THE GAMBIA NATIONAL REPORT

BANJUL, MAY 2018

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<tr>
<td>AADPD</td>
<td>Addis Ababa Declaration on Population and Development</td>
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<tr>
<td>AAITG</td>
<td>ActionAid International The Gambia</td>
</tr>
<tr>
<td>ACHPRAWA</td>
<td>African Charter on Human and Peoples’ Rights on the Rights of Women in Africa</td>
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<td>APEC</td>
<td>African Population Experts Committee</td>
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<tr>
<td>AU</td>
<td>African Union</td>
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<td>AUC</td>
<td>African Union Commission</td>
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<tr>
<td>BAFROW</td>
<td>Foundation for Research on Women’s Reproductive Health, Productivity and the Environment</td>
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<tr>
<td>CARMMA</td>
<td>Campaign on Acceleration of Reduction of Maternal Mortality in Africa</td>
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<tr>
<td>CEDAW</td>
<td>Convention on Elimination of Discrimination Against Women</td>
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<td>CPR</td>
<td>Contraceptive Prevalence Rate</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>CRR</td>
<td>Central River Region</td>
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<td>ECOWAS</td>
<td>Economic Community of West African States</td>
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<tr>
<td>EEE</td>
<td>Empower, Educate, Employ</td>
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<td>EFSTH</td>
<td>Edward Francis Small Teaching Hospital</td>
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<td>FLAG</td>
<td>Female Lawyers Association Gambia</td>
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<tr>
<td>GAMCOTRAP</td>
<td>Gambia Committee on Traditional Practices</td>
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<tr>
<td>GBoS</td>
<td>Gambia Bureau of Statistics</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender-Based Violence</td>
</tr>
<tr>
<td>GCPCFDS</td>
<td>Gambia Contraceptive Prevalence and Fertility Determinants Survey</td>
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<tr>
<td>GII</td>
<td>Gender Inequality Index</td>
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<tr>
<td>HDI</td>
<td>Human Development Index</td>
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<tr>
<td>HLPF</td>
<td>High Level Policy Forum</td>
</tr>
<tr>
<td>ICC</td>
<td>International Criminal Court</td>
</tr>
<tr>
<td>ICCPR</td>
<td>International Convent on Civil and Political Rights</td>
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<tr>
<td>ICPC</td>
<td>International Conference on Population and Development</td>
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<tr>
<td>ICT</td>
<td>Information and Communications Technology</td>
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<tr>
<td>IHS</td>
<td>Integrated Household Survey</td>
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<td>LGA</td>
<td>Local Government Area</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>MPC</td>
<td>Monetary Policy Committee</td>
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<td>MSMEs</td>
<td>Micro, Small and Medium Enterprises</td>
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<td>MTDEMS</td>
<td>Medium-Term Debt Management Strategy</td>
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<td>NAMs</td>
<td>National Assembly Members</td>
</tr>
<tr>
<td>NBER</td>
<td>North Bank East Region</td>
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<tr>
<td>NBWR</td>
<td>North Bank West Region</td>
</tr>
<tr>
<td>NEDI</td>
<td>National Enterprise Development Initiatives</td>
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<tr>
<td>NEET</td>
<td>Young people Not in Education, Employment or Training</td>
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<tr>
<td>NGBV</td>
<td>Network of Gender-Based Violence</td>
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<td>NHRC</td>
<td>National Human Rights Commission Act</td>
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<td>NSPP</td>
<td>National Social Protection Policy</td>
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<tr>
<td>NYIN</td>
<td>Gambia Youth Innovation Network</td>
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<tr>
<td>OG</td>
<td>Operational Guide</td>
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<td>PAGE</td>
<td>Programme for Accelerated Growth and Employment</td>
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<td>PAL</td>
<td>Practical Approach of Lung health strategy</td>
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<tr>
<td>PRB</td>
<td>Population Reference Bureau</td>
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<tr>
<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<tr>
<td>SMAM</td>
<td>Singulate Mean Age at Marriage</td>
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<td>SSA</td>
<td>Sub-Saharan Africa</td>
</tr>
<tr>
<td>STC-HPDC</td>
<td>Specialized Technical Committee for Health, Population and Drug Control</td>
</tr>
<tr>
<td>TRRC</td>
<td>Truth, Reconciliation and Reparations Commission</td>
</tr>
<tr>
<td>UNECA</td>
<td>United Nations Economic Commission for Africa</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Fund for Population Activities</td>
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<tr>
<td>UNSCR</td>
<td>United Nations Security Council Resolution</td>
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<tr>
<td>URR</td>
<td>Upper River Region</td>
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<tr>
<td>VNDR</td>
<td>Volunteer National Review</td>
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<tr>
<td>WPPA</td>
<td>World Population Plan of Action</td>
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<tr>
<td>YEP</td>
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Executive Summary

The 1994 Cairo Conference or ICPD adopted a new PoA as a guide for national and international action in population and development for the next 20 years. The PoA emphasizes the enduring link between population on one hand and development on the other hand; and introduced for the first time the concepts of sexual and reproductive health and reproductive rights. The African consensus on the ICPD beyond 2014, is known as the Addis Ababa Declaration on Population and Development (AADPD). This report reviews the progress and evaluates the extent to which The Gambia has fulfilled the commitments reflected in the AADPD over the past five years. The country’s prospects for harnessing the demographic dividend are also assessed.

Dignity and Equality: Twenty-nine commitments are reviewed under this key issue. With the emergence of the country from a 22-year dictatorship in December 2016, the following three Acts have been enacted as part of the transitional justice programme: (1) The Truth, Reconciliation and Reparations Commission Act, 2017 (TRRC), (2) Constitutional Review Commission Act, 2017 (CRC) and (3) National Human Rights Commission Act, 2017 (NHRC). The TRRC and the NHRC are meant to address human rights abuses committed between July 1994 and January 2017; and to promote healing and reconciliation, respond to the needs of victims, address impunity and to prevent a repetition of the violations and abuses. Similarly, the CRC Act is required as the 1997 Constitution was tampered through phoney amendments, which undermined democratic governance. The appointment of commissioners and other related institutional arrangements have been finalized for the NHRC, CRC and TRRC. The other issues reviewed include: eradicating extreme poverty, discrimination against women and girls, discriminatory impact on women and youth, economic empowerment of women and young people through equal access to ownership and control of economic resources; among many others. In general, the results are mixed. Much progress has been achieved but there are challenges and gaps, for example: lack of awareness of laws promoting and protecting human rights; a widening poverty gap and access to services between urban and rural Gambia; under-representation of women in decision-making positions in the political and senior management structures of all levels and the culture of silence impeding efforts in addressing the cases of gender-based violence (GBV); including new and emerging issues and priorities.

Health: Seventeen commitments have been reviewed under this key issue. The success stories include: ongoing progress in the revitalization of the PHC and scaling up (from 634 PHC villages in 2015 to 810 in 2018) for equitable and universal access to a comprehensive range of health care services; maintain the current low prevalence of HIV from 1.9% (DHS, 2013) to 1.4% (National Sentinel Surveillance, 2016); joint Medical Research Council (MRC) Ministry of Health and Social Welfare (MoHSW) 2014 survey estimated TB prevalence in The Gambia at 28 per 100,000 population; significantly less than the WHO estimate of 174 per 100,000 population for the same period and overall malaria parasite prevalence among children aged 6-59 months declined by 97.5 per cent, from 4.0 per cent in 2011 to 0.1per cent in 2014. The challenges and gaps, among others, include: inadequate financial, human and material resources; weaknesses in the health referral system at all levels and sustainability of HIV services which are 95% donor driven (Global Fund). There are a number of new and emerging issues and priorities.

Place and Mobility: Twenty commitments have been reviewed under this key issue. Success stories include: database created and data regularly collected on arrivals and departures, number of deportees, number of Gambian deceased, entry refusals and departures, imposters, revenue generation, number of resident permits and ID cards, expatriates, number of asylum seekers and refugees; and reports are produced monthly and annually; introduction of bio-metric passports and finger printing; and densification of new growth centres in the provinces to facilitate the relation between settlement in the hinterland and the growth centres, among others. Challenges and gaps are: poor border control and weak monitoring system resulting in the exclusion of large number of immigrants in the immigration database; difficulties in tracking the inflow of remittances to assess the contribution of Gambians living in the diaspora towards achieving the development objectives of the country; too many land disputes
particularly in areas where customary tenure is overlapped by the state land status and the retention of national climate science experts. There are a number of new and emerging issues and priorities.

**Governance:** Four commitments have been reviewed under this key issue. Achievements include: Advocacy structures namely, Network of Journalist, Parliamentarians, Traditional Communicators, youth and faith-based organisations established and supported to facilitate awareness creation on population and development and the establishment of a functional Directorate on Local Governance in the Ministry of Lands and Regional Government. The challenges and gaps are: limited funding for coordination of activities; frequent staff transfer, which affects the function of the regional coordination structures and availability of timely data to track progress of indicators, in particular impact indicators.

**Data and Statistics:** Seven commitments have been reviewed under this key issue. Achievements include: utilization of a GIS technology in the 2013 Census mapping exercise; GBoS data portal was established in 2016 and data processing team and report writers for the conduct of the MICS and DHS have been trained to enhance their skills in data analysis and report writing. Some challenges and gaps are: inadequate financial and technical capacities to meet the growing need for data and statistics and absence of a complete system of civil registration and vital statistics in the country.

