



## **REPUBLIC OF THE GAMBIA**

# **NATIONAL POPULATION POLICY 2007 - 2011**

# **FINAL DRAFT**

National Population Commission Secretariat  
Office of the President  
State House  
Banjul  
February 2007

## ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
AYSRH	Adolescents/Youth Sexual Reproductive Health
BCC	Behavioural Change Communication
BMI	Body Mass Index
CBOs	Community-Based Organisations
CDR	Crude Death Rate
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women.
CRR	Central River Region
CSEC	Commercial Sexual Exploitation of Children
CSIP	Community Skills Improvement Project
CSOs	Civil Society Organisations
DOSE	Department of State for Education
DOSFEA	Department of State for Finance and Economic Affairs
DSW	Department of Social Welfare
ECD	Early Childhood Development
ECOWAS	Economic Community of West African States
EIA	Environmental Impact Assessment
ERP	Economic Recovery Programme
FGC	Female Genital Cutting
GBoS	Gambia Bureau of Statistics
GEAP	Gambia Environmental Action Plan
GDP	Gross Domestic Product
GER	Gross Enrolment Ratio
GRTS	Gambia Radio and Television Services
GTTI	Gambia Technical Training Institute
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
ILO	International Labour Office
IEC	Information Education and Communication
KM	Kanifing Municipality
LGAs	Local Government Areas
MDFTs	Multi-Disciplinary Facilitation Teams
MDGs	Millennium Development Goals
MMR	Maternal Mortality Rate
MICS	Multi-Indicator Cluster Survey
MIS	Management Information System
MRC	Medical Research Council
NaNA	National Nutrition Agency
NAP	

NASS	National Agricultural Sample Survey
NCDs	Non-Communicable Diseases
NGOs	Non-Governmental Organisations
NIN	National Identification Number
NPCS	National Population Commission Secretariat
ODS	Ozone-Depleting Substances.
PHC	Primary Health Care
PHPNP	Participatory Health, Population and Nutrition Project
PLWHA	People Living with HIV/AIDS
POP/FLE	Population and Family Life Education
PSD	Programme for Sustained Development
PTCT	Parent-To-Child Transmission
PTFs	Population Task Forces
RCH	Reproductive and Child Health
RH	Reproductive Health
SDF	Social Development Fund
SRH	Sexual Reproductive Health
STIs	Sexually Transmitted Infections
TACs	Technical Advisory Committees
TANGO	The Association of Non-Governmental Organisations
TFR	Total Fertility Rate
UBS	Upper Basic Schools
UN CCD	
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
URR	Upper River Region
VCT	Voluntary Counselling and Testing
VDC	Village Development Committees
WHO	World Health Organisation
WDC	Ward Development Committees
WR	Western Region

## **PREFACE**

The Government of The Gambia first recognised and expressed the need to address population and development issues in a 1979 cabinet paper entitled “*Framework for the Development of a Population Policy*”. This led to the formulation of the first National Population Policy in 1992 which was revised in 1996 and in August 2006.

Although The Gambia’s rate of population increase has declined - from 4.2% per annum in 1993 to 2.7% per annum in 2003 - the growth in population size continues to act as a serious impediment to the country’s drive towards sustained economic growth within the context of sustainable development and poverty eradication.

Factors associated with high population growth in The Gambia are complex and diverse. Since the formulation of the First Policy, new concerns and issues have emerged. These include the Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS), ageing, food security, poverty alleviation, environmental degradation, adolescent reproductive health, children, the youth, persons with disability, gender, population and the law, and migration.

These factors, despite their evident socio-economic implications, had not sufficiently been taken into account in the elaboration of the First Policy. Their belated admission into demographic planning not only forced policy-makers into the adoption of stop-gap measures and programmes, but also provided a compelling reason for undertaking a complete revision of the 1996 population policy document.

The revision of this policy therefore is a reaffirmation of Government’s commitment to managing the population resource in order to accelerate the pace of socio-economic development and ultimately improve the quality of life of Gambians. It is the view of the National Population Commission that this present revision is more attuned to the demographic realities of The Gambia. The main tenets, principles, strategies and programmes enunciated in this document have emerged through debates, discussions and consultations with a wide spectrum of institutions and individual Gambians from all walks of life.

### **1.0 Rationale**

The Population and human development situation in The Gambia shows that major population issues are to be dealt with as part of the numerous development programmes and strategies.

This policy aims at addressing current population trends and dynamics in relation to sustainable socio-economic and environmental development. It is also envisaged that it

will bring about changes in population trends, addressing shortcomings in past policies, and filling in gaps emerging from new issues in national development strategies.

This policy therefore articulates the direction, scope and operational modalities for the effective implementation of population and development activities.

A number of interventions were initiated since 1985 to address the imbalances in the economy partly due to demographic pressures, specifically the population growth rate. However, it is becoming increasingly clear that unless further steps are taken to address the population growth development efforts will be frustrated.

Concerns about population issues in The Gambia are not limited only to the population growth rate and size. Of equal concern to planners and policy makers are the age structure and spatial distribution of the population. With respect to the age structure, The Gambia's population can be described as young, with roughly 42 per cent under the age of 15 years. This youthful age structure means a high potential for rapid growth in the future as well as a high dependency burden on the economy. This could adversely affect savings and capital formation, which are crucial for sustained economic growth.

With regards to spatial distribution, The Gambia's population density has significantly increased from 97 per sq. kilometre in 1993 to 127 per sq. kilometre in the year 2003. Population densities are higher in Banjul, Kanifing and Brikama Local Government Areas where the largest proportion of the country's economically-active population resides. Population density in The Gambia is among the highest in the sub-region, causing overcrowding, inadequate housing facilities, environmental degradation and pollution. These consequences negatively impact on the overall socio-economic development of the country.

In the area of agriculture, land resources have been placed under continuous pressure. Fallow periods, essential to allow soils regain fertility, have become shorter. Overgrazing and deforestation for fuel wood, new farmland and human settlements are increasingly leading to desertification and environmental degradation in most parts of the country. Thus, there is the need to protect the environment from further degradation resulting from the ravages of the high population growth rate and uneven distribution of the population.

The Gambia made significant progress over the past three decades at improving the health, nutrition and sanitary conditions of the population which resulted to more people surviving into adulthood. Thus, the increasing number of the elderly in the society poses another important emerging demographic variable to be taken into consideration. In 1993, 3 per cent of the total population were 65 years old and over. This figure increased to 4 per cent in 2003 (1993 and 2003 Census Reports). This continuing trend in longevity has a lot of social and economic implications for policy planning in the country. The aged in all societies have special needs, a responsibility which the individual family and the larger society have to shoulder, especially in view of the changing role of the family and the weakening of the extended family system which supported the aged in traditional societies.

The issue of disability in our society also deserves serious consideration. The 2003 National Population and Housing Census revealed that 2.8% of the population are living with various types of disabilities in the country. The proper sustenance and rehabilitation of these persons with disability demands serious attention, a need which has also been captured within this policy framework.

Sexually Transmitted Infections (STIs), including HIV/AIDS, especially among young people, is another emerging demographic issue needing careful attention. The available evidence indicates that the incidence of STIs has been on the increase over the past few decades. This, coupled with the increasing rate of Acquired Immune Deficiency Syndrome (AIDS) over the past few years, calls for appropriate interventions and programmes.

Legislation is an important tool for making population policies meaningful and practical. An environment must be created to ensure the integration of population factors in the laws of the land. Thus, laws inimical to population efforts must be repealed or modified and where necessary new legislation put in place in support of the population policy implementation.

The concerns raised above constitute major obstacles to our nation's effort to address the population factor affecting the quality of life of all Gambians. The Gambia has demonstrated its commitment to addressing these population matters by adopting the Kilimanjaro Plan of Action (1984), the Ouagadougou Plan of Action (1997), the Dakar/Ngor Declarations on Population and Sustainable Development (1992), the International Conference on Population and Development (ICPD) Programme of Action 1994 and Poverty Reduction and Growth Strategy (2006). This current Policy is in line with all the above instruments within the framework of Vision –2020 Incorporated.

## **3.0 COUNTRY PROFILE**

### **3.1 Geographical Features**

The Gambia is located midway on the bulge of the West Africa coast and stretches over 400 kilometres inland from west to east on either side of the River Gambia, varying in width from about 50 km near the mouth of the river to about 24km upstream. The country is bound to the north, south and east by the Republic of Senegal, and to the west by the Atlantic Ocean. The River Gambia, which runs the entire length of the country from the Futa Jallon highlands in the Republic of Guinea to the Atlantic Ocean, divides the country's land area of 10,689 sq km almost equally into two halves – the South Bank and the North Bank.

The Gambian climate is typically Sahelian with a long dry season from November to May and a short rainy season between June and October. Distribution of rainfall tends to be irregular, and The Gambia had experienced perennial droughts in the 1970s and 1980s. In fact, average annual rainfall has declined over the past two decades from

1200mm to about 850mm in the south-west and from 1000mm to about 600mm in the north-east. The estuary basin of The River Gambia is virtually a tidal inlet with salt water intrusion ranging from 180km upstream in the rainy season to 250km in the dry season. Irrigable land areas are limited and therefore agriculture, which is the backbone of the Gambian economy, is mostly rain fed. As a result, agricultural activities are subjected to wide seasonal fluctuations and production levels are vulnerable to variations in rainfall.

### **3.2 Political Perspective**

After over two centuries of colonial rule under the British, The Gambia gained internal self – government in 1963 and full independence with dominion status on 18<sup>th</sup> February, 1965. The country became a sovereign Republic within the Commonwealth in 1970. Maintenance of multi - party democracy, adherence to the rule of law and preservation of fundamental human rights constitute an integral part of the country’s political framework. In July 1994, the country came under military rule following a coup d’etat. After a two – year transition period, presidential elections were held in September 1996 and democratic civilian rule restored. Since then presidential and parliamentary elections have been held every five years

The President nominates five non-voting members to the National Assembly. Local Government Elections are held every four years to elect council members.

For administrative purposes the country is divided into seven administrative areas (two Municipalities and five Regions) Banjul - the seat of the Government, Kanifing Municipality (KM) and Western, Lower River, North Bank, Central River and Upper River Regions. The Municipalities are headed by Mayors and the regions by Governors. The regions are further divided into a total of forty-one districts locally administered by chiefs. Councils in the provincial regions are headed by elected Chairpersons. Districts and Municipalities are divided into Wards headed by elected councillors.

### **3.3 Socio-Economic Perspectives**

As many African countries experienced at independence, The Gambia inherited in 1965 an economy relying heavily on a single commodity – groundnuts. At present, the country ranks among the least-developed, with a per capita GDP in 2005 of only US\$ 341 (DOSFEA 2005). Nearly 41 per cent of cropland is under the cultivation of groundnuts, a crop which accounts for an average of 9 per cent of total exports (NASS 2003). The agricultural sector provides employment for the largest proportion of economically-active persons, with more than half of the population engaged in subsistence farming, livestock raising and groundnut cultivation.

The modern industrial sector in The Gambia is very small and accounts for less than 8 per cent of GDP. Manufacturing activities include the crushing of groundnuts, baking, brewing, food processing and the production of bricks, soap and plastics. The sector provides employment for less than 3 per cent of the country’s labour force.

In addition to the formal manufacturing sector, there exist vibrant small-medium scale manufacturing enterprises. Activities range from metal fabrication and furniture construction in the urban areas to batik, tie-dye, bee-keeping and pottery-making in the rural areas. These activities provide additional sources of income, especially for women.

Fishing is an attractive activity, employing a large labour force mainly on the coastal areas of the country. Fish is an important source of protein for a significant proportion of the population. Fishing accounts for 2% (GBoS 2003) of the economy whilst tourism and trade account for 5.5% and 13.1% of the GDP respectively. Tourism and commerce are important as sources of foreign exchange as well as of employment. The tourism sector provides employment to about 2 per cent of the labour force on a seasonal basis running from October through April. The industry does not, however, have significant linkages to the domestic economy since it is still very much dependent on imported goods. As a result its net contribution to foreign exchange earning is small. In the commercial sector the re-export trade, based on patron commodity arbitrage, has expanded and become an important mechanism of compensating for any decline in the volume of domestic exports.

The Gambian economy witnessed impressive growth during the first decade of independence (1965-1975), with GDP growth averaging 4.5 per cent per annum. However, the following ten years (1975 – 1985) saw a drastic slow-down in economic growth. The rate of growth of real GDP averaged just below 3 per cent per annum during this period. Performance was much worse during the latter half of this period and, by early 1985, the underlying internal and external imbalances had assumed major proportions owing to a combination of external factors, expansionary financial policies, and inappropriate exchange rate and other pricing policies. The growing imbalances were reflected in very slow and, at times negative, economic growth, accelerating inflation, and external payments deficits. To arrest this deterioration, the government adopted a comprehensive medium-term Economic Recovery Programme (ERP) in mid-1985.

Major policy changes were introduced, with emphasis on allowing market forces a greater role in economic activities; and public sector activities were subjected to much more rigorous criteria of economic efficiency. The exchange rate was allowed to float within the framework of an inter-bank market system and interest rates were market-determined. Opportunities and incentives for private sector activity were strengthened in all the major productive sectors and trade was liberalised. These measures had the desired effect to a large extent and initial results were regarded as highly positive, with real growth averaging 4.3 per cent per annum during the five-year period following the introduction of the ERP. However, the social aspects of the programme had by and large been neglected. For example, the adverse effects of retrenchment of public sector employees on urban incomes and of lower domestic prices of groundnut on rural incomes were not fully recognised.



In 1990 the Government launched the Programme for Sustained Development (PSD). The aims of the PSD were to consolidate the economic benefits derived from reforms initiated under the ERP and introduce policy measures required for sustainable growth and development.

