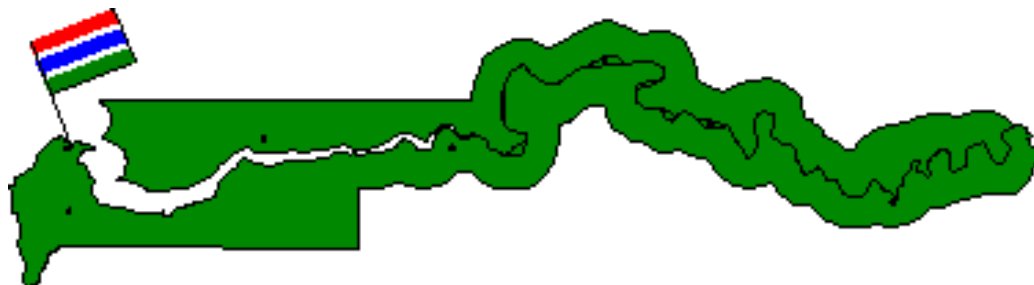


# **REPUBLIC OF THE GAMBIA**



## **FIRST NATIONAL MILLENNIUM DEVELOPMENT GOALS REPORT 2003**

## Foreword

In September 2000, 147 heads of state and government – and 191 nations in total, including The Gambia – convened at the United Nations in New York to examine the steps required to achieve a more equitable and rapid path to sustainable development for all the world's people. As the new millennium arrived, it was clear that the benefits of peace and development had barely touched the lives of hundreds of millions of people around the globe, and that the growing disparities between rich and poor nations represented a looming threat to all nations. The representatives of these 191 nations unanimously adopted the Millennium Declaration which called for the international community to undertake a number of actions necessary to achieve certain fundamental goals with respect to global peace, security and sustainable human development for all peoples, including environment, human rights and governance.

One of the direct outcomes of the Millennium Summit was the realization that simple pronouncements about what steps are needed to achieve the Millennium Declaration would not be enough. While overall objectives are laudable, monitorable goals and targets were needed to track progress not only at the global level, but more importantly, at the national level where the real battle for sustainable human development would be fought.

Using earlier work done in monitoring human development, a new set of goals was drawn up – the Millennium Development Goals (MDGs) – that synthesize and simply set the goals and targets for monitoring human development and allow for comparisons over time and across countries and regions. It was agreed that special attention was required to track the MDGs at the national level.

In fulfillment of the requirement for reporting on progress on the MDGs at the country level, I am therefore pleased to submit to the United Nations Secretary General The Gambia's first Millennium Development Goals Report (2003). The Report maps out a number of different aspects about each MDG goal and target in the Gambian context. More specifically, the report:

- Offers an assessment, using available data, of the state of progress and changing trends in achieving each MDG;
- Describes the challenges that The Gambia faces towards attaining each goal and the supporting enabling environment that is required; and
- Provides a summary of the priority areas needing support by The Gambia's development partners if each goal is to be reached by 2015.

This first MDG Report is closely linked to my Government's other major development policy documents. In the first instance, this MDG Report is consistent with Gambia's Poverty Reduction Strategy Paper (PRSP) which lays out a series of short and medium term programmes of intervention prepared and presented to the donor community in 2002. The MDGs are also in line with Vision 2020, our underlying national strategy document which sets out the country's long-term development priorities and constitutes the framework for all national development efforts. Thus, this MDG Report, the PRSP and Vision 2020 are complementary to each other; and all three are based on the

shared concern to bring sustainable development to, and for, all of Gambians as possible.

My government views this report as the first in a series of bi-annual publications on progress in achieving the MDGs. Its preparation has been a consultative process, involving a representative technical committee of stakeholders in Government and the non-governmental sectors as well as the UN Country Team in The Gambia. The UN Team, and in particular the UNDP and UNFPA, has been a tremendous source of support to the entire process not only for its support to fully institutionalize and mainstream MDGs, but also for pioneering efforts to create much needed awareness at the community level about the significance of MDGs to their lives. By all accounts, awareness is critical as a means to bring about enhanced and sustained national ownership of development programmes and projects.

Finally, in launching this Report, I wish to express my appreciation for the ongoing support The Gambia is extended from the international donor community. Like many developing countries, we are extremely grateful for the support we receive from our development partners as we seek to improve the lives of our citizens including even the unborn generation for whom we must lay a solid foundation in the interest of posterity.

Significant challenges remain for us in The Gambia, and it is the hope of my Government and the Gambian people that the dialogue begun at the Millennium Summit will result in practical, sustained and mutually beneficial partnerships between nations of the North and those of the South. We hope that the MDGs put forward in the Millennium Declaration will usher in an era of alliance and cooperation, serving as the global agenda for meeting the challenge of sustainable development and improving the lives of not only all Gambians, but all people around the globe.

**Dr. Alhaji Yaya A.J.J. Jammeh**  
**President**  
**Republic of The Gambia**

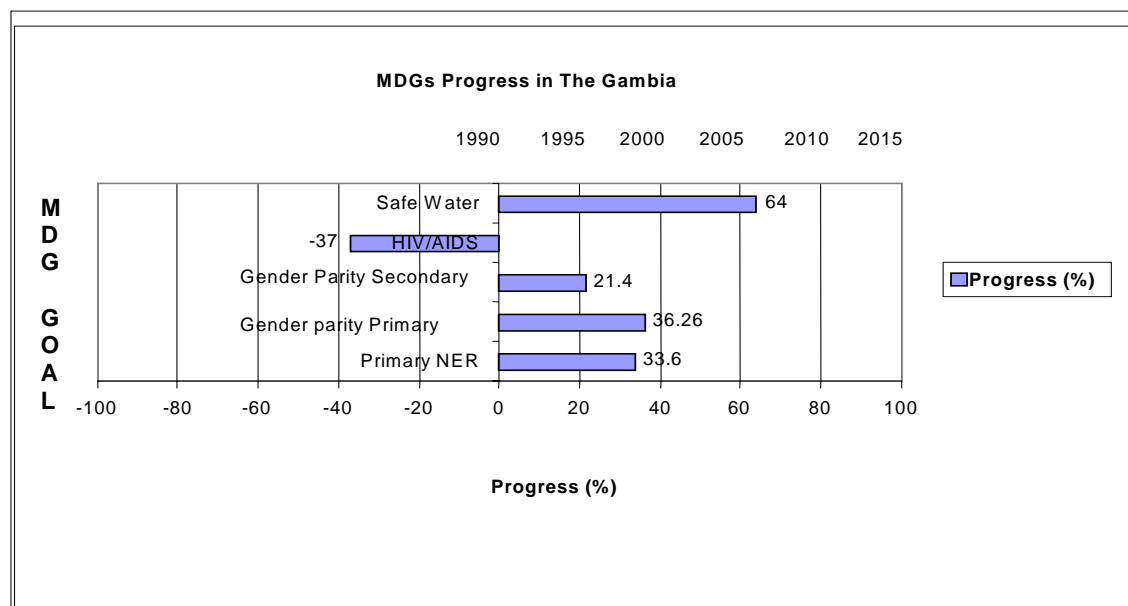
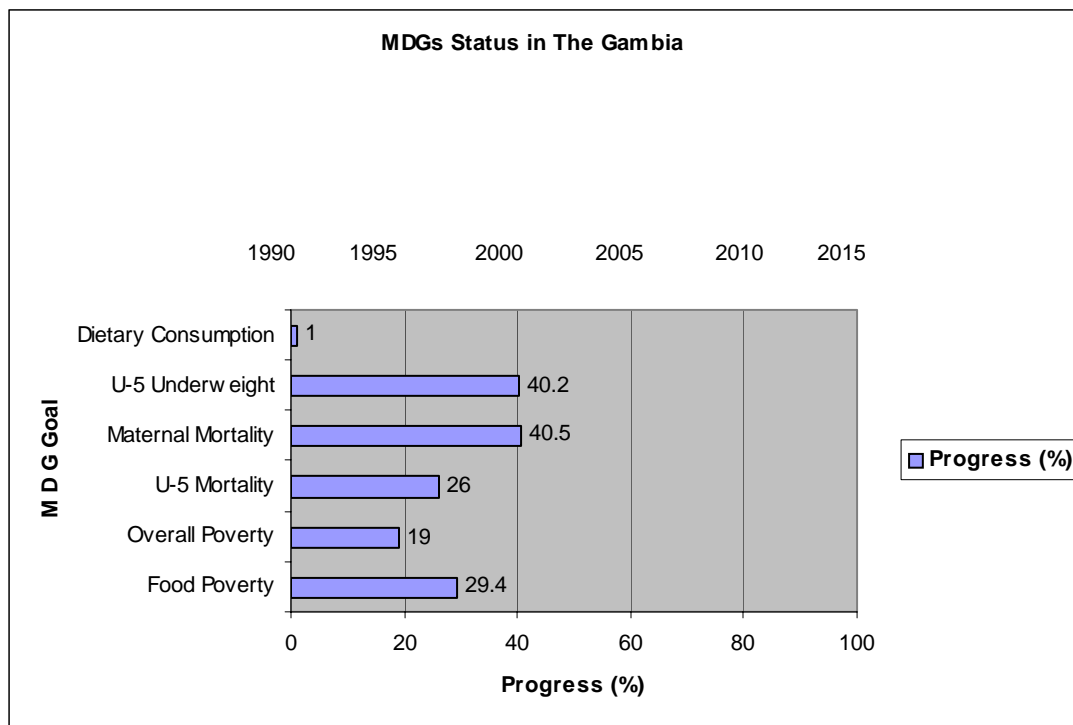
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## List of Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
CBO	Community-Based Organization
CDR	Case Detection Rate
CSD	Central Statistics Department
DFID	Department for International Development (U.K.)
DOSFEA	Department of State for Finance and Economic Affairs
DOSH	Department of State for Health and Social Welfare
DOSLG&L	Department of State for Local Government and Lands
DOTS	Directly Observable Therapy
GDP	Gross Domestic Product
GEAP	Gambia Environmental Action Plan
GHE	Green House Gases
HARRP	HIV/AIDS Rapid Response Project
HLEC	High Level Economic Committee
IMF	International Monetary Fund
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Rate
MRC	Medical Research Council
NaNA	National Nutrition Agency
NAS	National AIDS Secretariat
NGO	Non-Governmental Organization
PAU	Policy Analysis Unit
PER	Public Expenditure Review
PHC	Primary Health Care
PLWHAs	People Living with HIV/AIDS
PRSP	Poverty Reduction Strategy Paper
SPA	Strategy for Poverty Alleviation
SPACO	Strategy for Poverty Alleviation Co-ordinating Office
STI	Sexually Transmitted Infections
U5MR	Under-Five Mortality Rate
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organization

## The Gambia's MDG Status at a Glance



GOALS/TARGETS	WILL THE GOAL /TARGET BE MET at Current Trend	SUPPORTIVE NATIONAL ENVIRONMENT			
		Strong	Fair	Weak but Improving	Weak
<b>EXTREME POVERTY</b> <i>Halve the proportion of people living below the national poverty line by 2015</i>			✓		
<b>HUNGER</b> <i>Halve the proportion of underweight among under-five year olds by 2015</i>		✓			
<b>BASIC AMENITIES</b> <i>Halve the proportion of people without access to safe drinking water</i>		✓			
<b>UNIVERSAL PRIMARY EDUCATION</b> <i>Achieve universal primary education by 2015</i>		✓			
<b>GENDER EQUALITY</b> <i>Achieve equal access for boys and girls to primary and secondary schooling by 2005</i>			✓		
<b>CHILD MORTALITY</b> <i>Reduce under-five mortality by two-thirds by 2015</i>			✓		
<b>MATERNAL HEALTH</b> <i>Reduce maternal mortality ratio by three-quarters by 2015</i>			✓		
<b>HIV/AIDS</b> <i>Halt and reverse the spread of HIV/AIDS by 2015</i>		✓			
<b>ENVIRONMENTAL SUSTAINABILITY</b> <i>Reverse loss of environmental resources by 2015</i>			✓		

