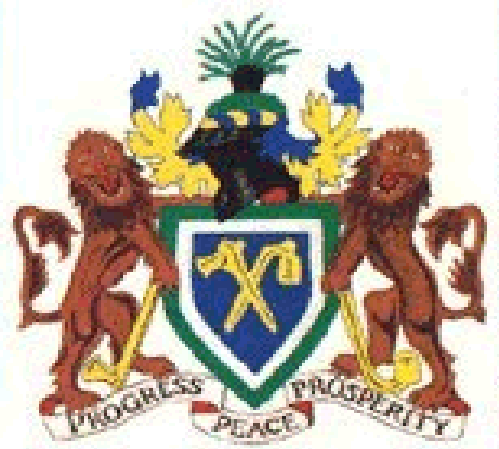
REPUBLIC OF THE GAMBIA



FIVE YEARS FROM 2015, THE LEVEL OF ACHIEVEMENT OF THE MILLENNIUM DEVELOPMENT GOALS (MDGs)

MDG Status Report, 2010, THE GAMBIA

FINAL REPORT

Ministry of Economic Planning and Industrial Development
September 2010

FOREWORD

A decade has passed since the world leaders adopted the Millennium Development Goals at the General Assembly of the United Nation, Recognising the urgent need to reduce poverty and address development challenges for lasting peace and security, time-bound development goals were established with specific targets and indicators. The Gambia was among the 147 States and Governments that adopted the Declaration and the eight smart, measurable, achievable and realistic goals with set targets and indicators of what has become known as the Millennium Development Goals (MDGs).

The MDGs 2010 status report comes after ten years of concerted efforts with great achievements and shows the level of extra efforts required in the coming last five years of the MDGs targeted date - 2015.

This report is the fifth The Gambia has produced in fulfilment of a commitment placed on countries to provide periodic account of MDG progress or the lack of it at national and sub-national levels. The Report was commissioned at my Government's request to demonstrate our commitment to the sorts of policy and programme gaps that concerted efforts and action as well as renewed partnership would be required in order to accelerate the implementation and achievement of MDGs in The Gambia.

The Report followed the same pattern as that adopted in 2005, of accounting for MDGs progress on the basis of a comparison between national averages and those observed in each of the Local Government Areas of the country. This way, we are able to identify disparities where they exist in the level, standard, or sophistication of development and which Region or Locality therefore requires the biggest push in terms of resources allocation and partnership.

In the period since the last report, significant strides have been taken to deepen the country's absorptive and responsive capacities for meaningful growth and socio-economic advancement to take place. Notably, these include the creation of a National Planning Commission later subsumed into the Ministry of Economic Planning and Industrial Development with the mandate to prioritize national planning and coordination in accordance with the MDGs, the poverty reduction goals of PRSP II, and the Vision 2020 development blueprint. My Government applauds the support of the development partners in this drive, including in particular the support by the United Nations Agencies. We have also put in place an Aid Coordination Unit in an attempt to foster the harmonization of donor procedures and practices, and the targeting and reporting of resources in a more coordinated or unified manner. Although there are countless challenges that we confront, and despite achieving slow progress in some MDG targets including the poverty targets as alluded to in the report, we remain steadfast in our resolve to bring about development to the doorstep of every Gambian household before the 2015 deadline. The role of the United Nations, other multilateral and well-meaning bilateral friends of The Gambia in helping us achieve this, cannot be over-emphasized.

I wish to acknowledge with gratitude, the strong and consistent support that The Gambia has been receiving from the UN System towards achieving the MDGs. I wish to commend in particular, the MEPID for their coordinating role of the MDGs.

To our partners, which notably also include private sector, NGOs, Civil Society and Faith Based Organizations, I wish to remark that while there certainly are many challenges to achieving all of the MDGs, there certainly is no other way to regard the MDGs than appreciating the fact that they represent a hope for the hundreds of millions of poor and largely marginalized people across the world that yearn for a better world than that they found and live in.

H.E Sheikh Professor Alhaji Dr. Yahya A.J.J Jammeh
President, Republic of The Gambia

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Table 1b. Millennium Development Goals and the Degree of The Gambia's Compliance with the Targets

GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER	
• ***Target 1A***: Halve between 1990 and 2015 the proportion of people whose income is less than $1 per day.	Insufficient Progress
• ***Target 1B:*** Achieve full and productive employment and decent work for all including women and young people.	Insufficient Progress
• ***Target 1C*** Halve between 1990 and 2015 the proportion of people who suffer from hunger	on track
GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION	
• ***Target 2A:*** Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.	On track
GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWERMENT OF WOMEN	
• ***Target 3 A***: Eliminate gender disparity in primary and secondary education, preferably by 2005 and in all levels of education no later than 2015. • ***Indicators*** 3.1 Ratios of girls to boys in primary, secondary and tertiary education 3.2 Share of women in wage employment in the non-agricultural sector 3.3 Proportion of seats held by women in national parliament	Insufficient Progress On track NA Not on track
GOAL 4: REDUCE CHILD MORTALITY	
• ***Target 4A:*** Reduce by two-thirds, between 1990 and 2015, the under-5 mortality rate. • ***Indicators*** • 4.1 Under-five mortality rate 4.2 Infant mortality rate 4.3 Proportion of 1 year-old children immunized against measles	Not on track Not on track Not on track On track
GOAL 5: IMPROVE MATERNAL HEALTH	
• ***Target 5A:*** Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio • ***Indicators*** 5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel	Insufficient Progress
• ***Target 5B:*** Achieve by 2015 Universal Access to Reproductive Health • ***Indicators*** • 5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate 5.5 Antenatal care coverage (at least one visit and at least four visits) 5.6 Unmet need for family planning	Insufficient Progress
GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES	
• ***Target 6A***: Have halted by 2015 and begun to reverse the spread of HIV/AIDS • 6.1 HIV prevalence among population aged 15-24 years 6.2 Condom use at last high-risk sex 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	Insufficient Progress
• ***Target 6B***: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it. • 6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs	Insufficient Progress
• ***Target*** *6.C:* Have halted by 2015 and begun to reverse the incidence of Malaria and other major diseases. • Incidence and death rates associated with malaria 6.7 Proportion of children under 5 sleeping under insecticide-treated bednets 6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs 6.9 Incidence, prevalence and death rates associated with tuberculosis 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course	Insufficient Progress
GOAL 7 ENVIRONMENTAL SUSTAINABILITY	
• ***Target 7A***: Integrate the principle of sustainable development into country policies and	On track

programmes and reverse the loss of environmental resources.	
• ***Target 7B***: Reduce Biodiversity Loss, achieving by 2010 a significant reduction in the rate of loss.	Insufficient Progress
• ***Target 7C:*** Half by 2015, the proportion of People without sustainable access to safe drinking water and basic sanitation.	On track
• ***Target 7D:*** By 2020 to have achieved a significant improvement in the lives of at least 100 million slum-dwellers.	NA
GOAL 8 DEVELOP GLOBAL PARTNERSHIP FOR DEVELOPMENT	
• ***Target 8***D: Deal comprehensively with the debt problems of developing Countries through national and international measures in order to make debt sustainable in the long term.	On track
• ***Target 8 F:*** In cooperation with the private sector, make available the benefits of new technologies, especially information and communication	On track

On Track: With additional efforts target may be reached by 2015
Insufficient progress: Progress made so far is insufficient to attain target by the target date
N**A:** Data unavailable or insufficient

ACKNOLEDGEMENT

I wish to thank the Gambia Bureau of Statistics, the various government departments, UN agencies and other partners who provided the information and statistical data in this report. I wish to thank the team that prepared the MDG Status Report of the Gambia, 2009 and Dr Omar Touray who also prepares a 2009 MDG report of the Gambia as I have made references to their reports. Special thanks go to the staff of the Ministry of Economic Planning and Industrial Development (MEPID), sectors and UNDP that have participated in the validation of the report and the MDG based PRSP project supported by UNDP.

Table 1: Summary of MDG Status by Region, The Gambia MDG Status at a Glance 2010

Target	Indicators	MDG Target	MDG Status 2010								
			National	BCC	KMC	WR	NBR	LRR	CRR-North	CRR-South	URR
Goal 1: Eradicate Extreme Poverty and Hunger											
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than $1 a day	1.1. Proportion of population below $1 purchasing power parity (PPP) per day	15%	58% 55.5% (Projected) 61 (MPI)	7.6%	37.6%	56.7%	69.8%	62.6%	94%	75.7%	67.9%
	1.2. Poverty gap ratio		25.1%	0.8%	6.8%	13.7%	21.6%	10%	30.5%	14.4%	15%
	1.3. Share of poorest quintile in national consumption	8%	8.8%	NA	NA	NA	NA	NA	NA	NA	NA
Target 1.B: Achieve full and Productive employment and decent work for all, including women and young people	1.4. Growth rate of gross domestic product (GDP) per person employed	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	1.5. Employment-to-population ratio		0.38	0.38	0.32	0.29	0.37	0.38	0.45	0.40	0.40
	1.6. Proportion of employed people living below $1 (PPP) per day	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	1.7. Proportion of own-account and contributing family workers in total employment		0.79	0.51	0.48	0.69	0.89	0.88	0.95	0.93	0.94
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8. Prevalence of underweight children under 5 years of age	10.4	20.3%	17.5%	13.5%	16.8%	23.7%	27.0%	27.3%	26.1%	23.5%
	1.9. Proportion of population below minimum level of dietary energy consumption	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Goal 2: Achieve Universal Primary Education											
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1. Net enrolment ratio in primary education	100%	77%	103%	85%	76%	63%	78%	60%	59%	84%
	2.2. Proportion of pupils starting grade 1 who reach last grade of primary	100%	96.6%	96.8%	97.7%	99.5%	100%	96.0%	91.6%	87.9%	95.0%
	2.3. Literacy rate of 15-24 year-olds, women and men	72%	62.9%	75.1%	70.6%	69.7%	59.8%	69.3%	45.4%	62.9%	49.5%

Target	Indicators	MDG Target	MDG Status 2010								
			National	BCC	KMC	WR	NBR	LRR	CRR-North	CRR-South	URR
Goal 3: Promote Gender Equality and Empower Women											
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1. Ratios of girls to boys in primary, secondary and tertiary education	1.0	1.06	0.99	0.99	1.03	1.09	1.13	1.30	1.30	1.11
	3.2. Share of women in wage employment in the non-agricultural sector	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	3.3. Proportion of seats held by women in national parliament	33%	6.25%								
Goal 4: Reduce Child Mortality											
Target 4.A: Reduce by two thirds, between 1990and 2015, the under-5 mortality rate	4.1. Under-5 Mortality Rate	67.5	99	41	61	93	109	137	134	128	110
	4.2. Infant mortality rate	42	75	36	51	71	81	96	94	92	82
	4.3. Proportion of 1-year-old children immunized against measles		96			92	NBW - 103 NBE -91	103	98	98	99
Goal 5: Improve Maternal Health											
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1. Maternal mortality ratio	263	556	NA	NA	NA	NA	NA	NA	NA	NA
	5.2. Proportion of births attended by skilled health personnel	63	56.8 64.49 (2008)	94.7	84.7	59.8	44.8	40.8	29.3	34.5	32.9
	5.3. Contraceptive Prevalence Rate		13.4%	NA	NA	NA	NA	NA	NA	NA	NA
Target 5.B: Achieve, by 2015, universal access to Reproductive Health	5.4. Adolescent birth rate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	5.5. Antenatal care coverage (at least one visit and at least four visits)	100%	99.3%	100%	98.5%	99.5%	99.8%	97.8%	99.5%	99.7%	99.5%
	5.6. Unmet need for family planning		30%	NA	NA	NA	NA	NA	NA	NA	NA

NA = Not Available

Target	Indicators	MDG Target	MDG Status 2009								
			National	BCC	KMC	WR	NBR	LRR	CRR-North	CRR-South	URR
Goal 6: Combat HIV/AIDS, Malaria and Other Diseases											
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1. HIV prevalence among population aged15-24 years	0.3	1.42HIV 1 0.5 HIV 2	NA	NA	NA	NA	NA	NA	NA	NA
	6.2. Condom use at last high-risk sex		54.3	53.8	46.9	48.0	73.7	85.4	50.0	73.3	79.0
	6.3. Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS		39.1	37.4	40.9	50.1	46.8	32.9	32.1	24.4	23.2
	6.4. Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years		.87	NA	NA	NA	NA	NA	NA	NA	NA
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.5. Proportion of population with advanced HIV infection with access to antiretroviral drugs		NA	NA	NA	NA	NA	NA	NA	NA	NA
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6. Incidence and death rates associated with malaria	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	6.7. Proportion of children under 5 sleeping under insecticide-treated bed nets and proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs	80	49.0 ITN 52.4 Anti malarial	28.6 28.0	30.4 54.7	56.2 65.0	56.9 52.0	76.4 Nil	66.6 43.9	67.7 69.2	58.5 32.6
	6.8. Incidence, prevalence and death rates associated with tuberculosis	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	6.9. Proportion of tuberculosis cases detected and cured under directly observed treatment short course	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

NA = Not Available

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

NA = Not Available

[1] Source: 2003 Census

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

NA = Not Available

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

LIST OF ABBREVIATIONS AND ACRONYMS

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

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

EXECUTIVE SUMMARY

The Gambia is committed to the attainment of the MDGs and has put in place a monitoring mechanism to measure progress. Like all other countries concerned, The Gambia has a commitment to report regularly to the United Nations on progress made towards the achievement of the set goals. Progress made in the attainment of these goals are being monitored periodically and so far four reports have been prepared in 2003, 2005, 2007 and 2009. A Millennium Development Goals needs assessment for poverty reduction in the Gambia was also conducted for the period 2007 – 2011. This is the fifth national report on the implementation status of the MDGs and very special and critical in view of the forthcoming UN high-level meeting on the status of the MDGs scheduled for September 2010. It is worth mentioning that The Gambia's status with regards to the attainment of the MDGs has changed relatively to the last assessments.

For each goal and corresponding indicators and targets, this report analyses the current situation, the policy environment and resource requirements, challenges and opportunities underpinning achievement of the set targets and an informed projection is made on the likelihood of achieving each MDG.

Since 2002 conscious efforts have been made by the Government of The Gambia to integrate the Millennium Development Goals (MDGs) into the national development policy frameworks, PRSP I and II and other sectoral policies.

This report is commissioned by the Government of The Gambia with UNDP funding which is a demonstration of government commitment to address the policy and programme gaps, and calls for concerted efforts and action as well as renewed partnership required in order to accelerate the implementation and achievement of MDGs in The Gambia.

Using data from the 2003 Integrated Household Survey, the round three of the Multiple Indicator Cluster Survey (MICS III), 2005/2006, the 2003 Population and Housing Census as well as administrative data from sectors, the report presents an assessment of The Gambia's progress towards achieving the MDGs. The Gambia has made significant progress in attaining at least a target in all the MDGs but much more needs to be done to achieve the MDGs in its entirety.

The findings at national level are as follows:

- **Goal 1:** The country is not on track to meet the poverty targets. The poverty gap ratio has increased from 22.9 in 1990 to 25.1 in 2003. It is not likely that the poverty gap ratio will be reduced to the MDG target of 11.45 by 2015. Similarly, it is not likely that the overall poverty rate at the 2003 levels will decrease to the MDG target of 15 per cent. For children under weight, the country is not on tract of attaining the target as the proportion of under weight children has increased from 17.1 per cent in 2000 to 20.3 per cent in 2005. Given the current trend, lot of efforts is required in order to meet the MDG target of 10.4 by 2015
- **Goal 2:** MDG targets set on the proportion of pupils starting grade 1 who reach last grade of primary school has been attained. The Gambia is on track to attaining the MDG targets set for net enrolment in primary education and literacy rates among the population aged 15-24 year.

- **Goal 3:** Target set on gender parity in primary and lower secondary schools has been attained and the country is on track to reach target set for parity at senior secondary by 2015.
- **Goal 4:** For child health, the country is currently unlikely to meet the MDG targets for infant and child mortality indicators given the current estimates of 2003. Immunization targets set for the proportion of 1 year olds children immunized against measles has been attained.
- **Goal 5:** For the MDG target of reducing by three quarters between 1990 and 2015 the maternal mortality rate, the country is not on track to achieving the target by 2015 considering the fact that the current maternal mortality rate of 556 maternal deaths/100,000 live births and the MDG target of 263 maternal deaths per 100,000 live births. Regarding the percentage of births attended by skilled birth attendants, it is unlikely for the country to meet the MDG target of 90 per cent in 2015 considering a 2005/06 estimate of 56.8 per cent.
- **Goal 6:** Proportion of under-five children sleeping under ITNs is on track - The country is on track to meet both the Abuja and MDG targets of 80 per cent of under-five children sleeping under ITNs. On HIV/AIDS, the country has reduced from 2.8 per cent HIV1 to 1.42 per cent and 0.9 per cent HIV 2 to 0.5 per cent. However, it is too early to predict the future.

- **Goal 7:** The MDG target set for the proportion of population using improved drinking water source has been attained.
- **Goal 8:** Partnership for development - Completion point under the enhanced HIPC Initiative has been reached and the country is eligible for debt relief under the HIPC to the tune of US$66.6 million and under MDRI to the tune of approximately US$373.5 million in nominal terms over the next 43 years (IMF Press Release No. 07/302, December 20, 2007). Recently, there has been budget support from ADB and World Bank and programmed budget support from EU, FTI and Global Fund.

To sustain the progress made in the economy so far, it is necessary to address the social, political, and economic constraints that are hindering sustained economic growth, increase in investment, and improvement in human development. There is the need to implement a comprehensive, integrated reform package that deals with all facets of the existing constraints towards the achievement of MDGs.

The country is not on track to reducing maternal mortality from its present rate of 556 per 100,000 live births to the MDG target of 263 per 100,000 births by 2015. With only five years left to achieve the United Nation's Millennium Development Goals (MDGs) for maternal and child health, the country is currently unlikely to meet the MDG targets for infant, child and maternal mortality indicators due to their sensitive nature. Since time is short for achieving success, a critical understanding of where and why these deaths occur, there is urgent need to strategize on priority areas of interventions to accelerate progress towards the attainment of the MDGs. The National Health Policy - Progress in the Gambia demonstrates that the MDGs for maternal and child survival could still be attained through immediate strategic investments which targets health systems strengthening but these efforts require the use of the best national and sub-national mortality and health service coverage data to inform the identification of priority intervention areas that would influence mortality reduction.

It is important to note that, data on infant and under five mortality are from the 2003 Census whilst data on maternal mortality is from the maternal mortality survey and Fistula survey

conducted in 2001 and 2006 respectively. Given the period the data was collected and interventions in the health sector from 2001 to date, it is likely that the rate could be lower for both the child mortality indicators and maternal mortality rate. They are the two goals where the country is not making much progress of the MDG goals and this could be attributed to the paucity of the data on these mortality indicators. The count down to 2015 report (2010) on Maternal, Newborn and Child Survival and the World Health Organization Statistics (2010) estimated the maternal mortality ratio to be 690 (per 100,000 live births) using the 2005 estimates which is higher than the 2006 figure of (556). Infant mortality rate was also estimated to be 80 (per 1000 live births) and Under five mortality rate to 106 (per 1000 births) using the 2008 estimates. These figures were 75 and 99 per 1000 live births respectively in 2003 which indicate an increase in the child mortality indicators. These are projected figures as a result there is a need to conduct Demographic and Health Survey so as to update these figures. Other health related indicators that could be updated from this survey included contraceptive prevalence rate, malaria prevalence rate, proportion of children sleeping under an ITN among other health indicators related to the Goal, 4, 5 and 6. As for HIV/AIDS (Goal 6), the prevalence rate is from sentinel surveillance which might not reflect what is obtained from the ground and estimates from a DHS will be more plausible.

Similarly, the country is not on track to attaining poverty targets (Goal 1). For instance, the poverty gap ratio has increased from 22.9 in 1990 to 25.1 in 2003. It is not likely that the poverty gap ratio will be reduced to the MDG target of 11.45 by 2015. It is also unlikely that the overall poverty rate of the 2003 levels will decrease as the 2008 Poverty Assessment Exercise has shown that the overall poverty has decreased slightly to 55.5 per cent but the recent Multidimensional Poverty Index analysis has shown that the overall poverty rate has increased to 61 per cent.

Since more than 70 per cent of the population depends on agriculture, where earnings are generally lower than the other sectors of the economy, there is need to invest in the development of the sectors so as to increase the earnings of the poorest segment of the population. Investment in agriculture will go a long way in reducing overall poverty in the country. Recently increases have been recorded in food production, especially in cereal production. This is associated to the Presidents initiative of "OPERATION FEED YOURSELF AND BACK TO LAND CALL". According to the 2003 Integrated Household Survey (IHS), the agricultural sector's estimated poverty head count index was 76 per cent, which is significantly higher than the national average of 58 percent. Thus, the high level of poverty observed among the population working in the agricultural sector explains the large rural-urban disparity in the poverty rates (67.8 percent rural compared to 39.6 percent urban). As have been observed in most developing countries of Africa, poverty in The Gambia is more of a rural phenomenon although shifting slightly to the urban areas due to rural-urban migration.

The most recent data on employment can be obtained from results of the 2003 Population and Housing Census. The data show that the proportion of the employed population to the total population has increased from 33 per cent in 1993 to 38 per cent in 2003. The increase was more in the rural than in the urban areas. The employed population in rural areas increased from 33.1 per cent of the total population in 1993 to 39 per cent in 2003 compared to the urban, 29.4 per cent in 1993 to 30.8 per cent in 2003). To boost this indicator, the Government of The Gambia has established GAMJOBS, NYSS, President Awards Scheme among others to provide job opportunities to young people, especially women.

Concerted efforts are also needed to halt and reverse the trend of HIV/AIDS. Given the political commitment and leadership, there is no doubt that there will be further successes in attaining the MDGs in this area in the years to come.

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

It is evident from the report that there is a need for greater emphasis on statistical development. As there are huge data gaps in most of the targets and indicators especially in respect to poverty, Health and other human development indicators and environment. The Gambia lack key baseline data for some of the indicators particularly Goal 6 and 7. Most of the data used in this report is mainly from the 2003 Integrated Household Survey, the round three of the Multiple Indicator Cluster Survey (MICS III), 2005/2006, the 2003 Census as well as sector specific data on education and health. In the absence of quality, relevant and timely information, studies of this nature are bound to have their limitations. The analysis of the current IHS and MICS IV will help to fill some of the data gaps.

If the MDGs are to be achieved by 2015, not only must the level of financial investment be increased but innovative programmes and policies aimed at overall development and economic and social transformation must be rapidly scaled up and replicated

With five years left for countries to reach targets set in the Millennium Development Goals (MDGs) with the rate of progress towards the attainment of most of the goals slow, it is unlikely that most of the goals will be attained given current trends. Therefore, there is the need to scale up investments and linking both domestic and aid resources to MDGs high yielding activities particularly in the areas that we are trailing behind.

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

Finally, it is hoped that the report, in addition to stimulating further discussions on the MDGs, will provide stakeholders the opportunity to identify areas in which the country is not performing well and help them refocus their intervention areas with a view to helping the country achieve national MDG targets. Findings of this report would also serve as a useful tool for resource mobilization for priority areas of national development.

GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

The fight against poverty is a priority for the government and people of The Gambia. This commitment has been demonstrated in the implementation of series of MDG based Poverty Reduction Strategies which built its long-term aspiration of VISION 2020.

It is generally accepted that economic growth is key to poverty reduction strategies and this has been confirmed by studies. Growth tends to be positively correlated with improvements in the incomes of poor people overall (World Bank, 2005). It is also argued that growth also tends to be positively correlated with improvements in food supply and protein and calorie intake (Haddad, 2003). For the past five years as the economy has been growing between 5- 6 per cent annum, at this growth rate and given the head count index of 58 per cent, if the economy does not grow beyond 7 per cent per annum, meeting the MDG target of poverty reduction by 15 per cent in 2015 might not be attainable.

The first two pillars of The Gambia's PRSPII are directly related to the attainment of the first MDG (Goal 1). Pillar one focuses on creating an enabling policy environment to promote growth and poverty reduction mainly supporting actions that will stabilize the economy while pillar two enhances the capacity and output of the productive sectors.

For the purpose of measuring progress and tracking indicators, this goal has three targets and nine indicators. As shown in Table 1.0 below, achievement of the targets of this goal are mixed with high level of achievement in some areas whilst in others little progress has been made. It is unlikely that the poverty gap ratio will be reduced to the MDG target of 11.45 by 2015 (Table 1.0).

Table 1.0: Summary Status of Indicators

Target	Indicators	1990	Current Status (2010)	MDG Target 2015
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than $1 a day	1.1. Proportion of population below $1 purchasing power parity (PPP) per day (Poverty head count Index)	31%	58% (2003) 55.5 (2008) projected figure 61% (MPI)	15%
	1.2. Poverty gap ratio	22.9	25.1 (2003)	11.45
	1.3. Share of poorest quintile in national consumption	4%	8.8% (2003)	8%
Target 1.B: Achieve full and Productive employment and decent work for all, including women and young people	1.4. Growth rate of gross domestic product (GDP) per person employed	NA	NA	NA
	1.5. Employment-to-population ratio	0.33 (1993)	0.38 (2003)	No MDG target set
	1.6. Proportion of employed people living below $1 (PPP) per day	NA	NA	NA
	1.7. Proportion of own-account and contributing family workers in total employment	0.77 (1993)	0.79 (2003)	No MDG target set
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8. Prevalence of underweight children under 5 years of age	Moderate: 20.3% (1996) Severe: 5.3% (1996)	20.9 % (2005) 3.9% (2005)	10.2% 2.65%
	1.9. Proportion of population below minimum level of dietary energy consumption	NA	NA	NA

NA = Not Available

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

Status and Trends

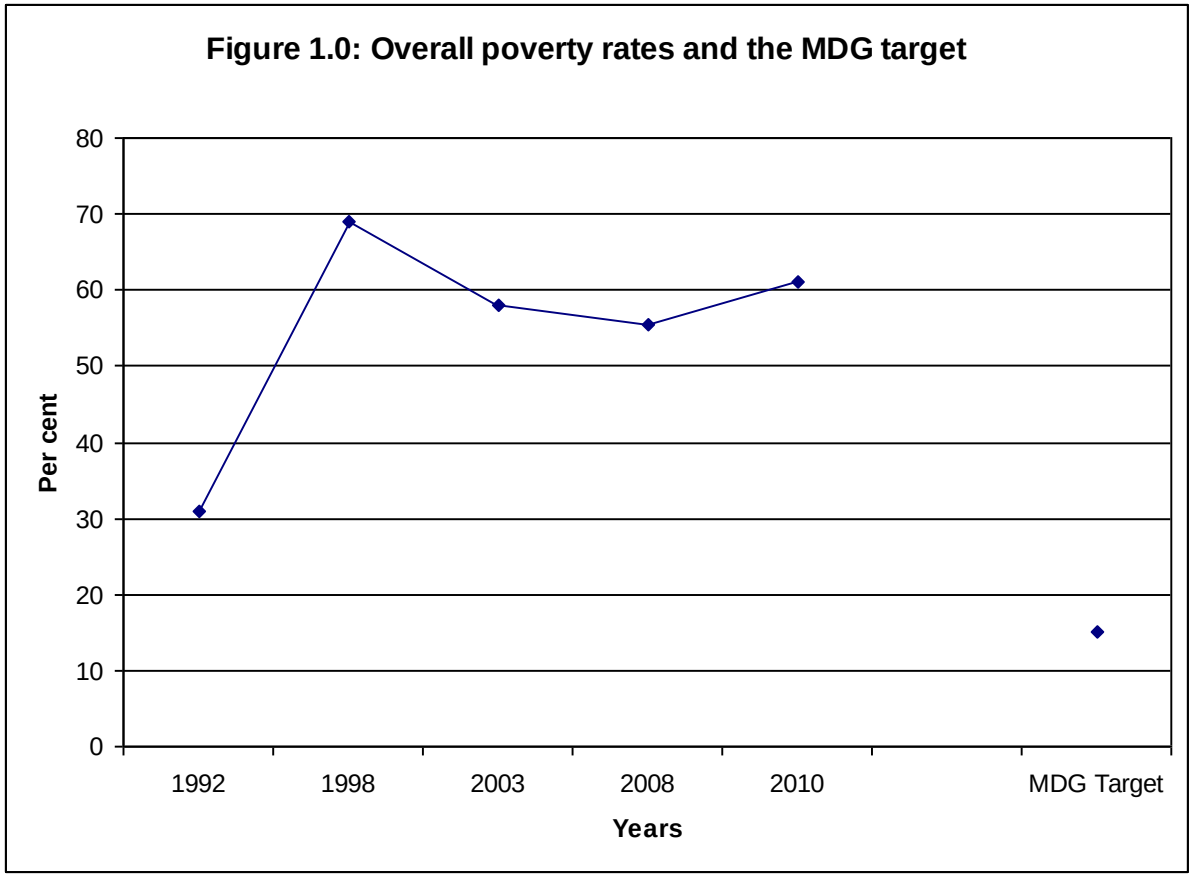
Like other developing countries, poverty is one of the major challenges facing the Gambia, particularly the rural areas of the country. The first poverty study conducted in the Gambia in 1992 showed that the proportion of the population living on less than $1 a day or an overall poverty rate was estimated to be 31 per cent which increased to 69 per cent in 1998 and decreased to 58.0 per cent in 2003 according to the results of the Integrated Household Survey (IHS). There are differences in the approach to estimating and analyzing developments in poverty incidences between 1996 and 2003 but overall poverty and food poverty were used in the estimation of the overall poverty. The rural – urban differentials in poverty show that the incidence of poverty was highest among rural dwellers compared to their urban counterparts. The 1992 study shows that 33.1 per cent of the urban population was food-poor compared to 54 per cent in the rural areas. In 1998, the gap was wider as 60 per cent of the rural dwellers were estimated to be poor compared to only 13 per cent in urban areas. A similar trend was observed in 2003 as poverty rates were higher in the rural than in the urban areas (67.8 per cent rural compared to 39.6 per cent urban). Poverty in The Gambia as in many developing countries remains predominantly a rural phenomenon.