The PSD incorporated a commitment to ensuring that weaker sections of the population were protected against the adverse effects of economic adjustment. For example, the proportion of total spending devoted to the health and education sectors was increased. Moreover, the PSD acknowledged that sustainable development called for more effective measures to control population growth. At a Donors' Conference held in December, 1990, it was specifically emphasised that the country's population growth rate, then put at 3.4 per cent, was likely to undermine the foundations of sustained long-term growth. Subsequently, the 1993 Census reported an even higher growth rate of 4.2 per cent. Although the 2003 Census found the growth rate to have come down to 2.7 per cent, this figure is considered still high. The Government has therefore undertaken to tackle the population problem in a comprehensive manner through the formulation of a National Population Policy.

### **3.4 Socio-Cultural Situation**

There are 5 main ethnic groups in The Gambia: Mandinka, Fula, Wollof, Jola and Sarahule and about half a dozen other minority groups. Although the various ethnic groups differ culturally and socially, they share similar communal structures, which give them a unifying bond. English is the official language. About 95 per cent of the population is Muslim, 4.3 per cent Christian, with the rest belonging to other religions. According to the 2003 Census about 34 per cent of married women within the reproductive age (15-49 years) are in polygamous marriages.

Social and cultural norms largely influence people's perceptions of, and attitudes towards, population issues. Despite the cultural variations among ethnic groups, male dominance is the common norm. Gender disparities are notable in that women have little decision-making power. A lack of awareness and traditional gender stereotyping have led to a generally-accepted belief among a majority of both men and women that the status of women is inferior to that of men. Early marriage is common among all ethnic groups and affects female enrolment and retention in schools, particularly in the rural areas.

Other issues affecting the female population are cultural practices such as female genital cutting and various post-natal rituals that aggravate the risk of maternal and child morbidity and mortality. Frequent pregnancies, short birth intervals, and long working hours (domestic and commercial) further constrain women's schooling and self-improvement possibilities and undermine their health.

## **3.5 DEMOGRAPHIC SITUATION**

### **3.5.1 Population Size and Density**

According to the 1963 census, the population of The Gambia was 315,486, and at independence, in 1965, it was estimated at around 325,000, whilst in 1973 and 1983 the Census counts were 493,499 and 687,817 respectively. The 1993 census gave a total count of 1,038,145. The current figures for the 2003 population and housing census put the population at 1,360,681, composed of 670,840 males and 689,841 females. The population density, currently estimated at 127 persons per square kilometre, is extremely high.

### **3.5.2 Growth Rates**

The first population and housing census in The Gambia was organised by the British Administration in 1881. Decennial censuses were regularly organised till 1941 when the Second World War necessitated a postponement to 1944.

Between 1963 and 1973 when the first post-independence census was held, the recorded inter-censal rate of population increase was 4.6 per cent, a figure which reflected both a high rate of natural increase of the population as well as The Gambia's primary status as a recipient of immigrants from neighbouring African countries.

Thus The Gambia ranks among the countries with the highest population growth rates in Sub-Saharan Africa. It is this high rate of growth, rather than the size or density of the population per se, which constitutes the basis for the deep concern about the country's demographic structure.

The Gambia's phenomenal rate of population growth is determined largely by the interplay between four main factors. These are, firstly, the youthful age structure of the population which implies that a substantial proportion of the population is concentrated in the reproductive or child-bearing ages; secondly, the persistently high fertility rates; thirdly, the rapidly declining mortality rates; and lastly, the volume, persistence and direction of migration flows in and out of the country.

### **3.5.3 Age Structure**

The persistently high fertility levels combined with declining mortality rates have resulted in a very youthful structure of The Gambia's population. About 42 per cent of the population is under 15 years of age (2003 Population and Housing Census), 54 per cent between the ages 15-64 and just over 4 per cent above the age of 65. This gives a high dependence rate of 86 per 100 persons of working age, which implies that every person of working age would have to support 1.86 persons including himself/herself. Moreover, the preponderance of very young persons in the population bodes an increase

in the rate of population growth in years to come as the young age cohorts move into the reproductive age.

### **3.5.4 Fertility**

One of the main factors contributing to the rapid increase in the size of the population is the high level of fertility. All available evidence indicates that fertility levels in The Gambia have remained persistently high over the last twenty years. Figures in the 2003 Census indicate a crude birth rate (CBR) of 41 per thousand and the total fertility rate (TFR) of 5.35.

There are considerable variations in fertility across the country. According to both the 1993 and 2003 Censuses, fertility of women in Banjul and Kanifing (urban areas) is much lower than that of women in other areas. The crude birth rate ranged from 30.6 per thousand in Banjul to 50.7 per thousand in Basse (URR). Total fertility rate was estimated at 3.93 in Banjul as against 6.19 in Kuntaur (CRR north) and Basse (URR). Greater access to education in areas with lower fertility rates may be an important underlying cause of the differences.

The 1993 Census revealed a lower 6.30 for women without education. Ethnicity has also emerged as a determinant of fertility. According to the 1993 Census, Jolas appeared to have a lower TFR of one child less compared to the Mandinkas, Fulas and Wollofs. While a lower TFR is desirable, it is important to find out the reasons for the low TFR among the Jolas.

Adolescent fertility has been a growing problem with far-reaching social and economic consequences. There has been an upsurge in teenage pregnancies, compounding the health risk and socio-economic situation of girls and young women. The incidence of illegal abortions and dropouts among schoolgirls can be attributed to unwanted and teenage pregnancies. The 2000 Adolescent/Youth Survey shows that sexual activity was prevalent among adolescent/youth in that 41.5 per cent had experienced sexual relationship at least once. About 15% of the sexually-active females had been pregnant at least once. Half of the pregnancies reported were unwanted and most occurred to young schoolgirls who had to leave school as a result.

### **3.5.5 Mortality**

While the level of mortality, especially among infants, remains high, the trend over the past has been one of decline as a result of the improvement and extension of health services, particularly PHC services. The crude death rate (CDR) declined from 21 per thousand in 1983 to 11 per thousand in 1993 and further declined to 9 per thousand in 2003. The infant mortality rate (IMR) also declined from 167 to 84 and 75 per thousand live births over the same period. However, life expectancy at birth correspondingly increased from 42.8 to 59.3 and 64 years for both sexes in 1983, 1993 and 2003 respectively. Under-five mortality declined from 135 in 1993 to 99 per thousand live

births in 2003. The maternal mortality rate (MMR) is 730 per 100,000 live births (2001 Maternal, Neo-natal, Peri-natal, & Infant Mortality, Contraceptive Prevalence & Fertility Determinants Survey), which is far higher than that of the Sub-Saharan Africa average of 616 per 100,000 live births.

Some information is also available on mortality differentials. While the infant mortality rate for the country as indicated in the 2003 Census Report was 75 per thousand live births, the rate varied from 36 in Banjul to 96 in the Lower River Region. Similarly, the under-five mortality rate is 99 per thousand live births and varied from 41 in Banjul to 137 in the Lower River Region. The maternal mortality rate varies from 980 per 100,000 in PHC villages to 871 per 100,000 in non-PHC villages (2001 Maternal, Neo-natal, Peri-natal, & Infant Mortality, Contraceptive Prevalence & Fertility Determinants Survey).

The study cited above also indicated that Maternal Mortality rate in the rural area is nearly twice as high as that of the urban area. Evidence of an inverse correlation between mortality and educational level was also provided by the 1993 and 2003 Census Reports. In 2003, the under-five mortality rate was estimated at 96 among children born to mothers with no education as against 55 for children born to mothers with secondary education and above.

### **3.5.6 Migration, Urbanisation and Spatial Distribution**

Internal migration is an important factor in the spatial distribution of population in The Gambia. As in many developing countries, there are strong incentives to move from one area to another in search of increased opportunities. According to the 2003 Census, a total of 242,213 persons were recorded as in-migrants whose place of birth was different from their place of enumeration. Among the Local Government Areas (LGAs), Kanifing had the highest proportion of in-migrants (42.0%), followed by Brikama (25.2%) and Banjul (21.3%) whilst Basse recorded the lowest (2.1%). Out-migration, on the other hand, was highest in Banjul (110.5%) followed by Mansakonko (40.1%) and Kerewan (34.8%) whilst Kanifing recorded the lowest (9.5%).

The presence of a relatively large influx of non-Gambians, mainly from the sub-region, is evident in the country, but statistics on international migration are inadequate. In 1983, the Census counted 60,796 non-Gambians, accounting for just about 9 per cent of the country's total population. On the basis of statistics on arrivals and departures of foreigners, the Immigration Department has estimated a net inflow of non-Gambians of over 15 – 20 thousand per year since 1988. Economic hardships and civil unrest in the West African sub-region during the late 1980s and early 1990s touched off a movement of people to relatively stable countries like The Gambia. The country has in recent times attracted increasing numbers of refugees and economic migrants, a development which impacted negatively on the effective implementation of the population policy as demands for social services further strained the available resources. This is borne out by the fact that between 1983 and 1993, the non-Gambian population more than doubled from 60,796 to 134,118, representing 8.8 per cent and 12.9 per cent of the national population

respectively. In 2003, the non-Gambian population showed a decline to 119,776, representing 8.8% of the total population.

The high rate of migration has affected the structure and pattern of settlement. A large majority of migrants settle in urban agglomerates where there is a high concentration of employment opportunities and social amenities, which act as pull factors. The urban population in The Gambia stood at 53% of the total population in 2003. Increasing urbanisation is causing stress on social services, leading to rising urban poverty. The worst incidence of urban poverty can be seen in the Greater Banjul Area where 51% of the country's population is concentrated.

The Gambia is yet to formulate a National Migration Policy, which will provide a framework for managing both internal and international migration. It is important to have such a policy in the light of the growing attractiveness of The Gambia as a safe haven and economically-stable destination in the sub-region.

### **3.5.7 Gender Dimensions**

Gender disparities exist in The Gambia, reflecting the low social status of females compared to males. The society is predominantly traditional, with the divisions of responsibilities being fairly clearly drawn out on the basis of age and gender. Women are largely responsible for domestic activities, including child rearing. In a subsistence economy, the household being the central production and consumption unit, men are perceived to be the primary income earners who ensure household food security. Women, however, contribute significantly to family food production and are solely responsible for its preparation.

The cultural perception of females being subordinate to males has been as important as the multiple roles they play and their limited access and control over productive resources such as land and credit.

One particular circumstance that confirms the low status of females is the cultural norm which makes females mainly responsible for the reproductive process while denying them the right and means to control it. This emanates from the fact that decision-making at the household, and indeed state levels, is largely vested in men, with women having little or no voice in matters that affect their lives. The Gambian woman should be involved in the process of decision-making, especially as it relates to her fertility.

Another significant factor that contributes to the low status of females and girls is gender discrimination which takes different forms such as preference for the male child over the female, the tendency to educate boys and not girls and the disproportionate allotment of domestic chores.

## **4.0 DEMOGRAPHIC STRUCTURE: CONSEQUENCES AND IMPLICATIONS**

### **4.1 Socio-economic Implications**

The Gambia is one of the least developed countries in the world. It was ranked 155 out of 177 countries in the Human Development Index (HDI) for the year 2006. Whilst a series of exogenous shocks in the 1970s and 1980s, coupled with inadequate economic policies, contributed to the decline in economic growth, rapid population growth and movements have been the major constraint to the socio-economic development of The Gambia.

As the population grows faster than the economy, the available resources are shared among more and more people, thereby adversely affecting per capita GDP and income, among other things. The far-reaching adverse consequences of current demographic trends at both the national and family levels lend urgency to the need for policy intervention.

### **4.2 Population Momentum**

One important consequence of the high level of fertility and the youthful age structure is the building up of “population growth momentum”. This “momentum” is the result of the relatively large number of young women who continually enter the reproductive age group as against the much smaller number of women who retire from childbearing through old age. The existence of this relatively large reservoir of potential child-bearers in The Gambia means that even if fertility were to drop drastically to replacement level of around two children per woman, the population would still continue to grow until the age structure of the population alters substantially in favour of the old.

### **4.3 The Economy**

The Gambian economy has experienced alternating periods of buoyancy, stagnation and decline since independence. The reasons for this are varied and complex, but notable among them are changes in the prices paid for the country’s major exports, especially groundnuts, cotton and fish, poor incentives to producers, changes in monetary and fiscal policies, management practices and labour productivity.

The agricultural sector, which employs about 68 per cent of the labour force, provides seasonal employment for most Gambians and on average contributes about 33 per cent of the GDP. About 75% of the agricultural labour force is provided by women. Their role at the macro-economic level is therefore of great importance. Income-generating activities have been improved through various Government intervention projects like CSIP, SDF, and Enhancing Sustainable Livelihoods, in which the majority of the beneficiaries are women. It is also worth noting that livestock rearing has become an economic activity for

women. Despite being hard hit by animal disease, inadequate access to drugs and other production inputs, adverse market conditions and theft, women have achieved an increase in production (NASS report 2002/2003), placing their ownership of sheep and goats at 52 and 70 percent respectively. The women's share in the labour force continues to rise as they become more and more involved in other small and medium enterprises. Major setbacks include value adding, market identification, marketing strategies and partnership.

The services sector, which includes distributive trade, hotels and restaurant, transport and communication continued to contribute significantly to GDP. Its contribution to GDP rose from 67.9 per cent in 1990/91 to 70.6 percent in 1998 and declined to 41% in 2005. The tourism sector has emerged, since the beginning of the nineties, as a potential source of rapid growth for the economy.

The Gambia's mild climate, the long stretches of sandy beaches, and its close proximity to Europe make it an attractive destination for tourists of European origin. In terms of employment and foreign exchange earning, the sector is vital and continues to account for between 10 to 12 per cent of GDP.

The Industrial sector in The Gambia, made up of the manufacturing, construction and utilities sub-sectors, is rather small and accounted for about 9.7 per cent of GDP in 2005.