**Key:**

- Green – Likely /or already met (under current trend)
- Yellow – Potentially (under current trend)
- Red – Unlikely (under current trend)

**Assessment and Monitoring Indicators: Statistics at a Glance**

Indicators	Data Source	Latest year	Periodicity	Data gathering capacity	Data analysis system	Quality of data	Use of data in policy making
Poverty	CSD/ SPACO	1998	5 years	strong	strong	strong	Fair
Hunger	CSD/ SPACO,	1998	5 years	strong	strong	strong	Fair
	MICS	2000	4 years	fair	fair	fair	Fair
Gender equality	CSD/ SPACO,	1998	5 years	strong	strong	strong	Fair
	MICS	2000	4 years	fair	fair	fair	Fair
Child mortality	DOSH	N/a	weak	weak	weak	weak	Fair
	MICS	2000	4 years	fair	fair	strong	Fair
Maternal Mortality	DOSH	N/a	N/a	weak	weak	weak	Fair
	MICS	2000	4 years	fair	fair	strong	Fair
HIV/AIDS	DOSH	2001		strong	strong	strong	Fair
Malaria & Other diseases	DOSH	N/a	N/a	weak	weak	weak	Fair
	MICS	2000	4 years	strong	strong	strong	Fair
Environmental Resources	Dept. Forestry,	1999		fair	weak	fair	Fair
	Dept. Parks	N/a		weak	weak	fair	Weak
Drinking water and sanitation	MICS	2000	4 years	fair	strong	strong	Fair
Partnership for development	DCR/UNDP	1999	Annual until recently now discontinued	Fair	Fair	Strong	Weak
	DOSFEA	2003	Annual estimate	Fair	Fair	Fair	Strong

**Key**

The standard adopted in this report for assessment and monitoring cannot be said to be fully objective. However it is similar to standards adopted by other country MDG reports.

- Strong:
- i) capacity exists for periodic regular and indigenous collection of national representative data
  - ii) existence of a fairly long mechanism already used in at least 2 episodes, to collect relevant information and to process it in a preliminary and descriptive manner
  - iii) data generated is evaluated to valid, reliable and replicable and consonants with other recent allied data sets and trends
  - iv) systematic integration of new statistical data into policy making, planning and resource allocation

Fair and weak reflect varying degrees of capacity for data collection, analysis and use in policy formulation



# **The Gambia's Progress Towards Achieving the MDG Goals**

## **DEVELOPMENT CONTEXT AND POVERTY SITUATION**

### **Country and Economy**

With a per capita Gross Domestic Product (GDP) of US\$ 350 (2001), The Gambia is ranked among the poorest countries in the world, and a ranking of 151 out of 175 countries according to the UNDP Human Development Index for 2003. It has a population of about 1.4 million persons (2003 population census preliminary results), which grows at 2.8 percent, against a population density of approximately 128 persons per square kilometer, which is one of the highest in the continent. Approximately 75 percent of the population is rural. Agriculture is the mainstay of the economy, accounting for 27 percent of GDP in real terms (2001), followed by tourism, 12 percent. The Gambia gained political independence in 1965, and is divided into seven administrative regions.

### **Progress in Economic Development**

In 1985, The Gambia embarked on an Economic Recovery Programme (ERP) with the aim of correcting macro-economic and structural imbalances. Economic performance improved thereafter: the inflation rate was contained at single digit levels, growth of the economy recorded positive rate in real terms, with an average of over 5 percent per annum since 1998. Per capita GDP growth has been positive since 1998. The sources of growth for The Gambia have been, in order of importance, agriculture, tourism and transit trade.

### **Progress in Human Development: The Characteristics of Poverty**

Poverty in The Gambia manifests itself in the form of multiple deprivations. The latest Household Poverty Survey (1998) revealed a high incidence of poverty in the country, with the proportion of the population living below the poverty line having risen over the past decade. Food poverty had increased from 33 percent to 37 percent while overall poverty from 60 percent to 69 percent. Though poverty is predominantly a rural phenomenon, urban poverty is rising fast. Women are particularly disadvantaged while regional disparities are another manifestation of Gambian poverty.

Income inequality as measured by the Gini coefficient is high and increased from 0.180 in 1993 to 0.466 in 1998. This implies that the benefits of increased economic growth in the past half decade or so have not been evenly distributed, but have gone to only a small portion of the population. In other words, the growth process has not been all inclusive and pro-poor. The good macroeconomic performance has not translated into improved welfare for the masses (the poor).

Poverty has persisted despite concerted government efforts to fight it. The stubbornness and inequality of poverty is linked to low agricultural productivity, high levels of unemployment and/or underemployment, weak re-distributive policies especially in public social services, and weak support mechanisms to poorest households (absence of focused social programmes to address extreme poverty).

The challenges to improving economic and human development include strengthening economic reforms, addressing inequities (gender, inter-regional) and the high population growth rate, limiting household vulnerability (food insecurity, diseases including HIV/AIDS etc.), strengthening local government structures, grassroots organizations and community-based organizations. These are the vehicles for **localization of MDGs**, in addition to undertaking continuous assessment of the poverty situation in the country. These challenges are in no way insurmountable.

### **Policy Frameworks Targeting Poverty Eradication**

Vision 2020 provides the national context for poverty eradication and seeks to transform The Gambia into a dynamic middle income country. Operationalisation of the Vision has been carried out through:

- The second Strategy for Poverty Alleviation (SPA II). This is a “home grown” version of a Poverty Reduction Strategy Paper (PRSP), spanning 2003 to 2005. It is based on five pillars:
  - promotion of economic growth and poverty reduction;
  - enhancement of productive capacity and social protection of the poor and vulnerable;
  - improved coverage of basic social service needs of the poor and vulnerable
  - build capacity of local communities and civil society organizations to play an active role in poverty reduction; and,
  - mainstreaming poverty-related issues into SPA II.
- The Local Government Act 2002 which provides for transfer of authority and responsibilities to elected representatives of communities in councils.

A well executed decentralization programme ensures appropriate local actions towards achieving MDGs. It also localizes monitoring since provincial as well as district/local level data can be collected and programmes and resource allocations targeted. To achieve this however, requires substantial capacity building at the decentralized levels in record keeping and financial planning, management and accounting.

### **Link between MDGs and National Policy Documents**

Overall, there are consistencies and complementarities between the MDGs and national policy frameworks in terms of context, objectives, goals, targets or indicators. MDGs in no way undermine or replace these frameworks.

### ***MDGs and Long-Term Policy Framework -- Vision 2020***

Vision 2020 provides the long term aspirations of The Gambia. It embraces a much broader spectrum of socio-economic development than MDGs do, articulated in the context of human development and poverty reduction. In terms of time frame, Vision 2020 spans 25 years (1996 – 2020) with 1996 as baseline while the MDGs adopt 1990 as the baseline and span to 2015.

Both Vision 2020 and MDGs advocate eradication of extreme poverty (goal 1, MDGs), universal primary education (goal 2), empowerment of women (goal 3), reduction of child and maternal mortality (goals 4 and 5), combating diseases (goal 6), environmental sustainability (goal 7) and expanded partnerships (goal 8).

### ***MDGs and Short-Medium Term Policy Framework -- SPaII/PRSP***

There have been substantial efforts to integrate the MDGs into the current planning process. Budget allocations, particularly from 2003, reflect a growing trend in increasing the percentage of spending for the social sectors. The Public Expenditure Reviews of these sectors also devote sufficient attention to the MDGs, most of which are also HIPC triggers. Finally, the PRSP makes explicit reference to MDGs as the framework for poverty reduction in the long-term.

### **Development Partners**

Both bilateral and multilateral donors have worked closely with government efforts in support of wide range of programmes. This commonality of effort is reflected in a number of agreements: the UN Country Cooperation Framework (CCF), 2002-2006; UN Development Assistance Framework (UNDAF), World Bank Group Country Assistance Strategy (CAS): I in 1998 and CAS II, 2003-2005, etc. Bilateral donors have in addition targeted various sectoral programmes. In accordance with the recommendations emanating from the Round Table Conference on the PRSP held in September 2002, UNDP is assisting Government in establishing a central aid coordination mechanism.

**KEY DEVELOPMENT INDICATORS**

<b><u>Indicator</u></b>	<b><u>Value</u></b>	<b><u>Year</u></b>
<b>Demographic</b>		
Population size (million)	1.4	2003
Population growth rate (%)	2.8	2003
Life expectancy at birth (years)	53.0	1993
<b>Economic</b>		
Real GDP per capita (US\$)	350	2002
Per capita GDP growth	1.91	2001
Inflation rate	13	2002
Net Present Value of total debt (US\$ million)	276.6	2002
Total external debt/GDP (%)	108.9	2000
Total debt service (US\$ million)	42.0	2000
NPV of debt/exports (%)	224.7	2001
<b>Poverty and Social Indicators</b>		
Poverty head count ratio (% of population)	69.0	1998
Gini coefficient	0.466	1998
Overall poverty (% of population)	60.0	1998
Food poor (% of population)	37.0	1998
Adult illiteracy rate (%)	37.0	2000
Net primary enrolment rate	60.0	2000
Ratio of girls to boys in primary education (%)	65.0	2000
Under-five mortality rate/1,000	75.0	2000
Maternal mortality rate/100,000 live births	730.0	2001
Population without access to safe water (%)	16.0	2000
HIV/AIDS adult prevalence rate (15-49 years) (%)	1.4	2000

**GOAL 1: - ERADICATE EXTREME POVERTY AND HUNGER****TARGET 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day.****Indicators**

	<u>1990</u>	<u>2000</u>	<u>2015</u>
Proportion of population below overall poverty line <sup>1</sup> (%)	60 (1992)	69 (1998)	[30]
Proportion of population below food poverty line <sup>2</sup> (%)	33	37 (1998)	[16.5]

Source: CSD/SPA II  
[...] = MDG Targets

**Status and Trends**

The main source of data on poverty is the National Household Poverty Survey. Three such surveys were conducted in the past decade: 1992, 1995 and 1998. The findings of the 1998 survey revealed a poverty head count ratio of 69 percent. Overall poverty had increased from 60 percent in 1993 to 69 percent, while food poverty increased from 33 percent to 37 percent. In order to achieve the poverty goal, The Gambia needs an annual reduction of 2 percent in overall poverty and 1.1 percent reduction in the proportion of food poor between 2000 and 2015.

The charts below show the state of progress, both the actual and required trajectory for 1990, 2000 and 2015, which are the recommended reference years for MDG country reports. It will be challenging for The Gambia to halve the proportion of people living in extreme poverty by 2015. Given the high income inequality, the economy needs to grow at a rate higher than the projected 6 percent up to 2005 (SPA II/PRSP) and 10 percent in the longer term and sustain such a growth for extended periods; and at the same time contain vulnerability to external shocks. Presently, the ongoing Integrated Household Survey will inform us on the present poverty status and trends once completed.