**Partnership and International Cooperation:** Eleven commitments have been reviewed under this key issue. Achievements include: forged partnership with NGOs and CSOs on the basis of their comparative advantages resulting in overcoming capacity gaps and to facilitate the transfer of skills and best practices in the implementation of the programmes and Gambia’s membership of PPD, an international organization that promotes south-south cooperation in population and development, has helped to strengthen institutional and individual capacities to ensure the successful implementation of the AADPD. Some of the challenges are: difficulties in getting returns on the FP service provision from the private outlets; and the high overhead cost of service provision in the private sector making RH services unaffordable and accessible to most Gambians.

**Demographic Dividend:** Although the prospects for attaining the demographic dividend exist, it would require substantial investments in voluntary FP to reduce the current TFR of 5.6 to at least 3.4. In order to achieve this, a contraceptive prevalence rate (CPR) of 60-70% is required. The major challenge is how to increase the CPR from 9% to 60-70% given the socio-cultural factors inhibiting the uptake of western contraception. Another challenge that affects the prospects for a demographic dividend is the emigration of skilled professionals, particularly nurses and doctors to Europe and USA. For accelerated economic growth to attain the demographic dividend, the government needs to invest, in addition to FP, in health, education and human capital, economic reforms and governance.
CHAPTER 1: Background

Since the inception of the United Nations in 1945, three major world conferences on population with set policy goals and recommendations have been held. The first conference was held in Bucharest in 1974, the second in Mexico City in 1984 and the third in Cairo in 1994. It is noteworthy that two earlier conferences on world population were convened in Rome in 1954 and Belgrade in 1965. However, both the Rome and Belgrade conferences were comparatively smaller, technical and statistics-focused in nature.

The Bucharest conference adopted the amended version of the first World Population Plan of Action (WPPA). The WPPA contained a set of goals, including specific targets for increased life expectancy and reduced infant mortality. General recommendations were also made in the WPPA on numerous population-related issues, including migration, the family, education, health, data collection, socio-economic policies, education and marriage of girls and the provision of “proper treatment and adequate social services” for migrant workers. Based on a review of progress and the reappraisal of the goals and objectives, governments in the Mexico City conference approved 88 new recommendations and called for the further implementation of the WPPA.

The Cairo conference, commonly known by its acronym – ICPD, (International Conference on Population and Development), was unique in many respects. It was a much bigger conference – more than 180 States participated, a new Programme of Action was adopted as a guide for national and international action in population and development for the next 20 years. For the first time, the new Programme of Action emphasizes the enduring link between population on one hand and development on the other hand; and focuses on meeting the needs of individuals ‘within the framework of universally recognized human rights standards’. The Programme of Action also emphasizes the fundamental role of women’s interests in population matters and introduced the concepts of sexual and reproductive health and reproductive rights. A new definition of population policy was advanced, giving prominence to reproductive health and the empowerment of women1. The adoption of this new Programme of Action also means that countries need to start to effectively integrate population issues into socio-economic development plans and policies in a bid to achieve a better quality of life for all individuals, including those of future generations.

Five years after the ICPD the United Nations General Assembly convened a special session to review and appraise the implementation of the Programme of Action adopted at the 1994 Conference.

Given that the Programme of Action of the ICPD was scheduled to end in 2014, but its goals and objectives remain valid beyond 2014, the UN General Assembly decided in December 2010 to extend the Programme of Action and the key actions for further implementation beyond 2014. This would thus ensure the follow-up of the Programme of Action to fully meet its goals and objectives.

April 2019 marks the 25th anniversary of the ICPD. The United Nations Commission on Population and Development plans to undertake a global review and appraisal of the implementation of the ICPD Programme of Action. In order to contribute to the global review; and following the decision in 2017 of the Specialized Technical Committee (STC) for Health, Population and Drug Control (HPDC) of the Africa Union (AU) to undertake a ministerial review of the implementation of the Addis Ababa Declaration on Population and Development in Africa (AADPD) beyond 2014; the 54 Member States of the African Union Commission (AUC) are urged to initiate in-country review processes that are

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multi-sectoral and consultative, and to submit national ICPD Review Reports no later than 30 April, 2018. In this regard, the AUC, with the support of the United Nations Economic Commission for Africa (UNECA) and the United Nations Fund for Population Activities (UNFPA), have agreed to several important milestones that will culminate in a continental expert and ministerial meeting from 2-5 October 2018.

1.2 Objective

The national review processes, which would culminate in the production of a national ICPD report, are meant to review progress on the implementation of the Addis Ababa Declaration on Population and Development in Africa (AADPD) beyond 2014. Thus, the main objective of the review is:

“To identify gaps and challenges, and ultimately to advance advocacy and policy change to achieve national development objectives and priorities in line with the commitments reflected in the AADPD”.

It is important to note, and as recommended by the African Population Experts Committee (APEC), and the STC-HPDC, “these national reports would be based substantively on the Operational Guide (OG) of the AADPD beyond 2014 and the indicators contained in its Monitoring and Evaluation Framework”. Using the OG of the AADPD beyond 2014 “would enable Member States to evaluate the extent to which they have fulfilled the commitments reflected in the AADPD over the past five years, by providing data on an agreed set of indicators across various levels of change (input, process and output/impact indicators)”.

1.3 Methodology

In order to accomplish the tasks of the national review processes and the production of the national ICPD report, the following methodology were used:

1). Desk review: A comprehensive literature review/research was undertaken to identify relevant policies, documents, programmes and strategies relating to Population and Development, Sexual and Reproductive Health, including family planning, gender and the empowerment of women, youth etc. Additionally, national data such as publications on Population and Housing Censuses, Demographic and Health Surveys, Poverty Surveys, Multiple Indicator Cluster Surveys, as well as evaluation reports were reviewed to track progress of the indicators contained in the AADPD Operational Guidelines. National data from surveys, studies and evaluations were also used to update the indicators identified within the AADPD OG.

2). Consultations: Meetings were held with relevant government officials across sectors such as The Gambia Bureau of Statistics (GBoS) and line ministries e.g. Health, Education, Women’s Bureau, Interior, Youth etc. including the NGOs, Civil Society Organizations, Research institutions, UN Agencies to contribute and validate inputs to the national report.

3). Data Collection: Qualitative data (Key Informant Interviews) were collected from key stakeholders implementing the ICPD Agenda. A special questionnaire was designed for this purpose.

4). National Validation Workshop: A government led national validation process was conducted. A multi-stakeholder group, including civil society, youth, women and other groups, academia, the private sector and UN agencies reviewed the draft report. The consultant presented the findings of the report and incorporated feedback from the validation workshop. The report was finalized in time for government’s submission by the deadline of May 30, 2018.
CHAPTER 2: Country Profile

The Gambia is the smallest country on mainland Africa with a total land area of 10,689 square kilometres. It is surrounded by Senegal on all sides except the west; where it has an opening to the Atlantic Ocean. With 176 persons per square kilometre, it is the fourth most densely populated country on mainland Africa, surpassed only by Rwanda, Burundi and Nigeria (GBoS, 2017). According to the United Nations Statistics Division (2017) projections, the country now has a population of 2.2 million. The population is growing at the rate of 3.1 per cent per annum and would double in 22.3 years at this rate (GBoS, 2017). Because of the high rural-urban migration, over 50 per cent of the population lives in the western part of the country (GBoS, 2016); this constitutes the urban sprawl of Banjul, Kanifing municipality and Brikama town.

More than 70 per cent of the population is aged under 30 years. Females account for 50.8 per cent of the total population. Overall, life expectancy at birth is estimated at 63.4 years; males 60.8 years and females 65.9 years (GBoS, 2016).

The Gambia is one of the poorest countries in the world with a human development index (HDI) of 0.452 and a ranking of 173 out of 188 countries (UN, 2016 estimates for 2015). The gender inequality index (GII) is 0.641 with a rank of 148 out of 159 countries in 2015 (UN, 2016 estimates for 2015). Poverty is widespread and is on the increase, particularly in rural communities. The number of people living below the poverty line (i.e. less than $1.25/day) increased from 0.79 million in 2010 to 0.94 million in 2015/16. However, absolute poverty increased slightly from 48.1 per cent in 2010 to 48.6 per cent in 2015/16 (GBoS, 2017). Rural poverty in 2015/16 accounted for 69.5 per cent compared to 31.6 per cent for urban. By contrast, in 2010, rural poverty was 64.2 per cent compared to 33.4 per cent for urban. The Gini index, a measure of inequalities, remained at 0.359 with slight declines in both rural and urban communities. According to the Palma index, which is a better measure of wealth concentration, the top 10 per cent of the population has a disproportionate share of consumption expenditure. The population is vulnerable to food insecurity. Overall, more than half (55.1 per cent) do not have enough to meet their food expenditure. About 65 per cent of the rural population cannot meet their food expenditure (GBoS, 2017).

In general, employment data are scarce. The most recent labour force survey dates to 2012. However, according to the National Human Development Report of 2014, unemployment is higher among women and young people; a staggering 30 per cent were estimated unemployed in 2012 Unemployment, the driving factor behind illegal migration out of The Gambia, is highest, 44.3 per cent, among young people aged 15-24 years (UNDP, 2015).

The real gross domestic product (GDP) growth was projected at 3.0 per cent in 2017 compared to 2.2 per cent in 2016. Economic activity is assumed to improve in 2018 with projected real GDP growth of 3.8 per cent. This is reinforced by projected increases in agricultural production, construction and a strong performance of the tourism sector coupled with improved business environment2.

According to the Central Bank Monetary Policy Committee (MPC)3, The Gambia’s domestic debt is stabilizing due to the government’s overall debt management strategy. Domestic debt decreased from D28.7 billion or 66.3 per cent of GDP in 2016 to D28.1 billion or 63.1 per cent of GDP in 2017.

