's international credit rating. This deterioration in the country's credit rating (which declined from B- in 2002 to CCC+ in 2005.)<sup>5</sup> has adverse effects on the country's ability to mobilise external resources, attract foreign direct investment, and its eligibility for debt forgiveness. Consequently, the economy will be negatively impacted, impeding the development of the private sector and thus hampering efforts to generate employment and reduce poverty.
- 11.** Monetary growth averaged 33 percent per year from 2000 to 2003 compared to average growth rates of approximately 15 percent from 1997 to 1999. In conjunction with the expansion of the money supply, domestic credit by the banking sector significantly increased by an average annual rate of 62 percent during 2000 to 2003. Credit to the government increased by an annual average of 200 percent, credit to the private sector by 36 percent, and credit to public enterprises by 219 percent.<sup>6</sup> Much of the credit expansion was for public enterprises. Much of the credit expansion in the private sector was concentrated in the trading sector which benefits from relatively high rates of sales turnover, but was also due to substantial speculation in foreign currency and flight into real assets in response to the continuing depreciation of the dalasi and rising inflation.
- 12.** After maintaining inflation rates below 5 percent and limited depreciation of the Dalasi during the late 1990s, the average annual inflation rate increased to 8.6 percent in 2002 and 17.0 percent in 2003. The average nominal exchange rate of the dalasi with respect to the US dollar increased from 15.7 in 2001 to 19.9 in 2002 and 28.5 in 2003, before stabilizing around 27.5 in 2004.<sup>7</sup> The high rates of inflation and rapid depreciation were caused by excessive growth of the money supply resulting from domestic financing of large fiscal deficits and large Central Bank losses stemming from weak governance at the CBG.
- 13.** As a percentage of total recurrent expenditures, interest payments (domestic and foreign) increased from 23.7 percent in 2001 to 28.1 percent in 2002 to 36.4 percent in 2003. In 2003, the external debt service to GDP ratio remained broadly constant at around 5 percent. Domestic debt interest payments steadily increased from 3.4 percent of GDP in 2001 to 4.2 percent in 2003, and were projected to increase to 9.2 percent in 2004.<sup>8</sup> In 2004, servicing of interest on contracted debt consumed 40.3 per cent of the recurrent budget and the interest element of debt servicing represents a major concern for budget allocations and public resource management. As a share of GDP, government domestic debt rose from 27 percent at the end of 2003 to 32 percent at the end of 2004. The Gambia's domestic debt stock as a share of GDP is more than double the average for non-CFA SSA countries and four times the level in the HIPC eligible non-CFA SSA countries.<sup>9</sup> It is worth noting that the high debt servicing has serious implications for poverty alleviation because it reduces the sustainability of current poverty alleviation programmes. For government poverty reduction policies to be effective, significant financial reforms and/or fiscal discipline are required to ensure greater funding of poverty-focused programmes.
- 14.** The adverse consequences of government macroeconomic policies on poverty reduction were highlighted in recent Public Expenditure Reviews (PERs) conducted by the World Bank and Dfid. The reports indicated a substantial reduction in government resources allocated to

the agriculture, education and health sectors during the period spanning 1999 to 2003. In 2004 and 2005, the agricultural sector was allocated 2.9 per cent and 3.4 per cent of the government's recurrent budget (financed largely from government revenues).<sup>10</sup> The education sector received 10.3 per cent and 10.7 per cent during the same period, while the share of the government recurrent budget devoted to the health sector fell from 9.8 per cent to 8.9%.<sup>11</sup>

- 15.** The second PRSP (SPA III) is being formulated in later 2005, and will be implemented over a three-year period (2006 to 2008). Although the formulation of SPA III is at a very early stage, indications are that it will retain the five 'pillars' of the previous PRSP. This is due to the fact that only 25 per cent of the objectives outlined in SPA II were believed to have been attained. The second PRSP will be oriented towards attainment of the MDGs, while focusing on emerging issues noted during the implementation of its predecessor (SPA II). Among these issues are: declining purchasing power of the poor, rising urban poverty and high rates of youth unemployment.
- 16.** Agriculture employs approximately 75 per cent of the population and yet contributes only 30 per cent of the total output of the economy (GDP).<sup>12</sup> The sector is of particular concern because it receives relatively low allocations in both the recurrent and development budgets. For example, agriculture accounted for 7.4 per cent and 8.1 per cent of the development budget in 2004, and 2005, respectively, compared to education, which received 18.7 per cent and 16.8 per cent of the development budget in 2004, and 2005 respectively.<sup>13</sup> More than half the total labour force is employed in the agriculture sector, which is also dominated by the poor. For this reason, interventions in the agriculture sector will have significant a socio-economic impact on the poor
- 17.** Tourism is the main foreign exchange earner for The Gambia, contributing over 12 per cent to the GDP of the country. It also creates significant local employment, with approximately 16,000 people employed by the sector. In revenue terms it was projected that it will earn about \$40 million for the economy for the period of 2004. Based on a projected doubling in tourist arrivals, tourism's contribution to monetary GDP is projected to increase from an estimated 13 per cent in 2004 to 18 per cent in 2020.<sup>14</sup> However there is concern that many of the potential benefits of tourism (inter-sectoral linkages, value added, etc.) do not accrue to the country due to the low end nature of tourism in The Gambia.
- 18.** Infrastructure is another important development issue in The Gambia. As articulated in the PRSP (SPA II), the ability of the country to unleash its economic potential is closely linked to the ability of its infrastructure to support the social and economic activities of the population. Despite the recognition of the importance of good infrastructure, the country continues to be plagued by problems such as erratic electricity supply, bad roads, crumbling river infrastructure and problems of access to telecommunications services. The high economic cost associated with inadequate infrastructure acts as a major disincentive to investment by foreign and domestic entrepreneurs, and is one of the major obstacles to private sector led growth. This situation, without doubt, has serious consequences for development in the country.
- 19.** The Gambia also has a number of demographic characteristics that have a significant bearing on development efforts and their outcomes. First, there has been significant rural-urban migration in the last few decades, as indicated by an increase in the urban population from 30.8 per cent in 1983 to 37.1 per cent in 1993<sup>15</sup>, and 50.4 per cent in 2003. Second, young people comprise the majority of the population, with approximately 63.6 per cent of the population being under 25 years of age. These factors, combined with increased poverty, and high rates of unemployment, can cause unrest and instability, and as such should be of concern to development planners in The Gambia. In addition, approximately 12,000 refugees have been identified in the country, of which 7,000 registered refugees are located in the urban centres and another 5,211 spontaneously settled along the border in the Western Division.
- 20.** As can be seen from the design of the current PRSP (SPA II), there is a consensus between

government and the development partners on the institutional and policy frameworks required for good economic performance. However, over the years, fiscal and macroeconomic indiscipline have undermined efforts to achieve sustainable economic growth. The result has been a rise in poverty and increased dependence on external development assistance and debt. In view of this, the main medium-term challenge for The Gambia is to make a decisive break from the “stop-go” policies, and embark on a comprehensive economic reform programme that would establish the conditions necessary and sufficient for sustainable growth and poverty reduction.<sup>16</sup>

- 21.** Key elements of such a programme should include measures to strengthen macroeconomic stability and ensure that the debt service ratio is kept at manageable levels. The programme should also incorporate reforms aimed at reducing poverty through initiatives aimed at producing higher levels of economic growth with equity. These reforms would include improvements in the investment climate, the strengthening of public expenditure management, and promoting a culture of accountability, transparency and good governance. Both economic and political reforms are imperative if The Gambia is to be strategically positioned in an increasingly competitive and globalised world economy.
- 22.** In 2006, the UN System will adopt a Harmonized Approach to Cash Transfers (HACT) to Implementing Partners: a risk management approach designed to reduce transaction costs and the burden that current UN procedures place on partners and to allow greater focus on improving national financial management capacities. HACT will be operational in The Gambia in 2007. The first step to implementing this system is to conduct a macro assessment of the Public Financial Management (PFM) system. The aim of the assessment is an open and transparent review of PFM system conducted jointly by the UN System and the Government of The Gambia using expertise of independent and suitably qualified consultants or using an existing assessment carried out by multilateral or bilateral development partners in the previous five years.
- 23.** It is against this background, that the UN system in The Gambia has drawn on the Country Financial Accountability Assessment (CFAA) for The Gambia for its assessment of the Public Financial Management system (PFM). According to the CFAA,<sup>17</sup> effective public financial management and accountability arrangements in The Gambia are promoted through a reasonably sound budget framework. However, there are a number of serious weaknesses, which create a high level of fiduciary risk, including delayed and inaccurate reporting of expenditures, ineffective independent scrutiny of government expenditure, and inadequate coordination mechanisms to link aid policies, projects and programmes to the PRSP and budget. This means that there is a high risk that resources are not accounted for properly, are not used for their intended purposes and that expenditures do not represent value for money.
- 24.** In addition, the assessment highlights risks associated with the governance environment in The Gambia, including poor resource allocation, non-compliance, limited execution, inadequate monitoring and scrutiny, insufficient capacity, lack of enforcement, non - transparency and poor parliamentary oversight. Through adoption of HACT, the UN System, will support the Government in its efforts to strengthen the public financial system and related local capacities taking into consideration appropriate risk management measures where providing programme support.
- 25.** The next step is to conduct a micro assessment of Implementing Partners (the Government and Civil Society Organizations). The assessment will assist UN Agencies to identify the most suitable resource transfer modality and procedures, and scale of assurance activities to be used with each Implementing Partner.