In 2008, The World Bank in collaboration with the Gambia Bureau of Statistics (GBoS) and the Ministry of Agriculture (MoA) conducted a Poverty Assessment exercise. Results of the assessment showed that the head count index dropped slightly from 58.0 per cent in 2003 to 55.5 per cent in 2008. The 2008 poverty assessment estimates were made by simulation exercises using the 2003 poverty profile taking into account the impact of growth, remittances and internal migration since 2003.

Recently, a Multidimensional Poverty Index (MPI) analysis was conducted by the Oxford Poverty and Human Development Initiative (OPHI) of the University of Oxford for the UNDPs 2010 Human Development Report. The MPI uses 10 indicators to measure poverty in three dimensions: education, health and living standards. The Gambia 2005/06 data of the Multiple Indicator Cluster Survey (MICS) was used for the analysis.

Data from the MPI shows that 34 per cent of the population are poor according to the $1.25 poverty line and 57 per cent are poor according to the $2 a day poverty line and the national poverty line was estimated to be at 61 per cent. The rural/urban differentials have shown that the percentage of the population who are multidimensional poor is higher in the rural than in the urban areas. Based on this exercise, overall poverty has increased by three percentage points compared to the 2003 figure (58.0%). (see figure 1)

With the current poverty incidence of 58.0 per cent, the MDG poverty incidence target for 2015 is expected to be 29 per cent meaning that the incidence of poverty should be reduced by 5.8 percentage points annually. It is important to note that the reduction rate in poverty incidence is influenced by a number of factors such as income growth and distribution and gender equality among others. With greater effort, the reduction could be greater than the annual average of 5.8 percentage points.



The data collection for the 2009/10 Integrated Household Survey has started and the results are expected in the first half of 2011. These results would provide an update on the poverty estimates for the country.

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

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

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

The table above shows the incidence of poverty in 1992, 1998 and 2003 across regions. From the data it can be seen that the level of poverty varies greatly across the country but is highest among predominantly rural Regions. Banjul and Kanifing which are entirely urban settlements have lower poverty rates compared to the other regions which are predominantly rural (7.6% and 37.65 respectively). Western Region which is about 70 per cent urban have lower poverty rates compared to the other regions which are predominantly rural who rely on agriculture as their main source of income and livelihood which is unreliable, unstable and less rewarding in terms of income. Other than Banjul, Kanifing and Western region, all the regions have poverty rates higher than the national average and is highest in Central River North and South with 94.0 and 75.7 per cent respectively.

As a result, there is need to focus on the rural poor because of the intimate connection between the urban and rural areas. Urban poverty is largely exacerbated by the migration of the rural poor to urban areas. This is clearly manifested in the decrease of the proportion of the population living in rural areas in 1993 which was 62.9 per cent but decreased to 49.6 per cent in 2003. It is worth noting that rural and urban economies are deeply intertwined, particularly through the flow of remittances from the cities back to family members in the country side. Therefore, addressing rural poverty has an important urban dimension as well. Figure 1 shows the overall poverty rates by region in 2003 and figure 2 shows the overall poverty rates in 1996, 1998 and 2003.

Figure 1.1: Overall poverty rates by region,2003

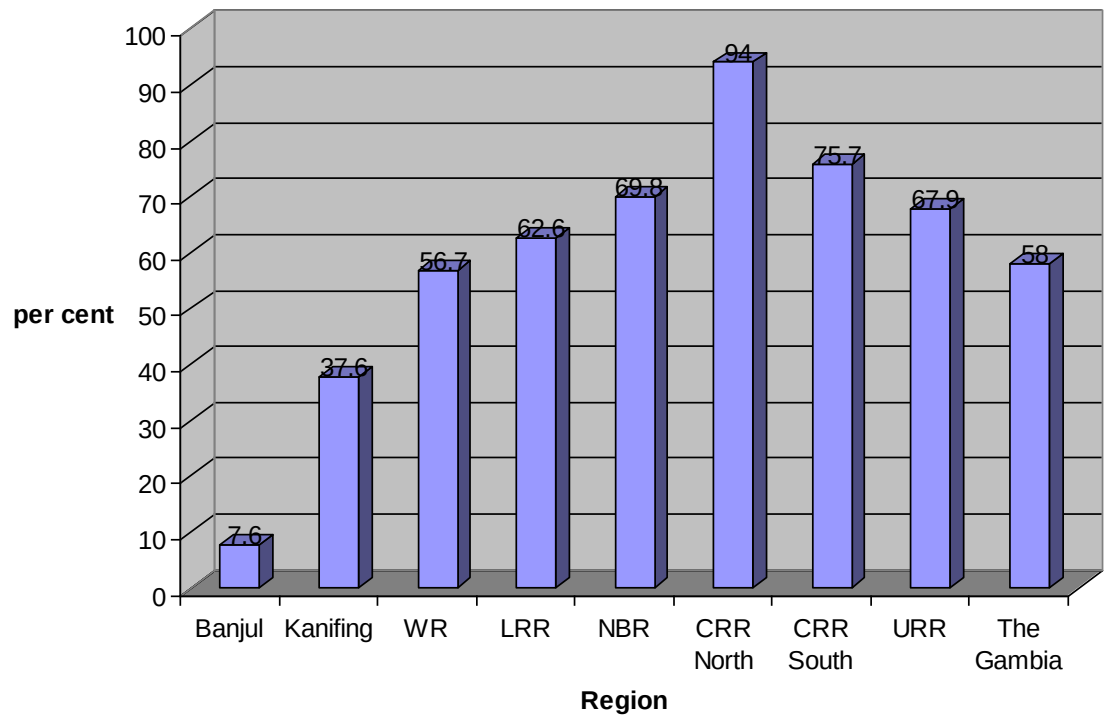


Table 1.3: Extreme Poverty Rates Compared with MDG Targets

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

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

From table 1.3 it can be seen that the incidence of extreme poverty[3] is much larger in the predominantly rural regions than in urban settings. The proportion ranges from 0.8 per cent in Banjul to 30.5 per cent in Central River Region –North (CRR-North) which is higher than the national average. From the table it can also be seen that the level of extreme poverty has declined in all regions between 1998 and 2003 meaning that the country has managed to halve the proportion of the population living in extreme poverty from 51.0 per cent in 1998 to 25.1 per cent in 2003. Although CRR North has the highest level of extreme poverty, the 2003 data shows a significant reduction in the poverty gap.

This high level of extreme poverty in the rural areas can be attributed to the few opportunities for employment in non-farm activities that fetch higher income levels. In The Gambia, as in many developing countries, the agricultural sector continues to play an important role in economic and social development particularly in rural areas. Studies have shown that the agricultural sector is a major source of employment and therefore plays an important role in alleviating poverty. Therefore, the promotion of the rural economy in a sustainable way has the potential of increasing employment opportunities in rural areas, raising incomes and reducing regional income disparities and ultimately reducing poverty.

Presented in Table1.4 below is the total household consumption by quintiles. The first quintile is the most disadvantaged or the poorest and the fifth is the richest or the most advantaged. From the data it can be seen that the share of the poorest quintile has increased from 4 per cent in 1998 to 8.8 per cent in 2003 representing a 120 per cent increase whilst that of the richest quintiles has dropped from 56 per cent in 1998 to 38 per cent in 2003. The rest of the quintiles registered some increase in their share of the total consumption in 2003 particularly that of the 2nd and the 3rd quintiles. Thus, the 2003 data suggest significant reduction in disparities in total household consumption by quintiles in The Gambia.

[3] Extreme poverty refers to the proportion of the population who are unable to afford the basic food needs for the day, while overall poverty refers to the proportion who cannot afford the basic food needs as well as the non-food needs for the day.

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

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

Source: 2003/04 IHS Survey/1998 NHPS

Table 1.5 below shows household mean consumption by quintiles. From the table it can be seen that the first (poorest) quintile is further from the top (richest) quintile as the poorest quintile have a mean consumption of D31,506 per annum whilst the fifth quintile has a mean consumption of D136,069 per annum. So, too is the gap between the second and third quintiles, the third and the fourth and the fourth and the fifth.

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

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

Source: 2003/04 IHS Survey

Poverty Gap

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

The poverty gap ratio, which reflects the depth of poverty as well as its incidence, has increased from 22.9 per cent in 1998 to 25.1 per cent in 2003. Meaning that, the total national consumption that should be reallocated to eliminate poverty has increased slightly by 2.2 per cent (i.e. 25.1%-22.9%).

Challenges

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

- Lack of adequate resources to implement the PRSP II after the seventh Round Table Conference was held in London from the 5th–6th February 2008 on the theme **'Taking a decisive step towards the MDGs in The Gambia'**. The purpose of the conference was to mobilize resources ($752 million) for results-oriented implementation of the PRSP II. Although during the conference pledges were made for financial support by

the donor community, much has not been received, only about 30–35 per cent of the required funds have been received so far. Until the resource requirements are met it would be difficult for Government to implement the poverty programmes as enshrined in the MDG-based PRSP. Currently the resource needs have increased due to inflation and inactiveness in the past years due to limited external and domestic funding largely due to the fuel, food and financial crisis and affected the realization of commitments to the PRSP both on the external and domestic front.

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

- High under and unemployment in the country particularly the youth and women who are worse off in poverty than any other group

Policy Environment

The importance Government of the Gambia attaches to poverty alleviation is manifested by the existence of many policy documents and strategies all geared towards poverty reduction. These documents include; Vision 2020, PRSP I & II, Trade and employment policies and programmes, National Agricultural Investment Programme, Public Expenditure Reviews of the PRSP sectors of Education, Health, Agriculture, the National Strategy for Food Security and the National Nutrition Policy. Programmes aimed at reducing poverty in the country have been outlined in these documents. However, some of the policy documents have not been fully synchronized with the PRSP and some needs arise after the PRSP. Therefore, there is need for the harmonization of the PRSP and the next National Strategic Plan with focus on the following:

- Programme that stir strong economic growth beyond stabilization with emphasis on employment creation
- Creating a more competitive environment so the investors and private capital is attracted into the country.
- Creation of incentives for productive results and strengthening local capacity for effective implementation of development policies, standards and programmes.
- Avoid sudden policy reversals but adapt macroeconomic policies to fit current circumstances while ensuring policy credibility and inter-temporal sustainability;
- Maintain MDG-based planning efforts and vigorously implement MDGs-based national development plans;

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

- The Agriculture and Natural Resources Policy.

- Provision of formal social safety nets to support vulnerable population

Priorities for Development Co-operation

The priorities for development assistance are summarized below:

- Provision of adequate resources both internally and externally for the implementation of PRSP II and to build capacity of the various institutions implementing the PRSP II for better management of activities.
- Support to growth, productivity and employment enhancing programmes
- Promote the diversification of agriculture and the implementation of the Gambia Agricultural Investment Program so as to increase the income levels of poor farmers and contribute to the attainment of food security particularly among rural communities who depend mainly on agriculture for their livelihoods.
- Provision of formal and effective social safety nets to support vulnerable populations.
- There is the need for national ownership and increased participation of all and sundry in the PRSP process so that everyone can play an active role in the fight against poverty.
- Microfinance services are tools for poverty reduction since they provide households the opportunity to access capital and financial services essential for their economic empowerment. Therefore, there is a greater need to expand access to microfinance products and services to poor households.

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

There has been positive labour productivity growth in the country over the years like in most African countries and also growth rate per person sustained positively.
The most recent data on employment in The Gambia is the 2003 Population and Housing Census. Agriculture is the main economic activity in almost all-rural communities in the Gambia with most people in these areas depending on agriculture for survival. The dependence is both direct, in terms of growing food and cash crops, and indirect in terms of trading in agricultural inputs and products. Growth in agricultural production and therefore agriculture incomes help the rural poor alleviate poverty and has a direct bearing on many human development indicators.

Overall, the data in Table 1.6 show that the proportion of the employed population to the total population has increased from 33 per cent in 1993 to 38 per cent in 2003. The increase was more in the rural than in the urban areas. The employed population in rural areas increased from 33.1 per cent in 1993 to 39 per cent in 2003 compared to the urban, 29.4 per cent in 1993 to 30.8 per cent in 2003 as shown in Table 1.6 below.

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

Residence	1993 Census	2003 Census
Urban	0.2943721	0.3077017
Rural	0.3306008	0.3904777
The Gambia TOTAL	**0.3347256**	**0.3763387**

Source: Census 1993 and 2003

Overall, own account workers and family workers have increased slightly during the inter-censal period from 77.1 per cent in 1993 to 79.1 per cent in 2003. However, the percentage increase was larger in urban areas compared to the rural areas (urban, 50.2 per cent in 1993 to 56.8 in 2003 compared to rural, 88.7 per cent in 1993 to 92.3 per cent in 2003).This is attributable to the fact that in most communities in the Gambia particularly in rural areas, household members assist their families on the farm or are engaged in petty trade for the well-being of their families.

Table 1.7: Own-account and contributing family workers as a proportion of the employed population, 1993 and 2003 Censuses

Residence	1993 Census	2003 Census
Urban	0.502662	0.568534
Rural	0.887383	0.923216
The Gambia TOTAL	**0.771327**	**0.791071**

Source: Census 1993 & 2003

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

Status and Trends

One of the targets of Goal 1 is to reduce by half, between 1990 and 2015 the proportion of people who suffer from hunger. Two indicators for measuring hunger are the prevalence of underweight children aged under-five years and the proportion of the population living below the minimum level of dietary energy consumption.

Over the period 2000 – 2005, the proportion of underweight children has increased to 20.3 per cent from 17.1 per cent in 2000 with wide geographic divergences. Other than Banjul, Kanifing and Western Region, all the other regions have averages higher than the national average. The proportion of underweight children has increased in all the regions except in Upper River Region where it dropped from 26.4 per cent to 23.5 per cent. It also reduced slightly in Central River – North from 28.0 to 27.3 per cent. Rural households had a highest prevalence of underweight children compared to urban dwellers (23.4% compared to 14.7%). In Banjul which is entirely an urban settlement, the proportion of under weight children has increased by almost three folds (from 6.2% to 17.5%). There is no significant difference in the prevalence of underweight children by sex.

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

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

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

Regional Disparities

Presented in Table 1.9 below is the proportion of severely underweight children by Region. From the table it could be seen that the proportion of severely underweight children has decreased in 2000 to 3.5 per cent and increased slightly to 3.9 per cent in 2005. The regional differences have shown that households in Central River Region – North have the highest prevalence of severely underweight children (7.2%) while households in Kanifing have the least (1.7%). The prevalence of malnutrition manifested by severe under-weight was also higher in the rural (4.8%) than in the urban areas (2.2 per cent) and this is exacerbated by poverty as the incidence of poverty is higher in the rural areas. As in the case of underweight children, the proportion of severely underweight children has also increased by 5 fold. Unlike the case of underweight children, more males than females are severely underweight (4.1 per cent compared to 3.7 per cent).

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

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

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

In 2009, the first Food Vulnerability Assessment Study in the Gambia was conducted. It was conducted in the Urban Areas (VAMU) of Banjul and Kanifing Municipalities by the Permanent Inter-State Committee for Drought Control in the Sahel (CILSS) the Research Institute for Development (IRD) and the National Nutrition Agency. The assessment focused on household food insecurity, food diversity, household's economic situation and anthropometric measurement for nutritional status of children among others.

The results of the survey showed that 50 per cent of households in Banjul and Kanifing were experiencing some form of food insecurity and the proportion was higher in the poorest than the richest households. It is important to note that the study was conducted in only two urban settlements of the country where poverty rates are lower compared to other regions, therefore if 50 per cent of households in these settlements were experiencing some form of food insecurity, the proportion could even be much higher in the other LGAs, particularly in the predominantly rural areas which have higher poverty rates.

Regarding the nutritional status of children, the results of the 2009 survey showed that 5.5 per cent of under-five children were wasted or acutely malnourished, 14.7 per cent were stunted or chronically malnourished and 8.6 per cent underweight, a possible combination of both acute and chronic malnutrition and 2.8 per cent under-nourished (using the mid-upper arm circumference). Although the survey was conducted in Banjul and Kanifing only, the survey results showed that the proportion of children underweight declined from 20.3 per cent in 2005/6 (MICS3) to 8.6 per cent according to the 2009 study. The data collection exercise of the Multiple Indicator Cluster Survey IV (MICS IV) has been completed and the results are expected in December when the data on the nutritional status of children can be updated.

Challenges

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

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

Policy Environment

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

Priorities for Development Co-operation

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

- Collaboration with various sectors to reduce hunger and improve nutrition

- As agriculture is central to the attainment of food security, it is essential to provide farmers with inputs, modern farming implements and improved techniques of farming to increase productivity. Improvements in agriculture will go a long way towards the achievement of the MDGs since most of the population in the Gambia depend on farming for their livelihoods.

GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Introduction

Goal 2 has one target and three indicators to measure progress towards the achievement of universal primary education. These indicators are; net enrolment ratio in primary education, proportion of pupils starting grade 1 who reach last grade of primary education and literacy rate of 15-24 year-olds, women and men. The Gambia is on-track on all targets and therefore on the goal.

Table 2.0: Summary Status of Indicators

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

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

In The Gambia, education has for long been one of the national development priorities. Whilst embarking on efforts to improve on gains in the sector in terms of improved enrolment, government has increasingly focused on relevance in a bid to addressing the manpower needs of the economy. Over the years there has been an increasing realization of the important contribution of madrassah education in improving enrolment, particularly at the primary and secondary levels. In the interest of promoting relevance, the Government has instituted measures geared towards maintaining high standards and also promoting the teaching of English in the madrassahs. Another big public action in this is the provision of large access to school for all Gambian Children. All these measures have immensely contributed to improved enrolment in the country.

The 2004-2015 Education Policy of the Gambia serves as a roadmap for the education sector of the country. The Policy seeks to further aspirations of the country as enshrined in the PRSP and Vision 2020. Provision of quality education that is geared towards poverty reduction is the main focus of the Policy. To ensure the attainment of the MDG goals, the policy lays emphasis on universal access to primary education and promotes gender equity in access to education. The 2004-2015 Education Policy gave birth to a number of initiatives aimed at promoting enrolment, particularly of girls. One of such initiatives was the Girls' Education Trust Fund which seeks to promote the enrolment and retention of girls in schools. Another similar initiative is the Presidents Empowerment of Girls Education Project (PEGEP) which is funding girls' education at various levels. Child Friendly Schools and

wholistic school development are other result oriented initiatives. All these initiatives have considerably contributed to improvements in the gains of the education sector.

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

Status and Trends

For the achievement of universal access to primary education, the target set under the MDGs is to ensure that by 2015, children everywhere boys and girls alike will be able to complete a full course of primary schooling. To track the attainment of this target a number of indicators have been identified relating to net enrolment ratio in primary education, proportion of pupils starting grade 1 who reach last grade of primary school and literacy rate of 15-24 year-olds, women and men. In this section of the report, national achievements made towards meeting targets set for these indicators would be reviewed.

Net Enrolment Rate

Presented in Table 2.1 are enrolment rates across Regions over the period 1991/92 to 2008/09. At the national level remarkable achievements have been made in enrolment in both sexes. In 1991/92 the primary school enrolment rate for males was estimated at 54.2 per cent compared to 38.5 per cent for females. The data shows that enrolment rates have gradually improved with a gradual bridging of the gender gap in enrolment. The gender gap in primary school enrolment closed in 2002/03 with enrolment for males reaching 60 per cent and that of females exceeding that of males by one percentage point. The gender gap in enrolment has been narrowing over the years with female enrolment exceeding that of males from 2002/03 to 2008/09.

A review of enrolment rates across Regions shows that Upper River and Central River Regions had the lowest enrolment rates in the country. In addition to recording the lowest enrolment rates, these Regions for many years had the widest gender gap in enrolment than other regions. For example in 1991/92 male primary school enrolment for URR was 25.3 compared to 14.4 per cent for females. On the other hand the comparative figures for CRR were 43.7 per cent and 24.1 per cent for males and females respectively. Comparative figures for Banjul males and females for the same period were 69.7 per cent and 58.9 per cent respectively. In general, enrolment in primary school have dramatically improved across all regions reaching 84 per cent in URR and 108 per cent in Banjul in 2008/09.

Over the years there has been a general narrowing of the gender gap in primary school enrolment across all Regions. What is even amazing is the fact that regions with the lowest enrolment rates in the past experienced faster reduction in the gender gap in enrolment. Even CRR registered higher female enrolment than that of males as early as in 2001/02. In all the predominantly rural Regions (Western, NBR, LRR, CRR and URR) female enrolment exceeded that of males by 2002/03.

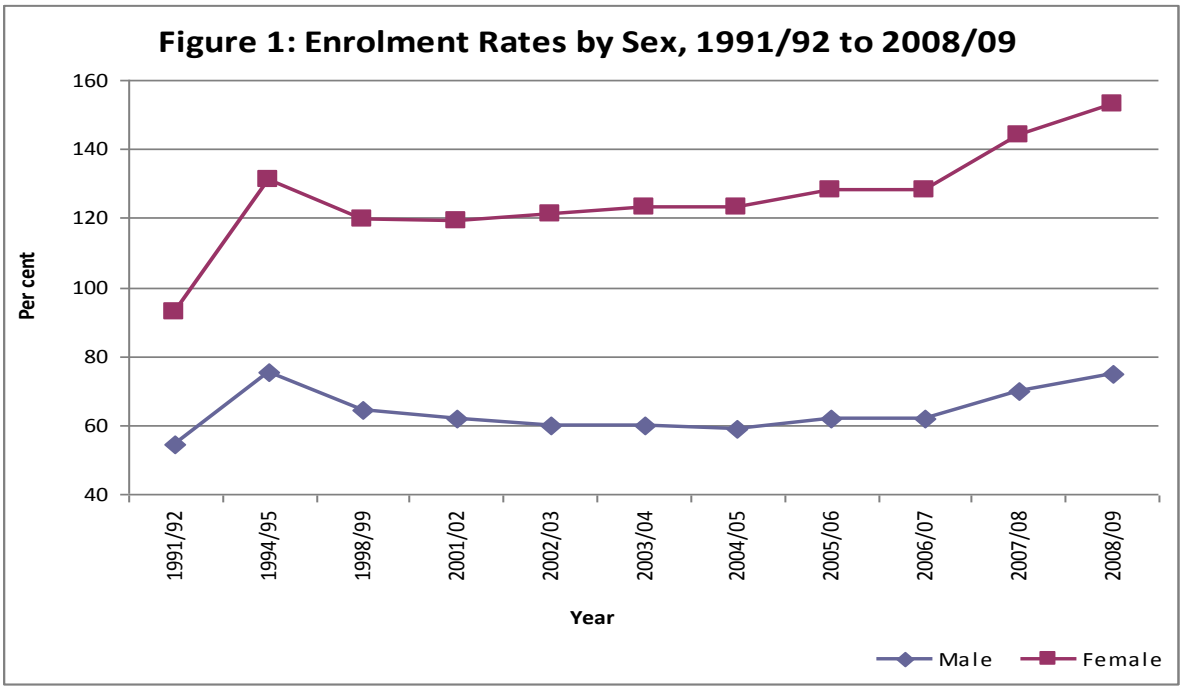
It is worth noting that concerted efforts on the part of Government in improving access to primary education with the construction of primary schools in many communities can, partly, explain gains made in enrolment. Other factors that might have influenced enrolment at the primary school level are the Girls' Scholarship Trust Fund and the Girl Friendly School Initiative. These initiatives have relieved parents of the bulk of educational expenses and

have also created a conducive environment for girls' education. The possible effects of these initiatives might have even been more pronounced in CRR and URR, Regions that experienced the lowest enrolment of girls in the past.

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

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

Source: EMIS 1991/92-2008/09



Gains made in primary school enrolment in all Regions are impressive. One may however wonder what may be happening to regions where female enrolment exceeds that of males. A question that comes to mind is; what are the out-of-school males engaged in? In addition, if the trend continues, would this scenario lead to the deprivation of males when it comes to education? These are questions to ponder over. Notwithstanding these concerns, if the current trend in enrolment is maintained, The Gambia is on course to meet the MDG targets on primary school enrolment by 2015.

Notwithstanding gains made in enrolment and the virtual bridging of the gender gap in primary school enrolment in all regions, an emerging concern to educationist is issue of quality. Recent surveys funded by the World Bank show that standards are improving but are less than desirable. If the achievements in improved enrolment are to translate into the provision of a well educated populace to address national development aspirations, the issue of quality needs to be addressed as a matter of urgency.

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

Data available for the year 2000 and 2006 shows that overall the percentage of children entering first grade who eventually reach grade 5 stagnated at 96.6 per cent in 2000 and 2006. Comparative figures for males and females shows that whereas the male proportion improved from 96.6 per cent in 2000 to 98.1 in 2006, for females there was a drop from 97.0 per cent in 2000 to 95.2 per cent in 2006. Across Regions the percentage of children entering first grade of primary school who eventually reach grade 5 in the year 2000 ranges from 88.0 per cent in Upper River Region to 100.0 per cent in North Bank Region. In 2000 the lowest transition rates were observed in URR (88.0 per cent) and the highest in NBR (100.0 per cent). For 2006 the lowest transition rates were observed in CRR (South) (87.9 per cent) and the highest was in NBR (100.0 per cent). Except for CRR South which registered a significant drop in transition rates between 2000 and 2006 from 98.0 per cent to 87.9 per cent, all other Regions registered rates in excess of 90 per cent over the period under review. The observed transition rates point to the potential for The Gambia to attain the MDG target by 2015.