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<sup>1</sup> Overall Poverty is when Average annual household consumption per Adult Equivalent is less than the Value of the overall poverty line

<sup>2</sup> Food poverty is when average annual household consumption per Adult equivalent is less than the value of the food poverty line

Figure 1:

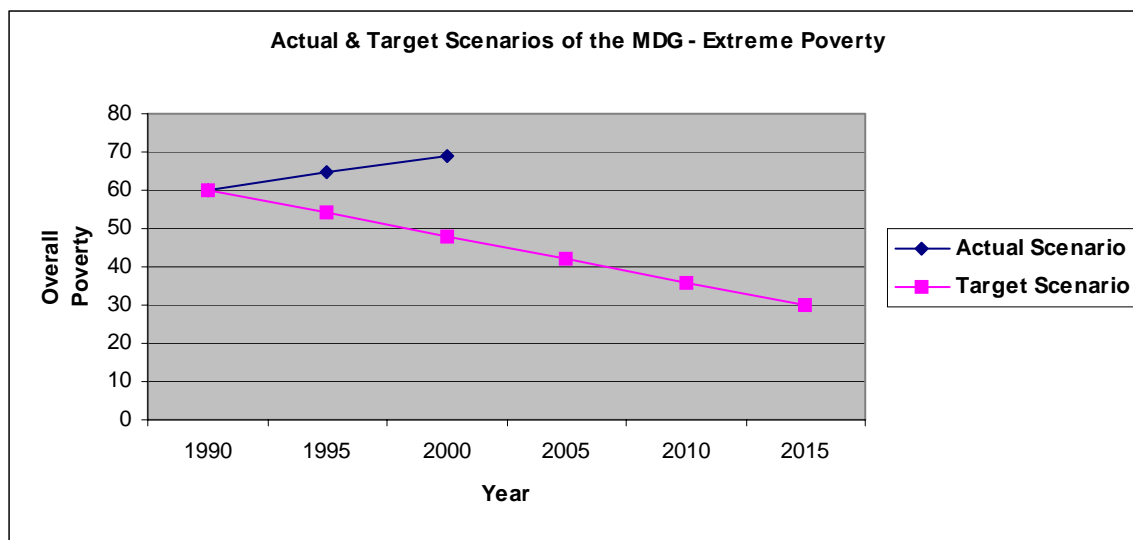
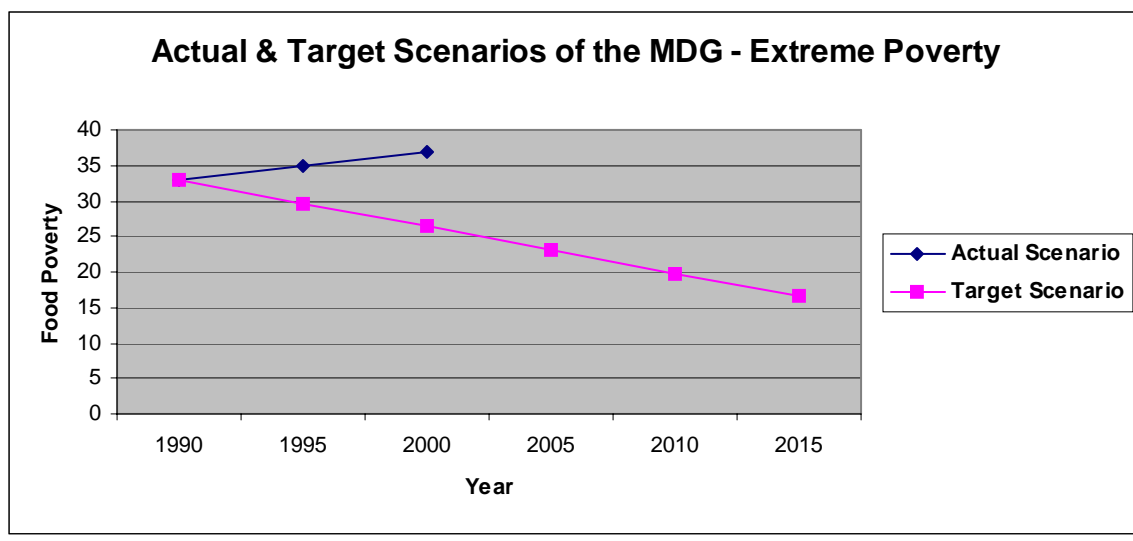


Figure 2:



### Challenges to Reducing Extreme Poverty

The potential for improved economic growth in The Gambia exists. The challenge will be in ensuring that the macroeconomic achievements translate into positive microeconomic benefits at the household level on the basis of a pro-poor growth strategy. The major challenges include:

- Maintaining macro-economic stability;
- Enhancing the investment climate;
- Accelerating growth in the agricultural sector and rural areas through such interventions as increasing access to key resources and services;
- Promoting popular participation.

### **Supportive Environment (Policies and Programmes)**

One of the prime objectives of Vision 2020 is to increase agricultural production. At the sectoral level, as in the Department of State for Agriculture (DOSA), various reforms are being implemented to address delivery of agricultural inputs and research and extension services. These and other reforms targeting livestock, fisheries and horticulture should help improve agricultural output.

### **Priorities for Development Assistance**

The main priority areas of assistance are:

- Support in maintaining macroeconomic stability;
- Support to agriculture and rural development programmes (research, marketing, finance and entrepreneurship development schemes, improved technology);
- Ensuring sufficient resources to support SPA II/PRSP implementation;
- Supporting regular Household Surveys for monitoring the poverty situation more frequently;

**GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER**

**Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger**

**Indicators**

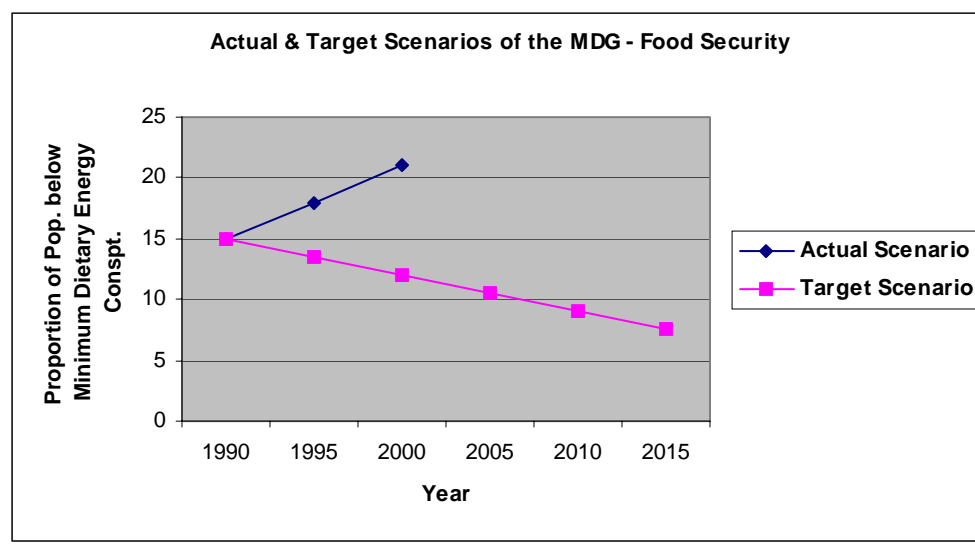
	<u>1990</u>	<u>2000</u>	<u>2015</u>
Percentage of population below minimum level of dietary energy consumption	15% (1993)	21% (1998)	[7.5%]
Percentage of underweight under 5 children	21% (1996)	17%	[10.5%]

Sources: CSD/SPA II, MICS I & II.  
[...] = MDG target

**Status and Trends**

Within the general population, food insecurity is caused largely by the high dependence on rain-fed subsistence agriculture and limited off-farm income. The long years of drought and the resulting years of crop failure have given rise to a high dependence on external food aid. In addition, the use of outmoded production technologies has meant only limited increase in production at a time when the average annual population growth rate is 2.8 percent. Food insecurity is more serious during the rainy season when the harvests of the last season are exhausted and the new crops have not matured.

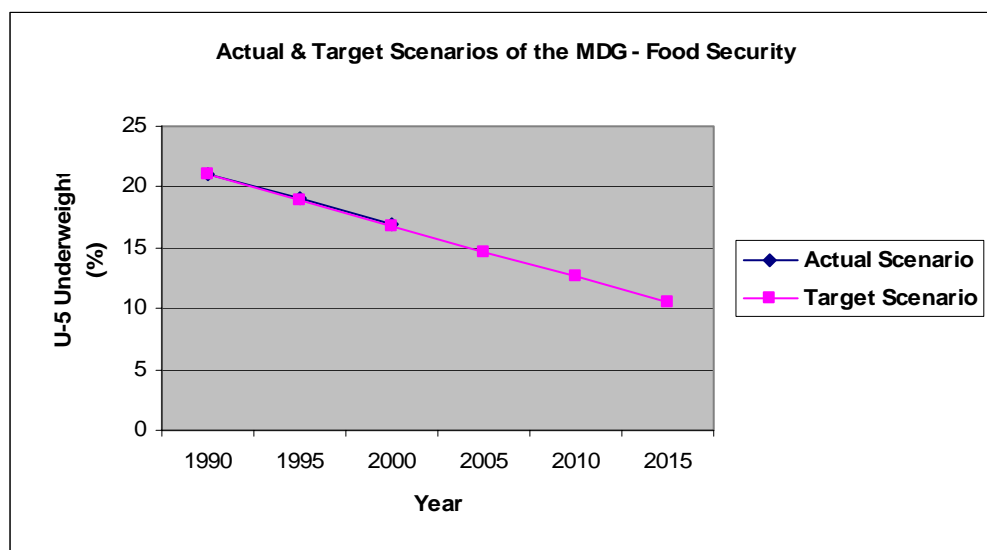
Figure 3:





There has been a steady decline in the level of under-nutrition among children under five years of age during the past few years. The level of stunting, an indication of chronic hunger, also declined from 23 percent in 1996 to 19 percent in 2000. Disparities along geographical areas exist with children living in the rural areas being more susceptible to malnutrition especially during the rainy season. Malnutrition has serious implications for the survival and development of children and for the general socio-economic development of the country.

Figure 4:



It is estimated that 56 percent of the food consumed in the country is imported, which raises the question of ability to purchase. There are limited income earning opportunities outside agriculture, which means restricted opportunities to increase food security. Collapse of the groundnut market in recent years has drastically increased food insecurity among the rural population, particularly large groundnut farmers.

## Challenges

The main factors impinging on success towards improving nutritional status are:

- The continued high risks from natural disasters, in particular drought;
- General poverty level;
- Low agriculture production and productivity.

The main challenges to ensuring food security are:

- Increasing agricultural output particularly of food crops;
- Provision of adequate infrastructure for storage, processing and marketing of agricultural produce;
- Creating off farm income generating opportunities to supplement agricultural incomes;
- Improving nutrition related awareness.

### **Supportive Environment**

The Government of The Gambia is strongly committed to improving the nutritional status of its citizens. The National Nutrition Policy 2000-2004 articulates this commitment. The institutional framework has been strengthened through the establishment of the National Nutrition Agency (NaNA) and an inter-sectoral National Nutrition Council. NaNA has been mandated to coordinate all nutrition activities in the country including the implementation of the National Nutrition Policy.