The country has a huge external debt of D48 billion (US $1 billion) or 120 per cent of the GDP inherited from the previous government of Yahya Jammeh. Thus, the financing of critical infrastructure and human capital needs are suspended due to the huge amount of government revenue that goes into debt

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2 Press release on the economy, MPC 29/02/2018
3 Ibid
servicing. Similarly, this has hampered the private sector’s ability to access finance and credit, vital for its growth and expansion (Republic of The Gambia, 2018).

Despite the adverse economic challenges, the government is committed to the SDGs. The Gambia actively participated in the formulation and adoption of the SDGs and was among 19 African countries selected for the post-2015 consultations that resulted in the formulation and adoption of the 2030 agenda. In fact, the government has expressed keen interest to participate in the 2018 Voluntary National Review (VNR) process and will make a national presentation during the 2018 High Level Policy Forum (HLPF). In this regard, the government with support from the UNDP has already prepared its SDGs baseline report as a first step in the VNR process.

Under-five mortality declined from 89 deaths per 1,000 live births to 54 deaths per 1,000 live births (GBoS, 2014). The Gambia has a maternal mortality rate of 433 per 100,000 live births (DHS, 2014).

The government has made significant efforts to increase enrollment numbers at all levels of education, even in the face of rapid population growth. However, in comparison to the sub-Saharan Africa (SSA) average, there has been limited progress in key access indicators across all levels of education between 2010 and 2015, except for gender parity, which has been achieved in pre-school through secondary education. Although girls are advantaged in terms of enrollment in lower basic and secondary education levels, boys are more likely to complete their studies compared to girls except at the lower secondary level. Inequality in access to education and out-of-school children pose significant challenges (World Bank, 2017).

Nationally, only 45 per cent of women aged 15-49 years are literate compared to 68 per cent of men (aged 15-49 years), with significant regional disparities. In the Basse LGA where literacy rates are lowest, only 15 per cent of women are literate compared to 38 per cent of men (GBoS, 2014).

The overall HIV prevalence among all women and men tested is 1.9 per cent. Females have a higher HIV prevalence, 2.1 per cent compared to males, 1.7 per cent. Among both females and males, HIV prevalence increases with age; peaking at 5.9 per cent in the 35-39 age group (GBoS, 2014). However, data from the National Sentinel Surveillance (2016) shows that the HIV prevalence rate has declined to 1.4 per cent up from 1.9 per cent (GBoS, 2014). Female genital mutilation (FGM) is widely practiced with an overall prevalence rate of 74.9 per cent (GBoS, 2014). However, on November 24, 2015, The Gambia joined 18 sub-Saharan African countries, including Nigeria, to ban the practice of FGM. A bill was passed in the National Assembly on December 28, 2015 criminalizing the practice of FGM in The Gambia. Monitoring the practice of FGM and enforcing the law can be challenging.

### 2.1 Geography

The Gambia is a very small and narrow country whose borders mirror the meandering River Gambia. It lies between latitudes 13° and 14° N, and longitudes 13° and 17° W. The country is less than 48.2 km (30 miles) wide at its widest point, with a total area of 10,689 square kilometre. Approximately 1,300 square kilometres of The Gambia’s area is covered by water. 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 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. Rainfall distribution tends to be irregular, and The Gambia had experienced perennial droughts in the 1970s and 1980s and recently in 2011.

### 2.2 The Economy

The Gambia’s economy is mainly based on services, agriculture and tourism. In 2015, the services sector contribution to the Gross Domestic Product (GDP) was 65.5 per cent. Tourism is the country’s
main foreign exchange earner. According to the 2013 Population and Housing Census, 31.5 per cent of the employed persons were in the agricultural sector, mainly as subsistence farmers. Groundnut is the main cash crop of the country and accounts for about 22.4 per cent of exports in 2015. It has GDP per capita of US$476 in 2016 with an annual GDP growth rate of 4.3 per cent for the same period.

4 GBoS (2016).
6 ibid
CHAPTER 3: Implementation of the AADPD

3.1 Dignity and Equality

Fundamental human rights and freedom without discrimination, an important pre-requisite for combating poverty, continue to occupy centre stage in the development frameworks of the African continent. However, much more needs to be done to eradicate poverty and ensure that the human rights and dignity of all individuals are respected in an anticipated manner.

Against this background, The Gambia continues to propagate policies, develop plans and programmes as well as legislations that seek to eradicate poverty and promote the fundamental rights of all Gambians, including the right to development, education, healthcare, employment and bodily integrity, among others.

This chapter contains 29 commitments with key issues that address upholding the human rights of; and fulfilling the needs of all people. The extent to which these commitments are fulfilled, the challenges, recommendations, new and emerging issues and priorities are discussed.

Below is a summary of the main achievements, challenges, recommendations, new and emerging issues as well as priorities in the implementation of the AADPD in the last 5 years, for each of the key issues contained in this chapter.

3.1.1 Human Rights Dignity and Equality

Main Achievements

The 1997 Constitution of the Republic of The Gambia as the supreme law of the land from which other laws are derived, makes provision for fundamental human rights and freedoms as well as equality before the law. In addition to the constitution, other legislative measures and policies have been taken to promote human rights and equality for inclusive sustainable economic and social development. The main achievements include:

Policies, Programmes, Strategies and Legislation

In a bid to promote and protect human rights and adhere to International and regional obligations, the Government of The Gambia through its National Assembly has enacted the following three Acts as part of its transitional justice programme:

Truth Reconciliation and Reparations Commission Act, 2017

It is imperative for The Gambia to carry out a thorough investigation of the human rights violations and abuses of the past 22 years. It is important to have an accurate and impartial historical record of the human rights violations, document them for posterity to ensure that “never again” shall the country experience wanton abuses of this magnitude.

The Truth, Reconciliation and Reparations Commission Act (hereinafter referred to as “TRRC”) was enacted by the National Assembly in December 2017. The Act establishes a non-judicial mechanism for the investigation of violations and abuses of human rights in The Gambia between July 1994 and January 2017, in order to promote healing and reconciliation, respond to the needs of victims, address impunity and to prevent a repetition of the violations and abuses suffered.

The victims of human rights violations have a right to reparation as recognized under international law and laws of The Gambia. The Act reinforces the right not only to grant reparation but also to restore the civil rights and dignity of the victims.
The TRRC is envisaged to be an important vehicle for large-scale institutional, legal and administrative reforms in The Gambia. At the end of its operations, the Commission shall submit a report to the president of the Republic. The report will contain the findings and recommendations of the Commission, which are expected to strengthen and consolidate our burgeoning democracy.

**Constitutional Review Commission Act, 2017**

Under the former government, a new Constitution was drafted and approved in a referendum in August 1996, which ushered in the second Republic with the 1997 Constitution of the Republic of The Gambia. During the two decades since the adoption of the 1997 Constitution, there have been numerous amendments to the Constitution to the point of abuse. Provisions that have been carefully drafted in the 1997 Constitution to create proper checks and balances between the different arms of the government were deliberately and systematically eroded or completely removed resulting in weakened institutions and the undermining of democratic governance. Constitutional amendments were often intended to satisfy or achieve the parochial interests of the former president. Thus, the 1997 Constitution no longer protected the fundamental rights of the citizenry in the manner envisaged by the drafters.

While proposals have been made to amend certain aspects of the Constitution, it is thought that overall, the strategic objective of a return to sustainable democracy, would require the drafting of a new Constitution. Based on the foregoing, the Act intends to establish a constitutional Review Commission (hereinafter referred to as “CRC”) to guide the whole process of a new Republican Constitution that will usher in the Third Republic.

**National Human Rights Commission Act, 2017**

The National Human Rights Commission Act (hereinafter referred to as “NHRC”), which was established in December 2017, establishes a commission for the promotion and protection of human rights in The Gambia. The Gambia is a party to all major human rights treaties including the International Covenant on Civil and Political Rights (ICCPR). It is important to establish an independent national human rights commission as part of the government’s commitment to promote, protect and defend the inalienable rights of the citizenry and other people living in The Gambia. The national human rights commission is crucial to ensure compliance with all the human rights treaties to which The Gambia is a party.

Furthermore, given the importance of improving women’s status and participation in political, economic and social life, The Gambia expressly prohibits discrimination based on gender under the constitution. Section 28 of the Constitution provides for the right to equal treatment with men, including equal opportunities in political, economic and social activities. These rights are further enshrined under section 9 of the Women’s Act 2010. In addition to the constitutional and legislative measures, The Gambia adopted the National Policy for the Advancement of Gambian Women 2010-2020, which focuses on gender as a development concept and the participation of women and men on an equal and equitable manner for the economic, political and social development of The Gambia. More importantly, one of the policies and guiding principles is to take affirmative action to redress historical and traditional forms of discrimination against women and girls in political, educational, economic and other social spheres.

**Status of Implementation of Policies, Programmes Strategies and Legislation**

The appointment of commissioners and other related institutional arrangements are currently being finalized for the NHRC, CRC and TRRC.
3.1.2 Eradicating Extreme Poverty

Main Achievements

- Marked reduction in domestic borrowing, which results in the drop of the prime interest rate; from 23 per cent before the elections in December 2016, to 18 per cent in June 2017 (Central Bank of The Gambia, 2018).
- Proactive policies and strategies have been developed to improve competitiveness and to stimulate and add value to agro-processing, with increasing number of new companies in this venture.
- Improving and modernizing infrastructure in transport, energy and information and communications technology was largely achieved by heavy public and private sector investments with major road projects completed.
- Investments in the social sectors were targeted to benefit disadvantage groups, especially women, older persons, youth, unemployed persons, people living with HIV and AIDS and persons with disabilities, in both urban and rural areas.
- While poverty increased in several LGAs, the poverty gap index reduced; implying that those living in poverty in 2015/16 were better off than in 2010—the resource shortfall is lower and it will take fewer financial resources to move those living in poverty above the poverty line.
- Extreme poverty decreased slightly from 21.3 per cent in 2010 to 20.8 per cent in 2015/16; however, disparities exist in the welfare levels of the people living in extreme poverty.
- Compared to 2010, the squared poverty gap index has reduced significantly at national as well as sub-national levels. Kerewan LGA for example saw its squared poverty gap index reduced from 9.2 per cent in 2010 to 1.7 per cent in 2015/16.