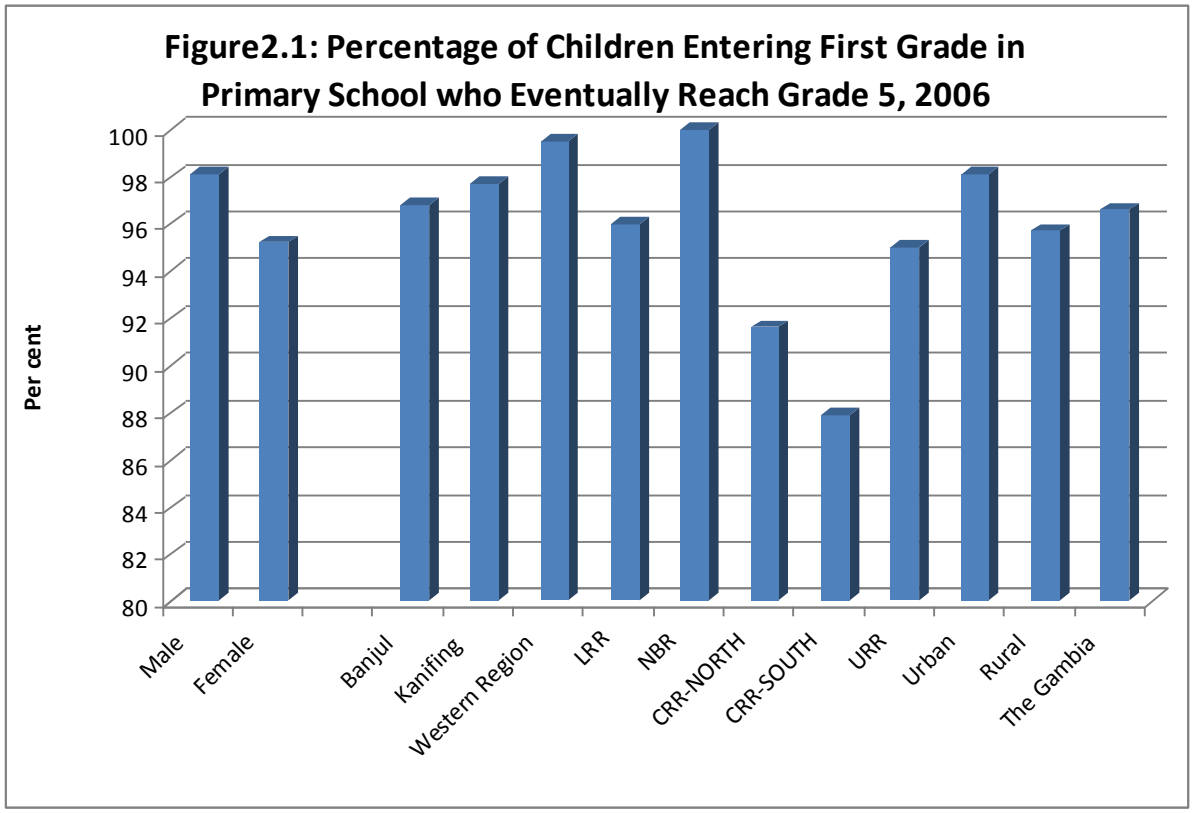


Table 2.2: Percentage of children entering first grade of primary school who eventually reach grade 5, The Gambia, 2000 and 2006

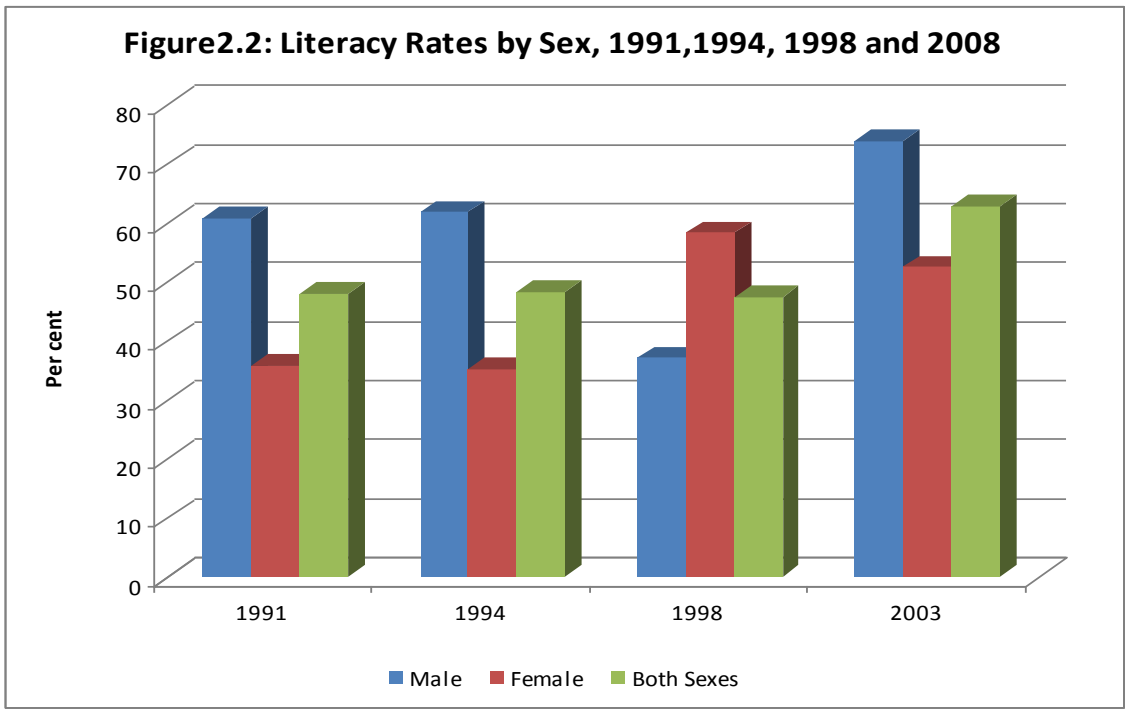
Percent who reach grade 5 of those who enter grade 1	2000	2006
Male	96.4	98.1
Female	97.0	95.2
Banjul	98.2	96.8
Kanifing	96.5	97.7
Western Region	98.1	99.5
Lower River Region	96.3	96.0
North Bank Region	100.0	100.0
Central River Region (North)	94.0	91.6
Central River Region (South)	98.0	87.9
Upper River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

Source: MICSII and MICSIII, 2000 and 2005/6

Literacy Rate of 15-24 Years-Olds

Gambia Government promotes the provision of functional literacy skills to people who don't have the opportunity to attend formal school. In this country literacy skills are provided through formal arrangements channelled through the formal and Non-formal Education Programmes and also through informal arrangements. Literacy skills are also acquired through religious education.

Considerable gains have been made in improving literacy skills in the Gambia over the period 1991-2003. The literacy rate increased from 48.0 per cent in 1991 to 62.9 per cent in 2003. Male literacy increased from 60.9 per cent in 1991 to 73.9 per cent in 2003 whilst that of females increased from 35.7 per cent in 1991 to 52.5 per cent in 2003. Across regions there has been an improvement in literacy rates and a narrowing of the gender gap in literacy over the period under review. Disparities have been observed between the sexes in all regions and across regions. The lowest literacy rates were observed in URR and CRR and the highest in Banjul and Kanifing. Despite the significant reduction in the gender gap in literacy, male literacy rates are higher than that of females across all regions. Regional disparities in literacy rates largely depict regional disparities in enrolment.



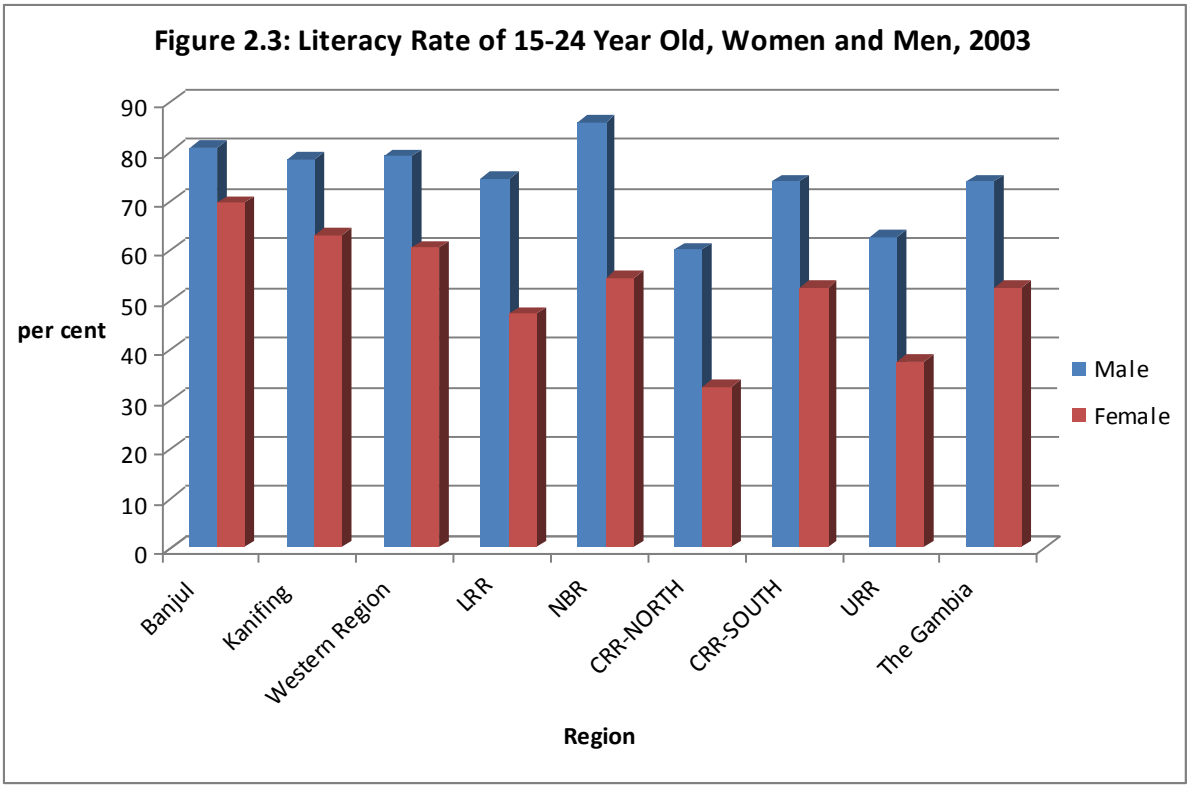


Table 2.3: Literacy Rate of 15-24 Year Old, Women and Men, 1991 to 2003

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

Source: EMIS, 1991, 1994, 1998 and 2003

Challenges

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

- Expansion and improvement of services for the integration of disabled children (i.e. visually impaired, hard of hearing, physically impaired, learning difficulties etc.) into the mainstream schools throughout the country;
- Maintenance of quality education and relevance at the primary level;
- Sustenance of adult literacy programmes to provide literacy skills, particularly, in deprived Regions such as CRR-North and URR.

Policy Environment

Government commitment to the provision of quality and relevant education is well articulated in the Education Policy 2004-2015. This Policy maps out the framework for the attainment of universal access to education in the Gambia. In line with the provisions of the Policy a number of measures have been instituted all aimed at improving access and creating a conducive learning environment. Key among such measures are;

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

Priorities for Development Co-operation

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

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

GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Introduction

Goal 3 of the MDGs has one target i.e. to eliminate gender disparity in primary and secondary education, preferably by 2005 and in all levels of education no later than 2015. To track attainment of this goal three indicators have been identified namely; ratio of girls to boys in primary, secondary and tertiary education, share of women in wage employment in the non-agricultural sector and the proportion of seats held by women in the national parliament.

Gambia Government commitment to the promotion of gender equality and the empowerment of women is manifest in a number of initiatives aimed at furthering the attainment of the desired objectives. The establishment of the Women's Bureau and the National Women's Council and the enactment of the 2010 Women's Act, among other measures, are testimony of Government commitment. Government commitment for the advancement of women in The Gambia is further manifested in the articulation of various policies, prominent among which are the National Policy for the Advancement of Gambian Women and the National Gender Policy. The National Gender Policy seeks to eliminate all forms of discrimination and gender based violence and empowers women.

The Women's Act, 2010 was enacted by the National Assembly on Tuesday the 12th day of April 2010. The Act domesticates all provisions of the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa.

The Act is divided into twelve parts. The first Part of the Act deals with preliminary matters, whereas Parts two to ten provide for substantive rights accorded to women. Parts eleven to twelve, on the other hand, provide for administrative matters relating to the Governing Council i.e. the National Women's Council, the Executive Arm i.e. the National Women's Bureau and other miscellaneous matters relating to administration, financial provisions and the power to formulate policies relating to the rights and welfare of women.

Education Policy 2004-2015

The 2004-2015 Education Policy of The Gambia focuses on ensuring that the right to quality education for all is upheld and that goals set for the achievement of Education for All and the MDG Goals are achieved. The ultimate object of the policy is the elimination of poverty, enhancing quality living and nurturing a learning society. Cognizant of the existence of disparities in enrolment between the sexes and across regions the policy provides the basis for gender sensitive measures and promotes awareness on the importance of girls' education and the potential contribution of a well educated female population to national development.

In response to the policy direction provided by the current Education Policy, a number of measures have been instituted in the education section all aimed at furthering the ultimate objective of attaining gender equality and the empowerment of women. Nationwide sensitization campaigns have been instituted to promote girls education. Girl-friendly school initiative has also been introduced to create a more conducive learning environment for girls. With support from donors, Mothers' Clubs have been introduced in schools aimed at promoting girls' education and encouraging parents to enroll girls in schools. All these initiatives are aimed at promoting girls education with the ultimate goal of empowering women and girls.

Presented in Table 3.0 is a summary of gender disparities in selected key indicators. The table shows that, overall parity has been attained in enrolment at both primary and lower secondary school levels. Regarding seats held in the parliament and in local councils, the data shows that females continue to trail behind their male counterparts. Available data indicates that The Gambia is on course to achieving the MDG targets for primary and lower secondary school levels but is highly unlikely to meet the targets for representation in parliament and in local councils.

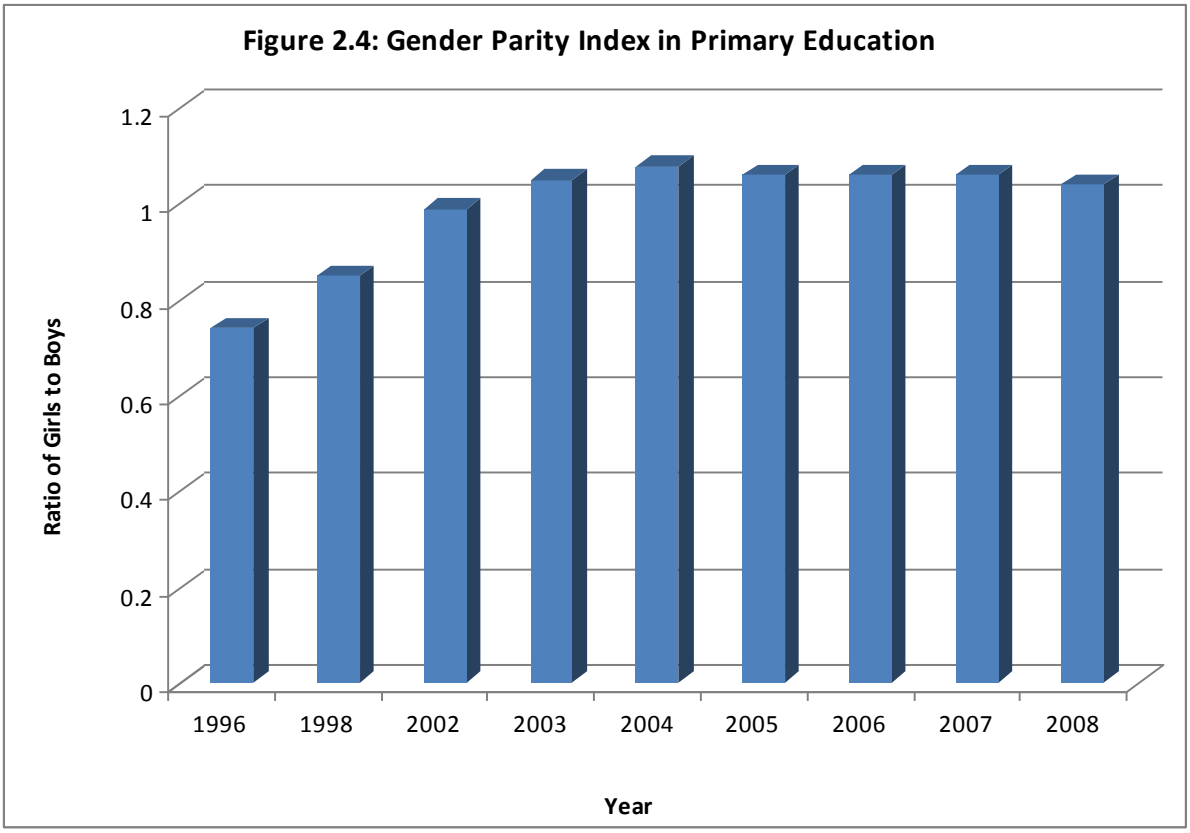
Target 3A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Table 3.0: Summary Status of Indicators

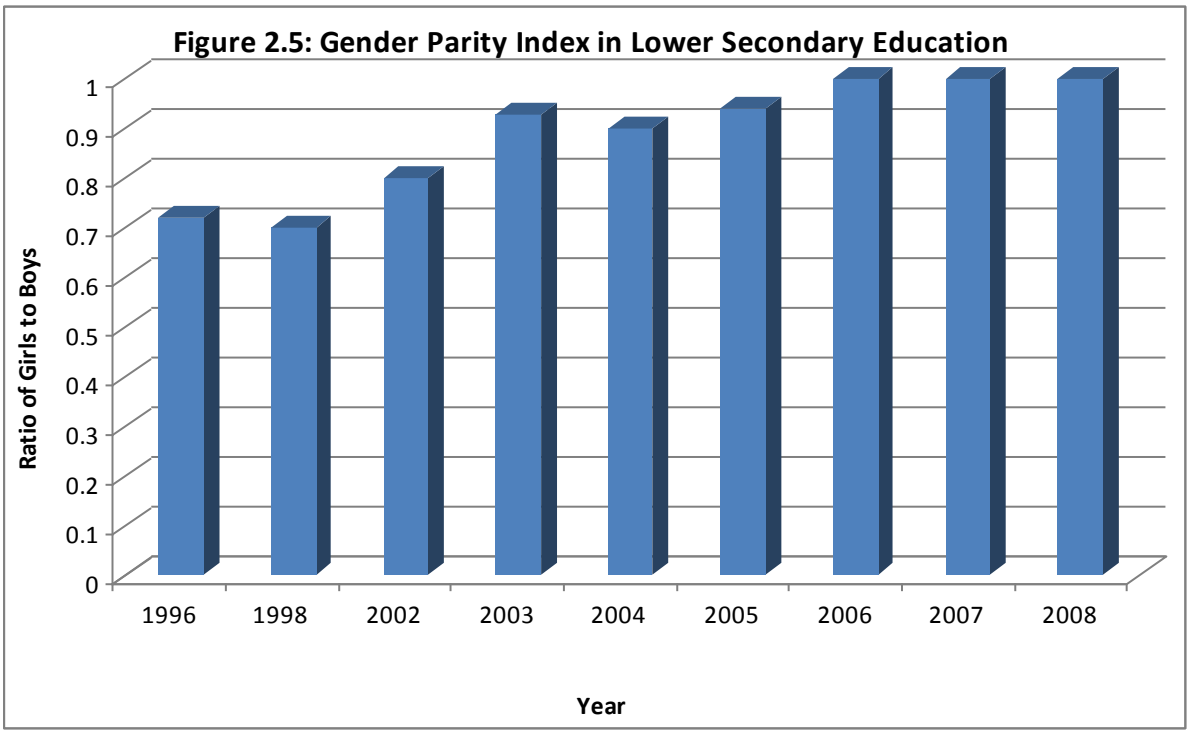
Target	Indicators	1990	Current status (2010)	MDG Target (2015)
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1 Ratios of girls to boys in primary, secondary and tertiary education	Primary- 0.74 L/Secondary- 0.72 S/Secondary- 0.44	1.06 (2006) 1.00 (2006) 0.83 (2006)	1.0 1.0 1.0
	3.2 Share of women in wage employment in the non-agricultural sector	N/A	N/A	N/A
	3.3. Proportion of seats held by women in national parliament	Parliament- Local Councils-	6.25% 13.91%	33% 33%

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

The Gender Parity Index is used to measure disparities in enrolment of boys and girls. Presented in table 3.1 are the gender parity indices (ratio of girls to boys) in primary, lower secondary and senior secondary school levels. Also in the table is the ratio of literate females to males aged 15-24 years. Figures in the table clearly indicate that The Gambia over the years has gradually edged towards the attainment of gender parity in education. The data shows that at the primary level parity was attained as early as in 2003 whilst at the lower secondary level parity was attained by 2006.



It is however worth noting that at the senior secondary school level, although remarkable progress has been made towards the attainment of parity, girls continue to be disadvantaged. The figures indicate that more boys continue to transit to the senior secondary school level than girls.



The gradual bridging of the gender gap in the primary and lower secondary levels in the Gambia is an indication of the gains being made by the campaign to promote girls education. Considering the steady progress made towards the attainment of this goal, it is likely that with sustained efforts gains made would be maintained. It is imperative that if the trend continues, the country is on track to attaining Goal 3 of the MDGs.

Regarding the ratio of literate females to literate males available data suggest a narrowing in literacy rates between the sexes. This development can largely be attributed to improvements in enrolment of girls observed over the years. The index shows a decline from 0.60 in 1996 to 0.64 in 1998 and 0.71 in 2003 (Table 3.1 below).

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

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

Source: EMIS 2008, Census 2003

Regional Disparities in Gender Parity in Enrolment

For many years enrolment rates in primary schools in The Gambia have been much higher for boys than for girls. This has been, largely, due to misconceptions about Western education excerbated by cultural believes and practices that militated against the education of girls. Such cultural believes and practices were more entrenched among predominantly rural communities. Among other things this have been the cause of disparities in enrolment across the Regions for long. Data presented in Table 3.2 shows that across all regions there has been a narrowing of the gap in enrolment between boys and girls.

According to the available data parity was achieved in primary school enrolment at the national level in 2003. At the regional level, it can be seen from the data that parity was achieved earlier in Banjul than in all the other regions. The parity figures presented in Table 3.2 further show that Regions with wider gender disparity in enrolment (LRR, CRR and URR) in the past achieved parity in primary school enrolment by 2002. Consistency in the parity indices presented in the table seem to suggest consistency in enrolment levels over time. If this trend continues, the MDG target of attaining gender parity in primary school enrolment is within reach by 2015.

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

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

Source: EMIS 2008

Gender parity indices presented in Table 3.3 show that gender disparity in enrolment at the junior secondary level was much higher than at the primary level for many years. However the gap has been narrowing over the years with parity achieved in most regions by 2006. Over the period 1996 to 2008 only URR did not achieve parity although the gender gap in enrolment for this region narrowed significantly over the period under review. This is indicative of the persistence of the problem of retaining girls in school beyond the primary level in URR.

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

Year	Banjul/Kanifing		WR	NBR	LRR	CRR [4]		URR	The Gambia
1996	0.92		0.63	0.52	0.47	0.48		0.84	0.72
1998	0.86		0.71	0.55	0.44	0.49		0.44	0.70
2000	0.98		0.68	0.59	0.58	0.60		0.46	0.73
2001	0.93		0.85	0.67	0.75	0.70		0.62	0.82
2002	0.94		0.93	0.83	0.82	0.79		0.79	0.85
2003	0.95		0.91	0.88	0.90	0.92		0.64	0.93
2004	0.92		0.88	0.77	0.71	0.83		0.83	0.90
2005	0.94		0.97	0.88	1.03	1.00		0.81	0.94
2006	1.03		0.91	0.88	1.11	1.15		0.81	1.00
	Banjul	Kanifing				CRR North	CRR South		
2007	1.00	1.00	1.00	1.10	1.00	1.20	1.30	0.80	1.00
2008	1.10	1.00	1.00	1.10	1.00	1.30	1.30	0.80	1.00
MDG Target	1.00								

Source: EMIS 2007

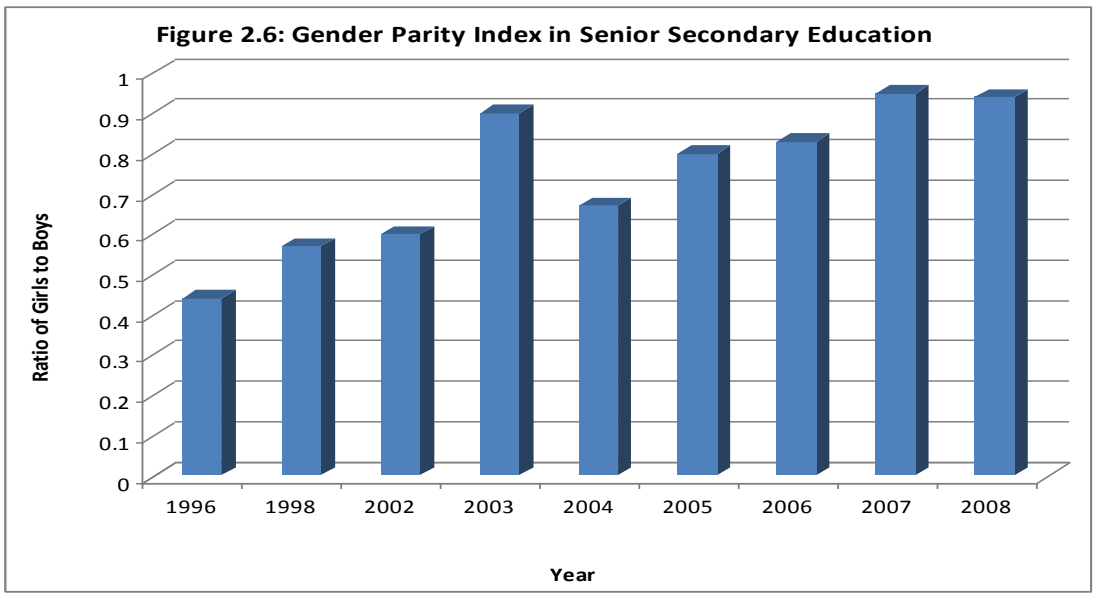
[4] Refers to both CRR – North and South

Gender parity levels at the senior secondary school level show that Gambia is yet to achieve parity at the national level (see Table 3.4). The most recent figures on parity at this level of education show that even in Banjul and Kanifing boys continue to be advantaged over girls. The data shows that parity was achieved only in Western Region and CRR by 2008. Notwithstanding the existence of disparities in enrolment at this level of education with sustained efforts aimed at retention of girls in school, the country is on course to attain the MDG target by 2015.

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

Year	The Gambia	Banjul/Kanifing		WR	NBR	LRR	CRR[5]		URR
1996	0.44	0.55		0.22	0.37	0.26	0.35		0.34
1998	0.57	0.65		0.54	0.35	0.68	0.32		0.42
2000	0.63	0.69		0.57	0.36	0.53	0.51		0.55
2001	0.80	0.81		0.75	0.33	0.75	0.50		0.50
2002	0.71	0.79		1.00	0.36	0.60	0.50		0.80
2003	0.90	0.89		0.86	0.86	1.00	0.67		0.60
2004	0.67	0.66		1.00	0.42	1.00	0.40		0.75
2005	0.80	0.73		1.11	1.00	1.17	0.75		0.83
2006	0.83	0.75		0.88	1.08	0.86	0.64		1.00
		Banjul	Kanifing				CRR North	CRR South	
2007	0.95	0.69	0.94	1.00	1.06	1.25	0.89	1.03	0.80
2008	0.94	0.75	0.87	1.11	1.21	0.76	0.95	1.04	0.72

Source: EMIS 2008



[5] Refers to both CRR – North and South

Challenges

At the primary school level, with the attainment of gender parity a new scenario has emerged. Girls seem to be outnumbered at this level of education. If the trend continues, this has the potential of disadvantaging boys in favour of girls. Although efforts aimed at improving retention of girls in school may be paying-off in terms of the gradual closing of the gender gap in enrolment between the sexes, at the senior secondary level parity is yet to be achieved. URR continues to trail behind the other Regions in achieving gender parity in both the junior and senior secondary levels.