NaNA's programmes include:

- ✓ Micro-nutrient deficiency control programme
- ✓ Food safety and quality programme
- ✓ School-based nutrition education programme
- ✓ Baby-friendly hospital initiative
- ✓ Nutrition surveillance programme
- ✓ Baby-friendly community initiative

The Department of State for Agriculture (DOSA) has taken a number of initiatives that seek to address input delivery, linking research and extension services as well as specific actions in livestock, fisheries and horticulture. These and other programmes should help improve food production.

### **Priorities for Development Assistance**

- Promotion of food-based approaches to improving nutrition;
- Supporting greater backward and forward linkages in agriculture;
- Strengthening of the national food control system to improve food quality and safety;
- Expansion of community-based interventions to improve maternal and child nutrition;
- Strengthening of the Micro-Nutrient Deficiency Control Programme.

**GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION**

**Target 3: Ensure that, by 2015, children everywhere boys and girls alike, will be able to complete a full course of primary schooling**

	<u>1990</u>	<u>2000</u>	<u>2015</u>
Net enrolment ratio in primary education (%)	44%	60%	[100%]
Proportion of pupils starting grade 1 who reach grade 5	88% (1991/92)	90% (1998)	[100%]

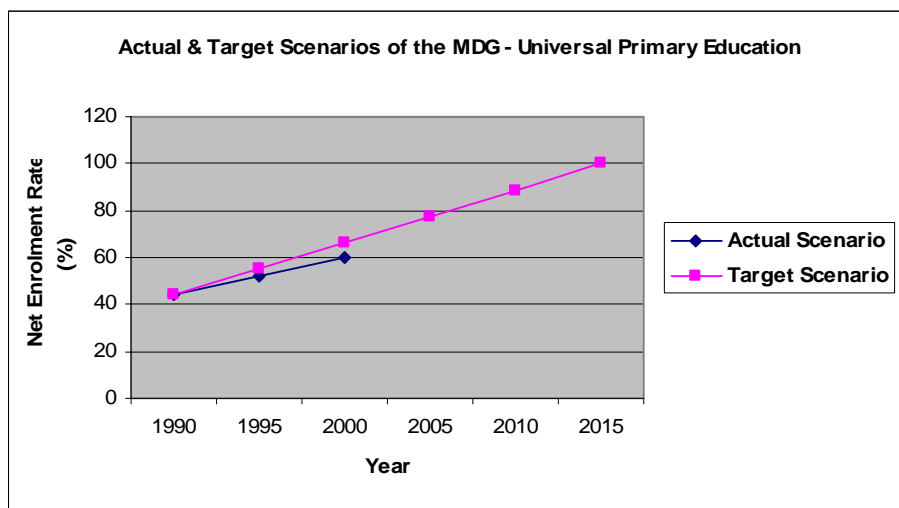
Sources: CSD/SPA II, DOSE, MICS I & II

[...] = MDG target

**Status and Trends**

There has been significant progress in expanding access to primary (referred to as lower basic in The Gambia) education throughout the 1990s. Between 1991 and 1997 enrolment has been growing at 8 percent annually against a target of 5 percent. However, between 1997 and 2001 enrolment dropped to 4 percent annually against a target of 7 percent.

Figure 5:



Disparities in enrolment between geographical, income and gender lines are significant. In urban areas the enrolment rate is around 64 percent while in rural areas around 45 percent.

The achievement in education was largely possible because of increased investments. On average, between 1994/95 and 1998 about 15.6 percent of Government expenditure

went to education and primary education received 46.6 percent of the total education spending between 1990 and 1996. Expenditure on basic education (comprising primary, junior and secondary) increased at a real annual rate of 11 percent.

### **Challenges to Achieving Universal Primary Education**

The challenges include:

- Reducing the overall income poverty among a significant proportion of households since the burden of paying for education weighs more heavily on poor households;
- Expanding the provision of schools to improve access without sacrificing quality and relevance of curriculum. This calls for, amongst other things the provision of adequate text books, an increase in the number of qualified teachers, classrooms and an improved efficiency of classroom use;
- Increasing public expenditure targeting the poor;
- Casting wider the net of partnership in primary education provision to entice greater participation of private sector, communities, civil society, parents etc.

### **Supportive Environment**

In keeping with the broader framework of Vision 2020, the Government reaffirmed its strong commitment in the last Education Plan (1988 – 2003) to improving education in the country as part of the overall development of the human resource potential. The policy placed special emphasis on the provision of quality basic education for the school age population of 7-15. Special emphasis was also laid on equal opportunities especially for girls and children with disabilities.

SPA II also provides a framework for improving access to basic education particularly for the poor. Sectoral programmes identified under SPA II include increased classroom construction, teacher training, etc.

### **Priorities for Development Assistance**

- Increased financial support to basic education for construction of classrooms and the provision of learning materials to improve quality of basic education;
- Increased support for teacher training and supervision of teachers at divisional and school levels;
- Further debt relief in order to free government resources for primary education spending.

**GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN**

**Target 4:- Eliminate gender disparity in primary and secondary education, preferably by 2005 and to all levels of education no later than 2015**

**Indicators**

	<b><u>1990</u></b>	<b><u>2000</u></b>	<b><u>2005</u></b>
Ratio of girls to boys in primary education (gross enrolment) (%)	47.9% (1993)	65% (1998)	[100%]
Ratio of girls to boys in lower secondary education (%)	26% (1996)	37%	[100%]

Sources: CSD/SPA II, MICS I & II  
[...] = MDG target

**Status and Trends**

Although considerable progress has been made towards increasing girls' enrolment between 1990 and 2000, the current rate of increase will not lead to gender parity in both primary and secondary levels by 2005. Accelerated enrolment is thus needed.

Figure 6:

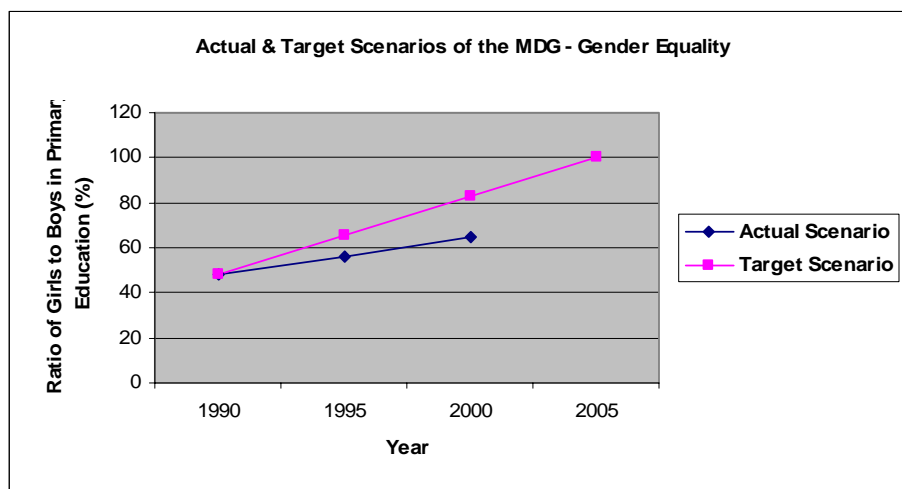
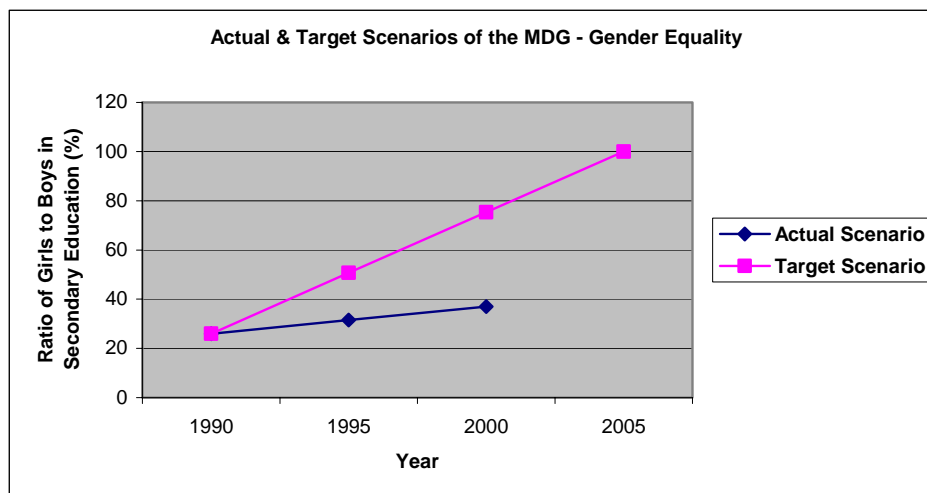


Figure 7:



## Challenges

There are a number of challenges, both socio-cultural and economic, which act to limit girl's access to education. The challenges include:

- Changing the socio-cultural attitude which attaches less value to the education of the girl child;
- Addressing socio-cultural values and practices such as early marriage, especially for rural girls, and the belief that school girls tend to become sexually active whilst in school and remain unmarried thereafter;
- Reducing the cost of schooling in order to reduce the financial burden on parents especially the poor who, when faced with limited financial resources, prefer to invest in educating the male child;
- Making the learning and school environment friendly especially for girls.

## Supportive Environment

In the education sector, policy measures aimed at bringing about gender parity include the establishment of a Scholarship Trust Fund for girls which helps to reduce the financial burden of educating the girl child at primary level. There exists also an active interest both at the level of civil society and the media in creating greater awareness about gender issues.

## Priorities for Development Assistance

- Support government efforts in improving access, quality in education delivery with special emphasis on girls educational achievements;

- Providing additional support to the Girls Scholarship Trust Fund to ensure nationwide coverage;
- Capacity building for implementing reforms in the education sector.

**GOAL 4      REDUCE CHILD MORTALITY****Target 5      Reduce by two-thirds, between 1990 and 2015, the Under-5 mortality rate****Indicator**

	<b><u>1990</u></b>	<b><u>2000</u></b>	<b><u>2015</u></b>
Under-5 mortality rate (per thousand live births)	137 (1993)	135 (2001)	[45]

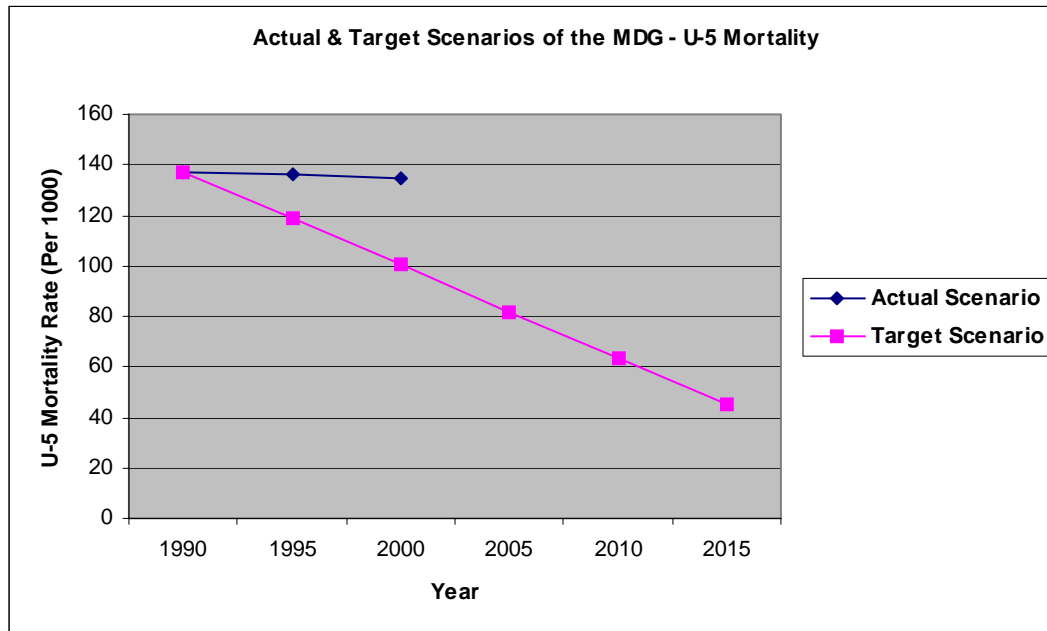
Source: DOSH

[...] = MDG target

**Status and Trends**

The Gambia is not on track towards achieving this goal. The decline in Under-5 mortality has only been marginal. There are promising signs given the current drive to expand immunization coverage especially through the Expanded Programme on Immunisation (EPI).