Policies, Programme, Strategies and Legislation

The Gambia has developed and implemented policies, programmes and strategies that address the needs of the disadvantaged groups, especially women, older persons, youth, unemployed persons, people living with HIV and AIDS and persons with disabilities, in both urban and rural areas. These national programmes, strategies and legislation include: The Programme for Accelerated Growth and Employment (PAGE), Social Protection Policy and Strategy and the National Population Policy etc.

Status of Implementation of Policies, Programmes, Strategies and Legislations

- A revision of the 2017 Budget has been undertaken with a view to bringing the budget deficit down; leading to reduction of government expenditure of about 1 per cent of GDP; and the budget of the Office of the President has been cut by 75 per cent.
- Priority is being given to youth issues and the first project signed by the new government is centred on youth empowerment through funding from the European Union (EU). The 11-million-euro project focuses on youth employment creation aiming to provide high quality skills training for potential youth entrepreneurs and start-ups.
- In consolidating the fiscal and monetary environment, the government has concluded budget support agreements with key development partners such as EU (GMD 1.25 billion), the World Bank (US $56 million) and the African Development Bank (US $7 million) to stabilize government finances.
3.1.3 Discrimination against women and girls

Main Achievements

As party to various international treaties, the Government of The Gambia has harmonized national legislation with ratified international instruments and accelerated the implementation of the respective national, regional and international commitment on gender equality and empowerment in all sectors and eliminates all forms of discrimination against women and girls. It is also expected to regularly submit periodic reports on the implementation of such treaties, most especially the treaties on human rights. So far, The Gambia has harmonized national legislation to series of treaties such as the UN CEDAW, the Beijing Platform for Action, the CRC and the AU Solemn Declaration on Gender Equality in Africa. The proportion of seats held by women in national parliaments and local governments is 9.4%.

Policies, Programme, Strategies and Legislation


Status of Implementation of Policies, Programmes Strategies and Legislations

Government also established intuitional mechanisms and frameworks for the implementation of the harmonized policies, Programme, Strategies and Legislation that eliminate all forms of discrimination against women and girls. These institutions include the Women’s Bureau, the GBV Steering Committees the CSO Network or Coalition on the fight against domestic violence.

3.1.4 Discriminatory impact on women and youth

Main Achievements

Since 2014, The government of the Gambia has promulgated initiatives for women’s rights promotion and protection and review, revise, amend or abolish series of laws, regulations, policies, practices and customs that have discriminatory impact on women, youth, especially girls, without distinction of any kind, and ensure that the provisions of multiple legal systems comply with international human rights regulations and laws. This amendment includes the abolishing of deep-rooted cultural norm such as FGM/ C and Child Marriage in 2015 and 2016 respectively; pregnant girls returning to school etc.

Policies, Programme, Strategies and Legislation

The National Gender and Women Empowerment Policy, 2010-2020

Status of Implementation of Policies, Programmes Strategies and Legislations

The development of the Gender and Women’s Empowerment Policy 2010-2020 revised in 2017, the National Action Plan on GBV and FGM/C in 2014 and the National Action Plan on the implementation of the United Nations Security Council Resolution (UNSCR 1325) and the National Population Policy are all being implemented and are geared towards the empowerment of women, girls and youth and protecting and promoting their fundamental human rights, including access to sexual and reproductive health information and services.
3.1.5 Equal participation of women in high value-added production

Main Achievements

The Government of The Gambia over the years has created an enabling environment for the elimination of gender disparities in access to training, credit, appropriate information and communications technology (ICT) and value adding, labour saving devices, and markets for the expansion of agricultural production and productivity and Micro, Small and Medium Enterprises (MSMEs). These efforts have created decent employment for women in the value chain. The women’s Act 2010 guaranteed women and men equal pay for equal work, access to social security, paid parental leave, sick and care leave and other socio-economic benefits. Efforts are in place to integrate gender into The Gambia budgetary process. According to the African Gender Development Index (AGDI) Report 24.7 per cent of women are in managerial positions in both public and private institutions.

Policies, Programme, Strategies and Legislation

- Gender and Women’s Empowerment Policy 2010-2020,
- Women’s Act 2010
- The Women’s Amendment Act, 2015 (prohibiting the practice of FGM/C)
- National Child Protection Strategy costed Action Plan, 2016-2018
- The Amended Children’s Act 2016 prohibiting Child Marriage
- The National Child Protection Strategy 2016-2020
- National Social Protection Policy (NSPP) 2015-2025
- National Development Plan 2018-2021
- National Health Policy 2015-2025
- National Reproductive Maternal, New born, Child and Adolescents Health Policy 2017-2026

Status of Implementation of Policies, Programmes Strategies and Legislations

In The Gambia, women and men employed in both public and private sector are accorded equal pay for equal work, access to social security, paid parental leave, sick and care leave and other socio-economic benefits.

- Availability of free legal aid services for women who have dispute with employers’ relation to the right to maternity leave particularly in the private sector

3.1.6 Male participation; and equal and equitable sharing of responsibilities

Main Achievements

Anecdotal evidence suggests that male participation in SRH is increasing in most parts of the country. Husbands transport their wives and children through various means, including bicycles to seek for services. In fact, Bundung Hospital now operates Friday clinics for males; in which they are sensitized on their roles and responsibilities regarding reproductive and child health issues.

Policies, Programme, Strategies and Legislation

In terms of public policy, Programme, Strategies and Legislation, government must urgently come up with initiative to promote male participation, and equal; equitable sharing of responsibilities through support programmes that promote gender equality in rights and opportunity.
Status of Implementation of Policies, Programmes Strategies and Legislations

Little has been done to address male participation in terms of equal and equitable sharing of responsibilities through support programmes that promote gender equality in rights and opportunity. Policy and programme efforts were concentrated more on ending gender inequality and putting in place appropriate institutional mechanisms for social protection and ending gender inequality.

3.1.7 Economic empowerment of women and young people through equal access to ownership and control of economic resources

Main Achievements

The Government of the Gambia enacted and implemented laws and introduced institutional reforms to ensure economic empowerment of women and young people through equal access to ownership and control of economic resources, technology and markets, including land property and inheritance right. These laws are included in the Women’s Act 2010, the Trade, Industry and Employment Policy.

There is a direct relationship between women’s right to land, economic empowerment, food security and poverty reduction. A gender approach to land rights can enable shifts in gender power relations, and assure that all people, regardless of sex, benefit from, and are empowered by, development policies and practices to improve people’s rights to land.

According to the 2013 Census results access to computer is low for all age groups in all Local Government Areas. Overall, the proportion with access to computer is 10.9 per cent. Males have more access with 13.2 per cent than females with 8.8 per cent. Across all LGAs, access to computer is highest among those aged 20–24, with 18.0 per cent. The lowest proportion with access to computer was observed in the 7-9 age group with 2.0 per cent. The proportion with access to computer is highest in Banjul with 23.2 per cent followed by Kanifing with 21.9 per cent. The lowest proportion of the population with access to computer was recorded in Kuntaur and Janjanbureh Local Government Areas with 2.0 per cent and 3.1 per cent respectively.

Policies, Programmes, Strategies and Legislation

• Public Utilities Regulatory Authority Act (2001),
• National Media Commission Act (2002),
• Information and Communications Act (2009),
• Local Government Act 2015
• Women’s Act 2010
• Trade, Industry and Employment Policy?

Status of Implementation of Policies, Programmes, Strategies and Legislation

• Advocacy for promotion of women access to land
• Support women producers access to market in and out of the country through participation in trade fairs.

3.1.8 Women’s and youth’s participation in decision-making and leadership positions

Main Achievements

In The Gambia, women constitute 51 per cent of the population but their numerical strength does not match in the number of positions they hold in the public sphere of decision-making. In the civil service, women constitute 21 per cent of the work force. An important decision-making structure is the National
Women’s Council which comprise of 53 lady councillors that advise government on policy matters on gender and the empowerment of women and girls.

**Policies, Programmes, Strategies and Legislation**

- Gender and Women Empowerment Policy 2010-2020
- Local Government Act 2015 as Amended
- UNDP funded Electoral Support Project 2016-2018

**Status of Implementation of Policies, Programmes, Strategies and Legislations**

- Conduct advocacy, policy and legislative reforms that ensures affirmative action for women’s representation in decision-making positions at all levels
- Amendment of the 2007 Constitution of the Republic of The Gambia and other laws such as the Electoral Act 2015, Local Government Act 2015 to put in place affirmative action to close the gender gap in political representation.
- Community sensitization on the significance of women participation and representation in decision-making positions.