Policy Environment

The Gambia as a country is committed to the ideals of gender equality and the empowerment of women. Commitment to these principles has led to government ratifying international conventions formulated for the advancement of women such as the Convention for the Elimination of all forms of Discrimination Against Women (CEDAW), the African Platform for Action and other international treaties. Some national laws have been aligned to international laws and conventions to which the country is party to.

The Women's Council Act which established the National Women's Council, an advisory body to Government on women's issues and concerns, the National Women's Policy, the National Gender Policy (2010-2020) and Woman's Act of 2010 were all promulgated to further the course of women. The enacted laws are all meant to protect women against discrimination and provide them equal opportunities to realise their full potentials.

Priorities for Development Co-operation

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

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

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

Gambia Government has for long recognized the invaluable contribution of women in national development. To further harness the potentials of women to more effectively contribute to national development, government has for long championed the empowerment of women. Over the years efforts to empower women has not been restricted to the formulation of laws and policies but has been taken further to appoint women in senior positions in Government. These appointments are intended to enable these women serve as advocates for the welfare of the women folk and also to enable them serve as role models to encourage other women to strive hard to realize their full potentials.

Government efforts to empower women in the Gambia is evident in that for the period under review, the Vice President and Minister for Women Affairs, Speaker of the National Assembly, Minister for Tourism and Culture, Minister for Basic and Secondary Education and the Deputy Minister of Petroleum are all females. In the diplomatic service, the High Commissioner in London and the Ambassador in Nigeria are also females. At the level of the National Assembly, the speaker is a female; there is one female nominated member and two elected female members out of the 53 members of the National Assembly meaning that the proportion of seats held by women is far below that of the men (4 compared to 49). At village level, there are few female village heads, a position reserved for males in the past.

The figures reviewed above point to the fact that women continue to be under-represented in key positions in the country despite the fact that the National Constitution accord equal rights and privilege to both sex. To further the course of women by having a say in the formulation of policies that affect the women, there is need for increase participation of women in the decision making processes.

Presented in Table 3.2 are the numbers of elected councillors across Local Government Areas and sex. It is evident from the table that the number of male councillors by far outnumber that of females (103 males compared to 16 females). The largest number of elected female councillors was observed in Banjul, Kanifing and Brikama. In these Local Government Areas four female councillors out of nine, four out of twenty two and three out of twenty-four female councillors, respectively were elected. With the exception of these LGAs the gender gap in representation is wide in all other councils with no female councillors elected in Kerewan. This is yet another indication of the fact that, women are still highly under-represented at decision making levels in all regions.

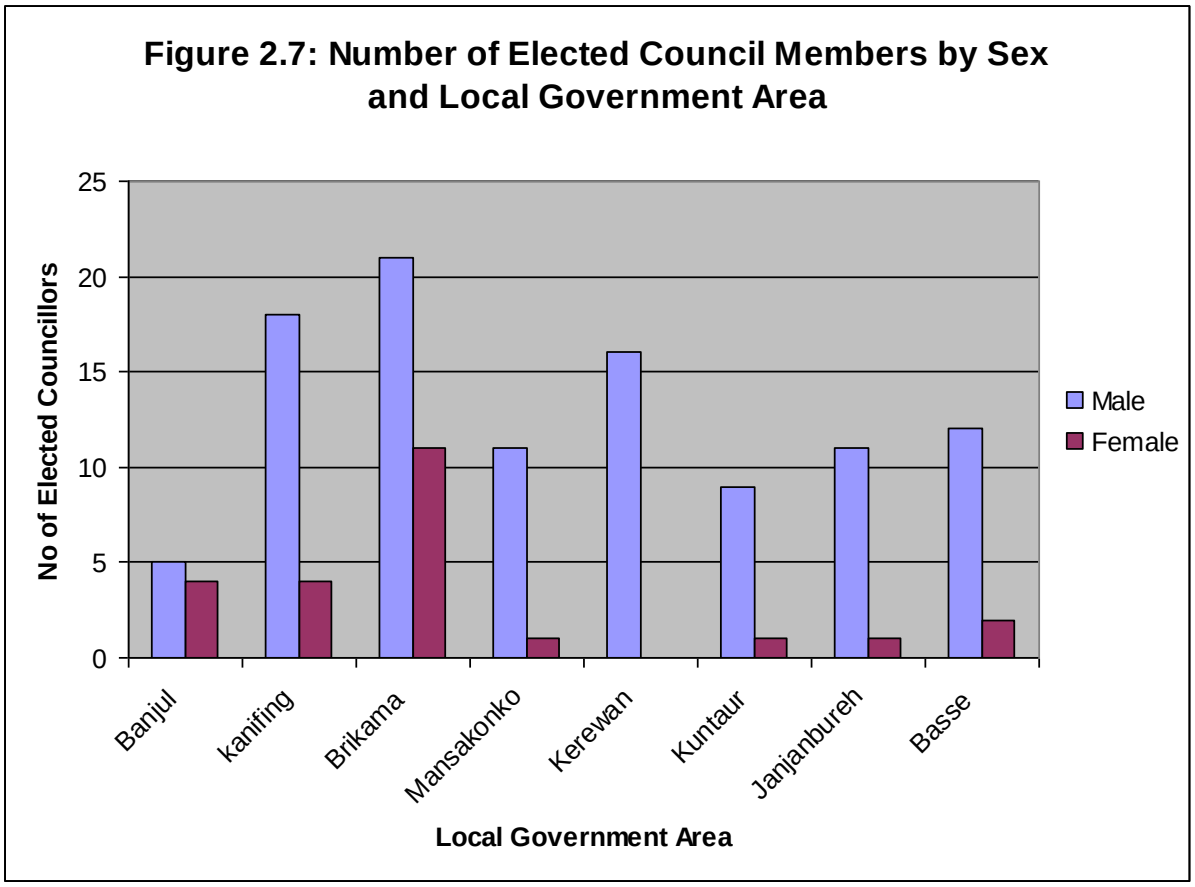


Table 3.2: Number of Elected Council Members by Sex and Local Government Area

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

Source: Independent Electoral Commission (IEC), 2010 and Municipal Councils

Policy Environment

In the Gambia national employment laws and policies provide men and women equal employment opportunities. Sectoral employment policies are also amenable to the provision of equal employment opportunities to men and women. Although the data reviewed in this section of the report point to women being disadvantaged when it comes to access to key

decision making positions, this may be, largely, explained by disparities in educational attainment between the sexes and to a lesser extent traditional beliefs that tend to relegate women to their traditional roles of child bearing and domestic choirs. Current policy measures instituted to empower girls are expected to provide women and girls with the requisite knowledge and skills and the conducive environment to compete for any available jobs in the market. As indicated earlier, the enactment of the Women's Act 2010 among other such laws is an indication of Government's commitment to creating a conducive environment for more effective participation of women in national development.

If current efforts towards girls enrolment and retention are sustained, it is expected that the education system will provide women and girls with the requisite skills to enable them compete for jobs in the formal sector. Improved education for girls is also likely to result in bridging the gender gap in employment in key decision making positions in the country.

Regarding women's assumption of political office, it is likely to take a much longer time for parity to be attained in this area. This can only be attained with changes in the mindset of both men and women towards the realization of the potential of women to excel in such decision making positions. This would mean doing away with stereotyping women and increased involvement of women in political activities. The Gambia is not on-track on all the targets and the goal but with concerted, refocused actions, the goal is achievable.

Challenges

Despite achievements in the empowerment of women in terms of women assuming senior positions in employment and political office, a number of challenges still remain. For the ultimate attainment of equal opportunities in securing employment in senior positions and political office the following challenges have to be surmounted;

- Retention of girls beyond junior secondary school and beyond;
- The stereotyping of women which relegate women to their biological role of childbearing and domestic choirs;
- Male dominance of national and local politics.
- Male dominance of economic resources and factors of production.
- Socio-cultural barriers

Priorities for Development Co-operation

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

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

- Promotion of girls'/women's participation in politics.
- Major reforms including land reform and ownership and access to productive resources
- Provision of a minimum female representation at both national assembly and local governments(At least a third of the seats like most countries have introduced now e.g. Rwanda)

GOAL 4: REDUCE CHILD MORTALITY

Progress with regards to MDG 4, i.e. the reduction of child mortality is assessed against three main indicators, namely under-five mortality rate, IMR, and proportion of one-year-old children immunized against measles.

The Government of the Gambia is committed to the reduction of child mortality and this is reflected in national Policy documents like the Women's Policy, the Population Policy and the Health Policy. Among the goals of the National Health Policy ('Health is Wealth') is the reduction of the infant mortality rate from 75 per 1000 to 28 per 1000 by 2015 and to reduce the under-five mortality rate from 99 per 1000 to 43 per 1000 by 2015.

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

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

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

Status and Trends

Table 4.0: Summary Status of Indicators

Targets	Indicators	1990	Current Status (2010)	MDG Target (2015)
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five Mortality Rate	135 (1993)	99 (2003)	67.5
	4.2 Infant Mortality Rate	84 (1993)	75 (2003)	42
	4.3. Proportion of 1 year-old children immunised against measles	87 (1991)	96 (2009)	100

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

The infant mortality rate (IMR) declined to 75 deaths per 1,000 live births in 2003 from 84 deaths per 1,000 live births in 1993. On the other hand, the under-five mortality rate-declined from 135 to 99 deaths per 1,000 live births over the same period.

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

Immunization against measles is one of the targets set under the goal to eradicate communicable diseases amongst children. The national immunization coverage for measles increased from 87 per cent in 1990 to 96 per cent in 2009. Whilst this is still far below the set target of 100 per cent by 2015, it clearly shows that the movement is in the right direction

Although The Gambia has made significant progress over the years in reducing both infant and under-five mortality, but based on the current estimates, the Gambia may therefore not achieve the MDG goal of reducing infant and under five mortality by 42 and 67.5 percent respectively by 2015 except if the historical trend are reversed positively (see Table 4.0 above).

Table 4.1: Summary of Child Mortality and Measles Immunisation Coverage

Indicator		**1990**	**2000**	**2001**	**2002**	**2003**	**2006**	**2008**	**2009**
Under-five mortality rate (per 1000 live births)	National trend	135(1993)	NA	135	NA	99	NA	NA	NA
	MDG Target		67.5	67.5	67.5				
Infant mortality rate (per 1000 live births)	National trend	84(1993)	NA	84	NA	75	NA	NA	NA
	MDG Target		42	42	42				
One-year-olds immunized against measles	National trend	87(1991)	92	89	93	NA	92.4	91	96

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

Based on the 2003 Population and Housing figures under-five mortality has declined from 135 deaths per 1000 live births to 99 deaths per 1000 live births over the inter-censal period (1993-2003). The decline has also been manifested across regions, as there has been significant improvements in the under-five mortality rate in all regions. In both

1993 and 2003 censuses, mortality rates in the urban areas are consistently lower than regions in the predominantly rural areas. In 1993 under-five mortality was highest in LRR with 169 deaths per 1000 live births and lowest in Banjul with 91deaths per 1000 live births. In 2003, the same trend was observed as the under-five mortality rate was again lowest in Banjul with 41 deaths per 1000 live births and highest in CRR- North with 134 deaths per 1000 live births. Although there has been improvements across regions, CRR-North which is the poorest region in the country according to the 2003 Integrated Household Survey results, continues to trail behind the other regions.

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

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

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

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

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

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

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

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

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

Measles Immunization Coverage

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

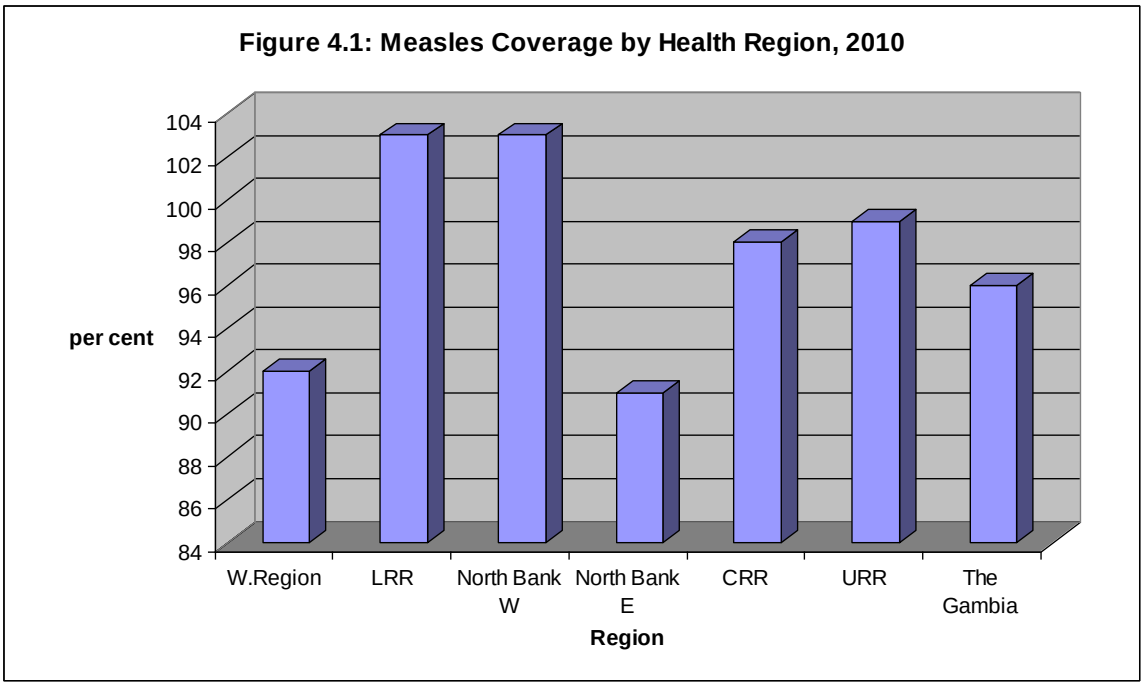
Measles coverage in the Gambia has been impressive since the early 1990s in all the regions as the proportion of children aged one year immunized against measles was in the range of 80 per cent and above. In 1990, the coverage of vaccination against measles at the national level was 89 per cent. The proportion ranges from 83 per cent in URR to 93 per cent in CRR. From Table 4.4 below it can be observed that coverage rates for measles for the period 1990-2009 were slightly higher in the predominantly rural regions compared to the urban regions of Banjul and Kanifing which ironically have better access to health services. In 2009, the proportion of one-year old children immunized against measles was higher in Western Region than all the other regions as it has increased by 12 percentage points. At the national level, immunization coverage has increased from 91 per cent in 2008 to 96 per cent in 2009.

The 2009 data on measles has shown that the LRR which had the highest coverage in 2008 and NB–West achieved the target of universal coverage of measles immunization. Unlike the 2008 figures which shows a decline in coverage in all the regions particularly in the Western Health Region (Banjul, Kanifing and Brikama LGAs combined), the 2009 figures shows an increased in all the regions particularly in the Western Health Region which has increased from 80 per cent in 2008 to 92 per cent in 2009. There is need for concerted efforts to consolidate the gains made, to further improve coverage rates for the country to achieve universal coverage. Since the country achieved national average measles coverage of more than 90 per cent as early as in 2002, The Gambia is on track to attaining the MDG target for immunization by 2015.

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

Year	Banjul	Kanifing	WR		NBR	LRR		CRR	URR	The Gambia
1990			84			89		93	83	89
1992			85			86		90	92	83
1993	85		86		77	86		93	89	87
1994	87		83		93	92		92	92	89
1995	92		91		94	92		91	87	91
1996	91		92		95	95		95	97	94
2000	83	87	89		81	87		91	87	88
2001	86		86		90	92		93	89	89
2002	90		91		89	96		97	96	93
2006	91	89	92		93	99	CRRN	CRRS	93	92
							96	93		
2008			80	NBW	NBE	98	CRRN	CRRS	87	91
				88	84		89	89		
2009			92	103	91	103	98	98	99	96

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



Challenges

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

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

Policy Environment

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

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

Priorities for Development Co-operation

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

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

GOAL 5: IMPROVE MATERNAL HEALTH

Introduction

The targets for MDG5 (Improve maternal health) are two: to reduce by three quarters between 1990 and 2015, the maternal mortality rate; (2) achieve by 2015 universal access to reproductive health. The indicators to track attainment of these targets are as follows: Maternal Mortality Ratio and Proportion of births attended by skilled health personnel; and Contraceptive prevalence rate; Adolescent birth rate; Antenatal care coverage (at least one visit and at least four visits); and Unmet need for family planning.

Improved Maternal and Reproductive health services is a high priority of the Government of The Gambia. This is reflected in various policies such as the Health Strategic Plan 2010 – 2014, the National Health Policy ('Health is Wealth' 2007- 2020), Environmental Health Policy, Health Financing Strategy and the National Population Policy among others.

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

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

The revised Health Policy 2007-2020 identified the following strategies for the improvement of reproductive and child health services:

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

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

Reduction of maternal deaths is a priority area for the government of The Gambia. In the quest to address this scourge, certain health sector interventions have been implemented most notably; the training of midwives in advanced midwifery to be able to provide adequate and appropriate care to obstetric emergencies.

According to results of the 1990 maternal mortality survey, the maternal mortality ratio was estimated at 1,050 per 100,000 live births. The 2001 maternal mortality study shows a national estimate of 730 deaths per 100,000 live births**.** The 2006 Fistula study show a

further reduction to 556 per 100,000 live births in 2006 (Table 5.0 below). Despite these achievements at national level, The Gambia's MMR is one of the highest among sub-Saharan African countries and poses a development challenge for the country. It is noteworthy that the country lacks timely data on maternal mortality. Estimates of maternal mortality could not be disaggregated by region because of the small sample sizes of the 1990, 2001 and 2006 surveys; consequently, the estimates were only available at the national level. Recent WHO estimates on the global picture on maternal mortality on the 'WHO Statistics 2010' and the Countdown to 2015 on Maternal, Newborn and Child Survival using 2005 estimates indicate that the level in The Gambia is 690 per 100,000 live births.

Clearly, these figures do not depict a reducing trend towards the target of 263 maternal deaths per 100,000 live births set for 2015, thus the country is unlikely to attain the target to reduce the MMR by three-quarters (i.e. 263) from 1990 to 2015 (Table 5.0 below). The factors that militate against the attainment of this MDG target include, but not limited to, the global economic crises and its effects on The Gambia, inadequate access to emergency obstetric care in the country coupled with the high attrition rate of trained health personnel. Furthermore, maternal health is cross-cutting in nature and goes beyond the scope of the Ministry of Health and Social Welfare (MoH&SW). It requires the concerted efforts of all stakeholders including development partners.

Status and Trends

Table 5.0 Summary Status of Indicators

Targets	Indicators	1990	2000	Current Status 2010	MDG Target 2015
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal Mortality Ratio per 100,000 Live birth	1050	730 (2001)	556 (2006) 690 (2010)*	263
	5.2 Proportion of births attended by skilled health personnel	42	56.8% (2006)	64.49% (2008)	90 %
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive Prevalence Rate	6.7%	NA	13.4% (2001)	NA
	Adolescent (15-19 years) Birth Rate per 1,000	167 (1993)	103 (2003)	NA	NA
	Antenatal care coverage (at least one visit to four visits)		90.7% (2000)	97.8% (2006)	100 %
	5.4 Unmet need for Family Planning	30%	NA	NA	NA

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

"Proportion of births attended by a skilled health worker" represents the percentage of all births attended by a skilled health worker. It is recognized that in addition to a range of interventions before, during and after pregnancy, ensuring that all births are attended by a skilled health worker is a key strategy to reduce maternal deaths.

Presented in Table 5.1 are proportion of births attended by skilled birth attendants across regions. Overall, the percentage of deliveries attended by skilled health personnel has increased from 56.8 per cent in 2005/6 to 64.5 per cent in 2008 (HMIS, 2008). This indicates an increase of 7.7 percentage points (Table 5.1 below). However, there are substantial disparities in delivery care by place of residence. Just 43.4 per cent of births in rural areas are attended by skilled health personnel compared with 83 per cent in urban areas. This is an indication that women in urban areas are more than twice as likely as women in rural areas to deliver with assistance from a skilled health personnel.

Improvements in deliveries by skilled health personnel in urban areas is attributable to the fact that a large proportion of births in this areas occur in health facilities, and thus are attended by skilled health personnel with better access to appropriate equipment and supplies. Another factor influencing this indicator is higher literacy rates among women in the urban areas which influences early health seeking behaviours among urban women compared to less literate rural women. Notwithstanding the modest increase in births attended by skilled health personnel, the country is not likely to attain the MDG target of 90 per cent by 2015 if current trend continue. (Table 5.1 below).

Table 5.1: Percentage of births attended by skilled health personnel

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

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

Regional Disparities

The most recent data on ratio of midwives per 10,000 population has shown a national average of 1.3. The ratio ranges from 0.8 in CRR (North and South) and URR to 16.3 in Banjul. Banjul and Lower River Region are the only settlements where the ratio of midwives per 10,000 population are higher than the national average. In general, the ratio of midwives to the population falls far short of the recommended staffing norms of the MoH&SW, which is 2 midwives per 10,000 populations. In terms of progress made, the proportion of births assisted by skilled health personnel has increased only marginally, from 54.6 per cent in the 2000 survey to 56.8 percent in 2005/06, this being far below the projected target of 90 per cent for 2015. The proportion of mothers that received skilled assistance at delivery was, as would be expected, lowest in rural areas, and among women of lowest socio-economic status.

[6] HMIS Report, 2008

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

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

Source: HMIS 2009

The table below shows the percentage distribution of deliveries by cadre of health personnel providing assistance at delivery across regions and place of residence. There are substantial disparities in cadre of health personnel providing assistance during delivery by region and place of residence. The data shows that the proportion of births attended by a doctor increased by two fold in the urban areas from 3.7 in 2000 to 7.5 per cent in 2005/06 whilst that of the rural areas has increased slightly from (4.5 per cent in 2000 to 4.6 per cent in 2005/06. Other than Auxillary Midwife and Traditional Birth Attendants (TBAs) which is higher in the rural areas, delivery assistance received from all the other cadre of health care providers was higher in the urban than in rural areas. A similar trend has been observed across regions.

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

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

Source: MICS II, 2000 and MICS III, 2006

The process of delivering a birth is critical in the life of both mother and the baby. Ideally, births need to be assisted in a competent manner by a skilled birth attendant supported in a hygienic environment. Of all the regions, Banjul has the highest proportion of births attended by skilled birth attendants and CRR–North had the lowest proportion (28.4%). Other than Banjul, Kanifing and Brikama, all the other regions had averages of births attended by skilled health worker lower than the national average.

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

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

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

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

Contraceptive Prevalence Rate

Status and Trends

Family planning or contraception has been a major determinant of fertility and a factor influencing population growth rates. Although the population growth rate has declined from 4.2 per cent per annum in 1993 to 2.7 per cent in 2003, fertility has dropped from 6.1 per cent to 5.4 per cent over the same period, the prevailing fertility rates are still considered high. Data on contraception has been a problem in the country as the available data were collected in 1990 and 2001. Results of the Contraceptive Prevalence and Fertility Determinants Survey (1990) revealed that only 6.7 per cent of married women in The Gambia were using contraceptives. Comparative figures from the 2001 Maternal, Perinatal, Neonatal and Infant Mortality Study showed an increase in contraceptive prevalence to 13.4 per cent. The increase in the use of contraception between 1990 and 2001 can mainly be accounted for by the use of pills and injections with over 90 and 100 per cent of contracepting women using these methods, respectively. Despite the major gains made in improving reproductive health in The Gambia, the use of modern contraceptives remains low.

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

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

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

The sensitization and promotion of the use of modern contraceptive methods as enshrined in the population and reproductive health policies were aimed at improved chid health, improving the reproductive health of women, in general, and fertility reduction in particular. During the implementation of the Participatory Health, Population and Nutrition Project, 2000-2005, the social marketing of contraceptives was introduced in The Gambia. This initiative was aimed at improving access to contraceptives. This has contributed to improved access to contraceptives, hence the reduction in fertility currently being experienced in the country. With the integration of family planning into the reproductive and child health services, access to contraceptives has increased across the country. The services are provided through a network of health facilities, both public and private. It is anticipated that with this improvement in access to contraceptives, the contraceptive prevalence rate would significantly improve. New data on contraceptive prevalence would be available from the MICS IV, the data collection exercises for which has been completed and the results are expected in December 2010.

Adolescent Birth Rate

Adolescent birth rates per 1,000 women is a Millennium Development Goal indicator used to track MDG 5: Improving Maternal Health. It can be defined as 'births to women aged 15-19, per 1,000 women. Births to adolescents (15-19 years old) have reproductive health implications, particularly in countries where marriage is early and thus, women tend to have long periods of exposure to child bearing. Adolescent fertility is a phenomenon that can influence maternal mortality rate.

The World Health Organization estimates show that the risk of maternal death is twice as high for women aged between 15 and 19 years when compared with those aged between the ages of 20 and 24 years . Complications of pregnancy and childbirth are the leading causes of mortality among women between the ages of 15 and 19 and therefore adolescent fertility merit special attention since children born to young mothers are usually more prone to higher risks of illness and death.

The 2003 Census figures show that the proportion never married among adolescents has increased from 61 per cent in 1993 to 80 per cent in 2003. The 2003 Census data seems to suggest that more and more adolescents in The Gambia are delaying marriage as evidenced by the increased in overall singulate mean age at first marriage (SMAM) from 19.6 to 22 years for 1993 and 2003, respectively. Births to adolescents (15-19 years old) in The Gambia declined significantly from 200 births per 1,000 adolescents in 1983 to 167 and 103 births per 1,000 adolescents in the 1993 and 2003, respectively.

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

Regional Disparities

Presented in Table 5.6 below is regional data on adolescents' births as percentage of total fertility from the 1983, 1993 and 2003 Censuses. The data shows overall reductions in the proportion of teenagers who had begun childbearing (adolescent fertility), down to10 percent in 2003 from the 1983 figure of 16 percent. These are encouraging results although wide regional disparities persist.

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

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

Source: 1983, 1993 and 2003 Population and Housing Censuses

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

Antenatal Care Coverage

A major achievement of the health services in the Gambia is in the area of access to antenatal care services. In addition to improved access as a result of the opening of health facilities in many parts of the country, the introduction of outreach stations in areas where no health facilities existed has substantially improved access to antenatal care services.
According to WHO, antenatal care coverage is an indicator of access and use of health care during pregnancy. From the table below, the percentage of women who received antenatal care from skilled personnel increased from 90.7 per cent in 2000 to 97.8 per cent in 2006. Despite the increase of 7.1 percentage points nationally, regional differences persisted, although the differences are not significant. The proportion of women who received antenatal care from a skilled health provider ranges from 97.8 per cent (national average and LRR) to 99.8 per cent in NBR and Banjul had 100 per cent in 2005/06. Concerted efforts are needed to sustain the high level of coverage of antenatal care attendance.

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

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

Source: MICS, 2000 and MICS, 2006

Challenges

Health service related factors that impede the attainment of maternal health targets:

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

The non-health related factors that impede the attainment of maternal health targets:

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

Policy Environment

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

Priorities for Development Co-operation

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

GOAL 6: COMBATING HIV/AIDS AND OTHER DISEASES

Introduction

Malaria, together with HIV/AIDS and TB, is one of the major public health challenges undermining development in the poorest countries in the world. Malaria kills an African child every 30 seconds. Many children who survive an episode of severe malaria may suffer from learning impairments or brain damage. Pregnant women and their unborn children are also particularly vulnerable to malaria, which is a major cause of perinatal mortality, low birth weight and maternal anaemia.

Malaria on the other hand despite major strides in reducing morbidity attributable to the infection, continues to be a major cause of childhood morbidity and mortality. In addition to the traditional measures aimed at reducing malaria infections, residual spraying has been initiated recently as a vector control measure.