## The Challenge of Poverty and Hunger

### (a) Income Poverty

26. The first Millennium Development Goal (MDG 1), which is **to Eradicate Extreme Poverty and Hunger**, is in many ways also the most daunting challenge for The Gambia. The difficulties in attaining this goal (which is further decomposed into targets aimed at reducing income poverty and the proportion of people who suffer from hunger) is closely linked to the challenges government has encountered in managing the economy and identifying/implementing a clear path for socio-economic development. Inadequate links between production and service sectors entail that producers often have difficulties in finding markets for their products and as a result, limit their production. Operators in the service sectors (especially those affiliated with the tourism sector) speak of the difficulties in identifying local providers who can deliver goods of acceptable quality and quantities and prefer to source their inputs from outside the country. This disarticulation is exacerbated by low government resources devoted to the productive sectors, and private sector operators that can generate higher rates of economic return by purchasing government treasury bills or importing foodstuffs than by investing in local production. The consequences of a stagnating agricultural sector are high rates of rural outmigration and urbanization, high rates of unemployment and escalating import bills.
27. The Gambia is one of the poorest countries in the world, and indications are that it is getting poorer as provided in its Human Development Index (HDI) ranking by the UNDP Human Development Report (HDR). The country slipped from 151 out of 177 countries in 2003, to 155 out of 177 countries, in 2004 and 2005.<sup>18, 19, 20</sup> In the Gambia, poverty (income poverty) is taken as the inability of a person to afford food, clothing, health care, and all other necessities of life, all year round. The food poor (hunger) category are those who cannot afford the minimum food requirements, currently 2700 calories per adult equivalent, that constitute a healthy diet. Lack of access to basic social services such as to clean and safe drinking water, education and health care also exacerbate poverty.
28. While poverty is found in all parts of the country, extreme poverty is most severe in rural areas. Of the Gambians in extreme poverty who are working, over 90 percent depend on agriculture for their livelihoods. Equally, the poorest parts of the country are those that depend on agriculture, notably the North Bank, and Lower, Central and Upper River Divisions. According to the 1998 household poverty survey, rural women are disadvantaged compared to their male and urban counterparts. The contrast between living conditions in rural and urban areas is based on the limited occupational and livelihood choices, and dependence on agriculture in rural areas.
29. The agriculture sector is still characterized by subsistence rain-fed crop production (coarse grain, rice, cassava, etc.), traditional livestock rearing, semi-commercial groundnut and horticultural production, and a small cotton sub-sector. Domestic grain production is characterized by low productivity and meets only about 50 percent of national requirements. Based on current trends, demand for food will double by 2015 from a 2000 base line, and cereal imports could triple by 2020. Agriculture is also subject to the vicissitudes of the weather, inadequate marketing, storage facilities, extension services, and access to credit have resulted in relatively high production costs, low incomes, and food insecurity. The combination of these factors reinforces poverty in the rural areas, with women being the most affected. According to the 1998 study, approximately 78 per cent of economically active women work in agriculture compared to just 57 per cent of men. Groundnut farmers constitute almost 53 per cent of the extremely poor, with more than 20 per cent of small and medium producers of groundnuts being extremely poor. The annual PRSP progress report for 2004 noted that 'Injudicious pricing policies culminating into barriers to adequate public and private sector partnership and low marketing margins prove to be serious disincentives to operators in the groundnut market'.<sup>21</sup> The consequences of these policies are that groundnut producers

are often confronted with late arrival of inputs (seeds, fertilizers, etc) and payment coupons that are redeemed late, if at all.

- 30.** The Gambia's formal sector is very small, employing just over 10 percent of the labour force. Employment opportunities are gender biased in favour of men, particularly in the formal sector. In this sector, education is a prerequisite but the traditional gender roles and cultural norms have contributed to the general low level of education among Gambian women. According to the 2002 PRSP, in 1998, the national literacy rate for females aged 15-24 years was only 26.9 per cent (compared to 44.5 per cent for males). As can be expected, poor women (extremely poor (11.7%) and poor (24.8%)) had the lowest literacy rates. The high rates of female illiteracy entail that many women are effectively barred from taking advantage of government policies that promote income-generating opportunities where literacy is a prerequisite and maintain them and their offspring in cyclical poverty trap.
- 31.** The consequences of low literacy levels are revealed in an assessment of formal sector employment disaggregated by gender. Women occupy 9.4 per cent of the skilled labour force and 61.9 per cent of the unskilled labour category.
- 32.** If poverty is more acute in rural areas of the Gambia, the immediate cause is in large part due to the low incomes of agricultural producers. A history of producing groundnuts for income generation has left many of these households vulnerable to pricing and purchasing mechanisms, which are largely state controlled. An underlying cause can be traced to the lack of integration between production and tertiary sectors means that often there are few organized market channels between producers and consumers. In the absence of such market channels, producers focus on household consumption (as information on demand is scarce), and many local businesses prefer to import, as they can not access quality agricultural produce in sufficient quantities on a regular basis. Thus, producers elect to stay with groundnut production, because despite the irregular supply of inputs, relatively low producer prices and late payments, it is the one crop for which there is an assured market. The root cause of low incomes derived from agricultural production can be linked to the difficulties encountered in managing state resources that has entailed that insufficient resources are devoted to agricultural research, extension and other services that could assist agricultural households to diversify out of groundnut production. The situation is exacerbated by poor rural infrastructure (transport, telecommunications and power) that raises the cost of commercial production and impedes private investment in the sector
- 33.** The low agricultural incomes have secondary effects on a number of other sectors that contribute to poverty. An immediate cause that contributes to low productivity in the agricultural sector is the high rate of illiteracy. High rates of illiteracy make it difficult for agricultural households to absorb technical assistance, increase the costs of ensuring quality control for firms involved in agricultural production and agro-processing and thus limit the market opportunities for agricultural producers. In urban areas, high rates of illiteracy inhibit the development of secondary and tertiary sectors of the economy, reduce competitiveness of the local private sector and contribute to a lack of employment opportunities in the formal sector.
- 34.** High drop out rates are an underlying cause of the high rates of illiteracy (especially for girl children). Although primary education is free, households must still provide a variety of supplementary materials (books, uniforms, transport, etc.). Secondary education is still fee paying, with the entire costs borne by the household. Low household incomes entail that parents are often faced with a choice of which child will benefit from education. This can be attributed to the prevailing cultural belief/attitude shared by many households that educating a male child will provide greater long-term benefit than that of educating a girl child. This is due to the widespread belief that the benefits of female education will accrue to the household that the woman is marrying into, as opposed to her biological family. The root causes of this perception are social/cultural norms that are predicated on male dominance and existing power relations where 'it is generally accepted by a majority of both men and women that the status of women is inferior to that of men'.

- 35.** The successful formulation and implementation of SPA III will need to have addressed the root causes that are responsible for increasing poverty in The Gambia. The issues to be addressed are improving public resource management, increasing absorptive capacity of those institutions charged with delivering basic services and actively promoting greater integration between productive and tertiary sectors and removing structural constraints that impede the full participation of women in the economy of the country.
- 36.** Government (at both the central and local levels) is a major duty-bearer as regards the elimination of poverty in The Gambia. For the central government, its duties include developing and implementing appropriate macroeconomic policies that will provide sufficient resources for government agencies to reduce poverty and contribute towards the attainment of the MDGs. It also entails that those institutions tasked with delivering agricultural services are adequately funded and are operated under performance based management schemes where the results can be regularly monitored and publicly assessed. Central government also has the obligation of providing essential infrastructure that is a prerequisite for sustained 'pro-poor' economic growth. Given the efforts to decentralize government, it follows that the duty-bearers also include local government authorities, who are responsible for ensuring that funds allocated from central government level are used for their intended purposes. Other duty-bearers besides central and local governments are civil society. For these groups, in addition to their duties of promoting a 'pro-poor bias' to government resource allocations and ensuring the transparency of government spending, they have a large role to play in changing prevailing cultural practices and attitudes that prevent the majority of women from actively participating in the formal economic sector.
- 37.** Indications are that there are capacity deficiencies for both duty bearers and rights holders. Rights holders generally do not have enough capacity to claim and realize their rights, largely because many poor people are illiterate, and are not, in the first place, aware of their rights. Dominant cultural practices that limit and retard the development of women and girls inhibit their ability to assert their rights. On the other hand, low salaries, job insecurity and inadequate technical skills entail that duty-bearers such as central and local governments are often short of the necessary human resources to discharge their duties to poor and vulnerable people. Difficulties in implementing effective macroeconomic policies, low absorptive capacity and a paucity of resources adversely affect the ability of government agencies to develop and implement development policies aimed at reducing poverty and attaining the MDGs. A lack of state revenue associated with recent fiscal and monetary policies has retarded government efforts to create an enabling environment for reducing extreme poverty through the provision of essential economic and social infrastructure. The formulation of a SPA III that is premised on the lessons learnt in the previous PRSP and the increasing collaboration between government and civil society organization on 'pro-poor' monitoring provide a good starting point to help government adopt policies and strategies to ensure fulfilment of the right to freedom from poverty and hunger to promote the achievement of MDG 1.