Figure 8:



According to UNICEF (2003), overall immunisation has dropped from 87 percent to 62 percent between 1996 and 2000. Coverage is higher in the rural areas (64.7 percent) than the urban areas (57.4 percent). For measles a similar disparity exists in favour of rural areas with the highest registered in Janjanbureh area (92.9 percent).



Factors that influence child mortality are malnutrition and the general poverty level, all of which have shown substantial increases in recent years. About 56 percent of Gambian children live in extremely poor households, which has serious implications for their nutritional status and their access to social services such as health. The 1998 National Household Poverty Survey Report indicates that 50 percent of the children had no health consultation and the major reason for non-consultation was prohibitive cost.

In rural areas infant and under-5 mortality rates are attributed to infectious diseases, notably malaria, diarrhoea, acute respiratory infections and malnutrition. Other factors include the low levels of female literacy, communication difficulties between the village health service and the basic health service provider.

### **Challenges**

There are a number of challenges to reducing child mortality which include:

- Improving the nutrition level of children by improving household income;
- Investing a higher level of public expenditure on health particularly targeting areas which have above average rate of child mortality;
- Increasing per capita and recurrent expenditure on health;
- Improving coordination between various sectoral interventions in drinking water supply, sanitation, hygiene;
- Promoting greater awareness, through IEC, on IMR and U-5 MR, on the need for vaccination and the role it can play in protecting the child;
- Improving the linkages between Village Health Services (VHS) and Basic Health Services (BHS);
- Maintaining an effective and operational system for the acquisition, storage and distribution of drugs, vaccines and other essential supplies.

### **Supportive Environment**

Vision 2020 places strong emphasis on promoting a healthy workforce, which requires an effective health delivery system. The current health policy aims at improving access to, and ensuring provision of, essential care packages at all levels of the healthcare delivery system. As a component of the new policy there are programmes currently being implemented such as the Integrated Management of Childhood Illnesses (IMCI), the Roll Back Malaria Initiative, the Baby Friendly Community Initiative -- all of which together can significantly reduce further infant and child mortality rates

The National Population Policy adopted in 1992 aims to improve the quality of life and raise the standard of living of all Gambians. Specific targets had been set for 2000 and 2004, for reducing infant and maternal mortality, increasing immunization coverage, extending primary health care services, etc.

**Priorities for Development Assistance**

- Supporting government efforts in strengthening Preventive Health Services particularly in areas with high rates of infant and child mortality;
- Provision of basic supplies and equipment for all levels of the health delivery system including Minor and Major health centers to make them fully functional,
- Financial assistance for the procurement and storage of drugs and vaccines,
- Improving the supply and retention of healthcare personnel.

**GOAL 5: IMPROVE MATERNAL HEALTH****Target 6: Reduce by three-quarters between 1990 and 2015, the Maternal Mortality Ratio****Indicators**

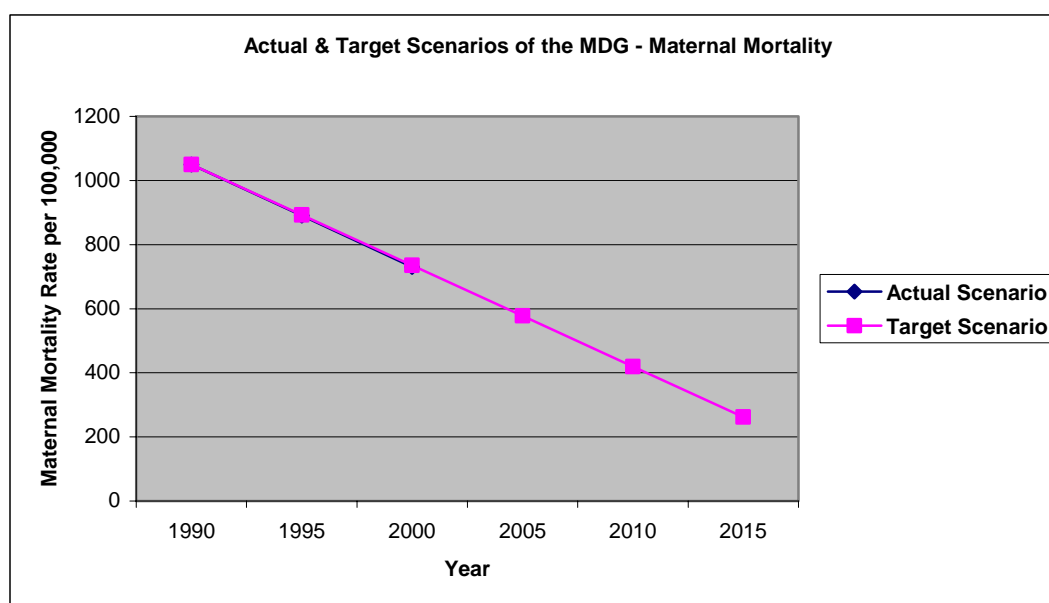
	<u>1990</u>	<u>2000</u>	<u>2015</u>
Maternal mortality ratio (per 100,000 live birth)	1050	730	[262]
Proportion of births attended by skilled health personnel	42%	55%	[90%]

Sources: DOSH, MICS II  
[...] = MDG target.

**Status and Trends**

The Gambia is on track in reducing maternal mortality. However, there are significant regional disparities, with the MMR being lower in urban areas compared to rural areas, particularly in the northern part of the country. The factors contributing to this situation include problems of access to good antenatal care and specialized health facilities, coupled with poor infrastructure and communication facilities.

Figure 9:



Between 1990 and 2000, the percentage of deliveries attended by a skilled health personnel increased to 54.6 percent. Urban areas have the highest percentage of

deliveries attended by skilled health personnel whilst the lowest is registered in the northern part of the country (Kuntaur), at 29 percent (UNICEF 2002). Delivery assistance by skilled health personnel is highest among the educated women and the women in the richest category of the wealth index. The Traditional Birth Attendants (TBA), who are not included in the skilled medical personnel category, provide delivery assistance to about 25 percent of births (MICS 2000). This percentage is much higher in some rural areas where it reaches 42 percent as compared to 4 percent in the urban area.

The main causes of maternal deaths are eclampsia (18 percent), sepsis (12 percent), anti-partum haemorrhage (10 percent) and post-partum haemorrhage (10 percent). Most of these are preventable by improved prenatal care. The MMR can be reduced by improving access to MCH service for pregnant women, appropriate and timely referrals, as well as adequate and appropriate treatment of obstetric complications. The combined impact of these services would reduce maternal morbidity caused by anemia and malaria.

### **Challenges**

- Improving the educational, socio-economic and nutritional conditions of women;
- Improving and expanding PHC services particularly in the rural areas;
- Expanding and strengthening MCH services particularly in rural areas;
- Improving the quality of manpower and equipment at MCH centers;
- Improving supply and retention of healthcare personnel.

### **Supportive Environment**

The existing Health Policy with the strategic goal of providing essential healthcare services countrywide provides an important framework to address maternal and other health issues. There are a number of specialized programmes which focus on both preventive and curative aspects of particular diseases.

### **Priorities for Development Assistance**

- Technical support to strengthen health planning and management both at central and decentralized levels and improve statistical and analytical skills;
- Financial and technical support to train and retain the various categories of health personnel (nurses, radiographers, surgeons etc) to man the referral centers and provide equipment for these centers;
- Financial support to conduct IEC campaigns for community awareness of sanitation, infectious diseases, and preventive services;
- Support to the integration of the Sector-Wide Approach (SWAP).

**GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES****Target 7: Have halted by 2015, and begun to reverse the spread of HIV/AIDS****Indicator**

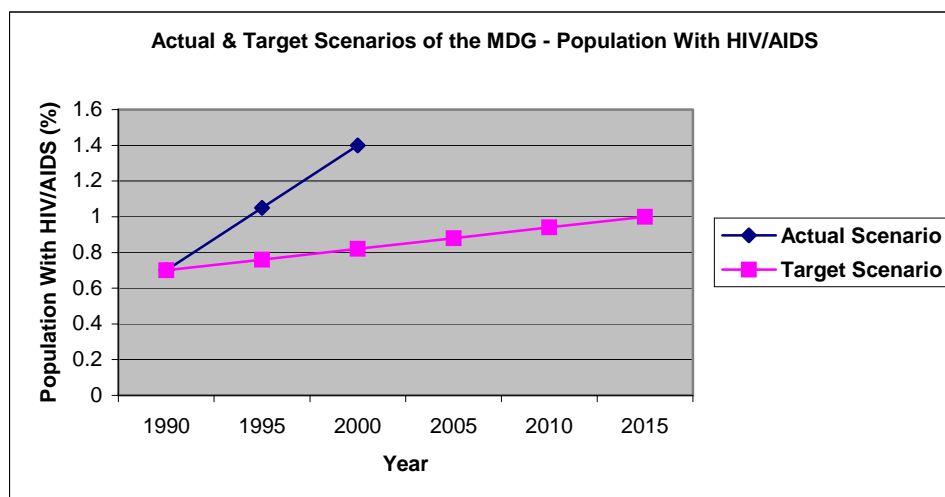
	<b><u>1990</u></b>	<b><u>2000</u></b>	<b><u>2015</u></b>
HIV prevalence rate among 15-24 year old pregnant women	0.7% (1993)	1.4% (2001)	[< 1%]

Sources: DOSH, *Sentinel Bulletin*.  
[...]= MDG target

**Status and Trends**

The prevalence rate for HIV/AIDS has doubled from 0.7 in 1993/5 to 1.4 in 2000.

Figure 10:



One of the strategies to contain and reduce the spread of HIV/AIDS infections is through promotion of accurate knowledge of how HIV/AIDS is transmitted and how to prevent transmission. A UNICEF (2002) survey found that only 58.5 percent of women aged 15 – 49 know at least one way of preventing transmission. The percentage of women who have sufficient knowledge of HIV transmission increases dramatically with the level of education.

The level of education also has an important impact on contraceptive use. The percentage of women using contraception rises from 8 percent among those with no education to about 13 percent among women with primary education, and 18 percent among women with secondary and higher education.

## **Challenges**

- Sustaining an effective, well coordinated multi-sectoral national response to HIV/AIDS at all levels;
- Facilitating the translation of knowledge and awareness into sustained behavioural changes for the prevention of HIV/AIDS;
- Ensuring an adequate level of resource allocations for programme activities.