The observed HIV/AIDS prevalence rates in the Gambia may not be alarming but considering the potential for transmission rates and lack of sufficient evidence of the driving force of the epidemic, made it apparent that the drastic increase if the right measures are not instituted, it has always been government concern to control the spread of the disease and provide services to the infected and affected.

Goal 6 comprises has three targets; namely, (i) Have halted by 2015 and begun to reverse the spread of HIV/AIDS, (ii) Achieve, by 2010, universal access to treatment for HIV/AIDS for those who need it; and, (iii) Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.

Under target 1, four indicators, namely, HIV prevalence among population aged 15-24 years, condom use at last high-risk sex, proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS and ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years have been identified to measure progress. Target 2 has one indicator i.e. proportion of population with advanced HIV infection with access to antiretroviral drugs, whilst target 3 has five indicators, namely, incidence and death rates associated with malaria, proportion of children under-five sleeping under insecticide-treated bed nets, proportion of children under-five with fever who are treated with appropriate anti-malarial drugs, incidence, prevalence and death rates associated with tuberculosis and proportion of tuberculosis cases detected and cured under directly observed treatment short course. It should be noted that data on incidence and death rates associated with malaria are currently not available.

National Response to HIV/AIDS

The first AIDS case in the Gambia was reported in May 1986 following which government responded in 1986/7 by establishing the National AIDS Control Programme (NACP) at the Ministry of Health, Labour, and Social Welfare. Since then government has put in place series of national HIV and AIDS intervention plans and programmes. In

order to strengthen its efforts to combat HIV/AIDS, the Gambia produced a comprehensive plan for HIV and AIDS which serves as a framework for the country's response to the major challenge of HIV/AIDS. Among these was the first Medium Term Plan which was to be implemented from 1988 – 1990. The second plan was launched in 1992 but could not be implemented because of the change of government that affected donor aid to the country. In 1995, the HIV/AIDS national policy framework, policies and Guidelines on HIV/AIDS was prepared which was geared towards educating the public on modes of HIV/AIDS transmission with focus on contamination through sexual encounter. In 2001, the national Aids Secretariat was established to lead and coordinate the multi–sectoral national response to the fight against HIV/AIDS in The Gambia. From 2001 to 2006, the World Bank funded the HIV/AIDS Rapid Response Project (HARRP) strategy (2001-2006) which provided the framework for national response mainly focusing on prevention and applying the multi-sector response approach. This was followed by the National Strategic Plan 2003–2008.

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

The government of the Gambia and the UN agencies notably WHO, World Bank, UNAIDS, UNFPA, UNICEF, Global Fund, UNDP and other concerned agencies have been supporting the implementation of HIV/AIDS activities in the country.

Initially, the response to combat HIV/AIDS was centered on Information Education and Communication (IEC) with the assumption that an effective IEC programme will eventually result in the control and stabilization of the epidemic. However, the current focus is on treatment, care and support through Voluntary Counselling and Testing (VCT), PMTCT and Anti-Retroviral (ARV) provision to curb the prevalence rate. Behavioural Change Communication (BCC) is now given prominence in the current response.

It is important to note that in The Gambia, there has never been any nationwide comprehensive study conducted on HIV/AIDS. Most of the information on HIV/AIDS is obtained from sentinel surveillances and clinical records from urban and peri-urban areas. As a result the information obtained from these sources limit planners and policy makers understanding of the epidemic to enable them to better plan and formulate appropriate policies to fight the disease.

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

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

Status and Trends

There are three indicators for this target, namely HIV prevalence rate among 15-24 year old pregnant women, rate of condom use and number of children orphaned by HIV/AIDS.

The main source of estimates on HIV/AIDS prevalence in The Gambia is the National Sentinel Surveillance (NSS) conducted among antenatal women, aged 15-49 years. In the absence of a population based study of prevalence of the pandemic, it is difficult to gauge the actual magnitude of the HIV/AIDS problem in the country.

The first country wide survey on HIV/AIDs was conducted among 30,000 pregnant women between 1993–1995 which revealed prevalence rates of 0.6 per cent for HIV-1 and 1.1 per cent for HIV-2. But the first sentinel surveillance program began in 2000-2001 with a baseline survey in the catchment areas of four health centres: Serekunda, Sibanor, Farafenni and Basse. The prevalence rate was estimated at 1.2 per cent for HIV-1 and 0.9 per cent for HIV-2. As indicated earlier, these results were based on the number of antenatal women, aged 15-49 years who visited the sentinel sites for the first time with their blood samples tested for HIV with anonymity.

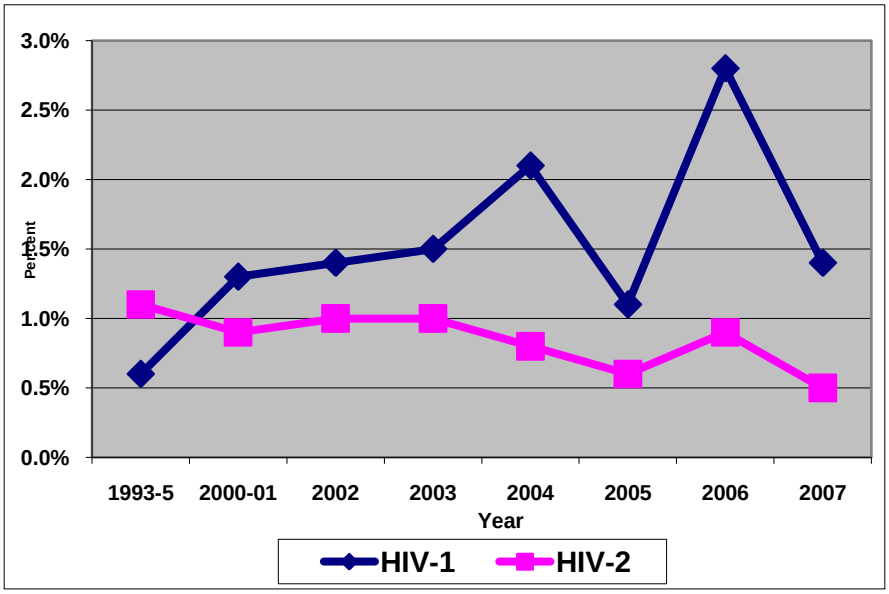
The prevalence of HIV-1 among pregnant women aged 15-49 was estimated at 0.6 per cent in 1993 which increase slight to 2.1 per cent in 2004. In 2005, the prevalence rate decline to 1.1 per cent but increased to 2.8 per in 2006 and declined again to 1.4 per cent in 2007. On the other hand, HIV-2 tends to be stable as the prevalence rate was 1.1 per cent in 1993 and decline to 1 per cent in 2003. In 2005, the prevalence rate decline to 0.6 per cent and increase slightly to 0.9 per cent in 2006 and decline to 0.5 per cent in 2007 (see Table 6.0 and Figure 6.0 below). Reasons for the sharp fluctuations of HIV-1 (Figure 6.0) cannot be explained by any known epidemiological or other factors. No explanation is also given for the trends in HIV-2 for which much less is known apart from the fact that it is less virulent than HIV-1.

Table 6.0: Summary of HIV/AIDS Indicators

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

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

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



Source: The Gambia, 2007 Sentinel Surveillance Data.

For the period under review, the prevalence rate of HIV-2 was highest in 2006 with 2.8 per cent. This increase is attributable to geographical variations because of the different sentinel sites. The highest prevalence rates were found in Brikama, Sibanor and Essau with 4.8,4.2 and 3.2 per cent all higher than the national average (2.8%) (see Table 6.1 below). The reasons for this high prevalence rate could be due to influx of refugees from conflict neighbouring countries. Other factors could be cultural/traditional practices that could lead to the spread of the disease, low condom use and poverty among other reasons.

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

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

Source: The Gambia 2007 Sentinel Surveillance Survey on HIV

Table 6.1 above shows the prevalence rate of HIV-1 among pregnant women by Sentinel Sites from 1993 – 2007. In 2007 there was a decline in the prevalence rate of HIV-1 and HIV-2. HIV-1 has declined by half from 2.8 per cent in 2006 to 1.4 per cent in 2007. HIV-2 has also declined from 0.9 to 0.5 per cent in 2007. For HIV-1, Serekunda, Kuntaur and Sibanor had the highest prevalence rates with 2.7, 2.5 and 2.4 per cent respectively.

Brikama which recorded the highest prevalence rate of 4.8 per cent in 2006 has now recorded a decline in prevalence by four-fold, with the current prevalence at 1.2 per cent. Similarly, Sibanor, Farafenni, Essau and Basse have all recorded significant declines in prevalence in 2007. It is only Kuntaur, the poorest region in the country shows an increase in the prevalence rate of HIV- 1, from 0.2 per cent in 2006 to 2.5 per cent in 2007.

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

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

Regional Disparities

Condom use at last high-risk sex is the percentage of young men and women aged 15–24 reporting the use of a condom during sexual intercourse with a non-cohabiting, non-marital sexual partner in the last 12 months. Therefore, use of condoms during higher-risk sex can reduce one of the principal modes of the transmission of HIV/AIDS.Risk factors for HIV include sex at an early age, sex with older men, sex with a non-marital non-cohabitating partner and failure to use a condom.

The data shows that 54.3 per cent of women aged 15 – 24 used a condom during their last high-risk sexual contact. Analysing the data by region shows that, LRR registered the highest proportion of condom use during last high risk sex encounter with 85.4 per cent followed by NBR and CRR South with 73.7 and 73.3 per cent respectively. Kanifing and Western Region recorded the lowest proportion of condom use during last high-risk sexual encounter with 46.9 and 48 per cent respectively (Table 6.2 below). It could be argued that the high rate of condom use during high-risk sexual encounter could have contributed to the low prevalence rate of HIV-1. As indicated in Table 6.2, Kanifing which recorded the lowest condom use amongst persons engaged in high-risk sexual activity, 46.9 per cent, has

the highest prevalence, 2.7 per cent. However, this may not be conclusive in itself, because CRR-S with a significant proportion of 73.3 per cent of condom use registered HIV prevalence rate of 2.5 per cent. Comparing use of condom at last high-risk sex by place of residence shows that, the proportion was highest in the predominantly rural areas compared to urban areas (55 per cent versus 53.8 per cent, MICS-III, 2005/2006 Report). This is possibly an indication that HIV-1 is more prevalent in the urban compared to the rural areas.

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

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

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

It is generally accepted that one of the most important prerequisites for reducing the rate of HIV infection is accurate knowledge of how HIV is transmitted and strategies for preventing transmission. Correct information is the first step towards raising awareness and giving women and young people the tools to protect them from infection.

In the Gambia, only 39.1 per cent of women aged 15 – 49 were reported to have a comprehensive knowledge of HIV/AIDS which is low but there are differences across regions and place of residence. The percentage of women having a comprehensive knowledge was in highest in WR (50.1%) and lowest in URR with 23.2 per cent.

Analysing the data by place of residence shows that, Comprehensive knowledge of HIV/AIDS was higher for women living in the urban areas (41.9%) than their rural counterparts (37.1%). This could be attributed to high literacy rates in the urban areas. Regarding HIV/AIDS transmission, women in the rural areas (81.3%) have higher knowledge that those in the urban areas (81.3% compared to 74.0%).

According to the UNAIDS Report on the Global AIDS Epidemic 2008, females account for nearly 60 per cent of people living with HIV, a proportion that has increased steadily since 1990. This fact has significant, compound effects on children's life chances in general and in relation to their ability to access education in particular.

Children who are orphaned may be at an increased risk of neglect or exploitation, if the parents are not available to assist them. If they don't have assistance, their basic needs including their ability to go to school will not be addressed. Therefore, the ratio of school

attendance of orphans to non-orphans aged 10-14 years is used to analyse the educational opportunities available to orphans and non-orphans.

Overall, the data shows that the ratio of orphans to non-orphans aged 10-14 years attending school is 0.87. Therefore, there is not much difference in school attendance between orphans and non-orphans. The reason for the high ratio of orphans to non-orphans attending school could be attributed to the support given to orphans by the extended family. The data also show that the orphaned female is more disadvantaged, 0.76 compared to the male orphan, 0.99 in terms of educational opportunities. Orphans living in the urban areas are also more disadvantaged than their rural counterparts (0.77 compared to 0.92).

Key Achievements

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

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

Challenges

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

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

- Absence of sustained resource base for the HIV Response; and
- Slow progress in meeting universal access targets on ARVs.

Policy Environment

Government's commitment to combat HIV/AIDS has been reflected in a number of key national and sectoral policies and programmes. This includes the following:

- National HIV/AIDS policy
- National Strategy Framework for HIV/AIDS
- National Education Policy, 2004 – 2015
- National Health Policy ' Health is Wealth'
- Poverty reduction Strategy Paper, 2007 – 2012
- National Plan of Action for OVCs, 2008 - 2011
- Strong political leadership and support in the fight against HIV/AIDS,
- Implementation of a Global Fund Round 8 HIV/AIDS Grant currently being co-ordinated by NAS and Action AID The Gambia;
- Major interventions to increase prevention programmes as well as the establishment of home-based care, PLHIV support groups, provision of Voluntary Counselling and Testing (VCT) services and Prevention of Mother to Child Transmission (PMTCT) of HIV/AIDS and Anti-Retroviral therapy are being provided.

Priorities for Development Co-operation

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

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

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

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

The four indicators for this target include prevalence and death rates associated with malaria, proportion of population at risk of malaria that use effective malaria prevention and treatment measures, and prevalence and death rates associated with tuberculosis.

The World Health Organization (WHO) estimated that in 2008 there were 250 million malaria episodes, leading to approximately 850,000 malaria deaths. While malaria is endemic within most tropical and subtropical regions of the world, 90 per cent of all malaria deaths currently occur in sub-Saharan Africa, and most of these deaths are among children under five years of age. Approximately 1 in every 6 child deaths (16%) in Africa is due to malaria. Since malaria is leading cause of ill health particularly for pregnant women and children under five years of age, global initiatives are required to combat it.

National Response to Malaria

Malaria is a major public health problem in The Gambia and the National Malaria Control Programme (NMCP) is charged with the responsibility of the fight against malaria in The Gambia. The National Malaria Strategic Plan of Action 2002 – 2007 outlines an aggressive approach in reducing malaria and malaria related burden through the massive scale-up of malaria control interventions. Evaluation of scale-up of key interventions is essential for understanding progress in the fight against malaria. The second plan was for the period 2008 – 2015. The plan outlined key interventions and formed the basis for malaria control and prevention services. Significant progress has been made in the implementation of the previous strategic plan. Funding opportunities for malaria control has increased over the years leading to increased coverage for key interventions such as insecticide treated nets (ITNs) use by pregnant women and children under-five, intermittent preventive treatment for pregnant women (IPTp) and case management through access to malaria treatment. The Gambia is working towards meeting the RBM targets of 80% coverage for key interventions by 2015. Recently, additional interventions have been introduced such as in-door residual spraying (IRS) and environmental management. The antimalarial drug policy change for the treatment of uncomplicated malaria from Chloroquine monotherapy to Artemisinin-Combination Therapy (ACT) will also contribute to the reduction of malaria morbidity and mortality.

Status and Trends

Malaria is endemic in the Gambia with seasonal variations. *Plasmodium falciparum* is the commonest specie responsible for all severe diseases and over 95% of clinical attacks. A few cases of clinical malaria are caused by *Plasmodium malariae; Plasmodium ovale* is seen rarely**.** In rural areas, children experience 1 – 3 clinical attacks of malaria a year. Over 90% of clinical attacks occur during the rainy season. The majority of cases occur from September to October. The transmission of malaria during this period is intense and the number of cases seen at the peak of the season may increase nearly twenty fold compared with the number of cases seen in the middle of the dry season. Thus, the current intervention of the National Malaria Control Programme (NMCP) focuses on the under-five, pregnant

women and the differentially able (a category which includes the physically challenged, weak, poor and destitute segments of the population).

Using fever as a proxy for malaria, results of MICS III showed that overall, 8.4 per cent of children under-five had fever in the two weeks preceding the survey with regional variations as the proportion ranges from 3.4 per cent in URR to 15.6 per cent in Banjul. Out of these, 62.6 per cent received anti-malarial drugs and 49 per cent were reported to have slept under an ITN the night before the survey. For children who reported to have slept under an ITN, the proportion was highest in LRR and lowest in Kanifing with 34.3 per cent. (see Table 6.3).

Regional Disparities

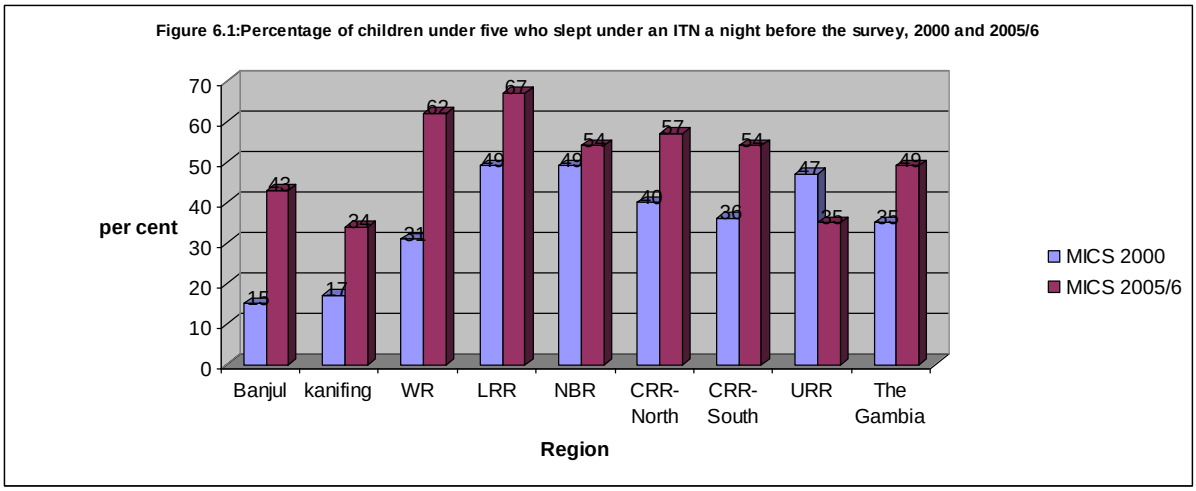
There are regional variations in the incidence of fever, use of anti-malarial drugs and ITNs. The proportion of under-fives who had a fever in the two weeks preceding the survey was lowest in LRR and CRR-South 3.4 per cent and 6.5 per cent respectively. The highest was reported in Banjul (15.6 per cent) which is almost twice the national a average followed by CRR-North (11.2 per cent).

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

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

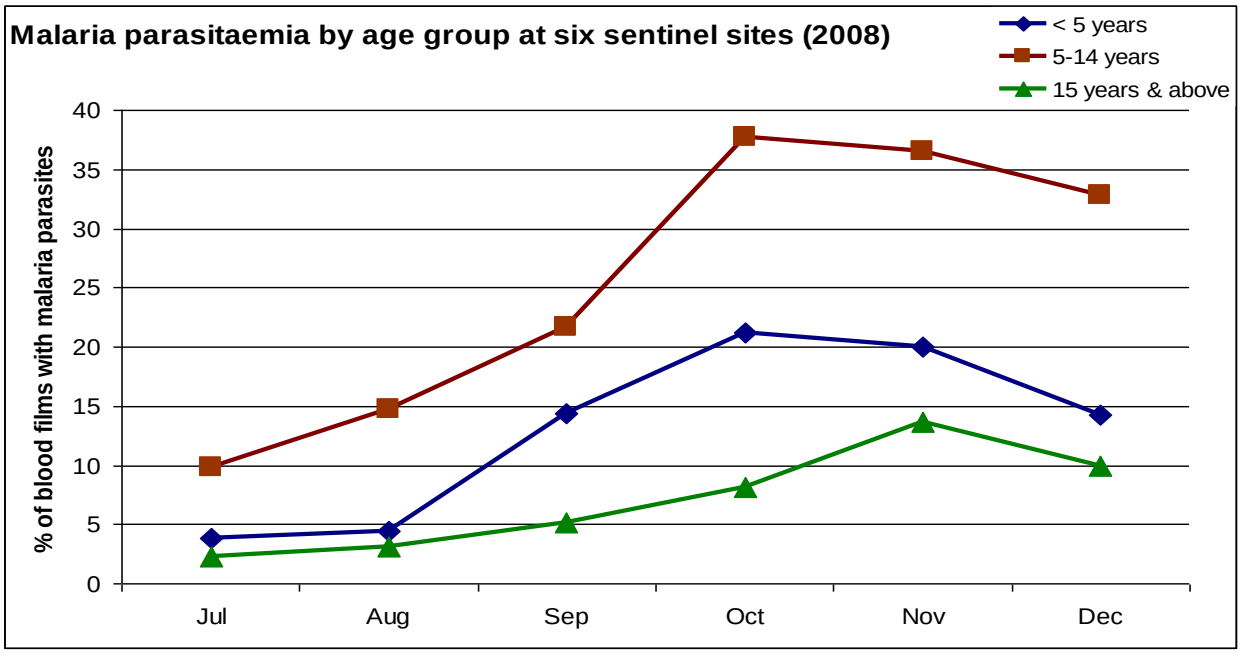
Source: MICS 2005/6

The proportion of children who were reported to have had fever and have taken anti–malarial drugs was 62.6 at the national level but the proportion was highest in CRR-S, 79.6 per cent and lowest in Banjul, 28 per cent. The use of insecticide treated nets (ITNs) was highest in the predominantly rural areas. Data from MICS1, MICS2 and MICS3 show that the use of ITNs has increased in all areas, except in Kanifing and URR (Figure 6.1 below).



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

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



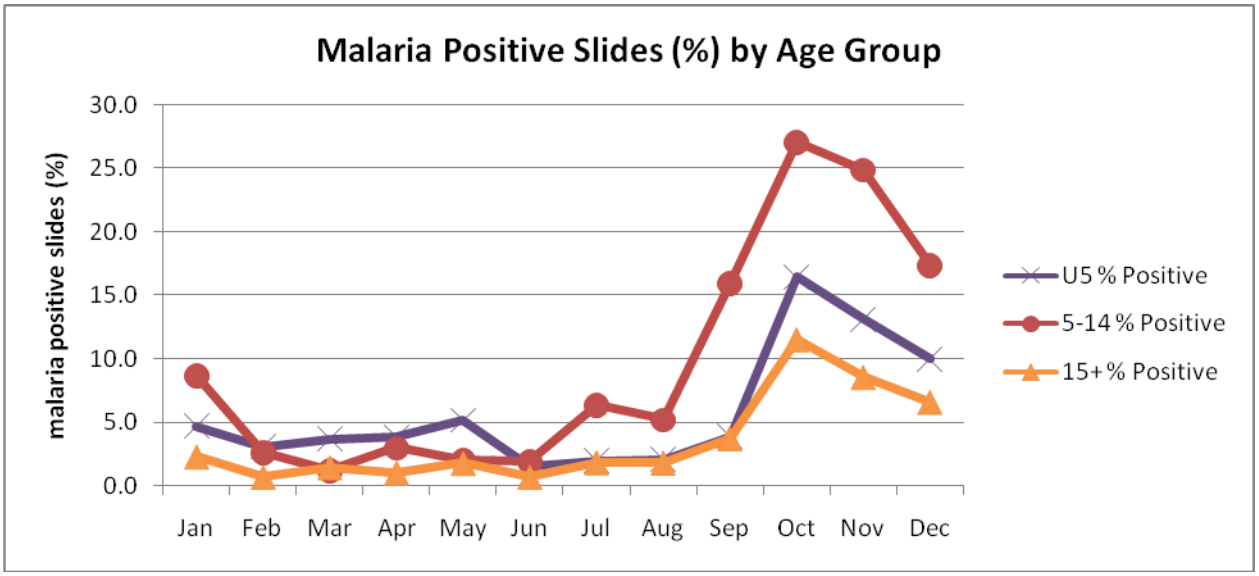
Source: Malaria Sentinel Sites, 2008

Although the reasons for the shift in malaria transmission from the under-fives to the 5-14 year olds are not clear, it is assumed that this is the effect of the current national malaria intervention, which only targets the most vulnerable i.e. under-five children and

pregnant women. Thus, the under-fives are more likely to be protected from malaria as they benefit from long lasting insecticide nets (LLINs), which are distributed freely to them. However, more studies are needed to confirm the reasons for the shift in transmission. It can be observed from both Figures 6.2 and 6.3 that malaria transmission in The Gambia peaks from September to November.

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

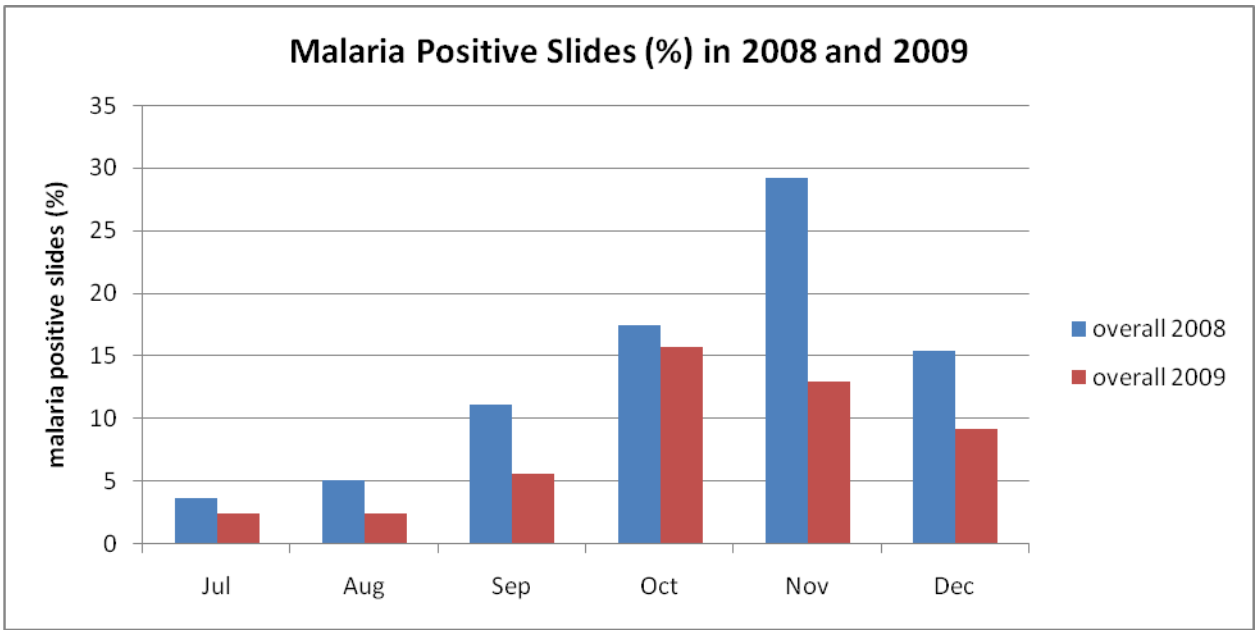
Figure 6.3: Percentage of malaria positive slides among under-fives, 5-14 year olds and 15 years and above at six sentinel sites, January-December 2009



Source: Malaria Sentinel Sites, 2009

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

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



Source: Malaria Sentinel Sites, 2008 and 2009

Challenges

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

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

Policy Environment

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

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

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

Priorities for Development Co-operation

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

Tuberculosis

According to WHO, TB is a major public health problem in the WHO Africa Region where over 1.3 million TB cases were registered in 2007 compared to 1.1 million cases in 2005. Although the Africa Region constitutes only 10 per cent of the world population, it accounts for 30 per cent of the global TB burden.