(b) Hunger

- 38.** Hunger is closely related with poverty in The Gambia. The highest levels of malnutrition are found in the Lower, Central and Upper River divisions, which closely correlate with the highest levels of extreme poverty.
- 39.** Poverty and hunger form a vicious cycle with poverty exacerbating hunger and constraining people's ability to escape poverty. Maternal malnutrition, caused by poverty, leads to low birth weight babies, which in turn are more likely to die in infancy, or before their fifth birthday. They are also more likely to suffer from under-nutrition, and ongoing chronic levels of undernutrition set up a cycle for delayed school enrolment, repeated sickness and school absence, lower educational attainment and consequently lower lifetime earnings closing the poverty circle and transmitting poverty from one generation to the next. Addressing the fundamental causes of malnutrition throughout the lifecycle is a foundation to securing sustainable reductions in poverty in The Gambia.

40. Protein-energy malnutrition in children is widespread in The Gambia.<sup>22</sup> According to a survey conducted by the National Nutrition Agency (NaNA) almost one in every five children under five years of age is wasted, a significant public health issue and almost 1 in 5 are stunted, an indicator of long term chronic under-nutrition.<sup>23</sup>
41. Micronutrient deficiencies are severe in The Gambia, and contribute to growth retardation, impaired intellectual performance, low worker productivity and the high levels of infant, child and maternal mortality. Three of every four children below 5 years of age are iron deficient in The Gambia, and almost two of every three children vitamin A deficient. A goitre rate of 16.3% nationally is indicative of high levels of iodine deficiency throughout the population. Iodine deficient individuals can have IQs up to 13.5 points lower than those who are not deficient, a major determinant of lower educational outcomes<sup>24</sup>. Continuing a public health drive for the iodization of salt and its consumption is imperative.
42. Fetal malnutrition, caused by maternal malnutrition is a significant determinant of babies being born with a low birth weight at full term. While the national average for low birth weight (below 2,500 gm) is 12 per cent in some regions of The Gambia the rate is as high as 20 per cent. These figures are worrying given that less than 25 per cent of children in those regions are born in a facility that supports weighing of babies, and these are likely to be the better off mothers, suggesting that the true rate may be even higher. The risk of neonatal death for low birth weight babies is four times that of babies born weighing 2500 – 2999grams, and ten times that of babies weighing 3000 – 3499 grams<sup>25</sup>. Thus low birth weight is a significant determinant of infant mortality.

### The Challenge of Education

43. The second Millennium Development Goal (MDG 2) calls for the **Achievement of Universal Primary Education**. To attain this target, government has developed educational policies that emphasize the provision of primary education, especially for traditionally excluded groups such as girl children. The formal system of education in The Gambia consists of six years of primary (lower basic), three years of upper basic and three years of senior secondary schooling. There is also an additional three years of continuing education at tertiary institutions or four years at the University. The first 9 years of uninterrupted schooling constitutes the basic cycle (which is mainly provided by the government), while senior secondary, technical and vocational, and tertiary are funded largely by the Grant-In-Aid arrangement and the private sector.
44. Significant progress has been made in expanding access to basic education to reach both the EFA and MDG goals. Enrolment rates at the lower basic level averaging 8 per cent annually, between 1991 and 1996, have exceeded the planned target of 5 per cent. However these rates dropped to 4 per cent over the period 1996 to 2001 due to high population growth rate (4 per cent annually) especially in the urban areas. Overall the Gross Enrolment Rates (GER) now stands at 91 per cent including the “Madarasah” ranking The Gambia considerably high above the sub-Saharan average of 69 per cent. However regional disparities exist. Whereas the urban areas are registering nearly universal access to lower basic education, the rural areas are only registering between 55 per cent and 65 per cent GER. Major challenges still remain in improving quality, relevance, retention, and above all improving school infrastructure to realize the EFA and MDG goals by the year 2015.
45. Student performance in the 2001 Monitoring Learning Achievement (MLA report) indicate that 90 per cent of children in lower basic schools failed to meet the mastery levels (70 per cent minimum score) in the core subjects of Mathematics, English Language, Science, Social and Environmental Studies. The immediate causes for this low performance are due primarily to weak parental support for children’s learning, high illiteracy rate (70 per cent) poor quality of teaching including gender insensitivities during classroom discourse, unavailability of teaching and learning materials, and poor supervision of teachers. The underlying causes relate to weak community participation in monitoring student learning, poor quality of teachers, uneven distribution of qualified teachers and weak support for teachers and school heads. The root or

structural causes include the lack of adequate financial and human resources to implement the strategic education sector plan, the government's inability to train adequate number of teachers, provide adequate infrastructure and teaching and learning materials, and sustain regular in-service training courses for teachers and school managers.

- 46.** The immediate causes of low retention rates include parental preference for Islamic education, a high premium placed on early marriage and negative perceptions about western education (seen as an agent for breaking up rural families and fuelling the rural-urban drift). The underlying and root causes relate to the weak community participation, an unfavourable school calendar that affects children's' help with farm work, lack of role models for female students in the communities and above all extreme poverty (estimated at 69 per cent among the rural population). Furthermore, poor school infrastructure and high population growth rates (especially in urban areas) continue to erode any progress made in access and retention.
- 47.** The relevance of the curriculum has also been a major challenge. The immediate cause is the lack of curriculum reform in light of expectations of parents/communities/employers. The intermediate causes relate to weak technical capacities in curriculum development in the country and inadequate resources to support training in this area. Most of the curriculum materials are bought 'off the shelves' as the requisite technical capacities to develop relevant textbooks and other curriculum materials are not available. Root causes include inadequate teacher and school management training programmes.
- 48.** Early Childhood Development (ECD) implies a holistic development in which children develop cognitively, physically, emotionally and socially; these developments all take place simultaneously, mutually reinforcing each other. As such, ECD is more than just an element in basic education, and calls for an integrated approach in which various sectors intervene and work with families and communities to promote the holistic development of children. ECD in The Gambia is mainly in the hands of the private sector with most preschool facilities located in the urban areas. Approaches to comprehensive ECD are fragmented, and there are no comprehensive programs that integrate services for children in promoting their holistic development. Nationwide, only 18 per cent of all children of preschool age are attending any form of preschool education.
- 49.** In addressing these problems, government and development partners have adopted a Sector-Wide Approach (SWAp) for Education resulting in a comprehensive sector strategic development plan that maps out the resource requirements and the necessary capacities to realize the EFA and MDG goals. Six program areas have been identified, including basic education (and ECD), secondary education, technical vocational education training, tertiary and higher education, quality assurance and sector management. The mobilization since 2004 of additional resources under the World Bank Fast Track Initiative (FTI) and the strategic sector plan present new opportunities for increased partnerships to accelerate progress on the achievement of the targets set out in the new Education Policy 2004-2015. Activities supported by the FTI and African Development Bank projects are being implemented to support training of teachers, school infrastructural development, and provision of teaching and learning materials, curriculum review, monitoring of student performance and improving overall sector management.
- 50.** However there are capacity gaps in the implementation of these programs and policies. Significant among them are the inadequate supply of qualified teachers and their uneven distribution, inadequate human resources at higher management levels, insufficient technical capacities in planning and management, weak monitoring and supervision at school level, weak management skills of school heads, and inadequate supply of teaching and learning materials. Shortfalls in the annual budgetary allocations to the sector make it difficult to provide adequate classrooms, furniture, books and other amenities. The prevailing weak economic situation in the country makes matters worse, and the support to the education sector provided by the international community, though increasing, is not sustainable in the long run.

- 51.** Despite the contributions of the various development partners and other stakeholders to the Education sector, more still needs to be done to fulfil the obligations of the government, communities and international development agencies as duty bearers. Specifically, in order to maintain high levels of school attendance and retention rates, improve the quality and relevance of education and provide an enabling school environment for learning, development partners and other stakeholders would have to do more to build the necessary technical and human resource capacities at all levels, improve sector management, support teacher training and curriculum development, increase funding for educational materials and strengthen monitoring and evaluation activities. Basic education in particular needs more support in terms of its delivery and support for female education. The participation of communities and positively influencing their behaviours towards western education requires concerted efforts of all partners to boost enrolment rates and improve retention in order to attain the goals of both the EFA and the MDGs.