## **Supportive Environment**

There is high commitment from the government in the fight against HIV/AIDS. a National AIDS Council, chaired by the President, has been established which in turn is supported by a National AIDS Secretariat.

In an effort to address the spread of HIV/AIDS and other Sexually Transmissible Infections (STIs) in the country a multi-sectoral approach has been adopted. Further, there are HIV/AIDS committees at the level of administrative divisions. In Addition, six Departments of State, namely Education; Agriculture; Interior and Religious Affairs; Tourism and Culture; Health and Defence have action programmes. Sectoral budgets have mainstreamed HIV/AIDS interventions.

Under the auspices of the National Council, a number of strategies for HIV/AIDS prevention and control are being implemented. They include:

- ✓ Intensification of IEC on HIV/AIDS/STIs,
- ✓ Implementation of National HIV sentinel surveillance programme,
- ✓ Wider promotion and distribution of the use of condoms,
- ✓ Provision of safe blood at divisional and central levels,
- ✓ Mobilization of specific groups such as youths, commercial sex workers and their clients,
- ✓ More active advocacy through leaders,
- ✓ Extensive media coverage at national level.

At the global level, the general awareness and commitment to combating the HIV/AIDS pandemic has resulted in the creation of a global fund from which resources could be mobilised to implement national programmes like those by The Gambia. The Gambia has received US\$ 15 million through HARRP.

## **Priorities for Development Assistance**

- Provision of support to provide Anti-Retrovirals for People Living with HIV/AIDS (PLWHAS);
- Strengthening monitoring and evaluation of HIV/AIDS programmes and activities;
- Capacity building to enhance the multi-sectoral approach to fight the HIV/AIDS Epidemic.

**GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES****Target 8: Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases****Indicators**

	<u>1990</u>	<u>2000</u>	<u>2015</u>
Prevalence & death rates associated with Tuberculosis	1,212 cases 31 deaths	1,561 cases 49 deaths	
Proportion of TB cases detected and cured under DOTS	70	72 (2001)	
Prevalence of malaria among children under five	N/A	15%	

Source: DOSH, MICS II

**Status and Trends**

Malaria continues to be a leading cause of illness among the Gambian population. It is estimated that it accounts for nearly 25 percent of deaths in children aged 1 to 4 years. It is also a major contributor to the high maternal mortality rate. The high death rates caused by malaria is partly due to the increased resistance to the anti-malaria drug, chloroquine.

Using fever as a proxy indicator of malaria, the overall prevalence rate among children under five years is 15 percent (2000) with a slightly higher figure for girls (15.5 percent) as opposed to boys (14.4 percent). The risk of contracting malaria is present throughout the year with the peak occurring during the rainy season.

Tuberculosis, like malaria, has become a major public health problem. In the early nineties, the disease was on the decrease but that trend has now reversed. By year 2000 the number of TB cases had increased by 42 percent compared to 1989. The number of smear positive cases has also increased by 20 percent. The number of TB cases documented stands at 1,561 presently.

The Case Detection Rate (CDR) of tuberculosis cases of all forms rose from 95 to 122/100,000 of population in 1997 and has remained stable since then. The CDR of direct smear positive cases has also stabilized in the last five years at an average of 66/100,000 of population.

Treatment results with DOTS reflect only a modest increase. In fact the 70 percent cure rate in 1990 increased to 80 percent in 1996 only to drop again in 2001 to 72 percent. Patients have recently been registered with TB resistant strains to the multi-drug therapy. This is of major concern to the Government, as the new drugs required to treat such cases are very expensive. TB drugs are administered free of charge to Gambians. TB diagnostic facilities are available.

## **Challenges**

To reduce the prevalence of malaria will require that a number of constraints be overcome:

- Increasing usage of impregnated bed nets;
- Developing capacity at the various health centres/post for a proper diagnosis, case management and prescription practices;
- Improving environmental sanitation;
- Improving the logistic and other related supplies to ensure wider national coverage;
- Reduce the number of defaulters;
- Expanded enforcement of public health regulations.

## **Supportive Environment**

The general awareness and commitment of the Government to address these diseases is translated into specific programmes. The Malaria Control Programme established to reduce morbidity and mortality due to malaria is involved in preventive, promotive and curative as well as operational services.

The setting up of a global fund for HIV/AIDS, Tuberculosis and Malaria also provide an opportunity to mobilise resources to develop and implement effective interventions.

## **Priorities for Development Assistance**

- Financial assistance for insecticides, drugs and human resource development to fight malaria more effectively;
- Financial assistance to expand the coverage of DOTS to the whole country;
- Financial and technical support to address the more resistant strains of TB and malaria to multi-drug therapy;
- Financial support for improved community sensitisation through IEC campaigns;
- Development, elaboration, technical and financial assistance for the SWAP initiative.



**GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY**

**Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources**

**Indicators**

	<u>1990</u>	<u>2000</u>	<u>2015</u>
Proportion of land area covered by forests	40.7% (1993)	41.5% (1999)	40%
Land area protected to maintain biological diversity	3.7%	3.7%	5% (2020)
Carbon dioxide emissions (Tons of CO <sub>2</sub> equivalent per capita)	.18 (1993)		

Source: Departments of Forestry, Department of Parks & Wildlife, F.A.O

**Status and Trends**

The Gambia has a “dry forest” type vegetation, which, unlike the tropical rainforest, is not thick. The vegetation is mainly savanna woodland with stretches of shrub and grassland. Forests are either state or community forests depending on the method of management. The state forests are under the management of the Department of Forestry and the Community Forests are managed by the communities with technical and material support from the Department. The proportion of land area covered by forests has only modestly increased by 1 percent and the projections are that this may be lost by year 2015.

The proportion of land area protected to maintain biodiversity is a modest 3.7 percent, which is expected to rise to 5 percent by 2015. These areas are managed by the Department of Parks and Wildlife.

Studies conducted on Green House Gas (GHG) emissions in The Gambia in 1993 indicated that about 60 percent of total emissions of Co<sub>2</sub> are from transport. The Gambia is, however, classified as a carbon sink. With regard to ozone depleting substances (ODS), The Gambia has started, since 1994, to phase out the controlled substances of CFC-11, by 1997 and CFC-12 and CFC 115 by 2002. The ODS Regulations developed in 2000 ban the importation of all controlled substances with effect from 1<sup>st</sup> January 2002. Although consumption of these substances has been greatly reduced, the problems of enforcement have made it difficult to meet the target dates.

### **Challenges**

- Reducing rural poverty through improved environmental management;
- Expanding community's management of natural resources;
- Implementing environmental regulations particularly those relating to the importation and use of prohibited substances;
- Expanding and strengthening environmental education.

### **Supportive Environment**

Since the beginning of the nineties, the Government has shown a strong commitment to environmental issues, which is reflected in Vision 2020 through the reaffirmation of the Government's commitment to a rational use of the natural resources and the environment on a sustainable basis. The development of the Gambia Environment Action Plan (GEAP) in 1992 provided a policy and operational framework to address the various issues facing the environment. Establishment of National Environment Agency (NEA) as the Secretariat to service the Council

The ratification of the international environmental conventions and the formulation of national action plans for their implementation provide a basis of action at the national level. At the international level, the existence of the Global Environment Facility (GEF) provides an opportunity to mobilise resources for the implementation of these national plans. The strong global commitment to environmental issues provides a supportive environment for action.

### **Priorities for Development Assistance**

- Financial and technical assistance to support the implementation of GEAP II;
- Technical assistance to assess and develop national capacity for the implementation of relevant international environmental conventions;
- Financial support to promote community sensitisation and participation in environmental and natural resource management.

**GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY****TARGET 10: Halve by 2015 the proportion of people without Sustainable access to safe drinking water****Indicator**

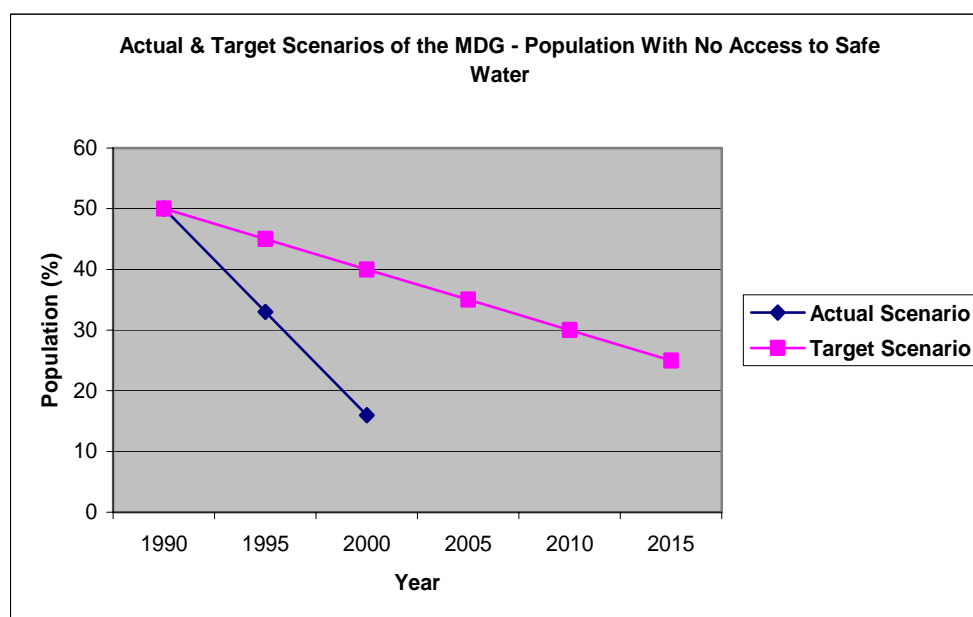
	<u>1990</u>	<u>2000</u>	<u>2015</u>
Percentage of population without sustainable access to improved water source	48% (1996)	16%	[24%]

Sources: Department of Water Resources; MICS I & II  
[...] = MDG target

**Status and Trends**

Access to improved water supply has increased rapidly over the last two decades and at present the national coverage is estimated at 84 percent of the total population. This signifies that The Gambia has already reached the target ahead of schedule. There are, however, wide disparities between urban and rural areas in terms of coverage. In urban areas the figure is about 94.6 percent whilst in the rural areas it is 77.1 percent. The lowest coverage is registered in the central part of the country (Janjanbureh) where coverage is 70.9 percent. There are, nevertheless, programmes in place to address these critical areas.

Figure 11:



Although the coverage is impressive, there are still some outstanding issues that need to be addressed. There are, for example few major settlements (of over 5,000 people), which do not have access to safe drinking water because they are too big for small-scale

reticulation systems and they have not been linked to the commercial distribution network. There is also natural population increase with the result that demand in some villages (already provided with an improved water supply) has outstripped supply. Another factor is the increase in livestock population, which continues to be watered from the same sources of water supply especially during the peak demand period that coincides with the dry season.

Another aspect of improved water supply which deserves attention is water quality. Although water quality is good at source, it deteriorates at the point of consumption. The high level of contamination between the source and the point of consumption is partly due to poor handling.

### **Challenges**

There are a number of challenges that need to be addressed:

- Improving the management capacity of the local communities with the active involvement of women to ensure sustainability of the water supply infrastructure;
- Providing access to improved water supply systems (reticulation) for large villages where the output from hand pumps can no longer meet demand;
- Changing the custom and personal hygiene habits of the communities, particularly in the rural areas to ensure safe handling of water from source to point of consumption;
- Developing the necessary policy, legal and institutional framework to address the competing water demands for human consumption, irrigation, livestock use, etc.;
- Promoting greater awareness of the linkages between safe drinking water and health.