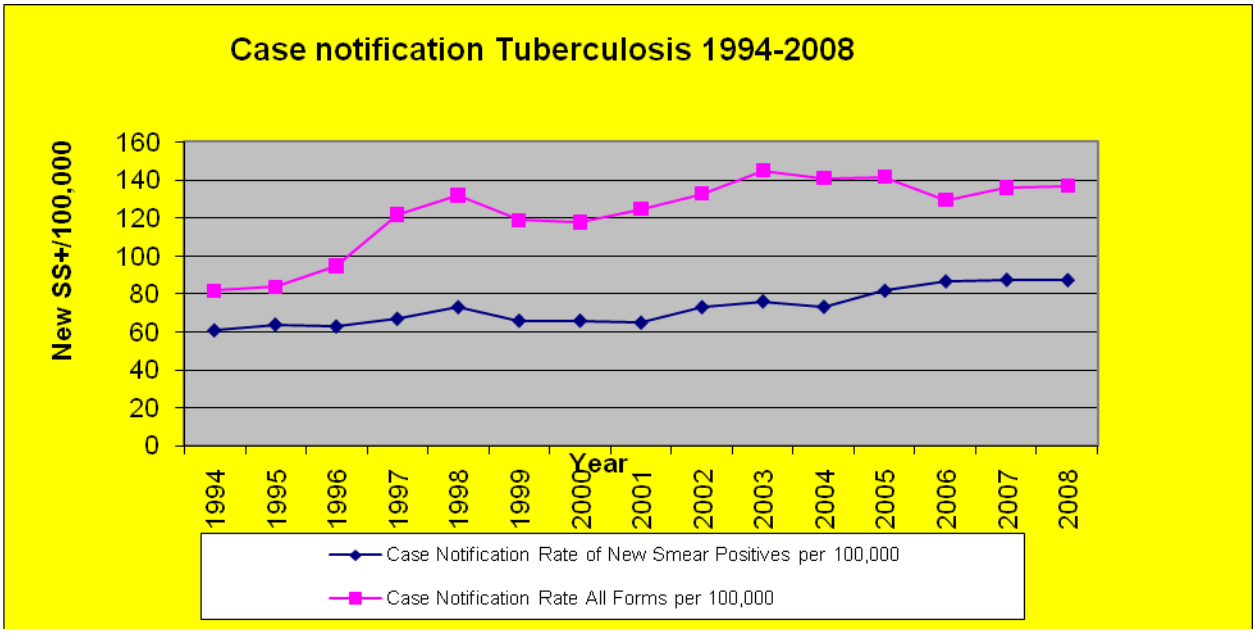
The Gambia Tuberculosis (TB) control programme has used the Directly Observed Treatment Short-Course (DOTS) strategy since 1985 and has achieved countrywide coverage through the Primary Health Care (PHC) programme. Community DOTS implemented by Village Health Workers (VHWs) with the financial and technical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

Status and Trends

The incidence and prevalence of TB in The Gambia are unknown since there have been no comprehensive studies or tuberculin surveys conducted in conformity with WHO protocols. Nevertheless, data are routinely collected at specialised public sector TB clinics and by NGO and private sectors. Figure 6.5 below shows that the case notification rate per 100,000 population of new smear positive TB cases and TB of all forms increased significantly over the past decade. Based on the current national TB notification data vis-à-vis WHO estimates, the TB case detection rate in the Gambia is 67%. Achievement of this target will require improvements in case detection of new smear-positive pulmonary TB cases in the country. However, the TB case notification for this category of patients has increased from 887 cases in 2001 to 1305 cases in 2008. The proportion of new smear-positive cases represents about 64% of all forms of TB registered during the year 2008 and 96 cases per 100,000 population. This rising trend is as a result of intensified TB case finding and the strong collaboration with partners such as Medical Research Council (MRC) in TB case detection. Identification of infectious cases is very significant in the context of public health since these are the patients who can transmit the TB infection in the community. However, infection transmission can be greatly minimised if such patients are detected early and promptly put on adequate chemotherapy under DOT. This constitutes the fundamentals of TB control in the Gambia.

Generally, the case notification for all forms of TB has also markedly increased in recent years. A total number of 2053 TB patients (all forms) was detected in 2008 in the Gambia.

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



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

Table 6.4: Brikama notifications

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

Source National Leprosy and TB Programme, 2008

Table 6.5:Serrekunda notifications

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

Source: National Leprosy and TB Programme, 2008

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

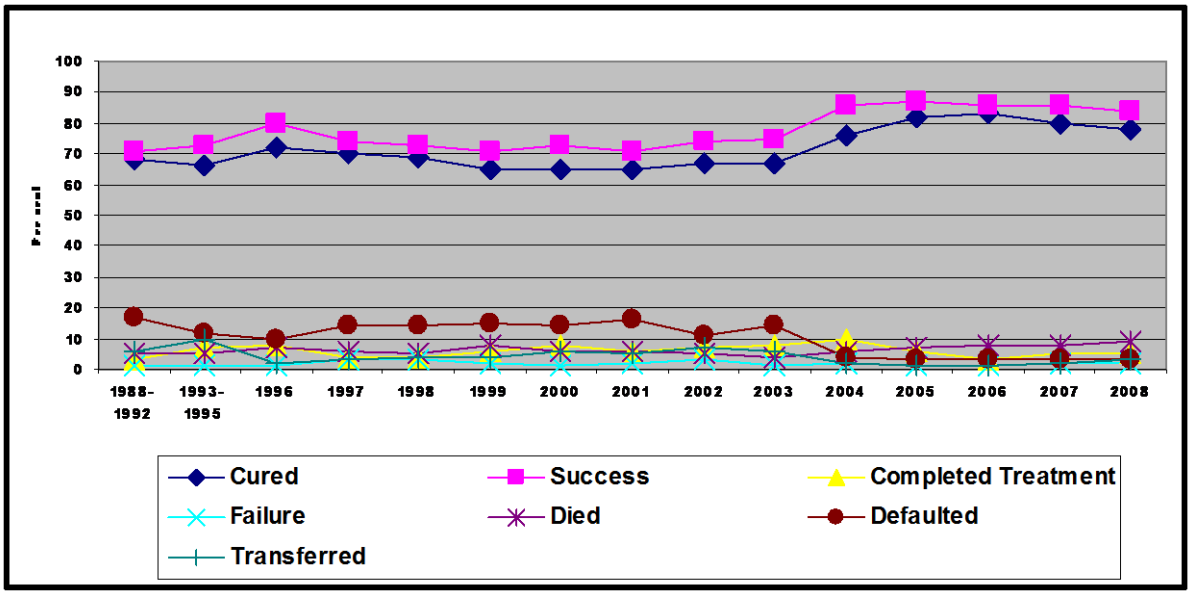
Table 6.6: Percentage distribution of treatment of new smear positive, 1988-2008

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

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

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

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

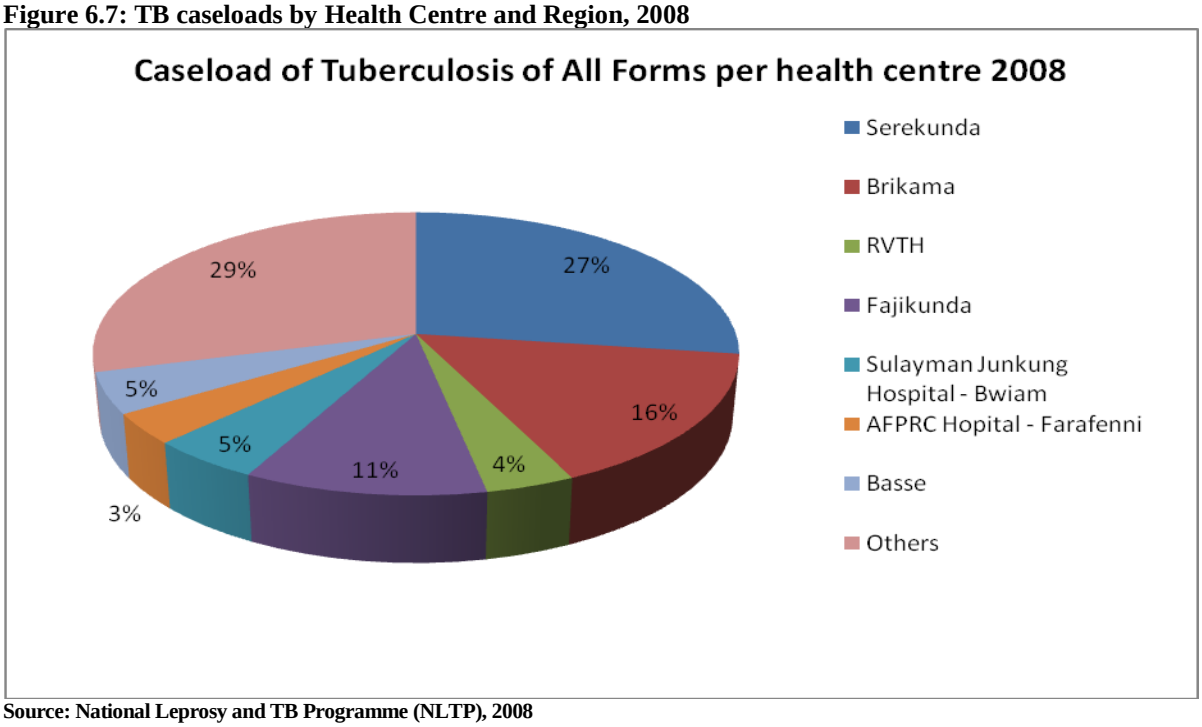


Source: National Leprosy and TB Programme (NLTP), 1988-2008

Urban Tuberculosis

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

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



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

TB and HIV

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

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

Disparities within the Western Region

Within the Western Health Region, Serekunda Health Centre, and Brikama Health are the two main Health Centres where screening of people in waiting areas could yield additional suspects. Serekunda Health Centre experienced a decline in sputum smear positive (ss+) and smear negative notifications and an increase in Extra-pulmonary (EP) cases. Brikama on the contrary experienced an increase in smear positive (ss+) and smear negative (ss-) and declined in Extra-pulmonary (EP) smear negative (Tables 6.5 and 6.6

above). Most of the smear negative cases reported in recent times are generally linked to co-infection of TB and HIV.

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

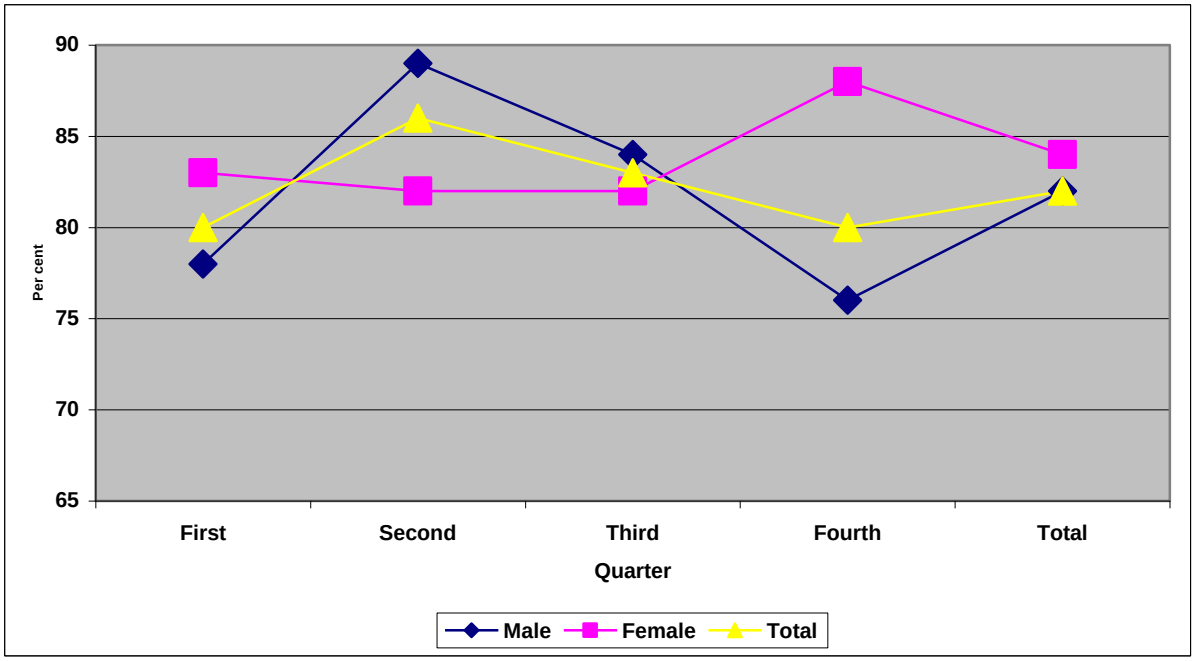
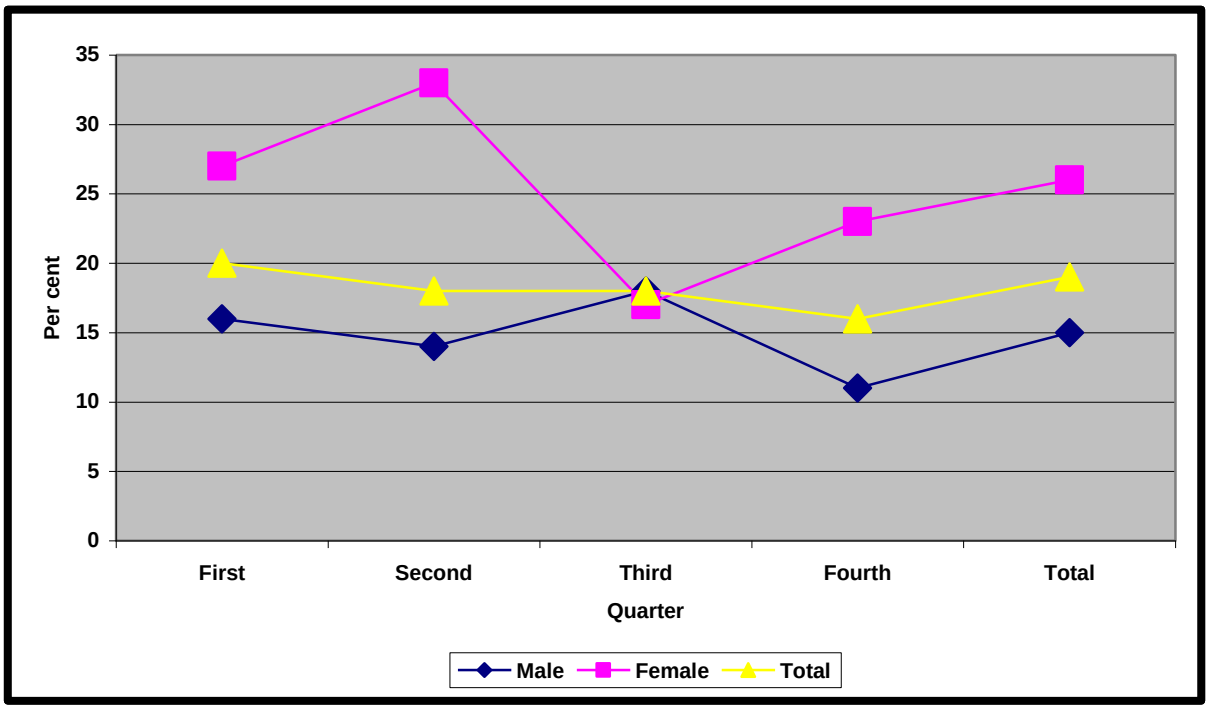


Figure 6.9: Positivity rate of VCT by sex and quarter, 2008



Key Achievements

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

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

Challenges

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

- health seeking behaviour with late presentation to health facilities by patients;
- barrier to access to diagnostic and treatment centres in remote/underserved parts of the country,
- lack of or inadequate public transport in addition to high transport costs; and cultural barriers;

- lack of capacity to diagnose smear negative and extra-pulmonary TB in rural health facilities due to a lack of trained staff, and diagnostic facilities such as chest radiography and culture facilities;
- late diagnosis;
- defaulting during treatment; and,
- reporting and recording

Policy Environment

The National Tuberculosis/HIV Committee has now been constituted by TB/HIV Co-ordination bodies at national and regional levels. This body is responsible for disease control policy and strategy development for both Tuberculosis and HIV/AIDS epidemic. Discussions are underway to finalize TB/HIV policy at national level. There is a National TB and Leprosy strategic plan covering the period 2008 – 2012. The Goal of the plan is to reduce transmission, morbidity and mortality of TB so that it is no longer a public health problem in the Gambia.

Priorities for National Leprosy Tuberculosis Control Programme

- Increase early case detection of smear positive cases to at least 70 per cent relative to the 2006 level of 64 per cent
- Increase cure rate of new smear positive cases
- Reduce death rate among co-infected patients (TB/HIV) from 7 per cent in 2006 to below 5 per cent in 2012
- Reduce defaulter rate
- Keep failure rate under 1 per cent
- Maintain Multi-drug Resistance Rate (MDR-TB) at less than 1 per cent
- Scale up DOTS centres
- Increase ART coverage for eligible TB/HIV cases
- Strengthen Private-Public collaboration in TB control
- Support the development of a comprehensive human resource development plan for TB
- Provision of logistical support
- Training and retraining of TB control personnel
- Strengthening Monitoring and Evaluation System (M&E)

Way Forward

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

GOAL7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Goal 7 has four targets and ten indicators to measure progress. At the global level, the four targets set for this goal are:

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

The main indicators for progress towards this goal are:

- Proportion of land area covered by forest,
- CO_2 emissions, total, per capita and per $1 GDP (PPP)
- Consumption of ozone-depleting substances
- Proportion of fish stocks within safe biological limits
- Proportion of total water resources used
- Proportion of terrestrial and marine areas protected
- Proportion of species threatened with extinction
- Proportion of population using an improved drinking water source
- Proportion of population using an improved sanitation facility
- Proportion of urban population living in slums

Climate Change and the MDGs

Many of the environmental issues the world is facing today, from climate change to ozone depletion, are global in nature. Climate change constitutes one of the greatest burdens to national development efforts, poverty alleviation, and the achievement of the MDGs because the productive base of the economy thrives on climate-sensitive activities such as crop production, livestock rearing, fisheries, energy, and water resources which further exposes the country to disasters. However, little or no research has been undertaken in The Gambia on the linkages between climate and biophysical processes. A primary cause for the above situation is the unavailability of long-term datasets at the relevant geographical level in the various socioeconomic sectors.

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

Achieving Goal 7 Indicators

The Government of the Gambia recognizes the special vulnerability of the nation and places high priority on mainstreaming environmental sustainability and environmental protection into the national development planning process.

The Gambia has made major strides towards the improvement of most indicators of Goal 7. For instance, the targets for safe drinking water and sanitation have already been attained, however, efforts needs to be intensified on sanitation thus leading to the current formulation of the national sanitation policy. Notwithstanding, the gains, there exist threats that may hinder or even reverse the gains made in this goal and by extension the other MDGs. For example, the frequent occurrence of floods in the country in the recent past has the potential to damage the predominantly rain-fed agricultural sector, which is the mainstay of the country's economy. Floods can also reverse the gains made in the health sector, access to safe drinking water and accelerate the proportion of urban slum population. Table 7.0 below summarizes the targets and indicators with baseline values from 1990. Note that data are available only for 2003, 2005, 2007 and 2009.

Table 7.0: Summary indicators of environmental sustainability

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

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

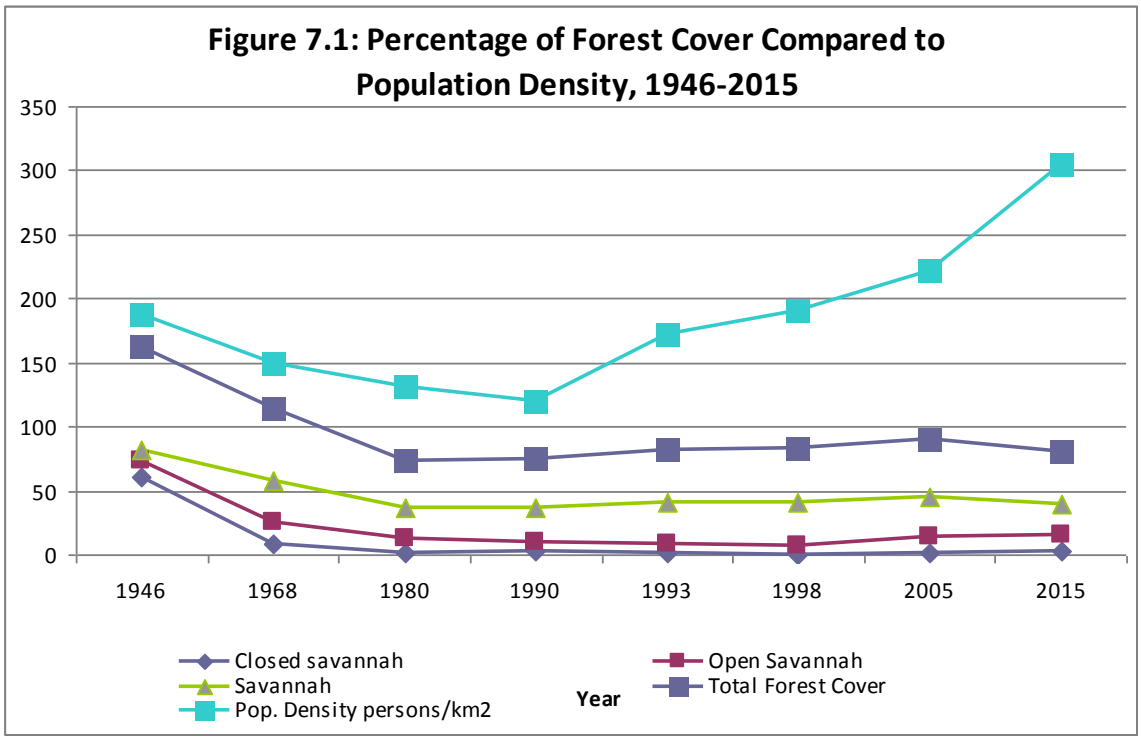
Proportion of land area covered by forest

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

Status and Trends

Forests are critical to the protection of the Gambian landscape and are vital to people's livelihoods, particularly the rural poor by providing a wide range of products and ecological services on which the poor depend on for food, medicine, employment and economic growth.

The Gambia's total forests cover witnessed a rapid decline between 1946 and 1980 and a steady decline between 1980 and 1990.According to the World Resources Institute, only 3.2 percent of Gambia's land area is under some form of protection. However, the total percentage forest cover increased from 40.7 per cent in 1990 to 46 per cent by 2009[7]. The increase is attributable to the increase in plantations. However, the increase in forest cover has not kept pace with population growth and density. The former was estimated to be 2.7 per cent per annum in 2003 and the latter 127 persons per square kilometre. This means that the forest cover is depleting fast due to deforestation mainly caused by use of trees for fuel wood and charcoal used mainly as cooking fuel (Figure 7.1).



Source: FAO, Forest Plantation Studies 1994

Policy Environment

The revised National Forest Policy 2006–2016 encourages community participation in sustainable forest management. This framework incorporates the interests of the other stakeholders to reduce or avoid conflicts. This represents a paradigm shift in forest

[7] The Gambia State of the Environment Report

management in the country as a result of the introduction of the concept of community forestry management programmes that recognizes the role of communities in sustainable management of the forest through incentives and benefits from forest products in a sustainable manner.

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

Challenges

Notwithstanding the gains made in halting or at least reducing the degradation of the national forest cover in the recent past, challenges still exist in consolidating the gains and ensuring that the target of 50 per cent forest cover by 2015 is achieved. Progress towards the attainment of the set targets is impeded by the following challenges;

- High population density of 127 persons per square km resulting in constant pressure on forest resources;
- Increase in settlements due to high population growth;
- Expansion of agricultural activities to feed the growing population;
- Increased infrastructural development, particularly road construction;
- Persistent uncontrolled bush fires;
- Striking a balance between increased agricultural production, conservation of the forest cover and wildlife;
- Continuous logging and sustainable protection of mangroves;
- Inadequate funding to implement the National Forest Programme.

Priorities for Development Co-operation

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

CO_2 emissions, total, per capita

It has been observed worldwide that global atmospheric concentration of greenhouse gases have dramatically increased due to human activities. The global increases in carbon dioxide concentration are due primarily to fossil fuel use and land use change, while those of methane and nitrous oxide are primarily due to agriculture. The Gambia is considered as a net sink (i.e. the amount of greenhouse gases (GHG) removed from the

atmosphere is greater than the ones emitted). Thus, The Gambia's climate is influenced by global climate changes particularly for greenhouse gas emissions[8].

Status and Trends

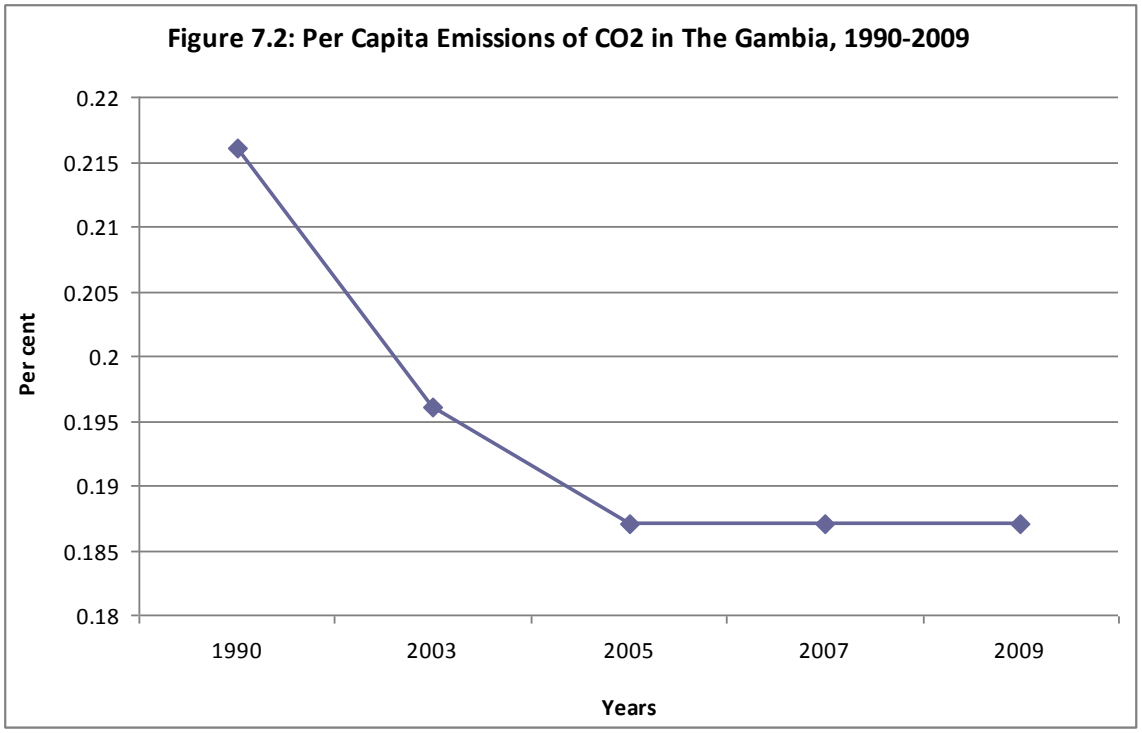
The government of the Gambia has always been conscious of the environmental problems the country facing. The government has been implementing programmes dealing with environmental issues dating back to 1977. In 1977, the Banjul Declaration was signed. The Declaration demonstrated the commitment of government to safeguard our environment from destruction. The National Environment Management Act (NEMA) of 1994 serves as the framework legislation for environmental management in the Gambia

Environmental management in The Gambia is a crosscutting issue. The country is currently implementing the second Gambia Environmental Action Plan (GEAPII). The goal of the second GEAP is to ensure sustainable development. Whilst that of the first GEAP had as primary objectives: to improve economic performance and quality of human life in a sustainable way and to maintain and enhance environmental and natural resources gains. The total CO_2 emission by 2001 was 216, 18 TM representing 0.2 per capita emission (UNEP 2004). This has dropped to 0.196 per capita in 2003 and 0.187 in 2005[9] and is reported to be the same as of 2007 (Gambia GHG Inventory 2007). The study also indicated that about 60 per cent of total emissions of $C0_2$ are from transport vehicles.