### **The Challenge of Child Protection**

- 52.** The Gambia ratified the United Nations Convention on the Rights of the Child (CRC) in 1990. It has also committed to various child-focused international conventions and declarations including the Millennium Declaration, the MDGs, the Stockholm Agenda and the Yokohama Declaration. All of these instruments emphasise children's right to be protected from all forms of abuse, neglect, violence and exploitation as well as cruel and degrading treatment, and harmful traditional practises. The Gambian government is obliged under these Conventions and Declarations to develop systems to ensure that all children are registered at birth, to adopt and enforce protective laws, to eliminate discrimination, to establish prevention, support and caring services for children and to end harmful traditional practices. The first MGD relates to eradication of extreme poverty and sets the target of reducing by half in 2015 the number of people living on less than one dollar a day.
- 53.** However violations of children's rights continue, and many children are in need of special protection measures. Many children are not registered at birth and are subjected to abuse, neglect, violence and exploitation including. These include children living and working on the street, those subjected to sexual abuse and exploitation, trafficking, baby abandonment and corporal punishment in homes and institutions as well as those subjected to harmful traditional practices such as female genital cutting and early marriage, as well as those children orphaned or made vulnerable by HIV/AIDS.
- 54.** The immediate causes of the vulnerability of children and insufficient protection include inadequate life-skills for young people, lack of livelihood skills, the sexual predatory nature of some adult males and the ease with which strangers have access to children in The Gambia. The underlying causes are inadequate or weak law enforcement, weak child protection systems, inadequate institutional capacity to address child protection at prevention, protection and rehabilitation levels, inadequate budget allocation to child protection issues and non-existence or non-implementation of child protection policies. The root causes are poverty and adherence to harmful traditional practices.
- 55.** There are inadequate child protection services for victims of abuse, neglect, violence and exploitation and those children without primary care-givers. The technical and institutional capacities of the government department responsible for child protection and the few NGOs engaged in child protection are weak. While there is a Birth Registration Act that establishes a decentralised Birth Registration system, it is weak and plagued by inadequate human resources, inadequate budget allocation and shortage of materials. There is a nascent child protection mechanism but there is no overall system for the protection, care and support of victims of abuse, exploitation and violence. A draft National Children's Policy and a National Plan of Action for "A World Fit for Children" still await approval by Cabinet. The Children's Act 2005, when fully implemented, will offer better legal protection for children. The implementation of the Policy, the Plan of Action and the Children's Act all require budgetary resources. However, in the absence of a Ministry for Children's Affairs, children's issues tend to be pushed to the back burner when it comes to Cabinet level decision and budget allocation by the Department of State for Finance and Economic Affairs.

56. Children, as right holders, are entitled to protection from violence, abuse and exploitation. It is equally the responsibility of the duty-bearers at State, community and family levels to ensure that children are protected and their rights fulfilled. For this to happen, however, the children need to know that they have rights and demand them, while duty-bearers need to have the knowledge, skills and resources necessary to protect children and provide rehabilitation and reintegration services should prevention efforts fail. The 2004 mid-term review of the UNICEF-assisted Child Protection Project revealed that there are insufficient numbers of trained professionals in the area of child protection service delivery in the Gambia. There are no professional courses in social work child psychology or psycho-social counselling and few trained professionals in the Gambia. At the divisional level there is no Social Welfare Service. As a result child victims of violence, abuse and exploitation rarely get access to child protection services such as recovery, rehabilitation, psycho-social counselling and social reintegration. Similarly, parents and community members, most of whom are poor and illiterate, are ill equipped to recognize the danger signs of potential child exploitation and ensure the protection of children against richer individuals with nefarious intent.
57. In order to address these weakness, emphasis should be laid on capacity building at institutional and individual levels, strengthening and broadening partnerships with NGOs on child protection, service delivery to address gaps, sensitisation to raise awareness and advocacy for sustained political commitment and allocation of budgetary resources to child protection.

### **The Challenge of Women's Empowerment**

58. The third Millennium Development Goal (MDG 3) strives to **Promote Gender Equality and Empower Women**. As mentioned in the development framework, persistent gender inequity poses a severe obstacle to sustainable socio-economic development in the Gambia. According to the 2003 Census, women constitute 51 per cent of the population.<sup>26</sup> In spite of their significant contributions to the national economy, women constitute the majority of the poor and extremely poor in the country and their status remains generally low, compared to men, as they face large family size, high dependency and limited access to social services. Significant efforts have been made over the last decade to create an enabling legal and institutional environment for women. The Gambia ratified the CEDAW in 1992. A national policy on women's empowerment was adopted in 1999, but the country still has a long way to go in achieving MDG 3 of promoting gender equality and women's empowerment.
59. Most Gambian women are rurally based and are engaged in agricultural production, particularly in horticulture and small-animal husbandry. Available data indicates that women comprise an estimated 50 per cent of the agricultural labor force, 70 per cent of the unskilled agrarian wage earners and are responsible for about 40 per cent of the total agricultural production in the country.<sup>27</sup> Key obstacles facing women in agriculture are access to land and credit, suitable machinery for mechanized agriculture, storage and processing facilities, farming inputs, and inadequate infrastructure such as roads. It is significant to note that the non-monetized contributions of women (domestic and reproductive) are still not computed as part of Gross National Income.
60. In The Gambia, education is a fundamental right for both males and females, and the Gambian constitution guarantees this right; likewise the Beijing Platform for Action and the Dakar Framework for Action reaffirmed the call for education for all and set goals to achieve this by 2015. There has been a most encouraging trend in girl's education, and The Gambia almost reached the Gender Parity Index (GPI) target at primary level in 2002 with an index of 0.99, up from 0.74 in 1996. Nevertheless, although the enrolment of girls in primary education has increased, most do not move up the ladder to obtain secondary education. This is due to the fact that many families are still unable to meet education costs. In addition, the value of schooling is still perceived differently for boys and girls in some communities. The female literacy rate amongst 15-24 year olds nationally stands at 37.1 per cent compared to 58.4 per cent for males, with wider disparities at divisional level. While in the non-formal education sector, opportunities have been created for women to become functionally literate, women are less able than men to take advantage of such programs due to heavy work loads, lack of

labor saving devices and poor attitude of men towards women's literacy. Since access to education and literacy is the bedrock of women's empowerment, these continuing disparities are of considerable concern to the government and other stakeholders.

- 61.** Although there are no legal obstacles to employing women, and their getting into decision-making positions in The Gambia, the data indicates that women are less likely than men to be in positions of power and decision-making in almost all key occupational positions.<sup>28</sup> In areas of public life, women constitute 21 per cent of the civil service labor force where the majority is in support rather than managerial positions. Less than 32 per cent of the formal private sector employees are female, and less than 20 per cent occupy managerial positions in the agricultural sector even though they are the most active participants. In the same vein, in 2003 women professionals only made up 27.5 per cent in the total number of employed people in The Gambia. In the political field, women form 58 per cent of the electorate and have the same voting rights as men. However, their proportion in the electorate is not matched by their numbers in the National Assembly, where only 10 per cent of members are female.
- 62.** As patriarchal societies predominate in The Gambia, women's status remain low compared to men. Some prevailing socio-cultural beliefs tend to inhibit the advancement of women and lead to prominent harmful practices such as: violence against women in various forms ranging from early marriage, physical abuse, rape, sexual harassment, Female Genital Cutting (FGC), and commercial sexual exploitation. Gender disparities in education, literacy, and decision-making positions are primarily due to the cost of education, early marriage and, in the case of decision-making positions, reluctance by men to accept the authority of women and see them achieve success. The root causes of these gender disparities rest in deeply-entrenched traditional beliefs and practices, as well as poverty. Tradition holds many families back from sending their girl children to school, and extreme poverty makes education, simply unaffordable for many families. These two root causes are sometimes intertwined, and act very much in concert against sending girls to school, and having women in decision-making positions.
- 63.** The beginning of proactive, gender-sensitive policies in The Gambia can be traced to 1975, with the declaration of the International Women's Year and Decade. Since then, major milestones have been the adoption of the 1997 constitution, which for the first time in Gambian history specifically provides for the rights of women and equal treatment with men including equal opportunities in political, economic and social activities, and the formulation of the National Women's Policy. However, subsection 5 of the Constitution states that women can seek protection only under customary law with regard to adoption, marriage divorce, and inheritance. It is thus seen to be permitting some discrimination and creating a problem and paradox in women's lives. A fundamental problem emanating from the policy is the lack of recognition of men as key targets in the empowerment process; it thus sends the inappropriate signal that gender is all about women.
- 64.** The implementation of these gender sensitive policies is supported by important institutional developments, including the emergence of the women legislators caucus in the National Assembly, the National Women's Council which is the supreme national body that promotes women's participation in the development process, and the National Women's Bureau which serves as the technical arm of the Council. Nevertheless, women's empowerment has yet to reach internationally accepted norms and standards, as structures for policies implementation and mechanisms to measure progress are still weak due to human resource gaps and logistical and resource constraints. With high illiteracy rates among women, many of the members of the National Women's Council are illiterate, and they, like many other women in the country, are not aware of their rights or are constrained, by tradition and culture, from demanding or exercising their rights. While there are many women's organizations in the country, many of them remain informal, have weak structures and lack organizational skills. These facts, coupled with their low participation in politics, lack of real economic power, mean that women lack a strong foundational platform for genuine empowerment.
- 65.** Besides government intervention, a variety of non-governmental organizations (NGOs)

implement programs with a focus on gender. Indeed, a recent study found that 27 NGOs are working on gender issues in The Gambia.<sup>29</sup> Thus, acknowledgement of the importance of a gender approach to development issues have come to the fore in the agenda of government agencies, the legislature, as well as NGOs, and the country's development partners. Opportunities to advance the empowerment of women have also been reflected by an increase in Gender Action Networks, NGO participation, high media coverage of issues affecting women, and special programs that target girls and women.

66. Nevertheless, there is still a need for gender equity programs through IEC activities and folk media that specifically target men. Such social development programs must go hand-in-hand with efforts to provide quality education for girls, continuous sensitization activities in area where parents are less inclined to send girls to school, investment in secondary and tertiary education for girls, improved literacy and skills training for women, exposure to information and communication technologies (ICT), support to women in agriculture and promotion of women to decision-making and political positions for a more people centered approach. Mainstreaming gender requires institutional norms; practices and structures must now change to accommodate women. There is also need for the harmonization of various international conventions and protocols, especially CEDAW, with the existing national laws so as to give credence and possibility to address some of the gender imbalances. Government must also ensure that interventions are put in place to implement the recommendations of the UN Committees of the CRC and CEDAW. This will encompass the enactment of laws to protect women and children from harmful traditional practices such as FGC and early marriage as well as exploitation, trafficking, prostitution, domestic violence and a review of the Constitution to remove ambiguities regarding gender equality.