**3.1.9 Gender equity, equality and women’s empowerment**

**Main Achievements**

The Government of the Gambia is committed to ensuring gender equity, equality and women empowerment through initiating public, civic and adult education programmes, which address issues of gender equity, equality and women empowerment. The following were achieved:

- National Council for Civic Education (NCCE) conducted series of public awareness to address gender inequality
- Women’s Bureau developed and implemented a communication strategy on wife battering and FGM/C and a national plan of action on GBV and FGM/C.
- Increased advocacy on women’s participation and representation in decision-making positions led to the election and nomination of 7 women to the National Assembly.
- Training of more than 2,000 child welfare officers and senior police officers on gender and human rights using the revised Police training manual
- Development and administration of GBV registers in major police stations across the country.
- Translation of the Domestic Violence Act and Sexual Offences Act 2013 in Arabic in 2015

**Policies, Programmes, Strategies and Legislation**

- National Action Plan on GBV, 2013-2018
- Communication Strategy on GBV, 2013-2018
- Domestic Violence Act 2013
- Women’s Act 2010
- Sexual Offences Act 2013
- Gambia Trade, Industry and Employment Act
Status of Implementation of Policies, Programmes, Strategies and Legislations

- Engage Traditional Communicators for dissemination of issues that affect the health and well-being of women and girls.
- Conduct public education using mass, print and electronic media on issues relating to gender equity, equality and women’s empowerment
- Advocacy on ending gender-based violence efforts and establishment of one-stop centres in two major hospitals in EFSTH and Bansang Hospital

3.1.10 Right of persons with disabilities to health, nutrition and education

Main Achievements

- Special schools for the deaf, hard of hearing, and intellectual disability are in operation
- A policy framework on Special and inclusive Education 2016-2025 has been developed
- Convention of the Rights of person with Disabilities ratified in 2015
- Intense advocacy activities for the implementation of the provisions in the convention by all stakeholders
- Disability Bill drafted
- Provision of necessary support to persons with Disability in term of subvention and training for employability
- Assessment centres for the disabled established
- Transportation and Nutritional support for the disabled in specialized schools

Policies, Programmes, Strategies and Legislation

Policy Framework on Special and Inclusive Education, 2016-2025

Status of implementation of Policies, Programmes, Strategies and Legislation

The Implementation of the policy is ongoing with the collaboration of institutions like Social Welfare, Ministry of Health and National Nutrition Agency (NaNA)

3.1.11 Keeping married and pregnant girls in school

Main Achievements

- A continuous teacher training in gender responsive pedagogy in regions 5 and 6 using the reviewed Gender Action Pack and Gender Training Manual to equip them with gender responsive teaching and learning skills.
- Female teacher recruitment drive. All girls and boys in regions 3-6 were sensitized to take up teaching as a profession in a bid to curb the shortage of teachers, especially female teachers in the rural areas.
- All girls from regions 3-6 were supplied with sanitary pads including special needs schools in 2015/2016 academic year
- Mathematics and science clinics were conducted and more than 600 girls in grade 8 from all over The Gambia benefitted
- During 2015 academic year, 28 girls were allowed re-entry to school
• Guidelines against sexual abuse and alternative to corporal punishment booklets were developed and teachers and students were sensitized
• Members of the UNGEI Network, The Gambia, were trained on gender mainstreaming, advocacy and gender responsive pedagogy in 2015
• Annual caravan with the Network members on the popularization of the law on the ban of FGM/C and child marriage.
• The re-entry programme of the Education Policy 2004-2015 for drop-out girls due to early marriage or teenage pregnancy.
• All girls in public schools are befitting from the school Improvement Grant from LBS to SSS

Policies, Programmes, Strategies and Legislation

• Gender equity initiatives – A more gender sensitive curriculum and environment will be created and a promotion on the community awareness on the benefits of girls’ education will continue.
• Reduce gender disparities in enrollments in mathematics and core science; MOHERTS partnership with other stakeholders will put greater efforts towards encouraging women and girls to pursue tertiary and higher education
• MOHERST will put in place remedial programmes with incentive package for female students at tertiary and higher education institutions
• Sexual harassment policy will continue to be enforced to address gender-based violence in and around the schools
• Re-entry policy for girls who drop-out as a result of pregnancy and early marriage will be maintained

Status of Implementation of Policies, Programmes, Strategies and Legislations

• Gender parity at primary level was achieved since 2015
• Huge increment in schools’ enrollments and retention of girls in the LBS continues to be a success story for the sector.
• Improvements in retention and completing rates as more and more girls complete lower basic education and transit into upper basic level.

3.1.12 High school drop-out rate

Main Achievements

The introduction of free tuition for all students at all levels of education has contributed to the increase of the GER from 2015 to 2018 as follows:

- ECD - 45.3% to 52.1%
- LBE – 101.2% to 112.7%
- UBE – 68.3% to 68.4%
- SSE – 41.6% to 47.8%

- Construction of classrooms for lower, upper, and senior secondary education in all parts of the country to ensure continuity to high levels of education improved completion rates at all levels of education
- Creation of high level of awareness on the benefits of education for both parents and learners contributed to the improvement of the gross intake rates in most districts of the country
Policies, Programmes, Strategies and Legislation

The Education Policy calls for the enrolment of out-of-school children especially those who drop-out. The education sector strategic plan has activities such as:

- Continuous enrolment campaigns in affected areas by government and stake holders.
- Provision of labour saving devices for communities.

Status of Implementation of Policies, Programmes, Strategies and Legislations

The new Education Policy and Strategic Plan, 2016/2030 has achieved a 2-year successful implementation of intended programmes such as:

- Re-entering of pupils who dropped out of school has already commenced in regions five (CRR).
- Provision of donkey carts to pupils living far from the schools has reduced the number of school drop-out in most areas.
- Provision of pedalled bicycles to the students has supported transition from one level to the other pending completion.

3.1.13 Prevention of child abuse

Main Achievements

In addition to the Women’s Act, the Children’s Act continues to provide the legal framework to protect children from all forms of violence and abuse, economic and sexual exploitation, trafficking and sale, including ensuring that they do not fall prey to prostitution networks or are engaged in hazardous work. It also prohibits child prostitution, harmful publications, child marriages and betrothals and harmful traditional practices.

The Children’s Act also provides for various protection measures on sexual offences against children in particular the girl child as contained in Part IV of the Act 2005 as follows:

- Exportation and importation of children for prostitution (section 26)
- Procurement of children for sex or prostitution (sections 30 and 34)
- Kidnapping and abduction of children (section 35),
- Trafficking in children (section 39)
- Section 32 of the Children’s Act also criminalizes foreign travel, which promotes or encourages child prostitution.

The Act under section 19 expressly prohibits and eliminates all harmful traditional practices as those applicable to children under the age of eighteen. However, it fails to define or emphasise particular practices.

- The Government established a Child Protection Alliance (CPA)
- Identified, trained and set-up child protection police officers at all police stations

Policies, Programmes, Strategies and Legislation

- The Children’s Act 2005 and amended in 2016 to prohibit child marriage
- Trafficking in Persons Act
- Sexual Offence Act 2013
- The Ministry of Education prohibits corporal punishment in schools
Status of implementation of Policies, Programmes, Strategies and Legislation

As stated above, these policies and Acts are being implemented, however, the enforcement of some provisions of the Children’s Act, particularly, on child marriages, have not been adequately implemented. The education sector has developed guidelines as to who can give corporal punishment and for which offences, including guidelines for sexual offences and the protection of girls within the education sector, but these are sometimes violated, particularly in the Arabic schools.

3.1.14 Legal age of marriage

Main Achievements

Legislative measures have been taken to address the issue of early child marriage by increasing the legal age of marriage as provided for under the Protocol of the African Charter on Human and People’s Rights on the Rights of Women in Africa (ACHPRRW)

Policies, Programmes, Strategies and Legislation

The Constitution provides for the Right to marry under Section 27, which states that men and Women of full age and capacity shall have the right to marry and found a family. The Women’s Act 2010 is a domestication of the ACHPRRW and the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) but does not make provision for a minimum age of marriage. However, the Children’s Act 2005, has been amended in 2016 and provides that the minimum age for marriage for boys and girls is 18 years, in compliance with the country’s obligations under the ACHPRRW. In addition to the criminalization of early child marriage, the Act went further to prohibit child betrothal.

Status of Implementation of Policies, Programmes, Strategies and Legislation

In addition to the several sensitization workshops and trainings by the Government and the CSOs, highlighting the dangers of child marriages at the grassroots level; and to encourage individuals to abandon the practice, outreach sensitization programmes to police stations have also been conducted countrywide on the criminalization of early child marriage and other relevant laws.

The Department of Social Welfare is also working with other institutions to sensitize school children on the harmful effects of early child marriage.

3.1.15 Early and/or forced marriages and female genital mutilation/cutting

Main Achievements

This amendment to the Women’s Act is indeed historic in the fight for women’s right in The Gambia. Several CSOs have for years fought and clamoured for the abolition of the inhumane practice of FGM/C without success. Concerted and sustained sensitisation campaigns have been embarked on in this respect, and it is therefore commendable that the government took the bold legislative step of enacting the Women’s Act, 2016, and placing a total ban on the practice of FGM/C as highlighted below.

Section 32A of the Women’s Amendment Act 2015 expressly provides for the prohibition of Female Circumcision as follows:
• A person shall not engage in female circumcision.
• A person who engages in female circumcision commits an offence and is liable on conviction:
  a. To imprisonment for a term of three years or a fine of D50,000.00 (Fifty Thousand Dalasis) or to both, and
  b. Where female circumcision caused death to life imprisonment.

Section 32B (1) of the Act states that a person who is an accomplice to FGM/C, requests, incites or promotes female circumcision by providing tools or by any other means commits an offence and is liable on conviction to imprisonment for a term of three years or a fine of D50,000.00 (Fifty Thousand Dalasis) or to both.