[8] FNC 2003

*****Latest date by which data is available

[9] World Bank World Development Indicators 2010



Source: World Bank World Development Indicators 2010

The drop in CO_2 emissions from 0.20 per capita in 1990 to 0.187 per capita in 2005 (Figure 7.2) indicates the success in reversing the emission of greenhouse gasses in The Gambia. The major contributor to GHG emission in The Gambia is the transport sector[10]. As early as in 1994 The Gambia started the phasing out of ozone depleting substances and developed ozone depleting substances (ODS) regulation in 2002 to ban the importation of all controlled substances.

Policy Environment

The Gambia has made significant policy pronouncements and regulations over the years to ensure environmental sustainability. The National Environment Agency was established in 1993 backed by the National Environment Management Act. The country is currently implementing the second phase of the Gambia Environmental Action Plan (GEAPII). In the VISION 2020, the government has also committed it self to conserve and promote the rational use of the nation's natural resources and environment for the benefit of the present and future generations in a manner that is consistent with the overall goal of sustainable developments at all levels.

Furthermore, The Gambia has ratified most of the major International Environmental conventions and protocols on climate change. These include the United Nations Convention on Biodiversity (UNCBD), United Nations Conventions for Combating Desertification (UNCDD) and the United Nations Framework Convention on Climate

[10] GHG Inventory 2003

Change (UNFCC). On adaptation to climate change, the country has prepared a National Adaptation Programme of Action (NAPA) in response to emerging impacts of climate change. There have been major regulations and legal instruments with regard to the control of harmful substances such as ODS and environmental protection and management in general.

Challenges

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

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

Priorities for Development Co-operation

The priorities for development cooperation in this area include:

- Funding for the implementation of GEAPII
- Technical support/assistance to strengthen capacity of the National Environment Agency
- Support to institutionalize a sustainable environmental monitoring system in the country
- Strengthening decentralized structures at the LGA level to fully participate in the National Environmental Management programme
- Organizing and creating regional networks and joint actions

Proportion of fish stock within safe biological limits

The fisheries of The Gambia are characterized by marine**,** brackish and fresh water regimes. The country has an approximate continental shelf of 4000 km^2 and an Exclusive Economic Zone (EEZ) of 10,500 km2[11]. There are over 500 marine species which are classified as demersals and pelagic. The Gambia Fisheries sector is divided into two sub-sectors, the industrial sub – sector which comprises of small number of mainly foreign owned trawlers and the artisanal sub-sector, which is widely dispersed through out the country and is mainly based on canoes with out board engines.

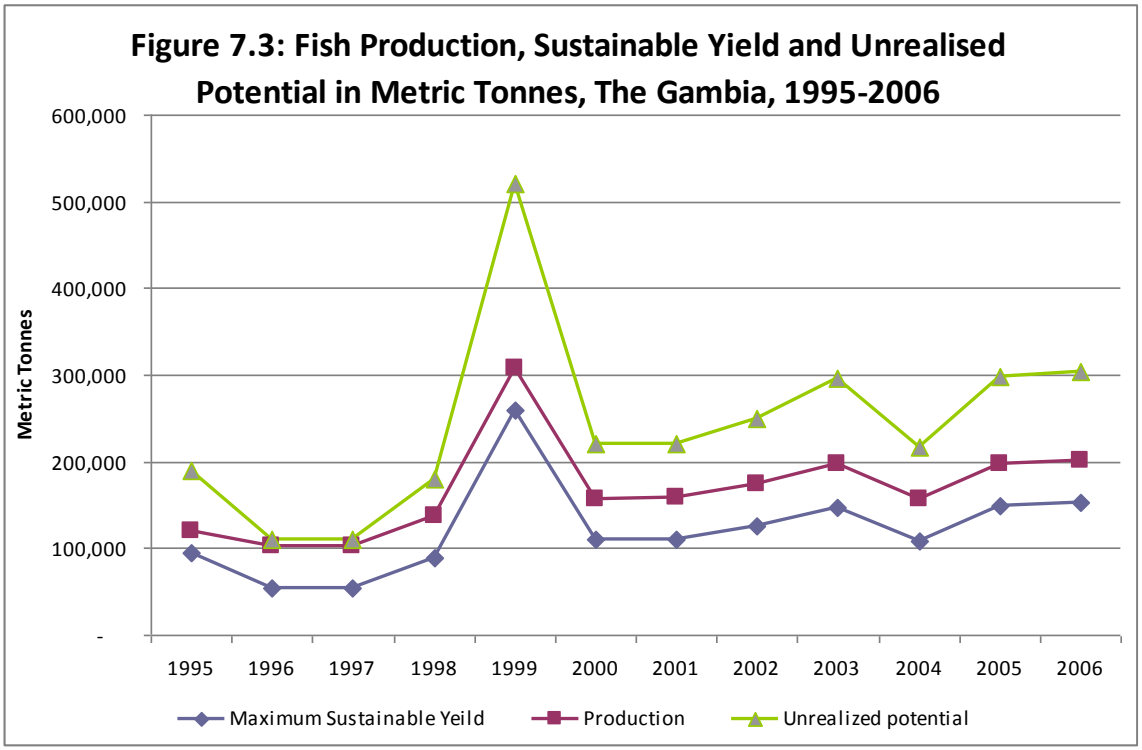
The total fish production in 2002 was estimated to be 43,000 metric tones which decline in 2006 in 2006 to nearly 40,000 metric tonnes with 83 per cent (33,500 metric tonnes) coming from the marine fisheries sector and 10 per cent from the inland sector. Total industrial production constitutes only 7.1 per cent of this total fisheries production[12]. Currently the fisheries sectors' contribution to GDP is estimated between 2.2 and 4 per cent whilst fish consumption per capita is estimated at 28 kg compared 20 kg in 1995.

Status and Trends

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

[11] Source: FAO 1964

[12] Source Department of Fisheries Statistics Unit



The Gambia government has been focusing on the development of the fisheries sector dating back to the 1985 – 1995 five year fisheries development plan which defined fisheries development policies to direct public interventions. In 1995 the strategic plan for the fisheries was formulated.

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

Challenges

The following challenges needs to be overcome for the country to optimally benefit from her fisheries resources;

- Comparably low participation of Gambians in marine artisanal fishing, thereby preventing communities from deriving maximum benefits from government interventions in the sector.
- Adoption of unsustainable fishing methods to maximize catches in the face of stiff competition
- Rapid decline in demersal species.
- Ever increasing fishing effort by both local industrial and foreign vessels without due consideration for the exploitable potential of the resources, resulting in over exploitation
- Lack of effective monitoring, control and surveillance.
- Underdeveloped inland fisheries
- Access to reliable outside market for the exportation of fish and fish products
- Extensive regulations of the international market.
- Destructive, unsustainable fishing methods and practices
- Excessive by catches of non – targeted organisms (including endangered and protected species) and wasteful discards
- Lack of periodic fish stock evalautaion

Priorities for Development Co-operation

- Strengthening national fisheries planning for increase sectoral contribution to GDP, poverty reduction and MDGS
- Maintenance and enhancement of fisheries ecosystem.
- Greater cooperation with international organizations for global protection of marine and fresh water ecosystem.
- Training facilities and research in fisheries matters.
- Improving quality assurance mechanisms for greater access to international markets.

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

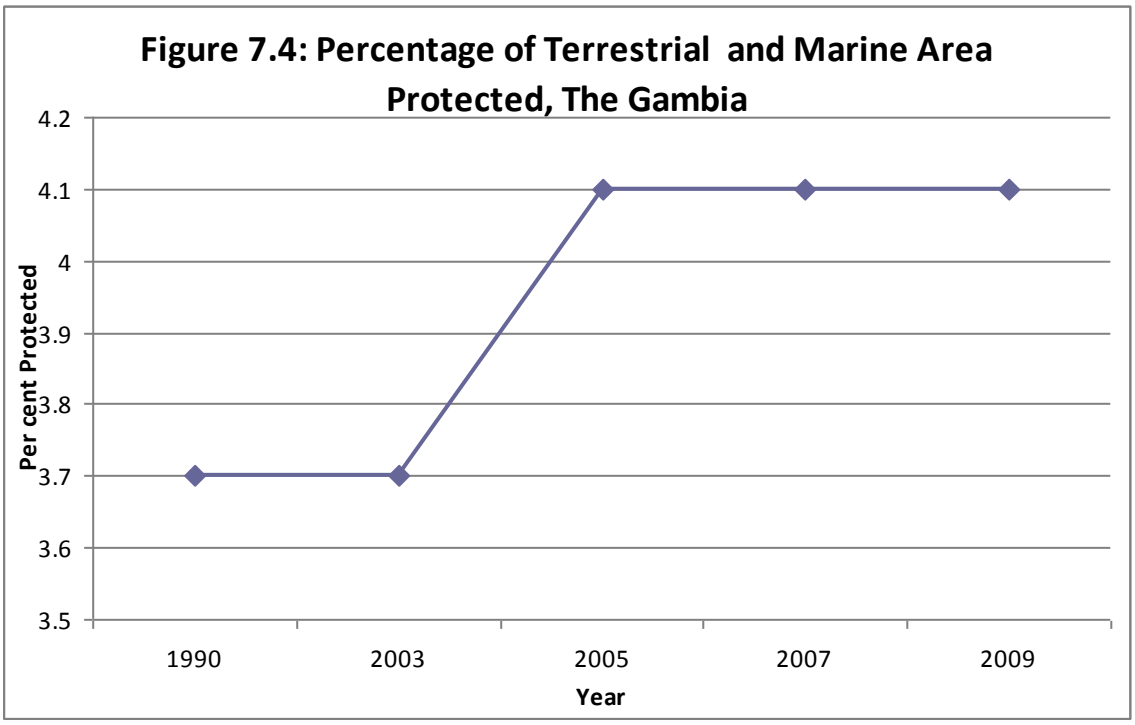
Proportion of terrestrial and marine areas protected

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

[13] Source: National Biodiversity Strategy and Action Plan

Status and Trends

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



Source: Department of Parks and Wildlife

Policy Environment

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

Challenges

The challenges in meeting the national target of 10 per cent of terrestrial and marine areas protected are multifaceted. Key among them is the rapid population growth resulting to increased deforestation due to the expansion in human settlements, over grazing by an increased livestock population and agricultural use. Other challenges relate to inadequate enforcement of land laws governing land use and preservation of the flora and fauna, low awareness on the importance of biodiversity, uncoordinated policy response to environment issues and unmitigated socio-infrastructural developments.

Priorities for Development Co-operation

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

Proportion of species threatened with extinction

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

Status and Trends

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

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

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

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

Presented in Table 7.1 above is the status of the large mammals and primates of The Gambia. Thirteen (37 per cent) of these species are known to be extinct while 9 (25 per cent) of them are on the verge of extinction. This situation requires urgent attention to conserve the remaining ones and reverse the situation of those indicated to be on the verge of extinction.

Policy Environment

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

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

Challenges

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

- Over cultivation of agricultural farmlands
- Deforestation
- Bush fires
- Over grazing
- Fuel wood extraction
- Poaching and uncontrolled hunting
- Over fishing of marine products
- Weak capacity to implement policies, plans and programmes

Priorities for Development Co-operation

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

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

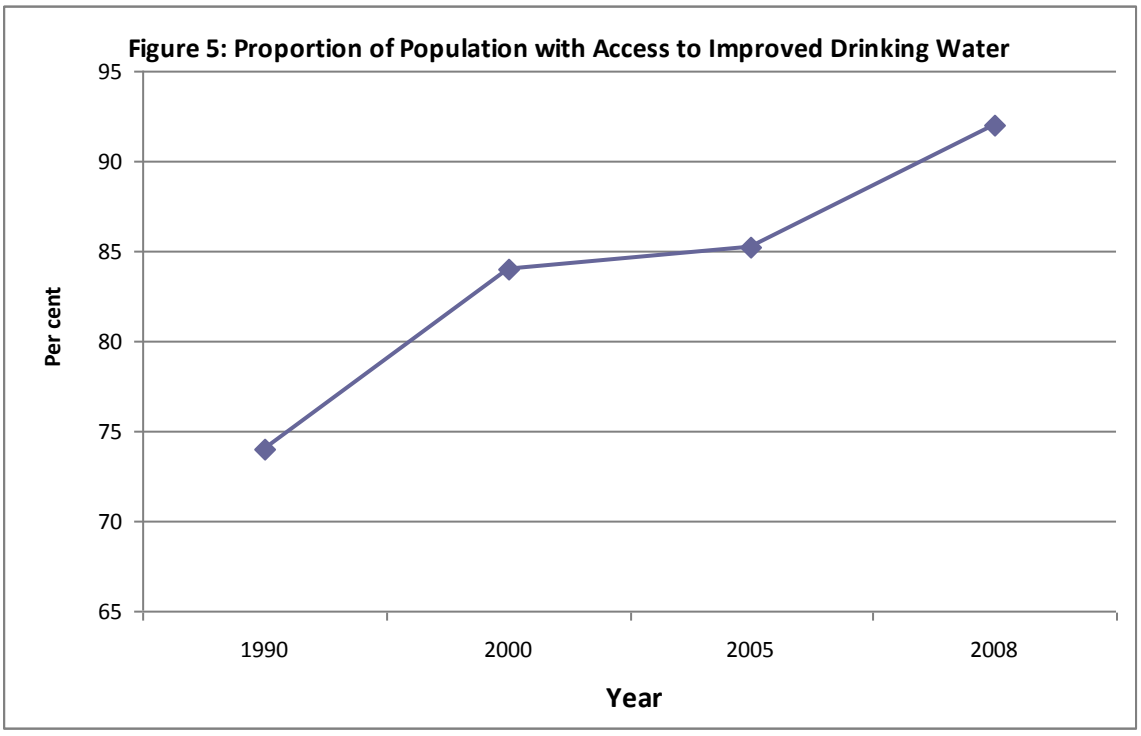
- Funding for the strengthening of policy measures, tools, methods and technologies that promote sustainable use of biodiversity

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

Proportion of Population Using an Improved Drinking Water Source

Status and Trends

Regarding access to improved drinking water, the government of the Gambia has been making significant efforts in ensuring that the population has access to safe drinking water. This is manifested in the increase in the proportion of the population with access to safe drinking water from 69 per cent in 1990 to 87 per cent[15] in 2009 (Figure 7.5). The country has therefore met the MDG target of halving the proportion of people without access to improved water source which stood at 31 per cent in 1990. Based on the 2008 estimates, only 8 per cent of the population is without access to safe water.



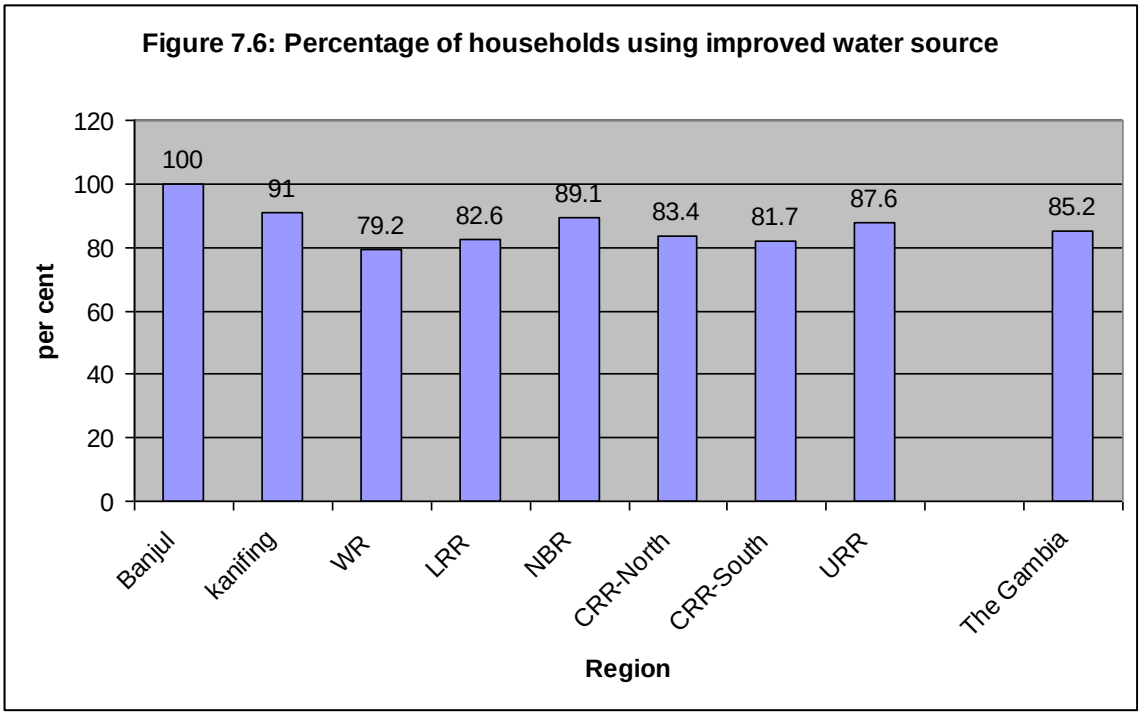
Source: Progress on Sanitation and Drinking Water, 2010 update

NB: The 2008 is a projected figure

[15] Source Africa MDGs Status Report 2009, This is a projected figure

Regional Disparities

The figure below shows that 85.2 per cent of the population has access to improved water sources. Analysis of the population with access to improved water sources shows wide variations across regions. Banjul and Kanifing have the highest proportion of the population with access to safe water, 100 and 91 per cent respectively. The residents of the Western Region (Brikama LGA) have the least access to safe drinking water among all the regions; about one in five of the residents of the area still do not have access to safe drinking water[16] (Figure 7.6 below).



Source: MICSIII 2005/6

Policy Environment

The provision of safe drinking water has been a top government priority. Government efforts have been complemented by development partners over the years. In other to regulate water supply in the country, Ministry of Fisheries and Water Resources has formulated a National Water Policy as part of the Natural Resource Policy. The developments in the rural water supply sub-sector include the EDF funded rural water supply sectors support programme(RWSSSP), the Islamic Development Bank water project, the Japan rural water supply project, the Water and Environmental Sanitation component of integrated basic service programme of UNICEF country programme and the Kingdom of Saudi Arabia water supply project. Other development partners that have been investing the water sector is UNDP.

[16] MICSIII 2005/6

Challenges

- Maintaining adequate supply of safe drinking water to match growing population growth particularly in urban and peri-urban centres.
- Formulation and implementation of legal and institutional frameworks that address the competing water demands for human consumption and agricultural purposes.
- Community participation and ownership of the facilities

Priorities for Development Co-operation-

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

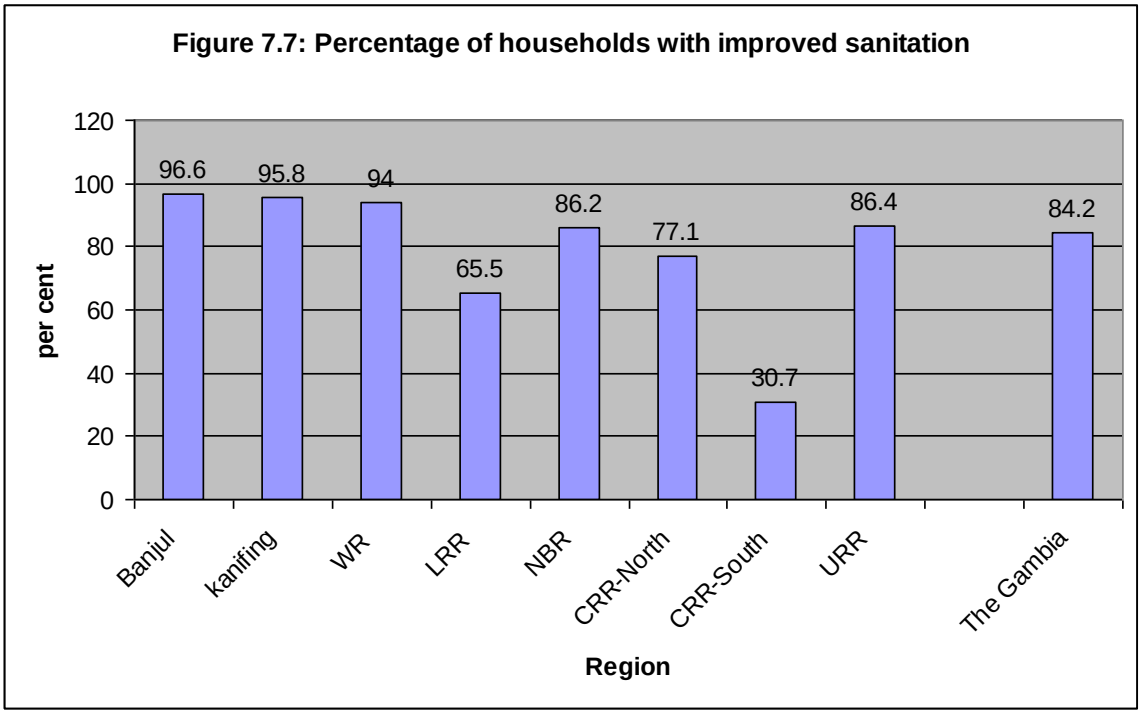
Proportion of population using an improved sanitation facility

Research has shown that polio, diarrhoeal and other childhood diseases can be transmitted through human excreta. Therefore, proper means of sanitary disposal can go in a long way in disease prevention and control. An improved sanitary means of excreta disposal include the following: flush toilets connected to sewage systems or septic tanks, other flush toilets, improved pit latrines and traditional pit latrines. The gains made in terms of improved access to safe drinking water and improved health care services will not be sustainable in the absence of proper sanitation and sanitary facilities for the population. The most recent data on the proportion of the population using an improved sanitation facility is from the MICS III, 2005/06.

Status and Trends

The proportion of the population with access to improved sanitation is almost the same as those with access to safe drinking water (84.2% compared to 85.2%). According to MICS III, an improved sanitary facility includes the following: toilet with sewer connection or septic tank, pour flush toilet/pour flush latrine to sewer, septic tank or pit and ventilated improved pit latrine (VIP). This limited definition of sanitation exclude poor drainage and poor hygiene practices. Improved sanitation was highest in the urban areas of Banjul, Kanifing and Western region, LGAs that recorded the highest proportion of the population with access to improved sanitation. These LGAs recorded proportions higher than the national average with Banjul registering the largest proportion, about 97 per cent. The residents of CRR-South Region have the lowest proportion (30.7 per cent) of households with access to improved sanitation. It is interesting to note that the 2000 MICS II results showed that 83.9 per cent of the population of CRR–South had access to improved sanitation. The reasons for this decline are not known but there is need for it to be investigated as CRR– South is one of the poorest region in the country according the

2003 IHS results. The proportion of the population with access to improved sanitation remains relatively high since 1990 as it has been within the range of 80 per cent. But there is still room for improvement in the CRR-South Region where only 3 in every 10 have access to sanitary means of excreta disposal (Figure 7.7 below). The country is on track for achieving the target of 92 per cent by 2015.



Source: MICS 2005/6

The management of waste has of recent been a national priority to The Gambia. However, sanitation seems not to be getting the desired policy response. Besides, the Water and Sanitation Project (WATSAN) implemented by the Department of Community Development with the aim of introducing hygienic means of excreta disposal in the entire country, over the past several years, there has not been much co-ordinated policy response to basic sanitation issues in the country due to lack of holistic sanitation policy.

Another weakness in the response to basic sanitary issues in the absence of a clear-cut institutional home for basic sanitation. On the contrary, sanitary issues are found in various policies and programmes of numerous sectors such as the MoH&SW, Department of Water Resources, Department of Community Development, the National Environment Agency and the Local Councils.

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

Challenges

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

Priorities for Development Co-operation

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

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

Proportion of urban population living in slums

The Gambia is one of the most densely populated countries in Africa. According to the 2003 Population and Housing Census, the population density of the Gambia was estimated at 127 persons per square kilometre compared to the 1993 figure of 97. The urban areas of Banjul and Kanifing constitute about 16 per cent of the total land area and is home to just under 50 per cent of the country's population[17]. As more and more people migrate to the urban areas, social services are gradually being over stretched, resulting in shortages of housing, schools and jobs which is consequently leading to environment degradation.

Status and Trends

The Gambia has one of the fastest growing urban population in Africa. There has been increased in the proportion of the population living in the urban areas from 1973 to date. It increased from 22 per cent in 1973 to 30.8 per cent in 1983 and to 37.1 in 1993. In 2003, it was estimated that about 50 per cent of the population live in the urban areas. This increase could be attributed to better employment opportunities both formal and informal in the urban areas.

The proportion of the urban population living in slums in The Gambia has dropped from 65 per cent in 2003 to 59.2 per cent in 2005/6 to 45.8 per cent[18] in 2009. This decrease has shown a reduction in the proportion of the population living in urban slums. However, it is important to note that the assessment of this indicator during the MICS III encompassed only two of the proxies used for the indicator i.e. durability of construction

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

materials and access to sanitation (water canister) in the house. Despite the reduction in the proportion of the urban population living in slums, the overall percentage is still high for the fact that over 50 per cent of the country's population lives in urban settings.

Policy Environment

The country has formulated housing regulations under the auspices of the physical planning and Housing Department. Notably among the regulations is the Gambia Building regulation of 1988.

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

Challenges

The major challenges for urban housing are:

- Rapid urbanization as a result of rural-urban drift.
- Rising urban poverty
- Limited capacity to implement housing regulations.
- Limited capacity of utility services expansion to match rapid urbanization

Priorities for Development Co-operation

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

GOAL 8: DEVELOPING A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Introduction

MDG 8 is a shared responsibility between The Gambia and her development partners. Accordingly, only targets that The Gambia has a responsibility to contribute to be commented upon here. The other targets are largely a responsibility of donors. It is in this regard that an estimate for the funding gap for the 5-year PRSP is made with expectation that donors will willingly close it so as to enable The Gambia to keep on track of reaching MDG development targets.

Target 12: Develop further an open, rule based, predictable, non-discriminatory, trading and financial system (includes a commitment to good governance, development, and poverty reduction- both nationally and internationally)

Target 15: Deal comprehensively with debt problems.

Target 16: Develop and implement strategies for descent and productive work for the youth

Current situation in The Gambia:

In reference to MDG target 12, The Gambia's economy is open, rule based, and predictable. The trading and financial system is non-discriminatory by international standards. However, national institutions are still too weak to guarantee continued openness of the economy, a rule based and predictable economy, and a trading and financial system that is non-discriminatory.

The Gambia therefore needs assistance from her development partners to strengthen national institutions for economic management. As pointed out elsewhere in the PRSP II, when the IMF suspended its programme with The Gambia in 2003, the subsequent under funding of all government activities that followed adversely affected the economy tremendously. The country resorted to domestic borrowing to keep government running. Currently, domestic debt and external debt serving is taking over 40% of domestic revenue.

Dealing with the debt problem comprehensively is a top priority for The Gambia. However, the country needs donor assistance in this regard to enable it to benefit from HIPC funds.

Regarding target 16 on developing and implementing strategies for descent and productive work for the youth, The Gambia is focussing on private investment – both foreign and domestic investment. The country faces a plethora of constraints to investment that are outlined in this needs assessment. However, the country is on a correct path as regarding removing the investment constraints. The country will however

need assistance from donors to remove investment constraints such as inadequate power in the shortest time possible.

The Gambia is doing well in terms of work done towards target one of this goal (MDG target 8). The country has maintained macroeconomic stability, instituted measures to ensure that the private sector leads the process of economic growth, and instituted measures to ensure good governance over time. The Gambia is ranked 81 in 2010, 87 in 2009 out of 123 countries assess in the global competitiveness report by the World Economic Forum. Anticipated benefits from private sector investment is not fully attained due to factors such as the cost and availability of energy, taxation, access and ownership of land, access to finance and the implementation of commercial court decisions.