#### **4.4 Family and Household size**

The family is the basic unit of every society. Household sizes in The Gambia vary considerably with location. Rural households have been found to be consistently larger than those in urban settlements. The 2003 Census calculated a national average household size of 8.33 persons. The findings show that there are considerable regional disparities, as households in Banjul were the smallest with 4.83.16 persons on average, compared to Basse where the average size of a household was twice as large at 14.16 persons. Large family size tends to lower per capita income for the household and it can lead to, or aggravate, a situation of poverty.

The Gambia's youthful age structure imposes a high dependency burden at the family and societal levels. The high dependency ratio has serious implications for the nation's ability, both at the individual and societal levels, to mobilise adequate resources and savings for investments in the productive sectors.

#### **4.5 Population and Natural Resources**

The country's rapid rate of population growth has resulted in recent decades in an increased demand on the country's natural resource base. The increasing search for agricultural and grazing land, creation of new settlements, fuel-wood and charcoal, have meant that the total land area is being continually invaded to the extent that the fragile ecosystem is now seriously threatened. An alarming trend related to this degradation is

that most common firewood species are being over-utilised to near extinction (UN CCD, NAP 2000).

The forest and wildlife resources of The Gambia are two of the most important natural resources of the country. Not only does the forest play a protective role in preserving the ozone layer, the ecosystem, and wildlife, it also provides rare medicinal plants, housing materials and fuel for domestic use.

Rapid population growth has adversely affected the forest resource, leading to deforestation and desertification in the 333,200 hectares of national territory which are outside the forest reserves. It is estimated that the forests are being depleted at an alarming rate of over 500 hectares annually (State of the Environment Report 1997).

The high demand for charcoal has led to the felling of those species that had in the past seldom been used for charcoal production. This has created a large opening in hitherto closed forests, some of which have subsequently been converted to farmlands to meet the food requirements of the growing population. The marine and coastal ecosystems are also being seriously threatened as a result of population pressure and poor conservation measures.

#### **4.6 Population and Agriculture**

Agriculture is the mainstay of the economy. According to NASS 2004/2005, the total farming population is estimated at 903,508, of whom 454,916, over 50% of the farming population, are women. The sector employs 68 percent of the country's labour force and accounts for 33 percent of Gross Domestic Product (GDP), the highest contribution of any sector. It is also the main means of income generation for the majority of rural households below the poverty line (PRS 2007 – 2011).

Growth in the sector has been slow. In the two years preceding the ERP, growth in agriculture was negative and production declined by more than 20 per cent. Under the ERP, the sector's growth picked up and averaged 2.9 per cent per annum during the period 1984/85-1989/90. Production of major crops (cereals, groundnuts and sesame) increased to a record level of 349,000 metric tonnes (NASS 2004/2005). Despite the increase in food production, under-nutrition has persisted owing to the high rate of population growth.

Although food production is dependent on factors over which society has little or no control - climate, rainfall, and natural disasters – nevertheless, the problems are often compounded through self-inflicted conflicts, wilful destruction of the environment, poor agricultural techniques, and misuse of pesticides and fertilisers. Attempts to minimise the effects of such predicaments are hindered by a fast-growing population whose immediate needs for land and food often take precedence over long-term rational policies and strategies for sustainable development.



The agricultural and food situation has been aggravated by, in addition to persistent droughts, both the rapid increase in population and its movement out of rural into urban areas. Pressure on the land has led to more extensive cultivation, resulting in loss of soil fertility through erosion and hence lower crop yields. The increasing gap between food demand and supply is threatening food security at the household level and is contributing to growing malnutrition.

The relatively poor performance of the agricultural sector manifests itself in periodic shortfalls in cereal and meat production, necessitating the use of scarce foreign exchange resources to import additional requirements. A long-term policy of food security for The Gambia will therefore be necessary to contain the population growth parameters.

Livestock population increased significantly over the past fourteen years. Cattle, sheep and goat populations increased from 340,433, 167,443 and 190,876 in 1991/1992 to 425,029, 206,679 and 357,404 in 2004/2005 respectively. The bulk of the cattle population can be found in CRR, URR and some parts of WR where the impact of livestock population growth on grazing land is fairly similar to that of humans on croplands.

Rural-urban migration has caused scarcity of farm labour in some areas while at the same time increasing the size of the non-food producing urban population. Increase in population, particularly in urban areas, has also meant more land being used for settlement and other physical infrastructural developments. In Kanifing Municipality, for example, farmlands have been reduced in the wake of rapid population growth, resulting mainly from migration. These developments have forced the resort to more intensive use of the available farmland and abandonment of the practice of shifting cultivation. In the absence of social improvement programmes, the lack of knowledge among farmers of proper soil conservation techniques has led to loss of soil fertility and a fall in the productivity of agricultural land.

## **4.7 Population and the Environment**

One of the most serious problems facing the country is the rate at which the environment is being exploited, misused, overused, and polluted. The situation could be even more serious than perceived since the requisite technological means for monitoring and assessing the nature and extent of pollution of the natural environment, particularly air and water resources, are not available. There is only limited national capacity to adequately protect these resources through proper environmental management practices.

The decline in land productivity, the pressures on power supply and waste disposal systems and problems brought on by pollution are well known and need to be addressed. The environment needs to be managed on a more sustainable basis. Rapid urbanisation, pollution, inappropriate waste disposal and uncontrolled bush fires, just to mention a few,

are some of the hazards that affect environmental quality and productivity. There is also need for effective action to protect and preserve the environment as envisaged under the Gambia Environmental Action Plan.

Deforestation is a major problem in The Gambia. The total forest cover of The Gambia (excluding mangroves) decreased from 81% in 1946 to 41% in 1993 (UN Convention to Combat Desertification, NAP 2000). Intensive exploitation for fuel wood and other wood products is responsible for this rapid depletion of forest cover. Rapid urbanisation has created a high demand for fuel and wood for construction in the urban areas. Bush-fires impede forest regeneration by killing the young re-growths while at the same time inflicting serious damage on mature standing trees, killing some of them after repeated burning. Overgrazing has also contributed to drought and desertification. Desertification is a growing problem and is more apparent in the North Bank Division and other parts of the country.

Increase in population is accompanied by a corresponding increase in the amount of waste generated (sewage and solid waste). If not properly disposed, such waste can create serious health and environmental problems. Problems associated with the improper disposal of the increased sewerage and solid waste in both rural and urban areas have led to worsening contamination of ground water resources, among others. Population pressure has at times led to overuse and improper application of agro-chemicals and fertilisers, causing pollution of ground and surface water resources. High nitrate concentrations in traditional wells have resulted partly from contamination from fertilisers. Contamination of surface water poses a threat to fisheries.

Though several factors account for this unsatisfactory situation, the pressure of sheer population numbers on those natural resources is obviously a major contributory factor to the worsening environmental degradation.

Environmental issues are being integrated in key sectoral policies, but the adverse effects of degradation on women and their families are not sufficiently articulated. The rapid loss of the forest cover impacts negatively on the lives of women in many ways.

Collecting firewood and other forest resources for use as domestic fuel is perceived mainly as a woman's role. Over-grazing, erosion and over-cultivation lead to soil degradation and consequently poor agricultural outputs. These in turn lead to further food insecurity and income poverty for the women and the household in general.

Research has shown that women raise the majority of small ruminants and traditional poultry. The lack of negotiation for grazing and the scarcity of animal foods are consequences of environmental degradation.

Salt intrusion has been a well-known phenomenon for a long time in the country. Vast areas of farmland have been lost, thus aggravating the food situation for women and their families. Food insecurity fuels domestic violence and drives the family to spend their scarce cash. The low rainfall pattern in the country partly explains the scarcity of both

surface and underground water. Women spend long hours fetching water for domestic use, thereby adding to their drudgery.

## **4.8 Population and Education**

Over the years, particularly since 1995, The Gambia has achieved tremendous success in expanding access to education. Significantly, gains have been made across all the levels of the school system, but it is a cause for concern that enrolment has dropped in some areas for boys at the lower basic school level (Grades 1-6) due to the vigorous campaign in favour of girls' education. Access to upper basic education (i.e. grades 7-9) also improved during the period, with an increase of about 25 points in the overall Gross Enrolment Ratio (GER). Parity has now been attained at the basic cycle level (Grades 1-9). At the senior secondary level, the overall GER has almost doubled, even though the disparity between boys and girls is still significant.

Under the expanded vision of basic education, pre-school education is provided to children between the ages of 3 and 6. Until 1995, the number of pre-school centres registered was 125, found mainly in the capital city, Banjul, and its immediate surroundings. However, by 2005, this number had significantly increased. Even though ECD is not part of the public education system cycle, nevertheless its phenomenal expansion in recent years and the substantial resources being expended on centres by parents are indicative of some important educational and/or social benefit being derived from the system. It is important that a special study be made of the distribution of such centres across the country to determine what impact they may have on access to quality education and child retention.

At the lower basic level, enrolments for the period 2001/2002 – 2004/2005 increased from 157,544 to 180,417, registering a GER increase from 72% to 76%. This represents an average annual growth rate of 2%, which falls short of the target of 8%. This, however, does not take into account the enrolment of the *madrassa* which forms 15% of total enrolment. The GER for boys for the same period shows a decrease from 75% to 72% while the GER for the girls registered an appreciable increase from 70% to 79%.

At the upper basic education level, there was rapid expansion between 2002 and 2005, with enrolments increasing from 42,094 to 66,025, figures which show the GER growing from 43% to 65%. This growth in enrolment represents an average annual growth rate of 15%, which exceeds the target of 12.7%. The GER for boys for the same period rose from 49% to 66% compared to an increase from 37% to 65% for girls during the same period. Before then (i.e. from 1996/1997 to 2000/2001), overall enrolment rates grew from 31% to 47%, representing a difference of 6 percentage points. The difference between these two periods is due to the unprecedented expansion that took place in the education sector.

The non-formal sector also benefited from this expansion. Adult education and literacy programmes all over the country were extended both in their geographical coverage and

content. As is the case in many third world countries, The Gambia's Adult Literacy programmes have been heavily demand-driven and dependent on donor support. There are adult literacy centres all over the country giving instruction in the five main languages - Mandinka, Wolof, Fula, Jola and Sarahuli. Even though great efforts have been expended and substantial resources committed towards increasing the national literacy level, recent preliminary statistics from the 2003 Census indicate that the country's literacy level is still stagnant at 37 per cent. The expansion in the education sector recorded during the last policy period is yet to show an impact on literacy levels, as literacy sometimes takes more than a decade to begin showing changing trends.

GER for girls increased from 61 per cent (1996) to 79 per cent (2004/05). By contrast, boys' GER has been fluctuating over the same period and declined to 75 per cent (2004/05) from 82 per cent (1998).

For the Upper Basic School system, both boys' and girls' enrolment grew quite fast owing to the rapid expansion in this area. Whilst enrolment of boys increased from 49 per cent (2001/02) to 66 per cent (2004/05), that of girls grew from 32 per cent to 65 per cent over the same period. These achievements at the basic and secondary levels have been accompanied by sound policies built upon the achievements of previous ones and avoiding errors and mistakes committed in the past.

Early childhood education can also boast significant progress. The period between 1988 and 2003 saw the formulation, drafting and submission for Cabinet approval of a policy on early childhood education. Although no reliable data on early childhood education is as yet available, it can be argued that early childhood provision has expanded rapidly all over the country, especially in the Greater Banjul Area. This achievement can be mainly attributed to the enabling environment created through the sound and friendly partnership and collaboration between providers and government.

The period 2001-2005 saw the Senior Secondary School GER, which was very low (9 per cent) in 1990, rise to 26 per cent by 2004/05, reflecting not only the priority government accorded to secondary education, but also anticipating the demand for secondary school places created by the expansion of basic level education.

Today Vocational /Technical education and training programmes are delivered through a number of institutions and skills centres. The key institution is the Gambia Technical Training Institute (GTTI), which provides two-year programmes in mechanical, electrical and construction engineering, computer technology and commercial subjects to about 1,200 full-time and part-time students. The Banjul Skills Centre, with a capacity of 200 trainees, prepares Grade 9 graduates for entry into the GTTI. It is planned that the Centre will be transformed from being an annex to the Institute to becoming a fully-fledged institution to serve the Greater Banjul Region. Others such as the Julangel Skills Centre and the Rural Vocational Skills Centre offer similar courses at a lower level. In addition to these publicly-funded institutions, there are some 30 private institutions, serving mainly the commercial sector (apart from the Gambia Telecommunications and Multi-media Institute), with a cumulative capacity of about 3,500 students.

## **4.9 Population and Employment**

Current rapid population growth will translate into a high rate of labour force growth in the future and, consequently, increased demand for employment opportunities. The Gambia is already facing the problem of having to provide jobs for an increasing number of new entrants to the labour force. The 2003 Census calculated an unemployment rate of 6 per cent among the country's economically active population. The rural-urban drift and international in-migration appear to have aggravated the unemployment problem in the urban areas. The major determinant of rural-urban migration according to the 1993 and 2003 Censuses was differential employment opportunities between rural and urban areas. Unemployment rates are particularly high among the youth at the age of 20-24 years, which according to the 1993 census was 29.12% for males and 26.93% for females (GBOS).

It is evident however that one consequence of unemployment is the increase in crime rates. Another consequence of rapid population growth is the high dependence burden on the working-age population.

## **4.10 Population and Migration**

Rural-urban migration is a serious concern in The Gambia, as it is in many other developing countries. The concentration of the best infrastructure, services and opportunities in urban areas has led many rural dwellers, particularly young people, to move to towns and cities in search of a better life. The problem of rural-urban migration may have serious consequences at the family level. Migration of the male household head can affect the family and its structure, sometimes leading to increased burden and stress. In The Gambian context, migrants from rural areas could add to the burden of an urban relative who feels bound by tradition to provide whatever support may be necessary. This is equally true of economic migrants in search of employment and social migrants such as students.