### The Challenge of Health Care Provision

67. The provision of adequate health care is a major component of the MDGs. There are three MDGs that refer to health related issues. These are MDG 4 (**Reduce Child Mortality**) and MDG 5 (**Improve Maternal Health**). MDG 4 aims to **reduce by two thirds the mortality rate among children under five**, and MDG 5 aims to **reduce the Maternal Mortality Ratio (MMR) by three quarters**. The third health related MDG (MDG 6) refers to HIV/AIDS and other infectious diseases. Because of the potentially devastating impact of HIV/AIDS on socio-economic development, this MDG is treated as a section in its own right.
68. Government provides about 95 per cent of all health care services in the country. The 2000 Health Mapping Study found that primary level coverage was reasonably good at about 70 per cent coverage of the catchment population. In recent years, the share of the health sector in the recurrent budget of government has been declining, falling from 9.8 per cent in 2004 to 8.9 per cent in 2005.<sup>30</sup>
69. The most recent countrywide mortality survey conducted in 2001 estimates the U5MR and IMR to be 135 and 84 per 1000 births, respectively, the same as in 1993.
70. The most common childhood conditions related to childhood morbidity and mortality include malaria, acute respiratory infections, malnutrition and diarrhoea. Together these conditions contribute to 60-70 per cent of child mortality. Neonatal mortality constitutes 40 per cent of infant mortality. Malaria constitutes about 40 per cent of all out-patient visits as well 60 per cent of all admissions to the paediatric ward. There is evidence that the malaria parasite is developing resistance to the first line of drug (chloroquine). A recent malaria sentinel survey indicates that the resistant level is above the WHO threshold of 25 per cent requiring change of regimen.<sup>31</sup>
71. In the 2001 national survey on maternal, perinatal, neonatal, infant and child mortality and contraceptive prevalence, over 260 maternal deaths were recorded. Half of the maternal deaths occurred between the ages of 20 and 34 years, although a significant 30 per cent were below 20 years of age. The maternal mortality ratio (MMR) was found to be 730 maternal deaths per 100,000 live births. This varied from 980 per 100,000 in Primary Health

Care (PHC) villages to 871 per 100,000 in non-PHC villages and 495 per 100,000 in urban areas. This indicates that the maternal mortality rate in rural areas is nearly twice as high as that in urban areas. Whilst maternal mortality has been on the decline in the past, recent data indicate that it is now on the rise

- 72.** The most common immediate causes of child mortality are malaria, diarrhoeal diseases and acute respiratory infections. The main causes of mortality in infants (0-12 months) are neonatal sepsis, premature deliveries, malaria, respiratory infections, diarrhoeal diseases and malnutrition. Overall, malaria is the leading cause of morbidity and mortality in The Gambia
- 73.** Maternal malnutrition is caused by poor dietary intake, heavy workload and a high infection rate (maternal depletion syndrome), and is reflected in the high prevalence of low birth weight babies especially during the rainy season. Iron deficiency anaemia, is common among, pregnant women. Work by the National Nutrition Agency (NaNA) showed that one third of pregnant women had not eaten meat or dark green leafy vegetables (rich sources of iron) in the seven days prior to a survey, and a further 19 per cent had only consumed them on three or four days in the week.
- 74.** Underlying causes of the high maternal mortality rate in the Gambia include: a high fertility rate of 5.9 (per woman of childbearing age), early age at first pregnancy which is 17years,<sup>32</sup> too frequent pregnancies and poor quality of maternal services, poor referral systems, low female literacy level, low status of women, and attitudinal barriers to health care services, which include the fact that household income is often spent on clothing rather than on food and health care for women and children, leading to maternal malnutrition and illness. The contraceptive prevalence rate (CPR) is still very low in spite of the relatively high knowledge of family planning methods. According to the 2001 study the percentage of married women who are currently using a method of family planning is estimated at 17.5%. Three quarters of the current users are using a modern method. Communities perceive the health delivery system to be of questionable quality, limiting their utilisation of the services. Skilled personnel attend to only 54 per cent of women during delivery.<sup>33</sup>
- 75.** The data indicate that the immediate causes of maternal mortality are haemorrhage, pre-eclampsia (pregnancy-induced hypertension) and eclampsia, obstructed labour, and infection. Anaemia and malaria are important underlying causes. Attention should therefore be given to make these centres functional. Malaria is among the indirect causes of maternal mortality representing almost 18 per cent of all deaths. Quality of care including the provision of emergency obstetric care is found to be below acceptable standard.<sup>34</sup> The poor quality of obstetric care is the major cause of maternal deaths, and is manifested by inadequate number of appropriately trained doctors and midwives in health facilities, inadequate essential obstetric equipment, chronic shortage of basic supplies, and the non-functioning of some operating theatres in major health centres. There have been attempts to operationalise major health centres to provide emergency obstetric care, but according to the recent EOC study (2004), none are presently operational. Attention should therefore be given to make these centres functional.
- 76.** Intermediate causes contributing to the prevailing situation in the areas of maternal and child health include malaria, diarrhoea, intestinal parasites, and low household incomes.
- 77.** Malaria is endemic in the country where the Gambia River runs the breadth of the country. The utilisation of treated mosquito bed nets by both mothers and infants is less than 60%, according to a situational analysis study in 2003. Intermittent prophylactic treatment for pregnant women has not been scaled up nationally.
- 78.** Immediate causes for diarrhoea include transmission of bacteria by inappropriate handling of food and consumption of contaminated water. Underlying causes include poor environmental sanitation, low awareness of basic hygiene due to relatively low literacy rate. Contamination of wells by seeping effluents from nearby latrines may also be responsible for incidences of diarrhoea. The frequent disruptions of piped water in the country also contribute to high

incidence of diarrhoea.

- 79.** Low household income in the country leads to low access to nutritious food. The 1998 Household Poverty Survey Report starkly reveals the inaccessibility of meat, dairy, vegetables and fruit for the poor. For the extreme poor, expenditures on food are concentrated on cereals and cereal products, which are calorie dense and the foundation of diets. The issue of diet quality for the poor is revealed in that the poor spend just 34% of the amount they spend on cereals on meat, poultry, eggs, milk, dairy products, fish, vegetables and fruit, rich sources of essential micronutrients and minerals. The non poor spend 30% more on these foods than cereals, even though their expenditure on cereals is 36% more than the extreme poor. The extreme poor have insufficient income to purchase a healthy diet.
- 80.** Low use of contraceptives could be associated with cultural factors, which places such decision making at the level of men. In practice, men tend to refuse contraceptive use by either themselves or women
- 81.** The root causes of poor maternal and child health in The Gambia include: poverty, harmful traditional beliefs and practices, poor physical infrastructure (roads, electricity, communication and water), availability of adequate and appropriate health information to the general public, and limited financial resources.
- 82.** The national priorities in the health sector are enshrined in the various policy pronouncements of the Department of State for Health and Social Welfare. Other than the National Health Policy there are policies on Reproductive Health, Youth, Malaria, HIV/AIDS, Drugs, Population and Nutrition. What is urgently required is a concerted national effort to operationalise these policies through the development of a costed strategic medium term plan and the mobilisation of the required resources. The reproductive health policy does not adequately address critical issues such as malaria in pregnancy and HIV/AIDS, especially prevention of mother to child transmission. Policies on immunisation schedule for children in the face of a successful pneumococcal vaccine trial need updating.
- 83.** Programmes to address child health issues, including the Integrated Management of Childhood Illnesses (IMCI) strategy aiming at the reduction of under-five morbidity and mortality, do not address newborn care and the community component of IMCI, which are critical for child survival.
- 84.** Although significant achievements have been registered with regard to immunization services (more than 80 per cent coverage), the country needs to maintain these impressive figures. Maintaining the cold chain, including ensuring the availability of electricity to maintain the potency of vaccines, ensuring uninterrupted supply of vaccines and transport for outreach services, remain challenges, especially when the Global Alliance on Vaccines and Immunisation (GAVI) support, which The Gambia currently enjoys, ends in 2006.
- 85.** An extremely important factor in early infant care is exclusive breastfeeding, ideally for the first 6 months of life. The Gambia has made great strides through the Baby Friendly Community Initiative (BFCl): in 1989 few infants were exclusively breastfed, but by 2005 more than 48 per cent are exclusively breastfed for 4 months and 45 per cent for 6 months in intervention zones. This needs to be expanded for countrywide coverage.
- 86.** Major five-year grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) – \$14 million for malaria and initial funding of \$2.5 million for tuberculosis – have allowed for significant initiatives in the fight against these killer diseases.
- 87.** The use of ITNs for malaria prevention especially for under five-year olds, and pregnant women is constrained by inability of communities to buy bed nets due to poverty. Whilst access to ITNs and case management of malaria in pregnancy is relatively high, intermittent preventive treatment (IPT) is yet to have national coverage, and is currently being provided in only three out of six health divisions. DOSH is in the process of changing the malaria

treatment regimen to that of combination therapy – (Artemether-Lumefantrine/Coartem), from the health budget if stock outs are to be avoided.