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

Table 8.0: Summary MDG Targets and Indicators

Targets	Indicators	1990	2007	2008	2010 (Current Status)	2015 MDG Target
Target 8 D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	8.11. Debt relief committed under HIPC and Multilateral Debt Relief Initiatives	N/A	Qualified for debt relief Dec. 2007	Benefited from debt relief after qualifying in December 2007	Continue to benefit from debt relief after qualifying in Dec. 2007	N/A
	8.12. Debt service as a percentage of exports of goods and services	NA	NA	NA	NA	N/A
Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	8.13. Proportion of population with access to affordable essential drugs on a sustainable basis	NA	NA	NA	NA	N/A
Target 8.F: In co-operation with the private sector, make available the benefits of new technologies, especially information and communications	8.14. Telephone lines per 100 population	(2006) 21.6%	54.47%	76%		
	8.15. Cellular subscribers per 100 population	16.28 (2005)	51.4%	72.9%		
	8.16. Internet users per 100 population	3.22 (2005)	1,442 (ISP subscribers)	4,814 (ISP subscribers)		
	Radio stations – National	1	1	1	1	
	Radio stations – Private				14	
	Radio stations – Community	3	5	6	6	
	TV stations	0	1	1	1	
	TV station with satellite reception		0	0	1	

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

Status and Trends

Presented in Table 8.1 below is a summary of external trade statistics of the Gambia from 2005 – 2008. In 2008, the value of the total external trade was D7.4 billion compared to 8.2 billion in 2007. This has shown a decline of 9.7 per cent. This decline is partially attributable to the global price hikes of food and petroleum products which constitute the major imports of the country.

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

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

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

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

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

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

Review of external trade data for The Gambia for the period January to June 2009 (Table 8.2 below); shows an improvement in value of total trade compared to the same period in 2008. The value of external trade in the first half of 2009 increased by 29 per cent from 3.6 billion in 2008 to 4.7 billion in 2009. The value of both imports and exports increased in 2009 compared to the same period in 2008, despite the fact that world trade contracted by 12 per cent in 2009 and all regions experience deep decline in imports.

The value of imports increased from D3.5 billion in 2008 to 3.9 billion in 2009 which implied a 12.9 per cent increase in the value of exports. Total value of exports increased significantly from D187.9 million in 2008 to D822.8 million in 2009. This increase in total exports was as a result of increases in both domestic and re-export trade for the country over the period.

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

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

Source: Gambia Bureau of Statistics (GBoS)

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

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

Region	2007	2008	% Change
E.U	200,217	128,696	-35.7
ECOWAS	87,778	59,200	-32.6
ASIA	7,087	75,232	961..5
Americas	7,267	10,158	39.8
Others	30,422	27,270	-10.4
Total Exports	332,771	300,556	-9.7

Source: Gambia Bureau of Statistics (GBOs)

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

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

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

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

Source: Gambia Bureau of Statistics (GBOS)

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

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

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

Source: Gambia Bureau of Statistics (GBoS)

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

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

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

Source: Gambia Bureau of Statistics (GBoS*)*

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

Similarly, imports from Asia substantially increased in the first six months of 2009. The import value for the first half of 2009 stood at D1.2 billion. This figure increased by 80.7 per cent when compared to 2008. Some of the major commodities imported from Asia were rice, vegetable fats and oils, woven fabrics, cement and fertilizers. In the Asian block, China, Thailand, Malaysia and India were the main origins of imports in the first half of 2009. In West Africa, Cote d'Ivoire and Senegal were the main importing countries accounting for 79 and 11.9 per cent of imports respectively. The value of imports from the ECOWAS region dropped slightly from D594 million in the first half of 2008 to D576 million in the same period in 2009 (9.6 per cent drop). Imports from Cote d'Ivoire are mainly petroleum products and cement from Senegal. For cooking oil, Guinea is the major importing country. Presented in Table 8.7 below is the direction of imports by country in the first half of 2009;

Table 8.7: Imports in D'000 by region January-June 2009

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

Source: Gambia Bureau of Statistics (GBoS)

Figures in Table 8.8 below show that in the American sub-continent, Brazil is the major importing country for the Gambia (76.0%) followed by USA with about 24 per cent. The total value of imports from the two countries accounted for 99 per cent of the total value of imports from the Americas in the first half of 2009 (see Table 8.8 below). In 2008, in Europe, Germany was the main origin of imports to the Gambia and in Asia, it was China. The former accounted for 10.9 per cent of total imports and the latter accounted for 10.8 per cent. (see Table 8.9 below).

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

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

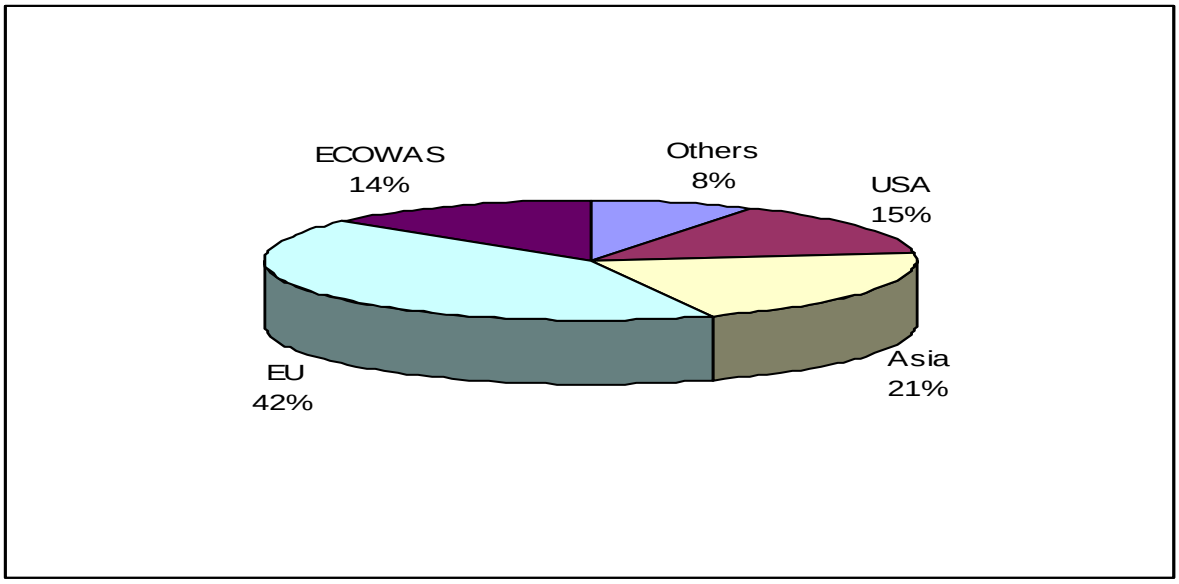
Source: Gambia Bureau of Statistics (GBOs)

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

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

Source Gambia Bureau of Statistics (GBoS)

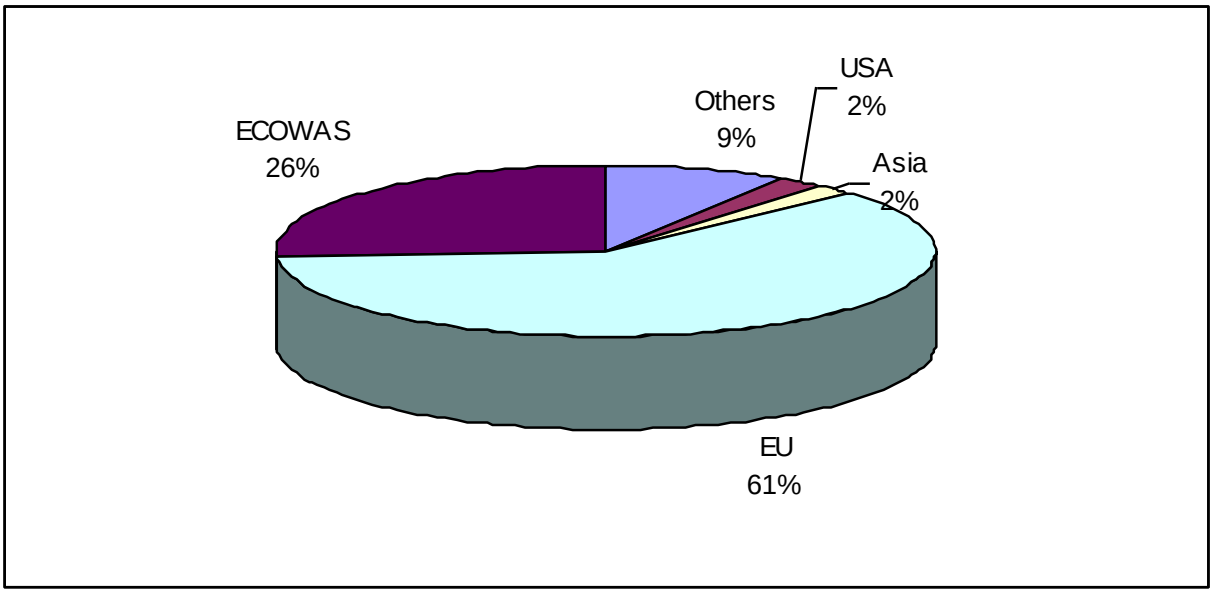
Figure 8.1: Share of The Gambia's Imports by Region, 2008



Source: Ministry of Trade, Industry and Employment, 2008

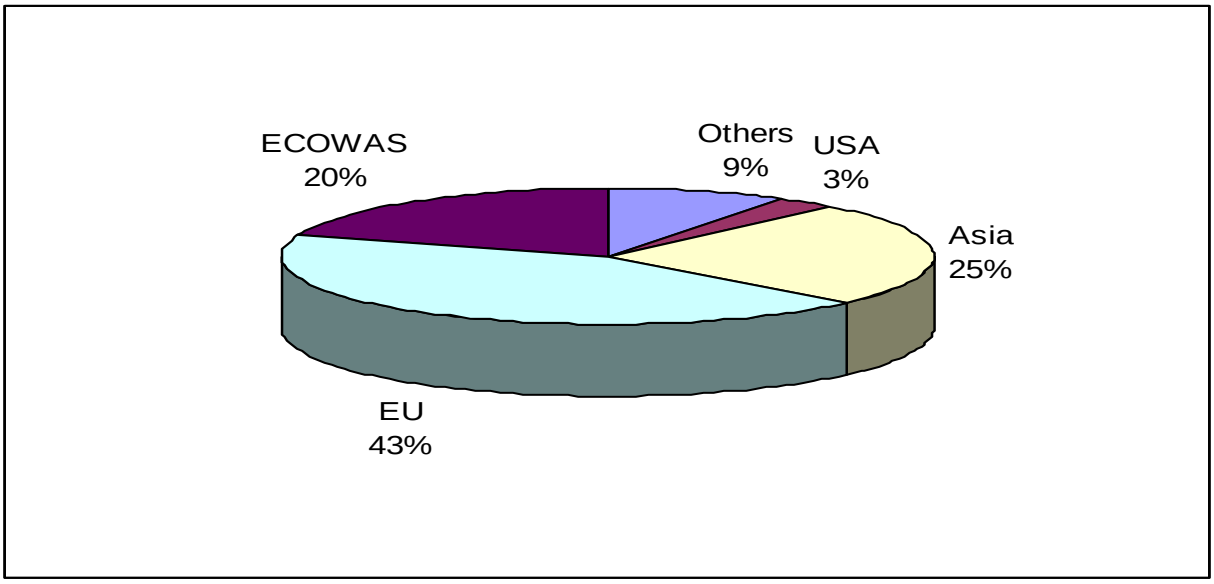
The EU was also the major destination of exports from the Gambia in 2007 and 2008. See Figures 8.3 and 8.4

Figure 8.2: Share of The Gambia's Exports by Region, 2007



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

Figure 8. 3: Share of the Gambian Exports by Region, 2008



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

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

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

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

Source: MoFEA, 2010

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

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

Activity	2007	2008	2009 Revenue Estimate	% Change
Gross Domestic Product (GDP)	19,092,224	20,292,395	21,312,276	5.0
Agriculture	3,836,872	4,855,727	5,331,348	9.8
Crops	1,690,973	2,624,001	3,000,282	14.3
Livestock	1,663,309	1,734,933	1,813,556	4.5
Forestry	107,384	108,458	109,268	0.7
Fishing	375,205	388,335	408,241	5.1
Activity	2007	2008	2009 Revenue Estimate	% Change
Industry	2,612,734	2,582,494	2,664,073	3.2
Mining and quarrying	343,405	373,514	418,335	12.0
Manufacturing	1,237,530	1,135,066	1,139,606	0.4
Electricity, gas and water supply	287,936	292,858	301,644	3.0
Construction	743,863	781,056	804,488	3.0
Services	11,306,527	11,785,741	12,276,119	4.2
Wholesale and retail trade	5,230,072	5,108,690	5,415,212	6.0
Hotels and restaurants	694,277	714,395	537,940	-24.7
Transport, storage, communication	2,306,459	2,122,216	2,228,327	5.0
Finance and Insurance	1,249,876	1,602,629	1,778,918	11.0
Real estate, renting and business activities	583,580	583,630	598,221	2.5
Public administration	505,410	718,109	732,471	2.0
Education	256,574	354,645	364,220	2.7
Health and social work	354,300	444,280	479,822	8.0
Other community, social and personal services	125,979	137,147	140,987	2.8
Adjustments	1,336,091	1,068,434	1,040,737	-2.6
Less: FISIM	-605,809	-640,093	-710,504	11.0
Plus: Taxes *less* subsidies on products	1,941,900	1,708,527	1,751,240	2.5
Memorandum				

GDP at basic price	17,150,324	18,583,868	19,561,036	5.3
Annual Real GDP Growth Rate	6.0 %	6.3%	5.0%	
Agriculture	-1.9 %	26.6%	9.8%	
Industry	2.5 %	-1.2%	3.2%	
Services	8.3 %	4.2%	4.2%	
Population estimates	1,562,894	1,617,521	1,673,603	
GDP per Capita (GMD)	12,216	12,545	12,734	
GDP per Capita (USD)	496	561	481	
Exchange Rate (1USD to GMD) annual average	24.65	22.35	26.50	

Source: Gambia Bureau of Statistics (GBoS)

UN Development Assistance

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

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

- Establishment of the Ministry of Planning and Industrial Development (MEPID) and supporting the MDG Project and the Volunteer Service Centre under MEPID.

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

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

Table 8.12: Summary of UNDAF activities and achievements

UNDAF Out come	Indicators and baseline	Agency Contribution	Assessment
National institutions responsible for development and implementation of strategies to promote economic growth , reduce poverty and build capacity	Establishment of a functional social and civil protection mechanism, National Planning Commission (NPC) with effective monitoring of the MTP and PRSP II	UNDP supported the establishment of NPC and made functional, Capacity building for implementing MDGs, PRSPs and CAPs,	In 2008, about 60% of UNDP capacity building trainings were accomplished
National systems to increase employment (formal and informal) and productive capacity with a particular focus on women and youths enhanced	Increased employment rate among marginalized groups (especially youths and women). GAMJOBS is expected to create 10,000 jobs; train 20,000 young men and women on vocational skills…	UNDP… Supported the Gambia to establish GAMJOBS and made it operational	The results are not attainable in the UNDAF circle because the plan was over ambitious. Therefore, the National Employment Policy and Action plan has to be updated
Establishment of effective social and civil protection mechanism to protect the most vulnerable supported and timely emergency response strengthening taking into account environment sustainability	Adopted the early warning system and national contingency and preparedness relief plans, assessment of possible communities and CBOs to apply for of micro-health services	UNICEF… Supported to attain 90% birth registration rate for Under 5s nation wide	Financed a mine risk education awareness campaign in 43 villages and 15 lower basic schools in the Fonis bordering Southern Senegal region of Cassamance
	Committed to joint vulnerability missions	WFP… Provided full support of food for recent case load of 7,000 refuges and implementing the National School Feeding Operation in The Gambia covering all rural primary schools	Involved in building institutional capacity for government to manage and respond to emergency situation (30% completed)
		WHO… sit on the Steering Committee of the	WHO was counterpart in child health, along with UNDP, and the

UNDAF Out come	Indicators and baseline	Agency Contribution	Assessment
		Nutritional Education Project.	Global Fund observed some movements in the statistics of social and civil protection services
	National Forest Facility (policy, forest assessment with enterprise development) and Livestock (Endemic Ruminant project) management	FAO served on the National Technical Advisory Body and with other institutions partners like UNICEF, WFP and WHO sit on the Steering Committee of the Nutritional Education Project. .	No specific target provided but many of the indicators are still well above average The activities of FAO, WFP, UNDP and other collaborating agencies were particularly visible during and after the period of the soaring food crisis in 2007/2008

Source: Courtesy Author, UNDAF drat Report

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

- No specific baselines or indicators for tracking performance regularly

- The economic and social contexts through which the UNDAF outcomes were developed have changed considerably. Since the inception of UNDAF in The Gambia, climate change and external economic shocks have made their impact on social services and the economic fortunes of many in The Gambia and have even threatened food security and prompted concerted responses from the GoTG.

Debt relief committed under HIPC and Multilateral Debt Relief Initiatives

Public External Debt

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

However, even though The Gambia was given debt relief, the country continued to remain under debt stress. The country had formulated a national debt management strategy which had facilitated the country's possible rating to medium risk. Furthermore, the recent Country Portfolio Implementation Assessment moved upwards creating more fiscal space for the country from 2010. After the country's policy and institutional assessment was carried out by International Development Agency (IDA), The Gambia was rated 3.2 out of 5 in 2008. The economy was hard hit by the global financial

meltdown that eroded the gains of the debt relief. As the country continues to maintain spending and expand fiscal deficits to support domestic demamds during the crisid.

This situation worsened because funding from the traditional development assistance was dwindling and like other developing countries, borrowing loans from International Capital Markets from emerging economies from South-East creditor countries (GoTG, 2009).

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

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

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

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

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

Source: The Gambia MDT Debt Management Strategy Report 2009

Domestic Public Debt

Apart from the public external debt shown in Table 8.14 above, The Gambia uses Treasury bills (T Bills) to fund government financial needs and conduct an open market operation. These bills are issued with maturities of 90, 182, 364-days on a weekly basis carried out on Wednesdays by the Central Bank. As of July 2009, the distribution of the T

Bills by maturity indicated that 364-day bills accounted for 65 per cent of the domestic debt stock, 182-day bills at 18 per cent and 91-day bills at 17 per cent. A summary of domestic public debt outstanding from 2007 (US$226,598,117) until the end of December 2008 (US$265, 284,064) is US$138, 685,947 (85.4 per cent) is given on Table 8.15 below.

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

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

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

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

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

of port services, goods clearance during turn around time and overall investment and doing business

- Growth and institutional quality reinforce each other as before the crisis strong and deep policy reforms in the macro and fiscal management helps strengthen the economic institutions and fundamentals. One should avoid any possible policy reversal and a deteriorating economy

Debt service as a percentage of exports of goods and services

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

Partnership for Development

The government of the Gambia strongly beliefs in partnership as the only way to sustainable development. The private sector is seen as the engine of growth in both PRSP II and VISION 2020. Government recognizes the important role of the private sector in creating jobs and wealth, providing much needed goods and services and addressing important social issues.

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

- The Gambia's vision 2020 and the poverty reduction strategy (PRSP II) as a development agenda
- Maximizing resource use while applying the principles of best practice that are socially friendly and environmentally sound;
- Avoiding negative competition, unnecessary duplication of efforts and encourage complementary work
- Mutually benefiting, transparent and accountability to all parties;
- Open and accountable donor agreements and financing;
- Domesticating and internalizing the MDGs, PRSP II and Vision 2020 as a household word for poverty alleviation;

- Provide an enabling environment supportive to profitable investments.
- Despite the country's commitment to regional and global partnership, the country's lost most of its traditional bilateral partners. A program for the re – engagement is necessary and urgent.

The above mentioned partnership needs openness and institutional discipline so that sectors can work effectively. This kind of inter-sector partnership is not new in the country. Indeed, the Government has already assigned the role of Aid Co-ordination to MEPID and with support from the Office of the President and development partners this unit will bear positive results.

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

Access to information and new technologies is crucial for economic developlemt and poverty reduction particularly in reducing the huge digital gaps among countries. This requires investment far beyond government provisions and therefore requires full participation of the private sector. With the open door policies, the government has attracted several private investors in the telecoms radio/print/broadcasting media

Information and Communication Technologies

Communication is one of the essential tools for the enhancement of economic, social and cultural development of the people. The development in the telecommunication sector not only supports growth in the economy but also helps in boosting productivity, accelerates industrial activities, transportation efficiency and social equity.

The Gambia is striving for the improvement of the telecommunications sector, especially with regard to information technology. The enabling environment created for investment by the State and harness by the private sector over the past years has led to tremendous improvements in the Information and Communication Technologies (ICTs) sector under the Ministry of, Communication, Information and Information Technology (MoCIIT). The development of the National Information and Infrastructure policy with its plans and strategies resulted in actions such as e-government as well as other e-strategies and their inclusions into the Information and Communication (IC) Act have been important milestones for the MoCIIT.

As regards the telecommunication infrastructure, the National Post Office is now a semi-autonomous agency, the post office has been modernized with a view to improving postal services for the population.

For the period under review, the MoCIIT instituted measures all aimed at the attainment of socio-economic development of The Gambia, in general, and specifically for the development of the ICT sub-sector. The following policy directions were implemented:

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

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

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

From 2008, some of the ongoing programmes of the MoCIIT have been mainstreamed into the public service delivery system and achieved results as shown on Table 8.15 below.

The main telephone service provider licensed in The Gambia is the Gambia Telecommunication Company Limited (GAMTEL). After it became operational in 1984, GAMTEL's subscribers increased from 2,400 to 43,454 in 2009. It has also improved its national coverage from 70 per cent in the 1980s to 100 per cent in 2009. Currently, GAMTEL has a fibre network of 534 km. In 2006, there were 3,225 telecentres registered by GAMTEL. There were 2,275 prepaid and 4,047 post-paid subscribers giving a total of 6,312 telecentres in 2009. The nuber of telecenters declined recently due to increase in the GAMTEL tarrif and the profilaration of new cellelular phone servoices in the country.

Telephone lines per 100 population

The number of telephone lines per 100 population has increased from 22 per cent in 2006 to 54.5 and 76 per cent for 2007 and 2008 respectively.

Cellular subscribers per 100 population

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

NB: Data on cellular subscribers per 1000 population is available from 2005 – 2007. With the coming of Qcell into operation, the proportion of cellular subscribers per 100 population is expected to increase

Table 8.15: Summary of programme achievements in the MoCIIT

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

Source: MoCIIT

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

Internet Service Providers

Internet use has been on the increase in the Gambia. This has been manifested by the large number of cyber cafes and internet providers in the country. Initially, GAMTEL was the sole provider of internet services but recently other private providers started providing the service.

Currently, these are the Internet Service Providers (ISPs) that are operational in the country, namely;

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

Access to Radio

Radio is the most important source of information for most of the populace in Sub–Saharan Africa. It provides information to the populace on a range of issues related to improved health, education, and livelihoods, and serves as a channel for the communication of their opinions. Households' access to the radio is near universal in The Gambia with almost every household with at least one member owning a radio. The radio is the most popular source of information and entertainment in The Gambia, particularly in the rural areas. The 2003 Census figures showed that 95.09 per cent of the population had access to a radio. Recent survey reveals that over 80 per cent of the population the first time they get news is through radio.

Newspaper Companies and Access to Newspapers

There are 8 newspaper companies which are a source of information to the general public. These newspaper companies are; The Observer, Point, The Gambia Info, Foroya, The Gambia News and Report Magazine, Today, The Daily News and the Standard. Among these newspaper companies, three have gone online with wider coverage and accessibility. There are also on-line news sites which do not have an equivalent printed version like the Gambia News such as (www.gambianow.com), Wow (http://wow.gm/news-stream), and so on.

The 2003 Census report on Access to the Media shows that the proportion of the population with access to newspapers was 19.05 per cent. It is important to note that an individual reading a newspaper is largely influenced by his/her literacy and poverty

status. That probably explains why the proportion of the population with access to newspapers is higher in the urban than in the rural areas (30.46% compared to 6.86 since literacy rates are higher in urban areas and urban dwellers tend to have the lowest rates of poverty.

Television Stations and Access to Television

The Gambia has been depending on television signals from Senegal and foreign stations until 1994/95 when the Gambia Radio and Television Services was established during the Second Republic. Some private channels also operate in the country namely: Premium TV Network, GAM TV and Gambia Electrical. These networks usually charge subscription fees either on monthly, quarterly, bi– annually or annually basis. According to the 2003 Census figures on households access to the media, 70.86 per cent of the population have access to television, the proportion was highest in the urban (88.79%) than in the rural areas (51.69%).

Challenges

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

Other challenges for The Gambia to achieve MDG 8 are:

- Limited resources particularly aid resources has been declining over the years
- Continuous heavy debt burden
- Narrow market for service delivery
- Regular and sustainable gridline electricity supply
- Timely data availability and access

- Limited financial support to the agricultural sector when compared to the education and health sectors despite being considered as the backbone of the economy and the engine for poverty alleviation through rural employment creation and the production of food in support of the strive for the attainment of food security in The Gambia.

Debt relief is very important to the Gambia for the country to meet the MDG targets. Developments in relation to global partnerships have shown that The Gambia has done all the required reforms and measures to maximize benefits from global partnership and commitments. However, the country continues to receive less aid and development assistance leaving no other option than borrowing to meet their development needs including the MDGS. The little aid received mainly target the social sectors and had any investment into the productive sectors to boost national and individual incomes thereby reducing income poverty. The Gambia compare with other countries within the sub region receive the least support from the international committee for the realization of the MDGS and other national development aspirations. Private sector participation has been limited to areas such as telecoms, trade and services and not on the productive base of the economy that would generate wealth and employment for the greater majority in a sustainable manner.

As indicated earlier the country has met the IMF eligibility criteria for HIPC funds. A heavy debt burden continues to impede national development efforts. Even during the 2008-09 economic crisis, a good amount of the national budget was spent on debt servicing at the expense of critical MDGS related spending.

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

Conclusion

- Progress continues but is not sufficiently broad based
- Quality and timeliness of MDGs –relevant data are improving but need to further improve
- Progress is slowest in reduction of income poverty and health related goals.
- Progress threatened by significant downside risk of the food, financial and economic crisis
- Global financial and economic crisis threatens efforts and security of progress already made.
- Slow progress on global partnership-significant gap between commitments and action on aid and trade.

Recommendations

- Continue to strengthen statistics-timeliness and availability of data. A demographic and health survey can address most of the data gaps on Goal 4, 5 and 6

- Making MDGs attainment the business of all-government, private sector civil society/NGOs Association and professional bodies

- Focusing public spending on MDGs result oriented activities

- Consider safety net and social protection measures

- Avoid sudden policy reversals and adapt macroeconomic policies that fit current circumstances while ensuring policy credibility and inter-temporal sustainability;

- Maintain MDG-based planning efforts and vigorously implement MDGs-based national development plans;

- Explore new financing mechanism such as property taxes an, cabon taxes to scale up public sector interventions in order to achieve the MDGs;

- Cascade MDGs-based development plans and poverty reduction strategies to regional and district levels to address within country disparities in progress;

- Consider sub-regional or bilateral interventions/approach especially as they relate to regional public goods such as health

- The need to create a well capacitated an empowered MDG coordinating Unit with the support of a multi - sectoral MDG taskforce including donors. The Unit

should not be only responsible for monitoring and tracking MDGs but should ensure adequate resources to MDG related activities

- Formulation of a detail MDG needs assessment and costing to be linked with the next medium term national development strategy 2012 – 2015.

- Social mobilization on the MDGs at central and local levels and within all formal and non formal organizations

- Frequent change of staff, inadequate information and limited institutional capacity at both national and local levels negatively affect programme planning and implementation. It is obvious that with weak institutions, effective use of donor assistance for the attainment of national development objectives would be elusive.

- The important role of the private sector and civil society organizations as partners in efforts towards the attainment of targets set in MDGs cannot be over emphasized. In the field of communication, trade and agriculture the private sector should be the catalyst for economic development by increasing investment in these sectors thereby creating the necessary job opportunities for the population, hence increasing production.

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

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