Section 32B (2) provides that a person who knows that female circumcision is about to take place or has taken place and fails, without good cause to warn or inform, as the cause may be, to the proper authorities promptly, commits an offence and is liable on conviction to a fine of D10,000.00 (Ten Thousand Dalasis). Other major achievements include the following:

• The Sexual Offences Act, 2013
• The Domestic Violence Act, 2013
• The Women’s Amendment Act, 2016 (prohibiting practice of FGM/C)
• The National Child Protection Strategy and Action Plan
• The Campaign Against Child Marriage
• The Social Protection Policy

At the level of civil society, efforts by NGOs such as the Foundation for Research on Women’s Reproductive Health Productivity and Environment (BAFROW) and Gambia Committee on Traditional Practices (GAMCOTRAP), Tostan must be noted in the fight and campaign against FGM/C.

One-Stop Shop

The NGBV in partnership with the Department of Social Welfare, Ministry of Basic and Secondary Education (Gender Education Unit), Attorney General’s Chambers and Ministry of Justice, Women’s Bureau, The Gambia Police Force (Police Child Welfare and Crime Units), Edward Francis Small Teaching Hospital (EFSTH), Serrekunda Hospital, Female Lawyers’ Association Gambia (FLAG), and ActionAid International The Gambia (AAITG) have successfully set-up the ‘One-Stop Centre.’ This Centre provides an appropriate mechanism for prevention of and response to GBV through a multi-sectoral approach that is well-coordinated, less bureaucratic, sensitive and friendly. It ensures the availability of all the necessary services ‘under one roof’ and provides a high standard of comprehensive care to victims and survivors of gender-based violence in a confidential environment.

FLAG continues to implement legal empowerment initiatives that enable women to be active participants in using the laws on GBV. These interventions include the provision of legal services, such as legal aid and paralegals, capacity building and human rights awareness trainings. FLAG continues to train rural women as paralegals, conduct sensitization workshops and trainings on the Women’s Act, Sexual Offences Act, Domestic Violence Act, and all other relevant laws relating to the enforcement of women’s rights. Target groups include; the National Assembly Members (NAMs), religious leaders, community and traditional leaders, journalists, women and girls.

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7 An international NGO working to ban FGM/C in The Gambia
Policies, Programmes, Strategies and Legislation

- The sexual Offences Act, 2013
- The Domestic Violence Act, 2013
- The Women’s Amendment Act, 2016 (prohibiting the practice of FGM/C)
- The National Child Protection strategy and Action Plan
- The Campaign Against Child Marriage
- The Social Protection Policy
- The National Gender and Women Empowerment Policy
- Joint Programme against FGM/C and GBV

Status of Implementation of Policies, Programmes, Strategies and Legislation

As indicated above, all these policies and acts are being implemented. However, enforcement of the laws is still a major challenge. The Joint programme on FGM/C is being funded by the UN system and the programme allows both government and CSO partners to launch a vigorous campaign for the elimination of these harmful traditional practices through advocacy and sensitization, targeting youth, women, community leaders and even conducting cross border sensitizations.

3.1.16 Gender-Based Violence

Main Achievements

The main legislation aimed at punishing and preventing gender-based violence is the Domestic Violence Act 2013 and the Sexual Offences Act 2013. No specific policy exists on GBV prevention. However, the Gender and Women Empowerment Policy 2010-2020 has Gender and human Rights as one of its eight thematic areas.

With regards to programming, a National Communication Strategy on Wife Battering was developed in 2015, as well as a Communication Strategy on FGM/C both of which are currently being implemented by government and its CSO partners.

Policies, Programmes, Strategies and Legislation

The Gambia has successfully enacted two pieces of legislation to combat the menace of Domestic and Sexual violence against women and children. These are the Sexual Offences Act 2013 and the Domestic Violence Act 2013. These legislations were premised on a study commissioned by the Women’s Bureau on Gender Based Violence (GBV). Furthermore, The Gambia has taken the bold legislative step of putting an end to the deep-rooted problem and menace of Female Circumcision. FGM/C is one of the most detrimental and harmful traditional practices that had remained a problem for Gambian women and children.

On the 16th of June 2016, The Republic of The Gambia launched the AU Campaign to end Child Marriage. The Government declared the month of June as the month on ending child marriage. Under the leadership of the First Lady of The Gambia, Her Excellency, the Vice President, a nationwide sensitization campaign was launched, leading to the organization of school awareness campaigns and community meetings; with various community stakeholders joining forces in saying 'no to child marriages'. Activities undertaken during the Campaign include:

- Launching ceremony
- Nationwide caravan - Community and school sensitization programmes during the caravan; film shows on child marriage at community level during the caravan.
- Intergenerational meetings between children and Chiefs.
- Children’s Bantaba.
- Intergenerational meeting children and NAM at the National Assembly.
- Radio and TV panel discussions and sensitization programmes.
- Joint stake holders meeting.
- TV and radio broadcast from Imam Ratib, Christian Council and Deputy Speaker of the National Assembly.
- Documentary on child marriage.

**Status of Implementation of Policies, Programmes, Strategies and Legislation**

As indicated above, the enforcement of the legislations on FGM/C and child marriage are still challenging as most people consider the enactment process of these laws by the former government as not consultative and with the new democratic dispensation, some communities are unwilling to abide by the law. However, series of intensive sensitizations are ongoing on the content of the laws and the dangers related to the practice of FGM/C and child marriages. However, a pronouncement made by the Vice President in 2018 that the ban on FGM/C earlier legislated in 2015 is still valid may help the situation.

3.1.17   Equality before the law

**Main Achievements**

The 1997 Constitution is the basic law of the land, which recognizes the equality of men and women and the right to equal opportunities in all spheres. It is also in line with the CEDAW, the African Protocol, and the Declaration, as it seeks to eliminate discrimination against women. Women are not treated equally with men in all areas of their lives. Numerous efforts have been made on trainings and advocacy by the National Gender Machinery and various civil society organisations on gender equality and the empowerment of women and girls. Government has made some strides in realizing this provision by appointing women to the positions of Vice President, Speaker of the National Assembly, three other ministries.

**Policies, Programmes, Strategies and Legislation**

The Gambia has demonstrated strong commitment to protecting the basic rights and freedoms of the citizenry. The country is signatory to many international and regional instruments pertaining to the rights of children and women, notably the CRC, the CEDAW and the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa (ACHPRRWA). The CRC has been harmonized with many aspects of the domestic law, leading to the domestication of the 2005 Children’s Act. The CEDAW and the ACHPRRWA have also been domesticated, paving the way for the enactment of the Women’s Bill in April 2010.

**Status of Implementation of Policies, Programmes, Strategies and Legislation**

The protection of human rights has been a challenge in the previous government, but since the coming of the new dispensation, government has shown steady leadership and commitment to the tenets of human rights and removal of all forms of discrimination. Section 14 of the Women’s Act obligates government to eliminate all forms of discrimination against women. The provision is quite comprehensive and calls on Government Departments and other public institutions to implement measures, policies and strategies to eliminate discrimination, including periodic training of personnel on gender and human rights, and mainstreaming gender perspective in planning and programming of all activities and initiatives. Section 15 deals with temporary special measures to be adopted by every

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8 Children’s forum for exchange of ideas/discussions on issues
organ, body, public institution, authority or private enterprise aimed at accelerating *de facto* equality between men and women.

### 3.1.18 Hate crime

**Main Achievements**

In addition to the 1997 Constitution of the Republic of the Gambia and the Women’s Act, further legislative measures and policies have been put in place to protect persons from discrimination, stigmatization and violence. The Gambia in fulfilling its obligation under regional and International laws has also ratified and domesticated relevant provision of the CEDAW and Maputo protocol prohibiting Female Genital Mutilation and Early Marriage.

**Policies, Programmes, Strategies and Legislation**

The Gambia does not have specific laws to prevent or punish hate crimes. However, protection may be derived from the 1997 constitution which protects against discrimination based on race, colour, gender, language, religion, political or other opinion, national or social origin, among others. Nevertheless, with the recently passed Constitutional Review Commission Act 2017 and the intent to reform and harmonize all laws in the criminal justice sector, as part of the Gambia’s transitional justice process, the inclusion of hate crimes may be one of the concerns raised during the law review.

FGM/C, early child marriage and betrothals have been criminalized through amendments to the Women’s Act and the Children’s Act respectively in 2015 and 2016. The National Human Rights Commission Act 2018 has recently been enacted and it is tasked with the promotion and protection of human rights in The Gambia.

A National Gender Policy 2010-2020 has also been developed with the objective of eliminating all forms of discrimination, including gender-based violence.

- A nationwide training was recently concluded for law enforcement officers on the sexual offences Act 2013, the Domestic violence Act 2013 and recent amendment to the Women’s Act and the Children’s Act.
- A Nationwide consultation was conducted on the Transitional Justice (TJ) project to hear people’s views on the TJ process which was taken into consideration during the drafting of the laws.