88. There are several projects addressing adolescent reproductive health but these must be consolidated into a comprehensive national adolescent reproductive health program to address issues such as teenage pregnancy, early marriage, and baby abandonment. There is a national youth policy, but does not address the reproductive health needs of adolescent and youths.
89. The recently adopted road map for the reduction of maternal and neonatal mortality addresses some aspects of the maternal and newborn care. However resources need to be mobilised for the costed strategy of the road map.
90. The magnitude and health impact of gender-based violence, abortion and post abortion services and genital fistulae need to be determined so that program to address them can be developed.
91. Government as a duty bearer has the responsibility to provide all the health programs mentioned above. Government provides about 95 per cent of health care services in the country. However, the quality of the health care services needs improvement. The health services sector is very labour intensive, and is heavily dependent on trained technical staff. According to recent data, the sector suffers from severe shortage of motivated and qualified personnel. In 2005, the physician/population ratio in The Gambia (excluding expatriate doctors) is 1/50,537, while the ratio of pharmacists/technicians/assistants is estimated at 1/31,733. During this period the Gambia registered a net loss of qualified nurses. This resulted in the ratio of nurse/population falling to 1/1470. Similarly, the ratio of midwives/population is estimated at 1/4926. The ratio of essential support staff to the population, such as laboratory technologists/technicians was 1/15,866, with the majority employed by the private sector<sup>35</sup>. The quality of maternal and newborn health care services is a serious challenge to the country. This is due to several factors including the, shortage of trained midwives, nurse-anaesthetists, and scrub-nurses and finally insufficient equipment and supplies for surgical interventions.
92. Anaemia and malaria are important indirect causes of maternal mortality. Thus, it is recommended that effective antenatal, delivery- and post-natal care services should be provided to reduce maternal mortality. Efforts need to be made to address cultural, attitudinal, and financial barriers that may inhibit regular and timely hospital attendance by women. There are also limited financial resources to provide the much-needed drugs, other medical supplies, equipment, transport and fuel. The non-functioning of most of the operating theatres in major health centres is due to inadequate supplies of basic equipment, trained human resources, logistics and other supplies.
93. Access to vital specialized services such as emergency obstetrical care is still insufficient, with the bulk of hospital services being concentrated in major towns. Technical capacity needs to be strengthened at the major health centres, which are the initial referral point for obstetrical and other medical emergencies. Hospital bed capacity would also need to be re-distributed closer to the population, including decentralization to the major health centres, with special attention given to making obstetrical beds available.

#### **The Challenge of HIV/AIDS, Tuberculosis and Malaria**

94. **Millennium Development Goal Six (MDG 6) seeks to combat HIV/AIDS, malaria and other diseases** such as tuberculosis. Issues concerning malaria were discussed in the previous section. The Gambia has a relatively low HIV sero-prevalence. The epidemiological profile of HIV/AIDS in The Gambia follows certain characteristics for the pandemic in Africa: heterosexual intercourse is the main mode of HIV transmission, and the age group 20-25 experiences the highest HIV sero-prevalence rates for both males and females. Estimated HIV-1 prevalence among women aged 15-49 years attending antenatal clinic was 2.1 per cent

in 2004, compared to 0.6 per cent in 1993/95. In contrast, the HIV-2 prevalence rate declined from 1.1 per cent to 0.8 per cent over the same period. HIV-1 is now the main virus driving the epidemic in The Gambia with a potential of 25 per cent transmission rate from mother to child, whilst HIV-2 seems to be on the decline. This epidemiological shift has repercussions because HIV-1 is more aggressive and virulent than HIV-2. However very little is known about the magnitude of paediatric AIDS.

- 95.** The main immediate cause of HIV infection is unprotected heterosexual intercourse, which accounts for 90 per cent of infections. Other causes include transmission from mother to child and sharing of infected needles. Breast-feeding accounts for about 20 per cent of transmission from mother to child.
- 96.** Women are particularly vulnerable to HIV infection due to a combination of biological and socio-cultural factors. Sexual activity among women in The Gambia sometimes commences in early adolescence, when they are biologically more susceptible to HIV infection. This early sexual activity is frequently due to early marriage, often to older men who may be already infected. Cultural practices such as female genital cutting make women even more susceptible to HIV infection. Women are also economically less independent, thus exposing them to abuse and exploitation. Under-nourished people are more susceptible to HIV infection, develop AIDS faster and are less responsive to anti-retroviral drugs than well nourished people. Services to prevent the transmission from mother to child are not accessible nation-wide and are only currently provided in 10 facilities. Stigma contributes to the spread of infection because of failure to disclose the HIV status to partners.
- 97.** The root causes of HIV/AIDS include poverty, traditional practices such as wife inheritance, and inadequate and inappropriate information on HIV/AIDS.
- 98.** In 1995, The Gambian government responded to the pandemic by issuing policy guidance that outlined four objectives: reduce the impact of morbidity and mortality due to HIV/AIDS; ensure basic human rights; provision of adequate medical and social care including counselling, to HIV/AIDS positive individuals; and social and economic opportunities remain available to HIV positive individuals.
- 99.** The national HIV/AIDS policy is being reviewed, and will be updated in 2006. A national HIV/AIDS Strategic Framework was finalized for the period 2003 to 2008. The overall goal of the plan is to stabilize and reduce the prevalence of HIV/AIDS, and provide treatment, care and support to people living with HIV/AIDS (PLWHA). In addition there is a policy framework for the prevention of mother to child transmission of HIV/AIDS. Various guidelines and protocols have also been developed such as national guidelines for Community Home Based Care (CHBC). The National AIDS Council and National AIDS Secretariat were established under the office of the president. They are responsible for planning, coordinating and monitoring the national response to HIV/AIDS.
- 100.** Government secured funding from the World Bank for HIV/AIDS Rapid Response in 2001. In addition the country is a beneficiary of global fund for HIV/AIDS. The UN system is contributing to the national response through the UNAIDS Theme Group and technical working group, and a partnership forum on HIV/AIDS has been established to foster collaboration among all stakeholders. Some UN agencies support agency specific programmes, where they have comparative advantage. People living with HIV/AIDS have established support groups and are being supported by government and UN. Services to prevent mother to child transmission are limited and currently there are only three facilities providing anti-retroviral treatment. The 3 by 5 Initiative, to accelerate access to ARVs by the year 2005, is currently being implemented.
- 101.** HIV/AIDS creates additional demand on the existing weak health system. VCT, PMTCT & ARV services require additional human resources, laboratory reagents, equipments and other supplies. Services to prevent mother to child transmission are limited and there are few centres providing anti-retroviral treatment for the increasing number HIV infected people.

Currently only about 125 PLWHA are receiving ARV treatment. In addition, there is a need to scale up PMTCT and ART services. Additional resources are also required to support and care for PLWHAs, orphans and other vulnerable children, including the provision of food and nutrition. Coordination of HIV/AIDS response is weak and needs to be strengthened.

### **The Challenge of Sustainable Environmental Management**

- 102.** The seventh MDG (*Ensure Environmental Sustainability*) has three subcomponents that are being tracked in The Gambia. These are Target 9 (Integrate the principle of sustainable development into country programmes and reverse the loss of environmental resources), Target 10 (Halve by 2015 the proportion of people without sustainable access to safe drinking water) and Target 11 (By 2020, to ensure have achieved a significant improvement in the lives of at least 100 million slum dwellers). In the case of the latter, the emphasis is on improving the proportion of the Gambian population that has access to improved sanitation.
- 103.** The Gambia has made tremendous strides in recent years, particularly in the provision of potable water, mainly due to the many water supply projects executed in the past decade or so. Thus, from 2000 to date, 160,000 people have been provided wells and boreholes with the aid of bilateral and multilateral assistance.<sup>36</sup> In addition, plans are under way to provide, with donor support, an additional 130,000 people in rural and peri-urban area with water supply. According to *State of the World's Children (SOWC) 2005*<sup>37</sup>, in 2002, 82 per cent of the Gambian population had drinking water from improved sources (95 per cent urban, 77 per cent rural), and 53 per cent used adequate sanitation facilities (72 per cent urban, 46 per cent rural).
- 104.** With regard to sanitation, the main issues which constitute major environmental hazards are waste management, especially in urban areas, and the safe disposal of excreta, better management of landfills, and monitoring of surface and ground water. This has been exacerbated by high population growth around urban centres, with little or no urban planning, and with a lack of resources to deal with the inevitable rise in waste generated. At the industrial level, there is failure to operationalise the "polluter pays" principle, partly for fear that this would increase production costs substantially and discourage potential investors.
- 105.** With regard to forestry, participatory forest management and a decline in groundnut production has increased total forest cover from 41.6 million Ha to 46.9 million Ha between 1980, and 1999.<sup>38</sup> Participatory forest management, based on the Gambian Forest Management Concept (GFMC) has an in-built poverty-reduction strategy that includes the sale of forestry products.<sup>39</sup> Furthermore, the increase in total forest cover was in spite of the fact that both population growth and increasing demand for agricultural land has caused extensive deforestation in the past few decades. Despite these gains, it is generally thought that certain forest species may have been lost in the process, an assertion that can only be verified by an inventory exercise.
- 106.** With regard to biodiversity, the percent of total land areas under protection to improve biodiversity has been increased from 3.7 per cent in 2000, to 4.1 per cent in 2003, with plans to increase this percentage to 5 per cent in the medium term.<sup>40</sup> The Gambia is working closely and actively with its neighbours to manage trans-frontier protected areas. Although there have been recent improvements in the area of land under protection, the exact stock of flora and fauna is not known and thus it is difficult to quantify the extent of environmental losses that may have been created by population growth and deforestation. Thus a first step towards attaining target 9 would be to conduct a comprehensive inventory of the flora and fauna of the country, from which a plan for the sustainable exploitation of the country's natural resources can be developed and implemented.
- 107.** The immediate cause of threats to sustainable environmental management in The Gambia can be attributed to the rapid population growth as well as the inadequate planning and management of population settlements and rural outmigration. Because a large proportion of the population depends on the country's natural resources for their livelihoods – crop farming,