### **Supportive Environment**

Persistent water shortage has drawn both national and international attention on the need for the provision of drinking water. This has helped generate considerable donor interest and support, some of which still continue, thereby facilitating the attainment of this MDG.

The Government continues to accord a high priority to the provision of water supply and is currently developing a new policy to address the constraints in the sector.

### **Priorities for Development Assistance**

- Supporting government efforts in programmes aimed at expanding improved water supply systems (reticulation) in large rural communities unable to access the commercial distribution network.

- Complementing government efforts in conducting IEC campaigns on improved personal hygiene and safe handling of water from source to the point of consumption.
- Financial and technical assistance to assess groundwater and surface resources in terms of quantity and quality due to rising water demand for drinking, irrigation, livestock, etc.
- Strengthening institutional and human capacity of the agencies responsible for water resources management.
- Strengthen the management capacity of local communities to maintain and sustain water supply systems and improve the community's general awareness of sanitation.

**GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY****TARGET 11: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers****Indicators**

	<u>1990</u>	<u>2000</u>	<u>2020</u>
Percentage of people having access to Improved sanitation	84%	88%	
Percentage of people with access to Secure tenure ship of accommodation	n.a	65% (1998)	

Sources: CSD/SPA II, MICS I & II

**Status and Trends**

Generally about 84 percent of the population of the Gambia lives in households with sanitary means of excreta disposal. In the urban areas access is at 96 percent whilst in the rural areas it stands at 83.2 percent (pit latrines counted). Across wealth index categories, 98.5 percent of the richest category has sanitary means of excreta disposal compared to 71.5 percent for the poorest category.

It should be noted that the definition of proper sanitary facility includes traditional pit latrines, which in The Gambian context is not regarded as an ideal sanitary means of excreta disposal because of the unsafe and unclean nature of this facility. If this category is excluded from the definition, the total population with sanitary means of excreta disposal declines to about 23 percent with some areas in the central part of the country with less 10 percent (Kuntaur). In these areas, 43.5 percent of the population has no toilet facility at all and they use the bush. As a result, there is a lot to be done to promote improved excreta disposal in the country.

With regard to secure tenureship of accommodation, the percentage is high in the rural areas where it ranges between 70 percent and 89 percent. In Banjul and Kanifing Municipal Area (KMA), secure tenureship is 27 percent and 42 percent, respectively. Most of the people in the urban areas live in rented premises. High rental rates reflect the fact that the procedure for accessing and owning land are relatively easier in the rural areas.

**Challenges**

- Changing the customs and personal hygiene habits of the communities with regard to waste disposal and personal hygiene;
- Improving access to land and credit for increased home ownership;
- Implementing low cost housing schemes that would address the housing needs of the poor;

- Strict enforcement of waste disposal regulations.

### **Supportive Environment**

Sanitation issues emerged late as a national priority. However, this situation has positively changed with the increase awareness and appreciation of the need to address waste management, particularly in the context of water supply. This has led to the establishment of the Water and Sanitation Working Group (WATSAN), which provides a forum for closer consultation and cooperation between the two sub-sectors.

As part of the effort to address sanitation in the rural areas, the Government with donor support has embarked on a programme of construction of improved pit latrines in the rural areas. Special radio programmes as well as field days are organized to generate increased awareness of environmental health and sanitation issues.

With respect to land ownership, the Government has promulgated the State Lands Act 1991 which has declared all land in the GBA, Kombo Central, North and South as state lands. These are the areas with the highest demand for land. The Act should, in principle, facilitate better physical planning and improved access to land particularly for the low-income groups and the poor. A housing scheme developed through private initiative is also being implemented.

### **Priorities for Development Assistance**

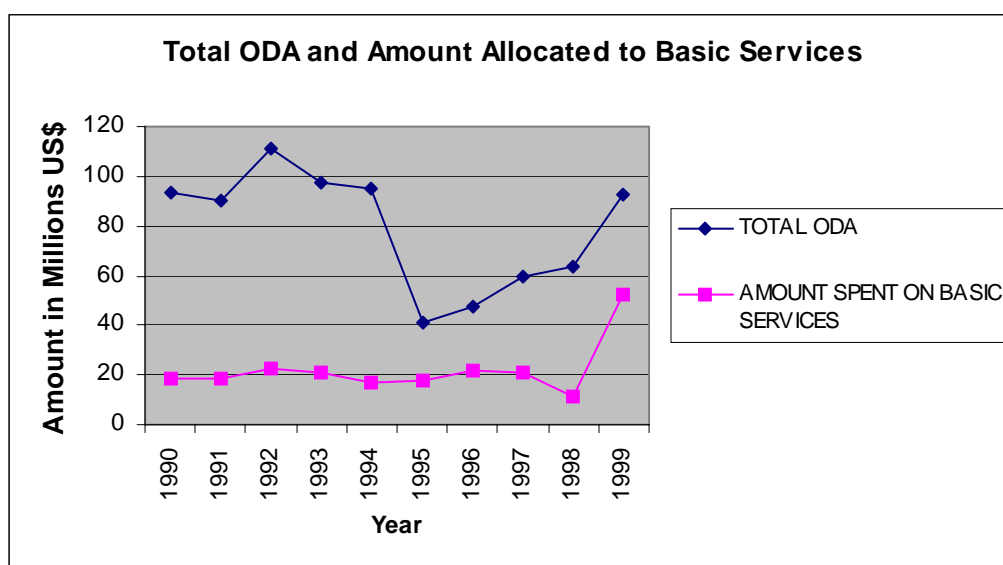
- Supporting government efforts in its programmes of improved waste management, particularly safe excreta disposal system for poor households;
- Complementing government initiatives to improve coordination in water and sanitation;
- Financial and technical assistance to support the development and use of local materials in construction in order to reduce cost and make improved housing affordable for the poor.

## GOAL 8: Global Partnerships for Development

### Status

Increased international support would help The Gambia achieve the various MDGs mentioned above. For the Gambia the volume of ODA in 1999 was estimated at \$92.3 million, although much lower figures were registered in the mid-nineties. However, the absence of a centralized aid coordination mechanism makes monitoring of aid inflows and tracking difficult. The proportion of ODA that goes to the basic services (Education and Health sectors) is high, at about 56% in 1999, although much lower figures were recorded during the period under review (18% in 1994 and 1998).

Figure 12:



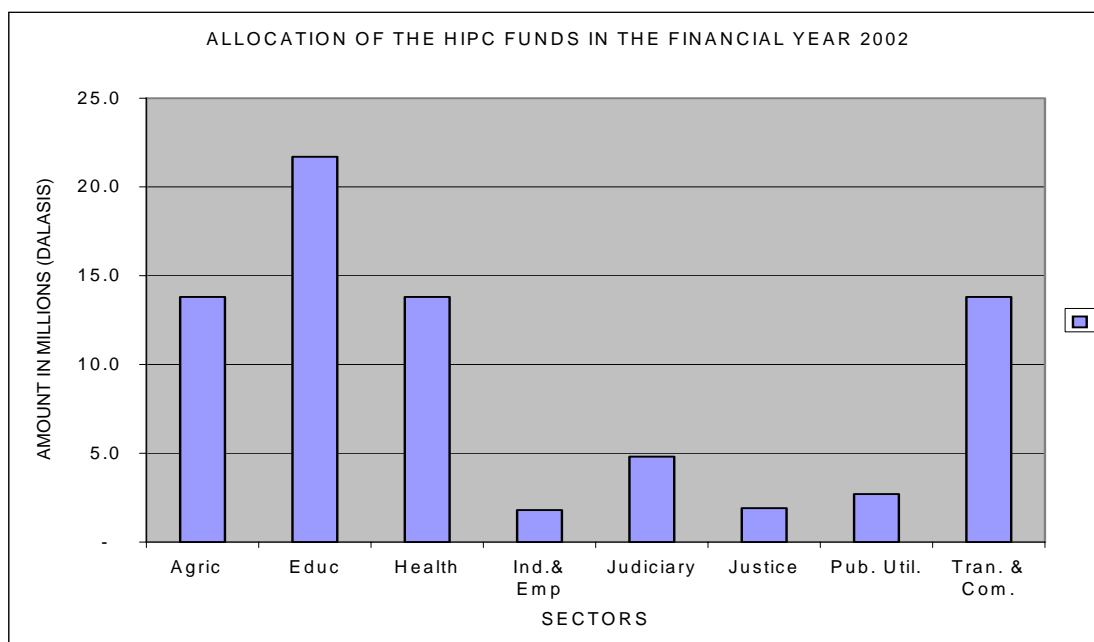
Source: Development Cooperation Report (DCR) 1990-1999, UNDP/Gambia Government

The Gambia's foreign debt is currently estimated at 105% of GDP (1999), which is high for a poor country with limited resources. There has not been any significant debt relief under the HIPC Initiative although the country is now reaching decision point. Gross domestic savings are estimated at 8.9%, which is low.

As part of the HIPC initiative, in 2002 The Gambia has received budgetary support to the tune of about D80 million. About D51 million or 64% of these funds went to sectors dealing directly with the achievement of MDGs (Education, Health, Employment and Agriculture).

Similar support was received under STABEX, a price stabilisation fund established by the EU to compensate developing countries for a loss in export earnings. In 2002 about D10 million was provided, which was utilised to increase agricultural production through the provision of improved seed varieties, fertilizer and insecticides.





Source: Estimates of Revenue and Expenditure for Financial Year 2002 & 2003

### **Creating an Enabling Environment for Development**

In response to the structural and human resource constraints, the government of The Gambia has embarked on reforms designed to create a more conducive environment for development. As a first step to combating poverty, The Gambia has developed the Poverty Reduction Strategy Paper, which was endorsed by the development partners at the Round Table Conference in September 2002. A Poverty Reporting mechanism is also now in place. It is hoped that these, together with other reforms, would facilitate access to the HIPC funds.

The Gambia has also embarked on structural reforms aimed at improving governance in the public sector. The National Governance Policy Framework seeks to strengthen democratic and administrative institutions and processes. The Decentralization and Local Government Reform seeks to expand the democratic space and development to the grassroots. It has also established the office of the Ombudsman.

In the economic sphere the government has embarked on a major capacity building programme in the management of public resources. The government has also introduced budgetary reforms with the objective of adopting a medium-term framework (MTEF). Donors, civil society as well as other stakeholders concerned with poverty issues are now associated with the budgetary process through regular consultations during budget formulation. In addition, a Pro-poor Advocacy Group (PROPAG) has been established as a first step in enhancing dialogue on poverty issues between government and civil society.

To promote private sector development and encourage foreign direct investment (FDI) the government has undertaken legal reforms underpinned by capacity development to ensure that a conducive legal and regulatory environment exists for the private sector. A new Divestiture Strategy has been developed and an Agency for Investment Promotion established as a way of increasing greater private sector participation in the economy.

To improve aid coordination the government has now developed an Aid Coordination Policy. As part of this policy the government is gradually moving towards the adoption of a Sector-Wide Approach (SWAP) with donors for the Sectors.

### **National Partnerships**

The Government has developed some partnerships with Civil Society and the Private Sector through which significant contributions have been made to social development and improved environment management. These contributions, in many respects, support the achievement of the MDGs. The partnerships include NGOs, citizen groups (friendship associations), financial institutions etc.