## **4.11 Population and Youth**

The Gambian population is youthful, with nearly 42 per cent of the population under the age of 15 years and 22 per cent aged between 15 and 24 years (2003 Population Census). This significant proportion of the population has special needs and requirements which must, as far as possible, be met in order to minimize the threat of social disorder. Health, sexuality, education and employment are but a few of the areas of particular concern to this segment of the population. In the Gambian context, early marriage, teenage pregnancy, substance abuse and unemployment are worthy of mention as they inhibit the realization of the full potential of young people.

Growth in the job market is not keeping pace with the high turn-over of school leavers and as a result there is high unemployment among the youth. This provides clear evidence of the need to consider the population factor in economic development strategies.

#### **4.12 Population, Health and Nutrition**

The health sector has always been one of the priority areas attracting substantial levels of government investment. Quite clearly, a good health status is desirable in itself but its direct impact on labour productivity and therefore ultimately on economic growth makes it even more imperative for government to ensure easy access to modern health facilities for as many segments of the population as possible.

Government is committed to the goals it stated in Vision 2020 relating to the attainment of accessible quality health care for all Gambians. The strategy for achieving this objective is through a decentralised Primary Health Care Delivery system focusing primarily on maternal and child health including family planning, nutrition, control of infectious diseases and management of common illnesses and ailments.

The present high rate of population growth, among other reasons, seriously constrains the nation's ability to improve the health status of the population in a number of ways. Firstly, the high fertility level implies a relatively high concentration of child-bearing women and children in the population. Since these two vulnerable groups are prone to high levels of morbidity and mortality, their predominance in the population means high per capita expenditures on health care for the nation. Secondly, high fertility itself tends to be associated with high morbidity and mortality risks, thereby often necessitating the diversion of scarce national resources into the health sector. Of particular concern are high-risk, pregnancy-related health problems caused by poor spacing, under- or over-aged mothers, abortion and poor nutrition.

The steady increase in life expectancy at birth to a current level of about 64 years and the declines in infant mortality rates attest to the considerable progress in health delivery services since independence. But it is becoming clear that the objective of providing health care for all by the year 2020 is being seriously threatened by the ever-expanding demand for health facilities and manpower.

Although government expenditure on health has been increasing steadily in absolute terms over the past few years, per capita allocation or expenditure on health has been declining in real terms over the period owing to, among other factors, the rapid rate of population increase and the continued depreciation of the **Dalasi**, even though the Dalasi has recently stabilised against major international currencies. Another serious problem affecting the health sector is the disparity in distribution of facilities and skilled manpower between urban and rural areas and between different regions.

An underlying important cause of the high levels of morbidity and mortality is the low standard of living of the population. Alleviation of causes of poor health among others is therefore a pre-requisite for improvement in the health and nutrition of the population. Malnutrition continues to be a major public health problem in The Gambia, exacerbated by poverty, food deficit, environmental degradation, poor dietary habits, low literacy level, poor sanitation, infectious diseases, and a high population growth rate. The seasonal agricultural pattern also contributes to acute food shortages in the rainy season, a period often referred to as the “hungry season”, when households exhaust their food supply before the harvest period. The low purchasing power of poor urban and rural households also has serious nutrition and health implications.

The most vulnerable groups are women and children under five years of age. There is evidence that the majority of women of child bearing-age in The Gambia who live in low-income households experienced some form of malnutrition caused by poor dietary intake, heavy workload and a high infection rate. This is reflected in the high prevalence of low birth weight babies, especially in the rainy season. Anaemia, due to iron deficiency, is also very common among women, especially during pregnancy, and is a major contributory factor to the high maternal morbidity and mortality rates. A national study on micronutrients conducted in 1999 showed that 73% and 56% of pregnant and lactating women respectively were moderately anaemic, while 5% and 2% were severely anaemic.

In The Gambia, the main underlying causes of malnutrition are the low literacy levels, high population growth rates, environmental degradation, food insecurity, and the high rural–urban migration. Malnutrition is further exacerbated by poverty which limits people’s purchasing power and their access to food and other basic services like health and education. Poverty in turn is aggravated by malnutrition, as malnourished people are often sick and less productive. Thus a vicious cycle of poverty and malnutrition is created. Malnutrition is a major cause of morbidity and mortality in children and contributes to a large proportion of admissions and deaths in hospitals. According to WHO (2002), malnutrition contributes to about 60% of childhood deaths in Sub-Saharan Africa. Reducing malnutrition is a cornerstone of poverty reduction. General malnutrition and specific micronutrient deficiencies contribute to infant, child and maternal morbidity, decreased learning capacity, lower productivity and higher mortality.

The national rate of exclusive breastfeeding for 4 months stood at 48.6% in 2005. This figure constitutes an improvement over the years from a baseline of 0% in 1989, 17% in 1998 (MICS) and 36% in 2000 (MICS), although it is still considered low. As for exclusive breastfeeding for six months, the 2005 national average was 45.6% (NaNA). However, it should be noted that there are regional variations in the practice of exclusive breastfeeding by mothers, as the proportion of mothers practising exclusive breastfeeding in the Lower River Division is up to 70% and higher than the national average. It is worth noting that exclusive breastfeeding for 6 months in The Gambia has surpassed the average for Sub-Saharan Africa. With regards to breastfeeding up to 24 months, the results of the PHPNP nutrition indicator survey of 2005 have shown that up 90% of mothers continue to breastfeed their children up to 24 months.

It has been well established that exclusive breastfeeding contributes to child survival and can contribute significantly towards reducing infant and young child mortality and set The Gambia well on the way to meeting the MDG goal on the reduction of child mortality by a third by 2015. The combination of exclusive breastfeeding and appropriate complementary feeding can prevent childhood deaths by 13% and 6% respectively.

The overall nutritional status of children under five has improved in the past ten years. For example, stunting has declined from 19% (MICS 2000) to 17.8% (NaNA 2005) while underweight declined from 21% (MICS 1998) to 17.1% (MICS 2000) to 18.8% (NaNA 2005). Wasting has declined from 8% (MICS 2000) to 7% (NaNA 2005). The improvements documented in the nutritional status of the children were not experienced throughout the country, as disparities were noted according to economic, geographic, gender and age differences.

There is a paucity of nationally-representative anthropometric data on the adult population. Most of the studies conducted are localised ones and do not represent the true picture of what exists in the rest of the country. A study conducted by van der Sande (2000) has revealed that 18% of the adult population are undernourished (BMI < 18) while 8% were obese (BMI >30). More rural adult men and women were found to be under-nourished compared to their urban counterparts. A reverse scenario prevailed with regards to over-nutrition, but it should be noted that the disparity in over-nutrition is greater among the urban and rural women.

Diet-related Non-Communicable Diseases (NCDs) such as diabetes, hypertension and obesity are increasingly becoming prevalent in The Gambia, especially in the urban areas. This increase in prevalence is mainly as a result of changes in dietary habits and lifestyles, especially among the affluent.

Diabetes Mellitus is estimated to affect about 1% of the population, and a study by van der Sande et al (2001) found obesity prevalence to be 4% but higher (32.6%) among urban women 35 years or older. This study also concluded that under-nutrition co-exists with obesity, demonstrating a double burden of malnutrition. Another study by van der Sande et al (1997) concluded that 'hypertension appears to be very prevalent in The Gambia, with a substantial population at risk of developing target organ damage'.

### **4.13 Population and Housing**

Population growth has aggravated the shortage of housing and strained basic utilities in both rural and urban areas. Population growth has outstripped the increase in housing facilities, more so in the urban areas, adding to the congestion and overcrowding. It is estimated that between 1973 and 1983, the number of persons per room increased from 1.2 to 2.0 in the rural areas and from 1.1 to 2.1 in the urban areas. On the basis of the Report on the National Housing Policy, which estimated that the housing deficit increased by about 2,900 compounds in the urban areas and 2,000 in the rural areas



during the period 1983-1986, it is evident that the housing situation has continued to deteriorate. While the average number of households per compound decreased between 1983 and 1993 as the rate of compound construction exceeded the rate of household formation, the average number of persons per household increased over the same period.

Population growth also increases the burden of providing water and sanitation facilities. Data from the 2003 Census indicate that 76 per cent of the population have access to safe drinking water supply. There is a marked urban-rural differential of piped water supply, predominant in urban areas, and wells, more common in rural areas. Nationally, 20 percent of the population have access to hygienic excreta disposal facilities. According to the 2003 Census, only 16% of households have access to water closets, with over 78% using pit latrines. Outside Banjul and Kanifing, less than 9% of the households have access to safe toilet facilities. The water closet is an essentially urban phenomenon used by about one in six urban households, compared to barely one per cent of rural households. Urbanisation and the concentration of population in the Greater Banjul Area are resulting in the growth of urban slums and leading to environmental degradation, poor hygiene and increase in communicable diseases, as the inadequate service delivery systems are further strained.

#### **4.14 Population and Poverty**

The first poverty line study (International Labour Office - ILO in 1989) indicates that 40% of the populations live below an estimated food poverty line and about 60 percent below overall poverty line. The 1998 National Household Poverty Report indicates that the proportion of persons living below overall poverty line and food poverty line are 69 and 37 percent respectively whilst 48 per cent of the urban population live below the poverty line, compared to 61 per cent in the rural areas. Estimates from the 2003 Integrated Household Survey show overall poverty at 61.2% whilst 57% of the urban population were below the overall poverty line, compared to 63% in the rural areas.

The rapid population growth has contributed to the present level of poverty in The Gambia, making it more difficult for poverty alleviation efforts to have the desired impact on the quality of life of the people.

The conditions of women for example are worse compared to that of men. For instance, against the HDI of 0.350 for the whole country, the Gender Related Development Index is 277 (UNDP Human Development Report 1998). The Government and its partners initiated several credit programmes to boost the productive capacity of women. These institutions together are only able to meet 55 percent of the credit needs of women with high interest rates.

#### **4.15 Population and Children:**

The 1993 Population and Housing Census showed the fertility rate at 6.04 per woman, a figure which subsequently declined to 5.35 per woman (2003 Census). This is still considered high when set alongside the country's limited resources. The high fertility rate combined with declining mortality rates have resulted in a young population and consequently a high dependency ratio of 86 per 100 persons in working ages (2003 Census). The value attached to having large families and the practice of giving girls away in marriage at an early age are major contributing factors to the high fertility rate. Resistance to the use of modern contraceptives makes the situation even more critical.

The End-Decade Assessment Report (Dec.2000) documented significant progress in ensuring the rights and welfare of children in The Gambia, especially in the field of child health and education. However, it was evident from the report that more critical challenges remained with regards to high infant and maternal mortality rates, gender disparities in education, persistent poverty, exclusions and discrimination, and generally inadequate investment in services for children.

Nearly 18% (2003 Census) of children aged 7 – 14 years in The Gambia are employed, which is considered child labour, with street children spending a good part of their day eking out a living in urban areas and not attending school. Only 15% of children aged 3 – 5 years are attending some form of organised early childhood education programme in the country. Continuing education after lower basic level is a problem for under-privileged children. Those with disabilities and those from poor families are particularly disadvantaged.

The national disability survey (1998) reported that children aged 2 – 18 years constitute 30.8% of the disabled population in The Gambia. On the contrary, the 2003 Population and Housing Census registered an increase in the prevalence of disability among children in The Gambia. About 1.2% of children within the age cohort 2-17 years are living with one form of disability and the majority of them are male, constituting about 0.65% of the total child population and 53.6% of the population of disabled children.

These children are entitled to the same rights as others and their case calls for actions that would provide them with special care, attention, rehabilitation services, legal protection as well as advocacy for change of attitude in the way society perceives them.

Many adolescent girls, 13 – 17 years old, are sexually active (Adolescent/Youth Study Report 2000), hence the prevalence of unwanted and teenage pregnancies. Unwanted and teenage pregnancies are associated with health and social problems that can lead to mortality, stress and baby abandonment, which is a growing child protection issue in The Gambia. The survey conducted on sexual abuse and exploitation of children in The Gambia (2004) revealed that many children are sexually abused and, or, exploited mostly by adults known to them. However, very few cases are reported to the authorities owing to the culture of silence on sexual matters.

The risk of contracting Sexually Transmitted Infections is becoming a serious problem in The Gambia. According to the National Sentinel Surveillance Study of 2005, the

prevalence of HIV-1 within the age bracket of 15-24 years is 0.5%. HIV/AIDS has become a serious health and social problem for young people, particularly girls aged 15 – 18. Also, the situational analysis of OVCs (2004) in The Gambia estimated that between 7,000 and 10,000 children are orphaned by HIV/AIDS in The Gambia. These children are often vulnerable and are subjected to stigma and discrimination. In addition, harmful cultural practices such as FGC and early or forced marriages are also child protection issues in The Gambia.

The disintegration of the traditional family structure negatively affects children in various ways. This could be seen especially within single parent families which have suffered the loss of one parent, a break-down in marriage or unwanted pregnancies. The result could be child offending, baby abandonment, neglect, and children living and or working in the streets, to name some. There is the need for government, private sector and civil society collaboration in order to guide, protect and maintain this vulnerable segment of the country's future generation.

## **5.0 GUIDING PRINCIPLES OF THE POLICY**

The Population Policy is based on the following guiding principles:

- All Gambians are born free and equal in dignity and rights. Everyone is entitled to the fundamental rights and freedoms set forth in the Universal Declaration of Human Rights. The Policy will therefore respect the human rights of all Gambians.
- Right to development is a basic human right. The people of The Gambia are the most important and valuable resource as well as the central subjects of its national development. The Government should facilitate people's ability to make informed choices and create an enabling environment in which they can manage their lives.
- The National Population Policy should be an integral part of an integrated system of national development policies and programmes, whose ultimate goal is to improve the quality of life of all Gambians.
- Implementation of the policy will be the collective responsibility of the government, private sector, and civil society at large.
- Advancing gender equity, equality and empowerment of women constitute an important cornerstone of the Population Policy.
- All couples and individuals have the basic rights to decide freely and responsibly on the number and spacing of their children, and to have the information, education and means to do so.