animal husbandry, fishing, fuel wood harvesting – coupled with the use of sand and forest products like timber in housing construction, the natural resources are being depleted at a rapid rate. The underlying cause can be attributed to a failure by central and local government authorities to integrate the principle of sustainable development into country programs and development initiatives, and this is aggravated by the fact that sectoral policy objectives and activities often seem to be at conflict with each other. For instance, sand mining for the construction industry has had an adverse impact on the erosion of beaches that are indispensable for the tourism industry. Similarly, the interest to attract foreign investment often translates into environmental impact assessments not being carried out properly. The root causes can be attributed to government agencies that are ill equipped (equipment, human resources, etc.) to undertake the tasks expected of them, a population that is not sensitised to the importance of environmental conservation and a lack of understanding and political will among the country's decision makers.

### **The Challenge of Governance and Development**

- 108.** Attainment of the Eighth MDG (*Develop a Global Partnership for Development*) in The Gambia focuses on target 12 (Develop further an open, rule-based, predictable, non-discriminatory trading and financial system). Specifically that component which stresses a commitment to good governance, development and poverty reduction – both nationally and internationally.
- 109.** As stated previously, two of the main challenges to poverty reduction in The Gambia are in the areas of economic and political governance. The inability of government to provide essential economic and social infrastructure, hire and maintain a competent and motivated civil service and effectively implement poverty reduction programmes can be linked to the paucity of government revenue. A recent report by the Millennium Challenge Corporation indicated that the country fell short in a number of governance indicators such as management of state assets, government effectiveness, and accountability.<sup>41</sup> In addition, the National Assembly is not effectively performing its oversight roles and responsibilities, particularly in the national budget formulation process and public expenditure controls. In order to strengthen government's capacity to effectively manage the economy, assistance is being provided by UNDP and a variety of development partners (DfID, ADB, World Bank, etc.). However for economic governance programmes to be successful in the long term, there is a pressing need for improved political governance as well.
- 110.** Government has recognized the importance of economic and political governance to poverty reduction and sustainable development in The Gambia. These issues are addressed in the first (Improving the enabling policy environment to promote growth and poverty reduction) and fourth (Building capacity for local, people-centred development through decentralisation) pillars of the current PRSP. In addition, governance is included as a cross-cutting issue in the fifth pillar of the PRSP.
- 111.** Although government has recognized that improved political governance is essential for poverty reduction, actions in this area have been mixed. A national governance policy was adopted in 1999, and further developments include the promulgation of the Local Government Act of 2002 (which was amended in 2003) and the Local Government Finance and Audit Act of 2004, which provide a legal basis for political and fiscal decentralisation in The Gambia. However advances on the legislative front have been offset by a number of violations in the areas of human rights, most notably those concerning freedom of the press.
- 112.** Outstanding issues about press freedom include the enactment of media laws that are seen by many in the private media as attempts by government to limit the investigative ability of Gambian journalists, and the fact that although police investigations are ongoing, there have been no arrests in a number of attacks on media houses and journalists. These attacks include five cases of arson directed against journalists or privately owned media houses since 2001.<sup>42</sup> In December, 2004, the publisher of a leading local newspaper (*The Point*) was murdered, and no one has yet been charged in this case.

- 113.** The governance issues faced by The Gambia must be seen in the context of a variety of capacity and resource constraints, and the need for the political will to address the concerns of the country's development partners. An immediate cause for the ongoing problems in the areas of economic and political governance is the lack of a competent and motivated civil service that is committed to effectively implementing poverty reduction programs based on the principles of performance based management. The underlying causes can be traced to insufficient incentives to recruit and retain competent technical staff in the civil service, job insecurity and the absence of an independent civil service authority that is free from outside political influence. The root cause of the governance issues confronted by The Gambia can be traced to the absence of meaningful debate on the development issues facing the country, a lack of transparency and accountability among leading decision makers and the widespread perception that all decisions are made by State House (i.e. The President) and opinions that are contrary are done so at one's peril. This has the effect of limiting discussion of policy options and promotes a tendency towards 'short term, quick fix' solutions when a more structural approach to Gambia's development problems is required.

#### **KEY AREAS OF COOPERATION**

- 114.** Based on the findings detailed in the aforementioned chapters, it is evident that there are many challenges to The Gambia's development efforts. The challenges are not only many, they are also varied. In this regard, the UN CCA preparation guidelines suggest a number of criteria that should be used for prioritising development challenges as:<sup>43</sup>

Persistence, severity, and scope of the issue  
Negative trends or particular opportunities  
Trends that might result in man-made crises or national disasters  
Disparities suggesting unequal treatment, including discrimination against vulnerable and disadvantaged peoples and those persistently excluded, and opportunities for their participation  
Opportunities for advocacy and program cooperation by development partners  
Opportunities for multiple impacts

- 115.** On the basis of the findings identified in the document, and in light of the criteria listed above, the development challenges to be addressed are prioritized in terms of severity, the degree to which they impede national development and their role in assisting the country to attain the MDGs. It is in this context, that the UNCT, key stakeholders, civil society groups and the Government of the Gambia have consulted and agreed that the following should be the key areas of development cooperation and partnership:

- I. **Economic and Political Governance:** Given the IMF Article IV Consultation and various World Bank reports on the economic performance of The Gambia, and the general state of economic governance in the country, it is important for Government to focus on economic governance issues: transparency, accountability, probity, disciplined fiscal and monetary policies as well as strengthening of the internal controls at the Central Bank of The Gambia. Issues of political governance such as decentralisation, press freedom, increasing the political space and public participation, as well as increasing the capacity and effectiveness of the legislative branches of government, will be critical for this area of development cooperation.
- II. **Poverty Reduction Strategies:** Given high and increasing poverty in the country, poverty reduction should remain a significant preoccupation of development efforts in The Gambia for the foreseeable future. The lack of employment and/or livelihood activities, especially for youth, is of particular concern, given that the majority of the population is under 30 years of age. Consequently, there is a need to develop effective, affordable, and sustainable poverty reduction strategies that go beyond the traditional interventions such as micro financing and income generating activities. Poverty reduction strategies should address the root causes of poverty, including hunger, with a view to quantifiably increasing the number of people that would be moved out of the ranks of the poor. In this regard, it will be important to help improve

the country's transportation, telecommunications and energy infrastructure in order that the private sector can thrive and help reduce poverty. Failure to substantially reduce poverty rates can result in increased crime and social unrest, and threaten long-term peace and security of the country.

- III. **Reproductive and Child Health:** Malaria and HIV/AIDS continue to pose serious threats to national development efforts, in terms of both health and economic impact. Malaria, the number one killer in The Gambia, also contributes significantly to morbidity, adversely affects school attendance and is responsible for a loss of productivity in all sectors of the economy. Although HIV/AIDS prevalence is low compared to some parts of the sub-region, the rate has almost doubled in the past five years. Sexual behavior, especially among youth and young adults, the most affected cohorts, needs to be addressed urgently. A wide variety of other infectious and communicable diseases – many of which are vaccine-preventable – contribute substantially to high rates of infant and under-five mortality and morbidity. Unacceptably high maternal mortality rates, coupled with high neonatal mortality and morbidity, also need urgent attention. Attacking undernutrition will be a key priority in tackling infant and child mortality given it is a key factor in 50 – 60% of all child mortality. Closely related issues of adolescent health will also need to be addressed under this area of development cooperation.
  
- IV. **Children's and Women's Rights:** The Gambia has shown strong commitment through the ratification of international instruments pertaining to the rights of children and women, notably the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). While the former was harmonized with domestic law through the 2005 Children's Act, domestication of the latter has yet to take place. Further, law reform initiatives targeting women's empowerment issues need to be undertaken with a view to making the Gambia conform to internationally accepted norms and standards. This key area of cooperation will tackle not only legal reform but also the programme implementation necessary to address gender and age disparities in access to social services and to obviate the disproportionate burden of poverty on these groups. Women's access to productive assets, health care, and education, their right to inheritance, and their protection from discrimination and violence will be emphasized. Issues such as the sexual and other forms of abuse and exploitation of children, birth registration, the protection of orphans and children, and fighting child trafficking will all be important areas for cooperation.
  
- V. **Education:** Despite the significant gains in enrolment and reduction of the gender gap in enrolment to 2 percentage points at the lower basic level, education, especially the education of the girl child, remains a major priority for the government. Attempts to increase enrolment to 90 per cent will be maintained, as well as supporting and promoting early childhood development. The focus of the new education policy would address the issue of quality, relevance, retention and inadequate infrastructure to ensure the attainment of the EFA and MDG by 2015. Girls' education, teacher training, provision of teaching and learning materials, learning achievement monitoring, support and promotion of early childhood development and support to capacity strengthening of the sector will be important components of this key area of cooperation.