The areas of intervention include combating Poverty and malnutrition (MDG 1), Gender Equality (MDG 3) education (MDG 2), Maternal & child health (MDGs 4&5), HIV/AIDS, Malaria and TB (MDG 6) and Environment (MDG 7).

The Government hopes to strengthen and expand these partnerships in support of the achievement of the MDGs.

The table below presents some examples of current partnerships and their areas of intervention.

## SELECTED NATIONAL PARTNERSHIPS AND AREAS OF INTERVENTION

MDGs	Co-operating Government Agency	Partners: Private/NGO Civil Society	Agency/ Organization	Nature/area of Intervention
1. Eradication of Extreme Poverty and Hunger	DOSA  Dept of Social Welfare	NGOs	GAFNA  NASACA  Missionaries of Charity NaYAFS	Promote Food Security & Nutrition  Provision of Micro Finance, Savings & Credit Assistance to Malnourished Children  Support for increase Food Production
2. Achieve Universal Primary Education	DOSE	NGOs	FIOH  GAMCARE KDG. Walthenscheid KAW	Sponsorship of School Building Program for Primary Schools Sponsorship for Basic Education (primary) Sponsorship of Early Childhood Education
3. Promote Gender Equality & Empower Women	CBG  DOSFEA  DOSA	NGOs	GAWFA  NAWFA  GAMCOTRAP	Provision of Savings and Credit Schemes for Women  Support for Women Groups in Agriculture and Marketing Advocacy for the rights of Children and Women, Empowerment of Women and Gender
4. Reduce Child Mortality	DOSH	NGOs  Private Sector	SCB (G) Ltd.  CCF Inc	Support to the Pediatric Unit of RVH  Support to Health, Nutrition and Education for Children
5. Improve Maternal Health	DOSH	NGOs  Private Sector	GFPA  Trust Bank Ltd.  TARUT	Health Education, Counseling & Promotion Family Planning Sponsorship of Maternal Wing at the Farafenni Hospital Health Education for Men, Women and Children
6. Combat HIV/AIDS, Malaria & Other Diseases	DOSH  Nat. Aids Secretariat	NGOs  Private Sector	GFPA / Shell Company  Trust Bank Ltd. MRC	Sensitization of the Public including employees of large  Corporations on the dangers of HIV/AIDS Research, Sensitization, and provision of Medical Assistance to Aids Patients.
7. Ensure Environmental Sustainability	Dept of Forestry  Dept. W/Resources	NGOs	ADWAC  Stay Green Foundation Inter. Islamic Relief Org.	Sponsorship of Community Forestry Management  Environment Education, Environmental Health & Sanitation Provision of Wells for Water Supply

### KEY

ADWAC      Agency for the Development of Women and Children  
 CBG        Central Bank of The Gambia  
 CCF        Christian Children's Funds  
 FIOH       Future In Our Hands  
 GAMCOTRAP The Gambia Committee on Traditional Practices  
 GAMCARE   GAMCARE Gambia Ltd.  
 GAWFA      Gambia Women's Finance Association

GFPA        Gambia Family Planning Association  
 NAWFA      National Women Farmers Association  
 NaYAFS     National Youth Association For Food Security  
 TARUT      Trust Agency For Rural Development  
 SCB (G) LTD Standard Chartered Bank (G) Ltd.

## Assessment and Conclusions

### CHALLENGES TO ATTAINING MDGs IN THE GAMBIA

The previous analysis of the eight MDGs reveals that The Gambia is currently on target to achieve three of the principal goals and targets and potentially reach another two. More specifically, the country is on track to meet the targets set for hunger reduction, basic amenities and maternal health; and potentially to meet the goals set for universal primary education and environmental sustainability. Despite these encouraging projections, The Gambia under current trends will not meet the goals and targets set for reducing the incidence of extreme poverty, gender equality, child mortality, and HIV/AIDS infections. Therefore, attaining the MDGs in The Gambia requires urgent and sustained attention by Government geared towards addressing a range of factors, constraints and risks in order to enhance and reinforce the Government's current national development efforts. Given below in abbreviated form are some of the most pressing challenges.

- **Resource Constraints.** The Gambia is limited in its natural resource endowments, as evidenced by the absence of any known reserves of valuable minerals, oil or gas. The problem of resources also has to do with the extreme dependence on rain-fed mono-cultural agriculture, in which groundnuts are the only cash crop responsible for generating much of the country's export earnings. As a result of these resource constraints, The Gambia will remain highly dependent on support from the international community until such time as the country is able to significantly diversify its export earnings
- **Poor Agricultural Performance.** Closely related to the issue of resource constraints, the agricultural sector's poor performance continues to limit the country's export earnings as well as limit rural incomes. Low production levels in recent years can be attributed to low or erratic amounts of rainfall, but other long-term, systemic problems lie at the heart of the problem. These include low productivity associated with limited use of more efficient production, harvesting and post-harvest technologies, in addition to the risk aversion of many farmers to introduce new crops, either for export or for domestic markets.
- **Maintaining Monetary and Fiscal Discipline.** Judicious monetary control and public finance management are crucial pre-requisites for The Gambia socio-economic stability and growth. Sound monetary and fiscal policy are the *sine qua non* for maintaining donor confidence and attracting private investment, which in turn will allow the Gambian economy to achieve the levels of growth necessary for reaching the long-term development objectives.
- **Debt Relief.** The Government's difficulties in meeting the "triggers" set for obtaining access to the Highly Indebted Poor Countries (HIPC) initiative is critically delaying the opportunity for securing much need debt relief. Meeting these targets is critical for ensuring greater resource flows into the country,

thereby increasing the levels of funding allocated for long-term social sector development and promoting progress in achieving the MDG targets.

- **Data Inadequacies.** The lack of timely and high-quality socio-economic data is increasingly posing a significant risk to the effective formulation, implementation and monitoring of major programmes and projects, both at the national and regional levels.
- **Low Institutional Capacity.** Many Gambian institutions are characterised by low institutional delivery capability, low absorptive capacity, and the general lack of trained manpower and expertise to execute their intended programmes and services. Many institutions also suffered from multiple and often competing demands on their limited resources, leading to organizational overload.
- **Expanding the Role of the Private Sector.** Despite being the main engine of growth, the Gambian private sector is generally not competitive internationally, and is largely risk averse domestically. Access to external markets is often cited as a key constraint, combined with other internal and external conditions which make local businesses hesitant to make long term investment decisions, especially in the productive sectors. The Government has a key role in creating a more enabling environment for the private sector. This begins with the adoption of sound macro-economic policies, along with programmes and projects that encourage the development of new markets, accelerates use of new technologies, and improves the managerial skills for business men and women at all levels and all sizes of companies – particularly small and medium enterprises.
- **Facilitating Opportunities for Public-Private Partnerships.** The discussion of MDG 8 showed that there are encouraging examples of public-private partnerships, linking national and local government, NGOs, religious organizations, private companies, and other civil society stakeholders. While these examples are to be applauded, a much more rigorous effort is needed to make public-private partnerships much more commonplace, indeed the rule rather than the exception. Public-private partnerships represent a win-win situation for both groups, by leveraging monetary resources, personnel and organizational capabilities for mutually beneficial objectives, many of which dovetail with achieving the whole range of MDGs.
- **Decentralisation.** The timely implementation of the Government's decentralisation programme should continue to be near the top of the development agenda. With the successful implementation of the programme, the Government would be fulfilling its objectives for stimulating greater grassroots and community participation, ownership and realization of the country's development priorities in ways that are understood and adopted to match local conditions.

## NEXT STEPS TO OPERATIONALISING MDGs IN THE GAMBIA

While addressing the challenges cited above requires a long term commitment, four more immediate tasks are highlighted as a way to quickly operationalise the MDG process into government decision-making and more effectively involve Gambian society.

- Working out the cost implications of achieving the MDGs as part of more effective public expenditure planning and management
- Dissemination of the MDG Report to the grassroots for enhanced sensitization and partnership building among ordinary Gambian citizens
- Establishing a mechanism for MDG data collection, analysis and MDG monitoring at divisional, district, and ward levels, which complements ongoing data collection efforts
- Focusing the preparation of the next national MDG Report (in two years' time) on performance at divisional, district, and ward levels

## ANNEX I

### THE GAMBIA: MACRO-ECONOMIC ASSUMPTIONS, 2003-2005

	<u>2003</u>	<u>2004</u>	<u>2 0 0 5</u>
Real GDP growth (%)	6.0	6.0	6 . 2
Inflation rate (%)	4.0	3.0	3 . 0
Growth of exports (%)	4.5	3.5	5 . 0
Growth of imports (%)	.6	1.9	2 . 5
Domestic revenue/GDP (%)	12.9	1.2	9 . 1
Gross investments/GDP (%)	19.7	20.1	2 2 . 1
Gross domestic savings/GDP (%)	6.1	7.1	9 . 9
Fiscal deficit/GDP (%) excluding grants	2.7	2.3	1 . 9
Reserves as months of imports	5.2	5.4	5 . 5

**ANNEX II****THE GAMBIA: LOCAL DISPARITIES IN MDG PROGRESS**

		<b><u>Least deprived</u></b>	<b><u>Most deprived</u></b>
<b><i>Goal 1: ERADICATE EXTREME POVERTY AND HUNGER</i></b>			
Target 1:	Poverty incidence, food (%)	21 (GBA)	71 (LRD/URD)
	Poverty incidence, overall (%)	54 (GBA)	80 (LRD/URD)
Target 2	Minimum dietary energy consumption (%)	10 (Banjul)	28 (LRD/URD)
<b><i>Goal 2: UNIVERSAL PRIMARY EDUCATION</i></b>			
Target 3	Net enrolment rate (%)	64 (GBA)	29 (URD)
	Completion rate (100)	100 (Kerewan/NBD)	88 (Basse/URD)
	Adult literacy rate (15-25 yrs) (%)	59.7 (GBA)	24.1 (URD)
<b><i>Goal 3: GENDER EQUALITY</i></b>			
Target 4	Primary school parity	72 (GBA)	58 (URD)
<b><i>Goal 4: REDUCE CHILD MORTALITY</i></b>			
Target 5	Under-five mortality (per 1,000)	57.4 (GBA)	64.7 (CRD/URD)
<b><i>Goal 5: IMPROVE MATERNAL MORTALITY</i></b>			
Target 6	Maternal mortality (per 100,000 live births)	600 (GBA)	1170 (CRD North)
	Births attended by skilled personnel (%)	91.3 (GBA)	28.7 (Kuntaur/CRD)
<b><i>Goal 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES</i></b>			
Target 7	HIV/AIDS prevalence (%)	1.2 (National)	3.0 (Sibanor/WD)
	Knowledge of prevention		
	(% of women 15-49 yrs)	73.5 (GBA)	39.6 (Basse/URD)
	Contraceptives prevalence (%)	24 (GBA)	7 (Mansakonko/LRD)
<b><i>Goal 7: ENVIRONMENTAL SUSTAINABILITY</i></b>			
Target 10	Access to drinking water (%)	100 (GBA)	71 (Janjanbureh/CRD)
Target 11	Secure accommodation tenure (%)	89(rural)	27 (GBA)
	Sanitary excreta disposal (%)	97.2 (GBA)	51.8 (Kuntaur/CRD)

## Annex III

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