- People have the right to move freely within the boundaries of the country and appropriate measures should be in place to allow their settlement.
- Refugees may seek asylum in The Gambia and efforts should be made for their integration while taking cognisance of the societies they settle into.
- Poverty is a formidable enemy of choice. An important objective of the Population Policy is to contribute toward the eradication of poverty.
- The overall well-being of children should be given high priority by government.
- Civil society and other stakeholders should be involved in the design and implementation of our national Population Policy and programme.
- Timely and reliable data are basic pre-requisites for the design, monitoring and implementation of the national Population Policy.
- There is an inextricable link between the environment and population issues. The Policy lays emphasis on the need to preserve and improve the environment.
- As new issues emerge, efforts will be made to have them incorporated into the policy framework.

## **6.0 NATIONAL POPULATION POLICY GOALS OBJECTIVES AND TARGETS**

### **6.1 The National Population Policy in Retrospect**

The 1992 Population Policy was formulated with a view to contributing to improving the quality of life by raising the standard of living of the Gambian people. It was revised in 1996 in order to incorporate ICPD actions of relevance to The Gambia. The major shifts brought forward by the ICPD are the new concept of sexual and reproductive health

including family planning and the discourse on population to emphasize women and gender issues.

Despite progress made in the implementation of effective strategies to achieve the objectives of the policies, the process of ensuring effective harmonization of population and economic growth still remains a problem.

Other constraints encountered are linked to two key conditions which must be created: a political climate in which population issues are considered to be central to public policy, and an adequate institutional and technical capacity. Also, the period between 1992 and 1996 witnessed a deterioration of socio-economic conditions globally, resulting to inadequate funding to implement some of the strategies identified in the policy document. Although the 1992 National Population Policy and its revised version of 1996 were given the necessary political support, the strategies developed by government to increase funding for population and development programmes must be improved.

The absence of a well-articulated and coordinated institutional arrangement to translate policy objectives into a programmable action plan has been due to the inadequacies in technical expertise. There is an acute lack of a critical mass of trained personnel in the population domain and the continuous high rate of attrition among trained professional staff has aggravated this dearth. These issues, among others, have hampered efforts to integrate population variables into development plans and policies.

## **6.2 Population Policy Goals**

The Overall Goal of the 2007-2015 National Population Policy is to improve the quality of life by raising the standard of living of the Gambian people.

The following are the subsidiary goals of this population policy:

- A national population policy and programme are to be developed as integral parts of social and economic planning and development activity. Programmes are to be formulated and implemented through the collaborative participation of national, regional and district entities, both public and private, including representatives of all relevant professions, agencies, institutions and organisations.
- Policies and programmes will be pursued to alleviate poverty and enhance the welfare of the population at large.
- The vigorous pursuit of programmes to reduce further the very high rates of morbidity and mortality and the promotion of, and access to, Sexual and Reproductive Health (SRH) including family planning for all, will be an important aspect of population policy and programmes.

- Government will vigorously undertake programmes to provide family planning information and services to couples wishing to space or limit their reproduction.
- Steps will be taken to promote the health and welfare of mothers and children, especially through the promotion of healthy life styles, and the prevention of diseases and unsafe abortions.
- Government will institute measures in collaboration with relevant stakeholders to ensure gender equity, equality and empowerment of women
- Government will adopt policies and establish programmes to guide the spatial distribution of population in the interest of development.
- To establish and continuously update the national statistics database and put in place systems designed to pool pertinent data and information from various government departments, as well as other relevant institutions, making such data and information accessible to the various planning units and the general public.
- Government will adopt policies, in collaboration with partners, to ensure the best possible (parental) maintenance and care of children, including the provision of education and health care.
- Policies will be adopted to ensure the adequate up-keep of the aged and persons with disabilities and their full integration into the society and ensure the protection of children.
- Government will take measures to improve, protect and preserve the environment.
- Government, through the National Assembly, will amend or repeal those laws and measures that are inimical to the Policy as well as promulgate or amend favourable ones so as to strengthen their effectiveness in assisting the implementation of the policy.
- Measures will be taken to strengthen institutional capacities for effective promotion and implementation of the National Population Policy at all levels.

### **6.3 Population Policy Objectives:**

- To ensure that population issues are systematically integrated into all aspects of development planning and programming at all levels.
- To enhance integrated rural and urban development in order to improve rural living conditions and curb rural-urban migration.

- To create the enabling policy environment for the promotion of economic growth and the reduction of poverty.
- To enhance the productive capacity and social protection of the poor and vulnerable.
- To protect and promote the rights and welfare of children in accordance with their best interests.
- To improve access to quality health care, education, housing, employment and food security for families.
- To ensure accessible and affordable quality family planning information and services for all couples and individuals.
- To provide adequate IEC/BCC to the youths on population issues, particularly on Sexual and Reproductive Health and Rights.
- To provide the population with necessary information and education on the value of a smaller family size and child spacing.
- To prevent unwanted pregnancies and reduce the incidence of high-risk pregnancies, illegal abortion, baby dumping or abandonment.
- To strengthen referral systems with particular attention to the development of major health centres to facilitate the provision of essential and comprehensive emergency obstetric care (EOC).
- To reduce the incidence of HIV/AIDS and substance abuse among adolescent/youths between 10-24 years countrywide and the prevalence of addictive drugs.
- To disseminate the contents of the population policy countrywide;
- To enhance awareness through advocacy among politicians, policy makers, community and religious leaders, civil servants and the citizens at large of the various dimensions of the population problem and their impact on socio-economic development.
- To develop programmes aimed at mainstreaming gender and promoting women's equal access to, and control over, productive resources.
- To foster and maintain a balanced spatial distribution of the population between rural and urban areas, and to monitor international migration.

- To review the nature and impact of all forms of international migration on sustainable development in order to formulate and implement an appropriate migration policy.
- To strengthen national capacities in data collection, analysis, dissemination and utilisation for policy making and development planning.
- To strengthen national preparedness and response to disaster.
- To strengthen measures to prevent the unsustainable forms of forest exploitation.
- To strengthen and enforce environmental legislations and regulations.
- To ensure that environmental impact assessment is adequately integrated into all aspects of development planning activities at all levels.

## 6.4 Population Policy Targets

The main targets for the population policy are:

- To reduce the present annual population growth rate of 2.7 per cent (2003 Census) to 2.0 percent by 2013.
- To reduce the proportion of girls who marry before the age of 18 years by **30** per cent by the year 2009 and by **80** per cent by the year 2020.
- To reduce the proportion of girls below 20 years and women below 40 years being pregnant to 50 per cent by the year 2010 and to 80 percent by 2020.
- To increase the proportion of deliveries attended by skilled birth attendants to 60 per cent by 2010.
- To achieve an average birth spacing of at least two years for all births by the year 2020.
- To increase the gross enrolment ratio (7-15 years) of 91% (2002/2003) to 100% by 2015.
- To improve the completion rate from 80% (2002/2003) to 100% by 2015.
- To achieve full immunisation coverage of 100 per cent of infants (0-11 months) by the year 2013.
- To increase life expectancy of the population from its current level of about 64 years to 70 years by the year 2013 and to 75 years by 2020.



- Reduce HIV 1 prevalence rate among 15 to 49 year-old pregnant women from 1.1% in 2005 to less than 1% by 2015.
- Reduce malnutrition rate among children under 5 years from 14 per cent in 2005 to 8 per cent by 2012
- Increase the rate of exclusive breast feeding from 45.6% in 2005 to 80% in 2012
- Reduce under-5 mortality rate from 99 per 1000 live births in 2003 to 54 per 1000 live births by 2013.
- Revise/enact and enforce laws affecting the rights of Gambian women and children in general by 2008 and those affecting Sexual and Reproductive Health and Rights by 2010.
- Reduce the rate of urban population growth from 5.94% (2003) to 4% by 2010.
- To strengthen the registration process of foreigners and issuance of necessary work permits (paid workers) by 2008.
- To review and strengthen the Vital Registration System by upgrading both the physical and human capacities by 2010.
- To introduce and make operational a National Identification Number (NIN) system in The Gambia by 2008.
- Establish a Management Information System (MIS) including a demographic data bank to support all population activities by 2010.
- Increase modern contraceptive prevalence rate from the current estimated rate of 13.4 per cent (2001) to 20 per cent by 2009 and 30 per cent by 2015.
- Reduce the maternal mortality rate from 730 per 100,000 live births (2001) to 260 per 100,000 live births by 2015.
- Reduce total fertility rate from 5.35 in 2003 to 4.5 by 2015.
- Reduce the infant mortality rate from 75 per thousand (2003) to 56 per thousand by 2015.
- To reduce the crude death and birth rates respectively from 9 and 41 per thousand (2003) to 5 and 37 per thousand by 2010.
- To reduce the prevalence of HIV-1 and HIV-2 from 1.1% and 0.6% in 2005 to 0.4% and 0.1% in 2015.

- Strengthen the syndromic management of STIs in all Government and private health institutions by 2010.
- Strengthen the Department of Social Welfare to expand guidance and counselling, rehabilitation services and the care and protection of all vulnerable groups by 2009
- Strengthen the capacity of the National Population Commission Secretariat and other implementing agencies to enable them to execute their mandates effectively.
- Reduce the production, consumption and trafficking of illicit drugs by 25 per cent by the year 2009.
- Expand youth-friendly centres in all Local Government Administrative Areas and strengthen them to provide youths with life skills by the year 2010.
- To reduce the unemployment rate from 6% in 2003 to 4% by 2015.

## **6.5 Millennium Development Goals**

The objectives and targets set forth in this policy are in consonance with the MDGs, namely: eradication of extreme poverty and hunger; achievement of universal primary education; promotion of gender equality and empowerment of women; reduction of child mortality; improvement of maternal health; combating HIV/AIDS, malaria and other diseases; achievement of environmental sustainability and global partnership. It should be recognised that the MDGs cannot be fully achieved without full implementation of the Programme of Action of the International Conference on Population and Development (ICPD).

## **7 COMPONENTS AND IMPLEMENTATION STRATEGIES**

Efforts shall be made to ensure the integration of population variables in all aspects of national development planning and programmes within the context of the national decentralisation policy. In order to realise the goals, objectives and targets set by the Policy the following implementation strategies shall be pursued:

### **7.1.1 Reproductive and Child Health (RCH)**

In line with the ICPD recommendations, reproductive health is redefined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. As such, it is necessary that a holistic approach be adopted to cater for the myriad of dimensions of this component.

Strengthening the Reproductive and Child Health (RCH) services would play a key role in attaining the objectives of improving general health standards and of reducing maternal, infant and child morbidity and mortality. The Department of State for Health and Social Welfare, NGOs, the private sector and civil society will be involved in the realisation of these objectives.

### **Strategies**

- Safe Motherhood programmes will be strengthened and implemented to help reduce the incidence of high-risk pregnancies and births.
- Strengthening the IMCI strategies, namely, immunisation, oral re-hydration therapy, birth spacing, breastfeeding and other child survival strategies in collaboration with the private sector, NGOs and donor agencies.
- Raising the educational level of females through both formal and non-formal means with a view to enabling them to make informed choice.
- Improving the economic status of women through viable schemes and integrated programmes.
- Implementing RCH policies and programmes as integral parts of a broad-based strategy of promoting sexual and reproductive health of all, including adolescents.
- Educating communities, with emphasis on the male population, on the socio-economic and health implications of a large family size.
- Implementing IEC programmes targeting men and encouraging them to support and practise family planning.

## **7.2 Adolescent Reproductive Health**

Adolescents constitute a significant proportion of The Gambia's population. They experience early sexual activity, usually unprotected, teenage pregnancies, unsafe abortions, sexually transmitted infections including HIV/AIDS and drug abuse. Limited access to life skills training further aggravates the situation of the adolescents.

## *Strategies*

- Increasing awareness on adolescent sexual and reproductive health issues among youths.
- Intensifying the use of radio, television and other media channels to address Adolescent/youth Sexual Reproductive Health (AYRH) issues.
- Training and supporting traditional communicators in message dissemination on adolescent health issues.
- Training and supporting peer-health educators in the promotion of life skills for young people.
- Increasing the level of awareness on adolescent SRH issues in all communities.
- Training and supporting service providers in the management of AYRH services at all levels.
- Strengthening the Monitoring and supervision of AYRH services.
- Strengthening the AYRH services to facilitate early detection and management of high-risk pregnancies, particularly among adolescents.
- Empowering adolescents/youth through providing services in a youth-friendly environment
- Undertaking a coordinated multi-media campaign that targets specific audiences in addressing AYRH issues.
- Sensitising parents, community and religious leaders on the importance of AYRH services.
- Promoting parent-child dialogue on SRH issues.
- Increasing the number of Community Youth Centres and encouraging their use
- Improving services provided at Community Youth Centres.
- Reducing, through Information, Education and Communication (IEC) as well as Behavioural Change Communication (BCC), the transmission of HIV/AIDS and other STIs as well as the use of drugs and substance abuse.
- Legislate and enforce laws for a minimum age of marriage for girls.

- Implementing the National Reproductive Health Policy and the strategic plan of action addressing the reproductive health and rights of adolescent/youth.
- Conducting Operational Research on Adolescent Reproductive Health issues.
- Carrying out advocacy among policy makers, youth, religious and opinion leaders to address adolescent SRH issues/concerns.
- Monitoring and evaluating AYRH projects to enhance programme quality.

### **7.3 Family Planning and Fertility Regulation**

The report of the 2001 Maternal, Pre-natal, Neo-natal and Infant Mortality and Contraceptive Prevalence Study showed a wide gap between knowledge and use of contraceptive methods.

Nearly 90% of women knew at least one contraceptive method, whilst contraceptive use was only at 17.4%. Family planning services will be promoted through comprehensive IEC/BCC strategies.

The following strategies will be adopted to meet the targets.