**MDG INDICATOR FRAMEWORK:** Indicators from the 2003 MDG National Report for The Gambia

| GOAL   | TARGET   | INDICATORS   |
|--|--|--|
| 1 – Eradicate Extreme Poverty and Hunger         | Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than US\$1 a day   | <i>Proportion of population below overall poverty line-69% (1998)</i><br><i>Proportion of population below food poverty line-51% (1998)</i>  |
|  | Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger  | <i>Percentage of population below minimum level of dietary energy consumption-21% (1998)</i><br><i>Percentage of underweight under-fives-17% (1998)</i>  |
| 2 – Achieve Universal Primary Education          | Target 3: Ensure that by 2015, Children everywhere boys and girls alike, will be able to complete a full course of primary schooling             | <i>Net Enrolment Ratio in primary education (NER)-60% (2000)</i><br><i>Proportion of pupils starting Grade 1 who reach Grade 5-90% (1998)</i><br><i>Literacy rate of 15 to 24 year olds</i>  |
| 3 – Promote Gender Parity and Empower Women      | Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015     | <i>Ratio of girls to boys in primary education (gross enrolment – Lower Basic)-65% (1998)</i><br><i>Ratio of girls to boys in lower secondary education (Upper Basic)-37% (1996)</i><br><i>Ratio of boys to girls in senior secondary education;</i><br><i>Ratio of literate female to men among 15 to 25- year-olds</i> |
| 4 – Reduce Child Mortality                       | Target 5: Reduce by two-thirds, between 1990 and 2015, the under five mortality rate   | <i>Under-five mortality rate;-135 per 1000 live births (2001)</i><br><i>Infant mortality rate;</i><br><i>Proportion of 1 year-old children immunised against measles</i>   |
| 5 – Improve Maternal Health                      | Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio  | <i>Maternal mortality ratio;-730 per 100,000 live births (2000)</i><br><i>Proportion of births attended by skilled health personnel-55% (2000)</i>   |
| 6 – Combat HIV/AIDS, Malaria, and other Diseases | Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS  | <i>HIV prevalence among 15-49 year old pregnant women-2.1% (2004)</i><br><i>Condom use at last high-risk sex;</i><br><i>Percentage of population aged 15-24 with comprehensive correct knowledge of HIV/AIDS;</i><br><i>Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14</i>         |
|  | Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases   | <i>Malaria prevalence among children Under 5-15% (2000)</i><br><i>Proportion of population in malaria risk areas using effective malaria prevention and treatment measures-N/A</i>   |
|  |  | <i>Tuberculosis Prevalence and death rates associated with tuberculosis;-1,561 cases. 49 deaths (2000)</i><br><i>Proportion of tuberculosis cases detected and cured under direct observation treatment short-course (DOTS)-72% (2001)</i>   |
| 7 – Ensure Environmental Sustainability.         | Target 9: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources | <i>Proportion of land area covered by forest-41.5% (1999)</i><br><i>Ratio of area protected to maintain biological diversity-3.7% (1999)</i><br><i>Carbon dioxide emissions (Metric tons, CO2 per capita)-0.18 (1993)</i>  |
|  | Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation                       | <i>Proportion of population with sustainable access to an improved water source-84% (2000)</i>   |
|  | Target 11: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers                                | <i>Proportion of population with access to improved sanitation (including pit latrines)-88% (1998)</i>   |
|  |  |  |

## PRSP (SPA II) Outcome Indicators

| Sector or Activity                 | Final Indicators (Outcome)  | Current Situation        | Indicative Target  | Source  |
|------------------------------------|---|--------------------------|--------------------|---|
| Poverty                            | Population below food poverty line  | 51%                      | %                  | 1998 National Household Poverty Survey (NHPS) |
|                                    | Head count index  | 69%                      | %                  | SPACO Poverty Reports                         |
|                                    | Gini coefficient  | .474                     | 0                  | 2005 HDR                                      |
|                                    | HDI   | .470                     |                    | 2005 HDR                                      |
|                                    | HPI   | 44.7                     |                    | 2005 HDR                                      |
|                                    | GEM   | .262                     |                    | NHDR  |
|                                    | GDI   | .340                     |                    | NHDR  |
| Education                          | GER: Lower Basic Education (including Madrassah*)                           | 76% (2004)<br>91% (2004) |                    | 2004 PRSP Annual Progress Report              |
|                                    | GER: Upper Basic education  | 65% (2004)               |                    | 2004 PRSP Annual Progress Report              |
|                                    | Gender equity:<br>Primary enrolment*<br>Secondary enrolment                 | 51% (2004)               | Equality<br>2005   | 2004 PRSP Annual Progress Report              |
|                                    | Enrolment of girls  | 46                       | 46                 | EMIS  |
|                                    | Adult literacy rate   | 37%                      | 40%                | SPA II (2002)                                 |
|                                    | Illiteracy rate   | 63%                      |                    | SPA II (2002)                                 |
|                                    | Male Literacy rate (15+)  | 44.5%                    |                    | SPA II (2002)                                 |
|                                    | Female literacy rates (15+)   | 26.9%                    |                    | SPA II (2002)                                 |
| Health, Nutrition, Population      | Infant mortality rate   | 75/1000                  | 60/100<br>(2003)   | CSD Reports                                   |
|                                    | Malnutrition: <5 (Wet Season)   | 13.5%                    | 12% (2003)         | Nutrition unit reports & NaNA                 |
|                                    | Malnutrition: <5 (Dry Season)   | 11.7%                    | 8% (2003)          | Nutrition unit reports & NaNA                 |
|                                    | Number malnourished people  |                          |                    |   |
|                                    | EPI Coverage  | 76%                      | 85% (2003)         |   |
|                                    | PHC   | 67%                      | 80%                |   |
|                                    | Maternal mortality rate/100,000 live births                                 | 10.5 per<br>10000        | 6/10,000<br>(2003) |   |
|                                    | Percentage of women affected by HIV-1                                       | 2.1%                     | <1.9%<br>(2003)    |   |
|                                    | Number of people reached by HIV/AIDS education outreach                     |                          |                    |   |
|                                    | Share of primary and health care within overall recurrent budget for health |                          |                    |   |
| Access to reproductive health care |   |                          |                    |   |
| Contraceptive prevalence           | 9%  | 15%                      |                    |   |

## The Gambia Economic Data

|  |   |
|--|---|
| Human Development Index ranking                    | 155 <sup>th</sup> (out of 177 countries) (2004) |
| GDP per capita                                     | US\$ 257 <sup>1</sup> (2002)                    |
| GDP per capita annual growth rate                  | - 0.2% (1975-2002)                              |
| Annual GDP growth rate, 2002                       | - 3.2%  |
| Annual GDP growth rate, 2003                       | 6.7%  |
| Imports of goods and services (% GDP)              | 72 (1992)<br>72 (2002)                          |
| Public expenditure on education (% GDP)            | 3.8 (1990)<br>2.7 (1999-2001)                   |
| Public expenditure on health (% GDP)               | 2.2 (1990)<br>3.2 (2001)                        |
| Total debt service (% GDP)                         | 11.9 (1990)<br>5.4 (2002)                       |
| Population   | 1.4 million (2003)                              |
| Annual population growth rate (%)                  | 3.4% (1975-2002)<br>2.2% (2002-2015)            |
| Population density                                 | 133 persons/sq. km.                             |
| Life expectancy at birth                           | 54.1 (2000-2005)                                |
| Infant mortality rate (per 1,000 live births)      | 84 (2001)                                       |
| Under five mortality rate (per 1,000 live births)  | 135 (2001)                                      |
| Maternal mortality rates (per 100,000 live births) | 730 (2001)                                      |
| Adult literacy rate                                | 25.6% (5 ages 15 and older)                     |
| Net primary enrolment ratio                        | 73% (2001/2002)                                 |
| Net secondary enrolment ratio                      | 28% (2001/2002)                                 |

Source: 2004 Human Development Report, and Gambian government agencies

<sup>1</sup> US\$ 1.00 = (approx.) D 30

## List of International Treaties and Conventions Ratified by the Government of The Gambia<sup>2</sup>

### Energy and the Environment

1. Framework Convention on Climate Change
2. Kyoto Protocol to the Framework Convention on Climate Change
3. Convention on Biological Diversity

### Major International Human Rights Instruments

1. International Convention on the Prevention and Punishment of the Crime of Genocide, 1948
2. International Convention on the Elimination of All Forms of Racial Discrimination, 1965
3. International Covenant on Civil and Political Rights, 1966
4. International Covenant on Economic, Social and Cultural Rights, 1966
5. Convention on the Elimination of All Forms of Discrimination Against Women, 1979
6. Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 1984
7. Convention on the Rights of the Child, 1989

### Fundamental Labour Rights Conventions

1. Freedom of association and collective bargaining - Conventions 87 & 98
2. Elimination of forced and compulsory labour - Conventions 29 & 105
3. Elimination of discrimination in respect of employment and occupation - Conventions 100 & 111
4. Abolition of child labour - Conventions 138 & 182

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## **END NOTES**

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