### 3.1.19 Universal access to affordable quality, comprehensive education and skills development

**Main Achievements**

- Availability of the school improvement grant (SIG) to abolish fees in all schools and levels
-Interrupted Basic Education in schools
- Availability of skills’ training centres
- Retention of allowances to keep teachers
- Reduction in school drop-out rates
- Regular monitoring and quality assurance
- School quarters built for staff
- Bicycles provided to children in the upper regions to facilitate travel to their schools
Policies, Programmes, Strategies and Legislation

The strategies used for the implementation of the activities are based on the Education Policy and Strategy Plan, 2016-2030

Status of Implementation of Policies, Programmes, Strategies and Legislation

- Selected hard to reach schools in regions 5 and 6
- Frequent monitoring of cohorts by the relevant stakeholders
- Score cards are developed by planning directorate

3.1.20 Equitable access, retention and completion to comprehensive and quality education

Main Achievements

- Mainstreaming of children with special needs in mainstream schools
- Admission of children with special needs in special schools
- Training of teachers in mainstream schools on inclusive practices
- Identification and assessment of students with special needs
- Procurement of equipment and materials for students with special needs
- Development of a policy framework on special and inclusive education
- Development of a manual on special needs
- Development of a trainer guide on special needs
- Training of polyvalent inherent teacher

Policies, Programmes, Strategies and Legislation

Education Policy 2016-2030 indicates that as a priority special education training programmes and teaching materials for teachers will be developed and a special facility extended into rural areas where mainstream does not satisfy the needs of severe cases. Strategies include mainstreaming of children with mild to moderate disabilities early identification of students with special needs support to children with multiple disabilities ensuring equitable access to quality of teaching and encourage students with special needs to pursue higher education

Status of Implementation of Policies, Programmes, Strategies and Legislation

Children with mild to moderate learning impairment and learning difficulties are mainstream. Children with visual impairment (blind) are also mainstreamed. A learning assessment centre is housed in St John’s school for the deaf and provides services to the general public. The developed manual is used for learning of teacher. Children in mainstream schools including the madrassa are identified, assessed and placed in schools. Presently 28 polyvalent itinerant teachers support children integrated in mainstream schools.
3.1.21 Descent work and appropriate skills for young people

Main Achievements

The main activities undertaken by the network is youth capacity building trainings to harness their skills. This is done through annual training of trainers. The trainees are further encouraged and supported with some funds to conduct step down trainings. A total of 2,000 young people were recruited for skills acquisition in 16 various skills areas and another 150 for Apprenticeship Training.

Policies, Programmes, Strategies and Legislation

- In support of the implementation of the National Youth Policy, the National Youth Service Scheme mandated by (NYSS) Act 2015, has three programme areas such as Skills Acquisition Programme, Apprenticeship Programme and National Service Programme. The first two programmes target young people from ages 17-35 years for skills development for a sustainable livelihood and the last one focuses on fresh university graduates to undertake national service (volunteer) for a maximum of one year.
- Various programmes and projects to support young people’ initiatives have been developed. The Youth Service Scheme Act 2015 under the NYSS, has not been adequately implemented.

Status of Implementation of Policies, Programmes, Strategies and Legislation

Currently the skills Acquisition and Apprenticeship programmes are being implemented annually, while the National Service Programme is yet to start due to funding constraints.

3.1.22 Creating jobs for young people for them to realize their full potential

Main Achievements

- The Youth Council in partnership with the National Enterprise Development Initiatives (NEDI) established the Gambia Youth Chamber of Commerce in 2017 with a soul mandate to provide coaching, mentoring and networking platform for young Gambian Entrepreneurs. Part of its activities include organising regional trade fairs for young entrepreneurs to show case their products and services and create linkages among themselves.
- The Council is supporting the Gambia Youth Innovation Network (GYIN) to organise an annual Rural Youth Award. This seeks to identify and reward deserving young Gambians in the regions who are creating employment for themselves and other young people. The event is also meant to encourage other young Gambians participate in business activities.
- A Youth Empowerment Project has recently launched a Mini-Grant to support young Entrepreneurs have access to finance and to start their businesses.
- Organised National and Regional stakeholder dialogues in 2016 with regional authorities to encourage investments along the Demographic Dividend Pillars that support youth economic empowerment.
- Activista, The Gambia, has conducted trainings for young men and women on food processing, soap making and entrepreneurial skills. The network has also supported youth groups with start-up capital to start business on soap, lip balm, and cream production and orchards respectively.
Besides, the network has organized fora to chart ways of empowering young people and building their connection.

**Policies, Programmes, Strategies and Legislations**

- Resolutions of the National Youth Conference and Festival 2014 and 2017.
- The outcome document of the 10th year celebration of the African Youth Charter. Advocacy meetings with members of the National Assembly, Ministers and other Heads of Institutions, Regional Authorities and the Private Sector.
- Activista, The Gambia, developed a strategic plan to empower young men and women farmers to have access to, control and ownership of land and other natural resources. Advocacy programmes have been developed with women to advocate for change in the land policy to ensure easy access to, and ownership of natural resources by young men and women.

**Status of Implementation of Policies, Programmes and Legislations**

The Council is monitoring the implementation of these instruments and might only be able to establish progress upon conducting reviews. We can although state slow progress is being made.

**3.1.23 Welfare, livelihood and stability of families and communities**

**Main Achievements**

- A National Social Protection Steering Committee (NSPSC) has been set-up
- Undertook a comprehensive diagnostics and mapping of the social protection system
- Medical Bill waived for destitute individuals
- Cash transfer programmes (BReST and MCNHRP)
- Family strengthening programmes
- Free Maternal and Child Health Services (Reproductive Health)
- Free mobility aid and other assistive devices for Persons with Disabilities
- Residential care services for children, adults and elderly in difficult circumstances.
- School meals programmes
- Free Basic Education
- Support to orphans and vulnerable children through Zakat9
- Free birth registration
- Subsidized agriculture inputs
- Psychosocial care services.

**Policies, Programmes, Strategies and Legislation**

- National Social Protection Policy (NSPP), Implementation Plan (IP) and Minimum Package 2016
- Child Protection Strategy Plan and cost Plan of Action, 2016–2018
- Children’s Act 2015

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9 Charity sanctioned by Islam i.e. 2.5% of a calendar year’s savings or other property
Status of Implementation of Policies, Programmes, Strategies and Legislation

- Functional review for the establishment of the Social Protection Secretariat
- Organized six National Consultative Forums on Social Protection
- Inclusion of social protection in the National Development Plan
- Developed a costed minimum package of essential social protection (to be an integral part of the National Social Protection Programme)
- Set-up Regional Social Protection Committees
- Training of key stakeholders, i.e. NAMs, Permanent Secretaries (PSs) etc.
- On-going quarterly meeting of the NSPSC.
- Situation/Needs Analysis on social protection services
- Mapping of social protection services and programmes
- Diagnostic task on social protection programmes
- Work in progress for the establishment of a social registry for a social protection programme
- Fiscal Space Study conducted on Social Protection

3.1.24 Challenges facing emerging family structures

Main Achievements

- Reunification counselling services for children on the move
- Provision of domestic violence victims, with psycho-social counselling and specialized social care services
- Rehabilitation services and family tracing and integration
- Family strengthening program – cash transfer for income generation
- Institutional placement
- Provision of emergency shelter for children, adults and elderly in difficult circumstances
- Free education for children
- Free maternal and child health (reproductive health) services.

Policies, Programmes, Strategies and Legislation

- Social protection programme – cash transfer
- Women Act, Children’s Act, Domestic Violence Act, Sexual Offensive Act, and National Women’s Policy
- National Social Protection Policy

Status of Implementation of Policies, Programmes Strategies and Legislation

- System approach for Child Protection functional at National and Regional levels
- Children’s Court (3) established and functional
- Medical bill waivers
- Free education for children
- Advocacy, and awareness sensitisation on Child Protection issues
- Community Child Protection Committees established at National and Regional levels for sensitisation and advocacy work on Child Protection issues
- Traditional Rulers engaged in Child Protection issues
- Council of Elders established in all Regions
• Support provided to elderly destitute, i.e. medical bill waiver, monthly stipend and family strengthening support.

3.1.25 Active and healthy aging for older persons

Main Achievements
• Established Council of Elders, as part of the established Local Government Structures
• Pension schemes for elderly civil servants
• Home for the Elderly established to shelter destitute elderly persons without family care
• Provision of monthly stipend to poor and destitute elderly persons
• Family Strengthening programme for carers of elderly.
• Medical bill waiver for needy elderly
• Free routine health check-up
• Free Technical Aids and Appliances for Persons with Disabilities
• Home-based care support.

Policies, Programmes, Strategies and Legislation
• Submission of a summary for the ratification of the Protocol on older persons, to the line Ministry for consideration
• Advocacy and awareness raising on the need to protect the age from violence and abuse
• Advocacy for reciprocal care and support to the elderly
• Plans to pilot Universal Grants for the elderly persons.

Status of Implementation of Policies, Programmes Strategies and Legislation
• Women’s Act makes provision for the protection of elderly women
• Work in progress to introduce Universal Grant for the Elderly
• Residential care facilities
• Community sensitization
• Dialogue with stakeholders and partners on issues of aging
• Promote decent work and good wages.

3.1.26 Integration and participation of older persons in society

Main Achievements
• Strengthen Adult Literacy Centres at grassroots’ level
• Advocate and sensitize the general public especially the elderly about the social protection issues
• Strengthening the extended family system to provide reciprocal and home base care support to elderly persons in difficult circumstances.
Policies, Programmes, Strategies and Legislation

- Social Protection Policy
- Social Protection Minimum Package
- Women’s Act for protection of elderly women
- Constitution
- National Health Policy on Genetics’ care
- Advocacy and sensitisation
- Adult literacy programmes.

Status of Implementation of Policies, Programmes Strategies and Legislation

- Adult literacy programmes
- Advocacy and sensitisation on issues of elderly abuse
- Free mobility Aids – (walking sticks, crutches wheelchairs etc.).

3.1.27 Child labour and child exploitation

Main Achievements

- Scholarships benefits – (Free education from lower basic to senior secondary schools)
- Foster and specialized care programme for children in difficult circumstances
- Non-residential psychological services for children and vulnerable youth
- Training, advocacy and awareness issues on child trafficking for border control officers and National and Regional stakeholders
- Enforcement of the Children’s Act
- Enforcement of the Child Trafficking Act
- Functional National Child Protection Committee and Juvenile Justice Committee
- Establishment of children’s court which hears and determines all cases of children
- After Arrest Procedures for minors
- Provision of emergency shelters for children at risk
- Establishment of a free telephone hotline for child protection issues
- Corporal punishment policy in school
- National child trafficking plan of action is being implemented
- Courts are using the legislations for conviction of offenders.