#### **Strategies**

- Promulgating and enforcing laws for a minimum age for marriage, particularly among girls, to be 18 years and above.
- Increasing the availability and accessibility of family planning services to the community.
- Improving Family Planning services to include management of infertility and sub-fertility.
- Making available a variety of modern methods of family planning to ensure free and informed choice by all. The activities of family planning clinics and commercial distribution outlets shall be intensified at national, regional/municipal and district levels.
- Educating and motivating the population at community level on the health, social and demographic values of family planning
- Incorporating family life education in both formal and informal training programmes

- Intensifying IEC/BCC programmes to reach the male population and other target audiences.
- Making Family Planning programmes more responsive to local cultural values and individual couples' preferences.
- Enhancing the capacity of agencies involved in family planning service delivery.

## **7.4 Health and Welfare**

The health and welfare of individuals, families and communities cannot be divorced from other population issues. Apart from being the main factor contributing to the high rate of population growth at the national level, high fertility levels have far-reaching detrimental consequences for the health of mothers and children. Extending the voluntary acceptance of family planning methods as well as the promotion of measures indirectly conducive to lowering fertility levels should therefore occupy a vital position in the country's population policy. At the same time, given that in the African context children are highly valued and childlessness considered a social stigma, childless couples will be provided appropriate medical assistance to have children as and when they wish so as to enhance family welfare.

The following strategies will be adopted to complement the existing health and welfare services in The Gambia.

### ***Strategies***

- Improving the quality of the environment and promoting public health services.
- Implementing the national health policy.
- Strengthening the primary health care services as the main focus of health care delivery.
- Encouraging community participation in the management of health services at community level.
- Harmonising the health policy with other policies such as education, agriculture, the environment, employment, youth, and tourism.
- Enhancing collaboration among stakeholders involved in environmental health.

- Promoting the development of traditional medicine and its integration into the health care system based on research.
- Strengthening the existing health care service delivery at all levels.
- Improving surveillance, prevention and control of diseases of public health importance, including STIs and HIV/AIDS.

## **7.5 Food Security, Agriculture and Nutrition**

Agricultural productivity, affected by erratic rainfall, has barely kept pace with the demands of an increasing population. Consequently, child malnutrition and micronutrients deficiency are highly prevalent in the country.

### *Strategies*

- Improving agricultural productivity through the introduction of appropriate high-yielding, quick maturing and disease-resistant plant strains and animal breeds.
- Developing mechanism for better pricing and marketing of agricultural produce.
- Promoting the use of appropriate technology to improve production, processing, storage and distribution.
- Improving storage, processing and distribution of food crops to ensure adequate nutritional status for all segments of the population.
- Integrating population and family life education into agricultural extension services.
- Promoting the development of appropriate programmes for reducing the incidence and prevalence of malnutrition including micro-nutrients disorder.
- Providing systematic education on food and nutrition in all institutions of learning. Special attention shall be paid to the needs of children, pregnant women, lactating mothers, the aged, and persons with disabilities.
- Supporting the implementation of a comprehensive food and nutrition policy that takes cognisance of the wide-ranging needs of various segments of the population, especially the poor.

- Timely provision of market information through close monitoring of major food production system and imports of essential food items
- Reducing fluctuations in external food supplies through minimisation of public intervention in food market
- Identification of community nutrition programme on self-help basis; and,
- Adopt, design develop and promote improved technologies for food processing, preservation and preparation including recipes

## 7.6 Education

Education plays an important role in developing the capacity of individuals in terms of knowledge, skills and positive attitudes towards health and population issues. Developments in the education sector should therefore be geared towards the attainment of the objectives and goals of the national population policy.

### Strategies

- Increasing the enrolment rate for girls and reducing the high drop-out rate among them.
- Expanding girl-friendly school initiatives as a means of increasing enrolment and retention of girls, particularly where parents are found reluctant to send their daughters to schools.
- Making basic education universal and compulsory.
- Enforcing legislation against child labour and ensuring children's right to education.
- Improving the provision of vocational and technical education in upper basic and senior secondary schools.
- Encouraging effective collaboration between Non-Formal Education Programmes and the Population and Family Life Education (POP/FLE)/life skills unit in DOSE.
- Incorporating POP/FLE in the curricula of non-formal education, adult literacy and "*madrassas*".



- Adopting a policy ensuring a more equitable distribution of educational services/facilities in view of the wide differences between regions with respect to the availability of education facilities.
- Locating schools more appropriately to reduce the need to migrate to urban areas while at the same time facilitating transition from lower and upper basic levels.
- Expanding special needs education services and mainstreaming them into the existing systems.
- Providing financial assistance to disadvantaged students as a way of increasing enrolment, especially for girls.
- Mobilising financial and material resources for teacher training, service delivery and programme implementation.
- Encouraging community participation in the provision, maintenance and management of educational facilities to foster a sense of ownership.
- Enhancing the Non-Formal Education sector through the provision of additional resources and support.
- Developing gender sensitive curricula and educational materials in order to eliminate gender stereotyping.

## **7.7 HIV/AIDS**

The National Sentinel Surveillance results of 2001 among antenatal attendees in four health facilities showed that the prevalence of HIV – 1 was 1.1% while that of HIV-2 was 0.9%. Comparing these figures with those of the pre-natal study of 1993 – 95, HIV – 1, which is the most virulent sero-type, had almost doubled (0.7% - 1.2%) while HIV-2 had declined slightly (1.1% - 0.9%) over a seven year period. HIV-1 prevalence reached its peak of 2.1% in 2004. However, according to a study conducted in 2005 (NSS), the estimated prevalence of HIV-1 has dropped to 1.1% while that of HIV-2 has declined to 0.6%.

The Gambia government and its partners fully recognise the devastating effects of HIV/Aids on the economy and the population.

### Strategies

- Intensifying IEC and BCC activities to reduce transmission of HIV/AIDS and other STIs;
- Providing safe blood services through screening processes;

- Training of health care providers in the prevention of HIV/AIDS in the health care setting through the use of universal safety measures;
- Promoting the use, and increasing access to, and availability of, condoms;
- Proper treatment and management of STIs using the syndromic management approach;
- Providing drugs to treat STIs;
- Training health care providers on the syndromic management of STIs.;
- Developing a care and support package for PLWHA and those affected and also counter stigma and discrimination through IEC;
- Expanding and promoting VCT services;
- Expanding programmes on prevention of PTCT;
- Promoting HIV/AIDS prevention behaviours among high risk groups.
- Strengthening HIV/AIDS and other STIs surveillance system;
- Providing ARVs and other drugs to treat opportunistic infections;
- Establishing HIV/AIDS prevention programmes in work places.
- Strengthening the capacity of stakeholders involved in HIV/AIDS prevention and providing support and care for PLWHA.

## **7.8 Gender Mainstreaming**

Gender equity, equality and empowerment constitute an important means to sustainable development. However, the full participation of Gambian women in national development has been constrained by gender inequities and inequalities.

The following strategies will be adopted to ensure gender mainstreaming.

- Improving the status of women through the removal of various traditional, legal, administrative and cultural barriers to their effective participation in nation building.

- Improving and protecting the legal rights of women by eliminating all forms of discrimination and violence against women as provided for by the Convention on the Elimination of all forms of Discrimination against Women (CEDAW).
- Strengthening the capacity of Departments of Justice, Social Welfare, the Gambia Police Force and Women's Bureau to enable them effectively address gender issues that affect women, children, and their families.
- Sensitizing the public on the negative traditional gender norms and customs and their effects on society.
- Reducing the heavy burden on women by increasing access to appropriate labour saving devices and technologies.
- Enhancing women's earning capacity by developing their entrepreneurial skills.
- Advocating for equitable opportunities for both sexes in education, employment, housing and business.
- Supporting existing community multi-purpose centres and establishing them in areas where they do not exist.
- Conducting IEC/BCC campaign to raise awareness on gender issues with emphasis on fertility and high-risk pregnancies.
- Collecting, analysing data by sex and disseminating information to stakeholders.

## **7.9 The Role of Men in Family Welfare**

In The Gambia men have traditionally been regarded as the bread winners in their families; as such, the extent to which men live up to their responsibilities will to a great measure determine the welfare of families in this country. To encourage men to promote the welfare of their families the following strategies shall be adopted:

- Implementing programmes to promote men's awareness of their responsibility for the adequate care of their families.
- Promoting a culture of joint decision-making by couples.
- Targeting adolescent male youths, adults and potential clients in the provision of family planning and IEC services.

## **7.0 Children**

Reports from the 2003 Population and Housing Census show that 42% of the Gambian population are children. Therefore, the Policy lays emphasis on the special needs of children.

### *Strategies*

- Enforcing all laws and Protocols regarding the welfare of children in The Gambia.
- Providing equal opportunities for children in education, health, legal and other social services in The Gambia;
- Providing respite, care and other forms of support for children in difficult circumstances;
- Involving children in the design and implementation of policies and programmes that concerns them.
- Supporting the decentralisation of the Department of Social Welfare to increase access to child welfare services.
- Protecting children from abuse, exploitation, harmful traditional practices such as early and forced marriages, FGC and child labour.
- Adopting the rights-based approach when implementing programmes and activities on child issues;
- Planning and implementing programmes that will help to reform young offenders and protect children against the risk of committing offences;
- Implementing programmes on parenting skills to help families cope with difficult children.
- Sensitising and educating the public on child rights and the effects of child abuse, and commercial sexual exploitation of children (CSEC).
- Strengthening families through community-based programmes to support and care for orphans and other vulnerable children.

## **7.11 Youth**

The challenges facing the county's youths include unemployment, substance abuse, pre-marital sex, unwanted and teenage pregnancy, STIs and HIV/AIDS. To enable youths contribute positively to national development, these issues need to be addressed.

### *Strategies*

- Expanding educational and vocational training opportunities, as well as credit facilities, to equip the youths with the required skills and resources necessary for a more productive life.
- Preparing a National Human Resource Development programme to enhance national capacity.
- Designing and implementing programmes of continuing education and training for school drop-outs with emphasis on the creation of employment opportunities.
- Incorporating Population and Family Life Education in formal education, vocational training and continuing education programmes to inculcate in youths a sense of responsible parenthood.
- Implementing IEC/BCC programmes to address youth-related issues.
- Supporting the Department of Social Welfare and similar institutions to address cases of drug abuse, exploitation, psychological disorders and other misfortunes.
- Providing RH information and services in a youth-friendly environment.
- Integrating youth issues in relevant sectoral policies.
- Increasing participation of youth in all programmes and development of policies on issues that affect them.

## **7.12 The Aged**

Ageing is a phenomenon of population and of the individual. In populations, ageing expresses the success of humanity because it represents the outcome of human discoveries and development in hygiene, nutrition, medical technology and social advancement. As an individual phenomenon ageing is a bio-psycho – social subject of inquiry.

The first World Assembly on ageing in Vienna has guided the course of thinking and action on ageing over the past 20 years. The twentieth century saw a revolution in longevity in the world. Between 1983 and 1993, average life expectancy at birth increased by 13 years to 67 years.

It was estimated that there are about 580 million elderly people in the world, 355 million in the developing world. In The Gambia, the proportion of the elderly (65 years and over), was 3% in 1993 and 4% in 2003. This shows an increase in the aged population, the majority of them being women.

### Strategies

- Providing opportunities to encourage older persons to participate in public life.
- Assisting elderly persons engaged in informal sector activities by improving their income and working conditions.
- Strengthening the Department of Social Welfare and other stakeholders to expand welfare services for the elderly.
- Implementing IEC/BCC programmes to enhance home-based community care and support for the elderly.
- Promoting solidarity across generations for social security.
- Involving the elderly in the development of policies and programmes to reduce poverty.
- Promoting and providing support for the elderly people who are shouldering social responsibilities.
- Including in the curricula of training institutions and schools nutritional and social issues affecting the elderly.
- Increasing access to medical and other forms of care for the elderly.
- Providing life skills to the elderly to enable them cope with ageing.

### **7.13 Persons with Disability**

Persons with disability form an important segment of the population of The Gambia. It is important to note that disability does not mean inability. According to the 2003 Census, 28 per 1000 persons in The Gambia have some form of disability.

The following strategies will be taken to promote the full integration and participation of persons with disabilities in all aspects of national development:

- Addressing the special needs of persons with disability, including poverty, unemployment and neglect.

- Establishing a National Council on Disability with defined roles and responsibilities.
- Strengthening the capacity of the Gambian Federation of the Disabled
- Providing support to Disabled Persons' Organisations in The Gambia.
- Advocating for the inclusion of disability modules in major national surveys
- Strengthening the Disability Unit of the Department of Social Welfare (DSW) and other rehabilitation services to meet the growing demand for such services for persons with disability.
- Supporting civil society organisations working for and with persons with disability.
- Regulating the construction of all public structures to guarantee access for people with disability.
- Advocating and supporting the development of a national policy and legislation on issues affecting persons with disabilities
- Providing life skills for persons with disabilities to enable them cope with their situation.

## **7.14 Capacity Building**

Timely availability of reliable data and the capability of analysing it are essential for sound population planning and for monitoring the implementation of the National Population Policy. Given that the ultimate objective of development is to bring about improvements in the quality of life of the population, it is important to develop capacities to integrate demographic variables in socio-economic development planning. This will contribute to ensuring that development programmes are realistic and responsive to the needs of the people.

In addition to the problem of lack of data, the country faces a shortage of trained personnel in the coordinating and implementing agencies. For instance, there are very few Gambian demographers and the attrition rate of both demographers and statisticians is high. The limited technical capacity contributes to delays in the analysis of available demographic data. The effective implementation of the population programme is affected by the high rate of attrition of trained personnel from the public service.

### **Strategies**

- Strengthening the technical capability of the coordinating and implementing agencies.
- Conducting capacity building needs assessment in implementing and coordinating agencies.
- Providing incentives to motivate and retain trained personnel with a view to reducing the attrition rate.
- Training of planners and policy makers in the use of population factors in their planning.
- Building up national research capability to promote operational research relating to all areas covered by the population policy.
- Strengthening administrative, financial and community/grassroots structures.
- Introducing the study of statistics, demography and population studies in the curriculum of the University, Gambia College and other tertiary institutions.

## **7.15 Population and Employment**

The building of a strong and viable economy for a nation depends to a large extent on the quality of its labour force. To ensure the maximum utilisation of The Gambia's human resources in productive ventures, the following strategies shall be pursued:

### *Strategies*

- Adopting and implementing a comprehensive human resource and employment planning policy.
- Promoting vocational and technical education tailored to job creation and the needs of the labour market
- Strengthening vocational guidance and counselling in educational institutions
- Promoting measures and programmes that enhance the capacity of women to increase their participation in national development.
- Providing support for expansion of the informal sector and self-employment.
- Diversifying and making attractive the agricultural base of the economy to increase employment and productivity.
- Integrating family life education in the workplace.



## **7.16 Legislative Reforms**

It is possible that some laws in general may affect population dynamics and family welfare in a manner contrary to the goals of the National Population Policy. Such laws will be identified and appropriate amendments to them made. There may also be areas in which the enactment of new legislation could help promote the attainment of the goals and objectives of the population policy. The possibilities of making legal provisions which serve population objectives will be examined and efforts made to enact the required laws. Although The Gambia is a signatory to various conventions relevant to the Population Policy such as CEDAW, the International Convention on the Rights of the Child, the United Nations and African Charters on Human and Peoples' Rights, much more needs to be done by way of implementation and enforcement.

It is to be emphasised that the suggestion of amending existing laws and enacting new ones is being made with the intention of facilitating population policy implementation and removing any hurdles in the way of this objective.

There is no intention of suggesting the use of force/legislation to impose any part of the policy to make people alter their behaviour in any particular manner. There will be a reviewing, amendment and enactment of new laws, where necessary, to facilitate attainment of population policy objectives.

### **Strategies**

- Providing sexual reproductive health and family planning services.
- Enhancing the status of women through equality of opportunity; protection against discrimination and violence; and fixing the minimum age for marriage at 18 years.
- Registration of marriages, births and deaths, and regulation of divorce.
- Regulating international migration: visa requirements; grounds for entry; duration of stay; right to reside, work and operate business; acquisition of real estate; and grounds for deportation.
- Protecting the environment - through regulations against pollution; regulating exploitation of natural resources through controlling the cutting down of forests; penalties for intentionally or inadvertently causing forest fires; adherence to international standards of waste disposal; and maintenance of urban construction standards; adherence to environmental impact assessment standards; review of land allocation and acquisition.

- Promulgating labour laws: prohibition of child labour and the exploitation of “*Almudos*”; guaranteeing the rights of working mothers; granting maternity and paternity leave; and enforcing requirements of work permits.
- Formulating policies and guidelines for counselling individuals before marriage.
- Advocating for enforcement of laws prohibiting marrying or giving away under-age girls into marriage.
- Advocating for an amendment to the law that prohibits having carnal knowledge of a girl under 16 years with a view to raising it to 18 years.

### **7.17 Population, Information, Education and Communication (IEC)/BCC and Advocacy**

Age-old customs and traditional attitudes remain entrenched in the society, leading to misconceptions, doubts and suspicions regarding any new changes.

Implementation of the National Population Policy, especially its component of reproductive/sexual health and family planning, could therefore be expected to meet with opposition which will require a vigorous information, education and communication (IEC) campaign to confront. Various target groups will have to be identified and appropriate communication strategies selected to inform and educate people on issues of population, health, family welfare, and sexual behaviour.

In order to have the desired impact, the National Population Policy would require support from all stakeholders through IEC/BCC and advocacy.

#### **Strategies**

- Holding regular seminars, workshops and lectures in various parts of the country to sensitise the populace, promote understanding and build the support of opinion and religious leaders, policy makers and planners for the successful implementation of the population policy.
- Including Life Skills in the educational and welfare programmes for staff in the organised sectors such as trade unions, co-operatives, and hotels, as well as the civil and security services.
- Using the mass media to reach various target audiences with messages relating to different aspects of the population policy.
- Employing traditional modes of communication - songs, drum, dance, storytelling and drama - to communicate population information and educate the people on population issues, particularly in the rural areas.

- Developing promotional materials in the form of visual aids - photographs, films, paintings - to disseminate more vividly the themes of the population policy.
- Designing formal and non-formal education programmes, as well as mass media programmes, to inform, educate, strengthen and enhance awareness of environmental issues.
- Strengthening the National Population Commission Secretariat and the Department of Information Services to serve as an effective co-coordinating body for IEC programmes and activities on population issues.
- Implementing IEC/BCC campaigns at both national and community levels, including the use of commercial video clubs to raise awareness on :
  - the benefits of family planning and breastfeeding;
  - the negative effects of female genital cutting and early marriage and the need to overcome socio-cultural barriers;
  - the importance of utilizing SRH services;
  - the benefits of formal education and girls' education and the need to increase enrolment;
  - the usefulness of data in planning and the importance of providing reliable and accurate data in order to facilitate research;
  - the need for people to diversify their occupational base and challenge traditional beliefs regarding restrictions placed on occupational choice;
  - the need for legislation on minimum ages of consent and marriage;
  - the importance of community activities such as environmental awareness, fund raising and community forest management;
  - the importance of adequate nutrition to maternal and child health.
- Enhance grassroots participation in the debate on harmful traditional practices.
- Working with CBOs/CSOs to educate communities on key population issues
- Enhancing the capacities of relevant structures at regional and district levels to enable them conduct and support population education activities
- Recognising the importance of the dignity and rights of persons with disabilities

## **7.18 Internal Migration**

As in other developing countries, the population of The Gambia is unevenly distributed, with the urban areas being more densely populated than the rural areas. This imbalance in population distribution can cause severe strain on urban infrastructure, services and the

physical environment. Consequently, the need to ensure a balanced distribution of the population cannot be overemphasised.

Rural-urban migration has contributed towards aggravating congestion, deteriorating sanitary conditions, increasing unemployment among youth, and bringing excessive pressure to bear on social infrastructure in the urban areas. In the rural areas it has resulted in labour shortages in agriculture during peak seasons and a demographic structure characterised by a higher dependency burden.

### *Strategies*

- Improving off-farm employment ventures such as tie-dye, rabbit-rearing, bee-keeping, pottery- and furniture-making to diversify the income base of rural communities.
- Re - investing revenue from rates and taxes in communities to improve infrastructure and services, especially in the rural areas.
- Improving overall living conditions in the rural areas through a programme of integrated rural development.
- Developing the rural infrastructure (roads, water, electricity, schools and hospitals) to reduce the incentive to move to urban centres, as well as provide the basis for rural industries.
- Extending and improving low cost housing schemes, electricity, water and sanitary facilities in urban growth centres to mitigate the adverse effects of rapid urbanization.
- Institute appropriate policies to ensure that whenever people are internally displaced for one reason or the other, such as through natural disasters or armed conflicts, such persons are protected, settled, rehabilitated or assisted to integrate into society as early as possible.
- Introducing measures and incentives to promote investment and development in the rural areas
- Conducting periodic national migration surveys.

## **7.19 International Migration**

International migration has aggravated the population problems facing the country. For instance, 7.7% (2003 Census) of the population are immigrants. The influx of immigrants has placed increasing pressure on the already overburdened social services,

reduced employment opportunities for the nationals and is believed to contribute to higher crime rates.

A growing concern has been the difficulty in detecting foreigners, which compounds the problems faced in controlling the in-flow of migrants from neighbouring countries. However, any action must keep in view international agreements and protocols, such as the ECOWAS treaty, to which The Gambia is a signatory. The pull factors responsible for international immigration into The Gambia include the peace, political stability, job opportunities, a conducive social environment and the tourism attractions which the country offers to people fleeing from conflict and instability in the sub region.

### *Strategies*

- Effectively enforcing the Immigration Act (1988), to regulate immigration.
- Establishing a Border Patrol Unit to man all entry points.
- Amending National Identity Card regulations to ensure that applicants show evidence of citizenship (passports and/or birth certificates) and empowering chiefs and district authorities to assist in adjudicating on claims of citizenship. The Vital Registration System should serve as modus operandi for issuance of identity cards.
- Requiring non-Gambians requesting residential permits to show evidence of tax clearance, possession of their national documents (passports and identity cards) and registration of businesses according to the Law.
- Requiring employers wishing to apply for, or renew, their expatriate quota allocations to provide evidence of employment of Gambians as well as of training programmes designed to assist Gambians assume corresponding positions in their organisations.
- Compilation and dissemination of migration statistics.
- Encouraging citizens both within and outside the country to participate fully in the development of their home areas by providing both material and financial assistance
- Liaising with other national governments and international agencies to ensure that nationals and their properties are fully protected in accordance with the laws, norms and conventions of international practice.
- Adopting and promoting incentive schemes which will facilitate the voluntary return of highly-skilled emigrants and their eventual integration into the national economy.

## **7.20 Population and Environment**

The effects of population pressures on the environment such as the decline in land productivity, the insufficient distribution of power supply, pollution and the inadequacy of waste disposal systems are well known and need to be addressed. There is a need for effective action to protect and preserve the environment, manage it on a more sustainable basis as envisaged under the Gambia Environment Action Plan (GEAP) and protect the population from environmental disasters.

The indiscriminate disposal, and lack of proper management of, solid waste and refuse in the Greater Banjul Area and other urban and rural centres is considered one of the most serious threats to public health. Many of our diseases, for example Acute Respiratory Infection, Malaria and Diarrhoea, are related to poor environment at the household level. Contamination of food and water, indoor pollution and poor housing are all predisposing factors. The Health Policy seeks to increase awareness of the importance of the health sector in the implementation of the GEAP through the environmental health programme countrywide. The Policy calls for greater attention and linkages between:

- Food safety and hygiene as it relates to the environment
- Waste and refuse management
- Water and sanitation
- Urbanisation and human settlements
- Health education and a healthy environment.
- Disaster and contingency planning
- Environmental policy, planning and quality
- Forest and wild life resources conservation
- Aquatic and wetland resources conservation

### ***Strategies***

- Strengthening production of village cadastral maps demarcating and enforcing land use zones.
- Protecting species of trees facing extinction.
- Encouraging the use of alternatives to fuel wood, such as gas, as well as use of more efficient cooking stoves, to reduce the cutting down of trees.
- Encouraging plant and animal genetic conservation to maintain biodiversity for use by future generations.
- Promoting tree-planting campaigns involving school children and communities.

- Involving individuals and communities in the management of the physical environment.
- Increasing the number of forest guards, scouts and fire-fighting equipment to cope with forest fires and encouraging community participation in forest protection.
- Strengthening the monitoring and enforcement strategy for the control and management of hazardous chemicals and pesticides, including Ozone-Depleting Substances. (ODS)
- Assessing fisheries resources data and population numbers on a continuous basis to avoid over-fishing and marine contamination.
- Strengthening the standards for environmental quality monitoring and enforcement, including industrial discharges, solid and liquid waste management.
- Enforcing existing toxic waste disposal laws, and promoting new initiatives for recycling waste.
- Strengthening Environmental Education in all educational curricula.
- Incorporating Environmental Impact Assessment (EIA) studies in all development and planning activities.
- Reviewing the Public Health Act and strengthening the enforcement strategies.

## **7.21 Data Collection, Analysis and Research**

The national database is still inadequate and too uncoordinated for planning purposes. For most indicators, the latest available source of information is the Population and Housing Census, which was conducted in 2003, and the detailed analysis of which was completed in 2006. The coverage of registration of births and deaths is extremely low and it is impossible to use demographic techniques to derive mortality and fertility rates from it. In the inter-censal periods, only a very few surveys, such as the Maternal Mortality Survey, the Adolescent Fertility Survey and the Contraceptive Prevalence and Fertility Determinants Survey have been conducted on a national basis to collect population-related statistics. One of the areas most affected by lack of adequate information is international migration even though all past censuses have information on the number of immigrants residing in the country. This is due to the absence of data on Emigration.

## **Strategies**

- Support the strengthening and reorganisation of the Gambia Bureau of Statistics (GBoS).
- Strengthen the Vital Registration System in terms of its institutional framework giving due attention to its location, organisation and decentralisation.
- Support GBoS and other institutions to collect and analyse statistical data on a regular basis.
- Conduct Demographic and Health Surveys periodically and also consider the possibility of including demographic modules in household surveys to provide inter-censal data.
- Strengthen research in various areas related to population and development.
- Enhance and strengthen coordination of data collection and analysis in the country through the reactivation of the Data Surveillance Committee.

## **7.21 Monitoring and Evaluation**

The importance of planning, implementation, monitoring and evaluation of development programmes cannot be overemphasised. The following strategies shall be pursued to improve and ensure timely collection, processing, analysis and dissemination of data to policy makers, planners and the public at large.

### **Strategies**

- Strengthening the institutional capacity of the Gambia Bureau of Statistics and collaborating institutions, training and research institutions, the National Population Commission Secretariat, as well as departmental and divisional planning units to collect, analyse and disseminate population and other relevant statistical data.
- Establishing a forum for population data producer and end-user communication
- Reviewing laws governing the registration of vital events especially marriages, births and deaths and providing the necessary logistics, and establishing data collection centres at district and ward levels.
- Establishing a management information network system including a data bank to support all population activities



## **7.22 Partnership and Collaboration**

Population is a cross-cutting issue. Therefore its programmes are to be formulated and implemented through the active collaboration and participation of all stakeholders in population and development issues. Partnership between Government, multilateral and donor agencies and civil society needs to be based, appropriately, on delivering agreed outcomes that bring benefits to poor people's health, including sexual and reproductive health.

All partners, donors, local and international agencies, interest groups and the private business sector should be involved in the planning and implementation of Population issues. Government recognises and supports the importance and complementary role that civil society at national level can play in helping communities to articulate and meet their needs for health care, including reproductive health care.

### *Strategies*

- Strengthening the involvement of civil society at the national level in policy discussions and in the formulation, implementation, monitoring and evaluation of strategies and programmes to achieve programme objectives.
- Involving, where appropriate, representatives of non-governmental organisations (NGOs) and community representatives, including youths, in country delegations to regional and international meetings where issues related to population and development are discussed.
- Encouraging the design of innovative partnership approaches, including the media, the commercial sector, religious leaders, local community groups, as well as youths, which can serve as effective advocates for the achievement of the goals and objectives of the programme.
- Regular consultations with all partners at all levels on population issues.

## **7.23 Resource Mobilisation**

Various resources are required for the successful implementation of the National Population Policy. Inadequate resources in terms of finances, materials and personnel have been identified as one of the major constraints to policy implementation. With this in mind, there is a need to mobilise both domestic and external sources to fund the activities arising from the policy. While UNFPA will remain the major source of external funding for population activities in The Gambia, Government is expected to take the lead role in mobilising external resources.

## **Strategies**

- Developing a resource mobilisation plan.
- Building the capacity of the National Population Commission Secretariat (NPCS) to embark on resource mobilisation.
- Sectoral departments of state and Local Government Areas (LGAs) shall include provisions for population programmes in their annual budget.
- Involving Technical Advisory Committees (TACs) and rural communities in the mobilisation of resources.
- Providing guidelines for mobilising external assistance for population programmes to ensure proper coordination and maximum utilisation of resources to enhance programme impact at national, sectoral and district levels.
- Establishing proper donor coordination to ensure maximum resource utilisation in the population programme

## **8.0. INSTITUTIONAL FRAMEWORK FOR THE IMPLEMENTATION, MONITORING AND EVALUATION OF THE NATIONAL POPULATION POLICY**

The implementation of the National Population Policy requires, inter-alia, the establishment of a sound institutional framework for the translation of objectives into effective programmes at national and divisional levels. It also requires active political, administrative and technical support for the attainment of the goals and objectives outlined in the policy. Because of the multi-faceted nature of population issues and the factors that impact on them, the implementation of the population policy will be the collective responsibility of the entire government, private sector, and civil society at large. This principle implies that the policy will be executed at national, municipal and divisional levels according to the guidelines and standards set out in this population policy.

### **8.1 National Population Commission**

The President as Head of State will oversee the implementation of the National Population Policy through the National Population Commission, which is the highest statutory body set up to advise government on population and related issues. It will ensure coordination and political commitment at the highest political level to integrating population and development concerns as part of national development strategy. The Head of State periodically reports on population and development issues as they relate to national development.

The chairpersonship of the National Population Commission is assigned to the Vice President, Office of the President. The Commission membership is made of high-level politicians and citizens of The Gambia with demonstrated interest and commitment in population and development. The membership is constituted as follows:

▪ Vice President, Office of The President	–	Chair
▪ Secretary of State for Health	-	Member
▪ Secretary of State for Youth & Sports	-	Member
▪ Secretary of State for Agriculture	-	Member
▪ Secretary of State for Finance	-	Member
▪ Secretary of State for Education	-	Member
▪ Secretary of State for Local Government and Lands	-	Member
▪ Secretary of State for Information and Communication Technology	-	Member
▪ Executive Director, Gambia Family Planning Association	-	Member
▪ Chairperson, National Youth Council	-	Member
▪ Chairperson, Supreme Islamic Council	-	Member
▪ Chairperson, Gambia Christian Council	-	Member
▪ Chairperson, National Women’s Council	-	Member
▪ Representative, Network of Parliamentarians on Population and Development	-	Member
▪ Representative of the private sector	-	Member
▪ Chairperson, TANGO	-	Member
▪ Director, Population Affairs	-	Secretary

The Commission has the following mandate:

- To oversee periodic revisions of the National Population Policy
- To obtain Cabinet approval for the policy and ensure commitment to its effective implementation
- To ensure and promote effective integration of demographic variables into the national development process
- To co-ordinate all population related activities in The Gambia
- To support legislations that promote the effective implementation of the National Population Policy
- Mobilise resources both internal and external to support the implementation of the population policy and programme

- Ensure the full participation of the private sector, NGOs and civil society in attaining the goals and objectives of the population policy
- Review and adopt strategies that would promote sustainable population programme and activities in order to improve the well being of the people of The Gambia
- To conduct bi-annual meetings to assess progress in the implementation of the National Population Programme.
- Conduct periodic monitoring and evaluation visits to population and development project sites.

## **8.2 National Population Commission Secretariat**

The National Population Commission Secretariat (NPCS) shall act as the focal point in the formulation and management of population programmes throughout the country. As the operational arm of the National Population Commission, the NPCS shall facilitate, monitor, co-ordinate and evaluate the implementation of the policy and programmes, foster functional linkages among sectoral departments, institutions and agencies to harmonise the work of the NPC at national, divisional and district levels. The Secretariat is located at the Office of The President and is headed by a Director who will be the Secretary to the Commission.

The Secretariat shall have the following functions: -

- Provide technical and administrative support to the National Population Commission and its advisory committees
- Undertake population research, analysis and disseminate relevant population information to stakeholders.
- Undertake policy and programme design.
- Promote advocacy for population and related development issues targeting government leadership and civil society.
- Assist government departments and other institutions to integrate demographic variables in their sectoral policies and programmes.
- Identify the training and institutional needs of implementing agencies and build their capacities.

- Coordinate government preparation and participation in international population conferences.
- Prepare quarterly, bi-annual and annual reports on the implementation of the population programme
- Facilitate, coordinate, monitor and evaluate the implementation of the population policy and programme
- To carry out functions assigned by the NPC towards the achievement of the population goals and objectives.
- Facilitate the implementation of the Population policy guidelines.
- Assist in the mobilisation of resources for the National Population programme
- Facilitate the work of the sub-programme committees, the committee on monitoring of indicators and other relevant committees

### **8.3 Technical Advisory Committee**

A multi-sectoral advisory body consisting of relevant institutions will be established to facilitate the implementation of the Population Policy and Programme. The advisory body shall bring a broader perspective to bear on the work of the Commission and Secretariat, by collectively interrelating, pooling together and harmonising the views, concerns, needs, technical knowledge and expertise of various disciplines, sector agencies, and groups concerned with the population policies and programmes at national, sectoral and district levels. Specifically, this includes matters relating to the Population Policy and Programme; Family Planning Services; Information, Education and Communication; Research, Monitoring and Evaluation; and Training.

The Technical Advisory committee shall have the following functions:

- To provide expert advice on population and development issues to the NPC
- Assist the NPC and the Secretariat to determine appropriate policies, programmes and tasks pertaining to specific population issues;
- Coordinate the design and implementation of interventions that will lead to the achievement of objectives and strategies of the policy.
- Advise on key and relevant technical matters relating to the implementation of population programmes;

- Provide other relevant technical advisory services as may be requested from time to time by the NPC.

Membership of this committee shall comprise personnel from:

- Departments of:
  - Health,
  - Youth and Sports,
  - Agriculture,
  - Finance,
  - Education,
- Information Department
- The Gambia Family Planning Association,
- Medical Research Council (MRC)
- Department of Social Welfare,
- Women’s Bureau
- National Population Commission Secretariat,
- UNFPA,
- Gambia Bureau of Statistics (GBoS)
- Gambia Radio and Television Services (GRTS),
- Department of Community Development
- Network of Journalists on Population and Development
- Network of Parliamentarians on Population and Development
- Network of Youths on Population and Development
- National Nutrition Agency
- National AIDS Secretariat
- National Environment Agency

## **8.4 Decentralised Local Government Structures**

In line with government’s policy on decentralisation and local government reforms, the National Population Commission Secretariat shall work closely with the decentralised administrative structures of the country especially the Population Task Forces, Multi-Disciplinary Facilitation Teams, Ward Development Committees and the Village Development Committees to design and implement population programmes and activities.

### **8.4.1 Population Task Forces (PTFs)**

The Population Task Forces (PTFs) are sub-committees of the Regional Technical Advisory Committees. They were set up in 1993 and are mandated to coordinate and facilitate all population activities within their respective areas. Each PTF is composed of about 15 members who are heads of Government Departments, representatives of NGOs,

women and youths in the region/municipality. PTFs are an essential link between the national structure and the grassroots in the process of policy implementation.

**The Terms of Reference (TOR) for the PTF in the various Municipalities and Regions of The Gambia:**

- ✓ To conduct quarterly meetings
- ✓ Monitoring of population related projects within the region/municipality on a quarterly basis
- ✓ To write and submit quarterly reports on PTF activities to the National Population Commission Secretariat
- ✓ Review project proposals within the region
- ✓ Conduct capacity building for local networks, committees, MDFTs, WDCs and VDCs (traditional communicators, Committees on Islam and Christianity, Youth Structures and other groups) on population and development issues.
- ✓ To facilitate and participate in the joint monitoring treks ( UNFPA, project managers/ directors, NPC,NPCS)
- ✓ To identify the needs of the PTF members and other structures (training and other logistical support).
- ✓ Carry out periodic needs assessment
- ✓ Develop a joint Annual Plan of Action with a clear-cut budget for programmes and or projects
- ✓ Create a reference and documentation file for the PTF
- ✓ To coordinate and facilitate all population activities within their respective Local Government Areas
- ✓ Advocate for and mobilise resources to support population activities in the respective regions/municipalities.
- ✓ Provide technical backstopping to institutions such as Traditional Communicators (TCs), Community Based Organizations (CBOs), Sub-Committees on Islam and Christianity etc. in the implementation of population related activities
- ✓ Facilitate and participate in World Population Day celebrations

## 8.4.2 Multi-Disciplinary Facilitation Teams

MDFTs, by virtue of their technical expertise, serve as the technical advisers for all population and development issues within the ward. They serve as the link/liaison between the Population Task Forces and the communities. They help build the capacities of Ward Development Committees and Village Development Committees. They also serve as planning technicians to these structures.

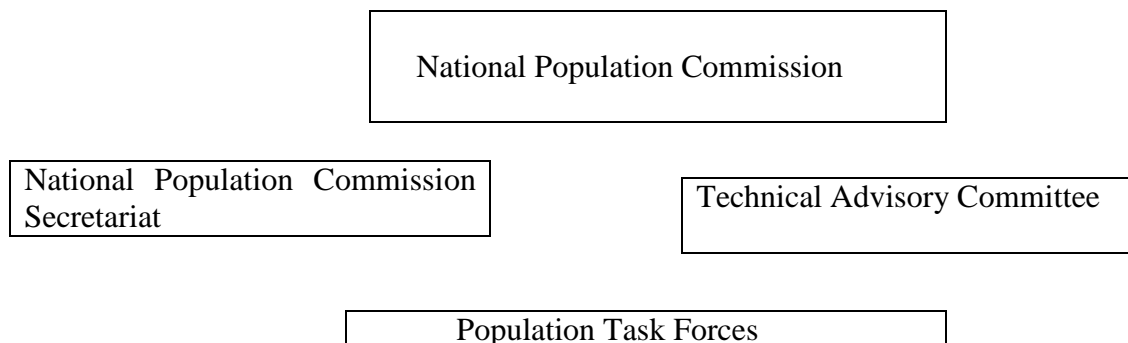
## 8.4.3 Ward Development Committees

WDCs are composed of representatives from village development committees within the ward. They have the mandate over all population and development issues within the ward. The chairperson of the ward is the Ward Councillor who receives technical support from the MDFTs. It is in their mandate to plan, coordinate, implement and monitor all population and development activities within the ward. WDCs also help report on population related activities within the WDC and VDC areas. They also help in the writing of proposals for wards and villages.

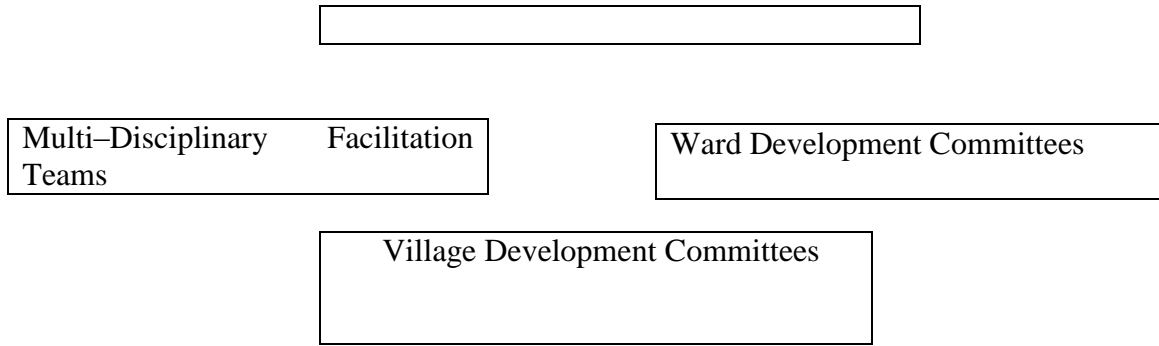
## 8.4.4 Village Development Committees

Village Development Committees exist in most villages in The Gambia, and are composed of influential members of a village including the *Alkalo*, Imam, Village Health Worker, and Traditional Birth Attendant, women and youth representatives among others. These committees serve as focal point for population activities in the village although it is necessary to strengthen their managerial, financial and administrative skills to increase their effectiveness. Every Village Development Committee has a male and female representative at the Ward Development Committee.

### ORGANOGRAM OF THE INSTITUTIONAL FRAMEWORK FOR THE IMPLEMENTATION OF THE NATIONAL POPULATION POLICY







## 9.0 CONCLUSION

The principles, strategies and institutional arrangements outlined in this revised national population policy represent the views, aspirations and development needs of the Gambian people.

The successful implementation of these policy objectives is dependent on the determined effort and continuing partnership between the Government of The Gambia and its constituent institutions, the private sector, non-governmental organisations, donor agencies and more importantly, the people of The Gambia

The policy therefore represents a challenge and an opportunity for all, institutions and individuals alike, to actively support and promote the objectives of the national population policy in all spheres of activities to ensure a high and equitable quality of life for all Gambians.