3.1.28 Protect and fulfil the rights of all migrants

The 1997 Constitution of The Gambia guarantees and protects the rights of all persons in the country including the right to security and social services. Additionally, labour laws of The Gambia among others do protect the rights of migrants to participate in the labour market without discrimination.
3.1.29 Rights of persons with disabilities

Main Achievements

- Establishment of a Disability Rehabilitation Unit at the Department of Social welfare, with the provision of free Technical Aids and Appliances for Persons with Disabilities
- Identification of a focal person on disability
- Development of a Memorandum of Understanding between the Department of Social Welfare (the Line Government Department) and the Gambia Federation of the Disabled (the Umbrella Disability Organisation),
- Development of a Memorandum of Understanding between the Department of Social Welfare and with some of the Disabled Persons Organisations (DPOs)
- Provision of annual Government Financial Grant to the Federation and some of the DPOs
- Embracement of the Declaration of the African Decade from 1999, which earned us the opportunity to gain nomination status of being an Ambassadorial Country for Disability
- On-going advocacy to raise public awareness on Disability and related matters

Policies, Programmes, Strategies and Legislation

- Development of a draft Persons with Disabilities’ Bill, submitted to cabinet for discussion
- Development of a Special Needs Education Policy
- Development of a Minimum Standard for Care Institutions

Status of Implementation of Policies, Programmes, Strategies and Legislation

- Ratification of the Convention on the Rights of Persons with Disabilities (CRPD)
- Nomination of a Person with Disability to the National Assembly
- A Member Country to the West African Federation of the Disabled (WAFOD)

The challenges and gaps, new and emerging issues and priorities for this section are discussed as follows:

Challenges and Gaps

- Inadequate of human and financial resources to facilitate timely implementation of legislation.
- Inadequate awareness on the laws promoting and protecting human rights
- A widening poverty and access to services gap between urban and rural Gambia - A GDP growth rate of 3 per cent falling short of the population growth rate of 3.1 per cent with serious ramifications for the provision of social services.
- Limited efforts in enforcement and protection of the rights of women and girls as prescribed in the laws of The Gambia.
- Limited data on time use
- Women under represented in decision-making positions in political, senior management structures at all levels
- Culture of silence impeding efforts in addressing cases of GBV
- Absence of a government ministry or designated department. Children issues are currently being addressed under the Department Social Welfare, as a result, there is limited focus.
- Despite the amendment of the Children’s Act prohibiting early child marriage, the practice is still widespread in the country.
• Limited coordination among stakeholders and inadequate resources available to raise awareness on a sustained basis on all the innovative legislation addressing the menace of GBV and Women’s rights in general.
• Laws not comprehensive enough and not enforced to address all cases of FGM/C and GBV.
• Use of customary courts and personal law that allowed judgments to be made based on religion in the areas of inheritance, marriage and divorce is considered as discrimination by sections of society.
• High degree of fragmentation between various social protection programmes.
• Weak technical and administrative capacity to design integrated social protection project and programme delivery.
• Insufficient monitoring and evaluation system.
• Lack of a Health Insurance Scheme Recreational Programmes for the elderly.
• Extreme poverty, vulnerability Stigma and Discrimination against Persons with Disabilities (PWDs).
• Limited Education, Technical and Vocational Skills as well as Rehabilitation Centres for PWDs
• Inadequate data and statistics on the elderly and PWDs.

New and Emerging Issues

• A draft bill has been finalized domesticating the Convention on the Rights of persons with disabilities, which shall be enacted before the end of 2018.
• Ensure political parties nominate women in leadership positions and political party manifestos are gender sensitive.
• Promotion of male involvement in addressing gender equity, equality and women empowerment (HE4SHE Campaign, KABILO Bama Initiative)
• Girls Mentorship programme on livelihood skills acquisition, sexual and reproductive health rights
• Increase in child trafficking
• Cross border practices of FGM/C and cutting of newly born babies
• Establishment of a Truth Reconciliation and Reparation Commission
• Security sector reform, since most cases of human rights violations were conducted by the security apparatus in the previous government.
• Establishment of a Social Protection Secretariat.
• Cash Transfers and Productive Inclusion Child Elderly and Disability Grants.

Priorities

• Establishment of National Human Rights, Constitutional Review and TRR Commissions.
• Government to implement the Medium-Term Debt Management Strategy (MTDS) to bring the country’s debt situation to a sustainable and manageable path.
• The Gender Machinery needs to build up a good base of gender knowledge and competence; for gender mainstreaming and the attainment of gender equality.
• Provide technical and financial support to organisations that promote human rights education, prevention and management of cases of gender-based violence.
• Provide support for the development of a comprehensive national programme of action on the prevention of gender-based violence and the management of cases of GBV/FGM/C and Child Marriage.
• Promote women’s and youth economic rights and independence through ensuring access to employment with appropriate working conditions, control over productive resources such as financing, land/property, information and services.
• Conduct national study on time use so as to determine male participation, and equal; equitable sharing of responsibilities through support programmes that promote gender equality in rights and opportunity.
• Integration of unpaid domestic and care work in the national statistical processes so as to better generate national statistics on women contribution to GDP.
• Amendment of the constitution and other laws to ensure women are accorded the full right to participation and representation in political positions.
• Coordination of efforts in addressing gender equity, equality and women empowerment.
• Setting up a ministry of children.
• Enforcement of laws relating to child marriages and FGM/C as well as enactment of new and comprehensive laws in support of the banning of FGM/C and Child Marriage.
• Set up a Victim trust fund for survivors of GBV.
• Establishment of a Social Protection secretariat for coordinating and monitoring the social protection programmes and systems.
• Health Insurance Scheme for the Vulnerable groups.
• Establishment of a Social Registry of beneficiaries for Social Protection Programmes.
• Collect and analyse relevant and timely data and review policies and programmes on the elderly and persons with disabilities

3.2 Health

Health is an essential pre-requisite for socio-economic development in Africa more so sexual and reproductive health and rights for the attainment of social justice and the empowerment of women and girls among others. In The Gambia, Health continues to be a priority and thus, has occupied centre stage in the development agenda of the past and new Administrations.

There are 17 commitments and key issues in the Health Pillar. Progress in the implementation of these commitments, challenges, and the new and emerging issues as well as priorities are detailed as follows:

3.2.1 Equitable and universal access to a comprehensive range of health care services

The process of revitalisation of Primary Health Care and Scaling up is in progress. A Road map has been developed, approved and finalised in December 2017; and a PHC Unit established to coordinate PHC activities across the country.

Main Achievements

• PHC villages have increased from 634 in 2015 to 810 in 2018.
• An element of PHC has been mainstreamed in all directorates and programmes across the country.
• Support from the World Bank through the Maternal and Child Nutrition and Health Result Project (MCNHRP) has helped in improving the health situation in facilities and communities by providing incentives towards the achievement of agreed indicators.
• There are 345 villages and 37 health facilities from five out of seven health regions in The Gambia currently befitting from incentives from the MCNHRP. These incentives are being used to improve the essential care package at the facilities and at community level to improve environmental sanitation, referral systems, and data management.
• With support from partners’ mobility has been improved with the provision of pedal bicycles to all Village Health Workers, ambulances for all facilities and motorcycles for CHNs to ease access and facilitate monitoring and supervision.
• Social and Behavioural Change and Community mobilisation strategies have been developed in collaboration with partners through the MCNHRP.

Policies, Programmes, Strategies and Legislation

• The revitalisation process has led to the assessment and review of some of the policies and strategies. One of this is the “Position Paper” on the roles of the Traditional Birth Attendants in The Gambia. The roles of the TBAs is now changed from conducting deliveries at the community to other health promotional activities such as awareness raising, identifying pregnant women and referring them to clinics for early booking and encouraging them to go for institutional deliveries under skilled supervision. In this regard, their nomenclature has been changed from Traditional Birth Attendant (TBAs) to Community Birth Companions (CBCs).
• PHC strategy has been reviewed and a road map for the revitalisation and scaling up PHC (2018–2022) has been developed; the road map is meant to be used as an overarching strategic document that will be used to direct, coordinate, align and harmonize all PHC related endeavours of stakeholders, including development partners.

Status of implementation of Policies, Programmes, Strategies and Legislation

• The Unit is presently trying to engage partners and stakeholders to buy into the newly developed roadmap.
• Upgrading None-PHC into PHC villages
• Training of VDCs in newly established PHC villages
• Training of Village Health Workers in the same villages
• Training of Community birth companions in new Villages
• Working with partners to improve the data collection and management.

3.2.2 Healthcare delivery free from stigma, coercion, discrimination and violence

Main Achievements

• Urban PHC established
• Provide PMTC services to all facilities.
• Cancer screening available in some of the facilities
• Training of CBC/VHW and traditional communicators on health issues.
• Training and advocacy programs on FGM/C at all levels.
• Encourage more skilled deliveries
• Availability of one-stop centres for victims of gender-based violence to access free psycho-social services
• Provision of emergency obstetric care services
• Provision of contraceptives and maternal life-saving medicines
• Institutionalization of maternal death audit review

Policies, Programmes, Strategies and Legislation

• RCH Policy, 2017-2026
• PMTCT Policy, 2010
• PMTCT Strategy Plan, 2010-2015
• STI Guidelines, 2017
• Maternity Care Guidelines, 2017
• Practical Approach of Lung (PAL+) Health Strategy Guidelines, 2011

Status of Implementation of Policies, Programmes, Strategies and Legislation

• Training of healthcare workers on the policies and guidelines
• Advocacy activities
• Supportive supervision
• Providing the policies and guidelines at facility level
• Capacity building of health workers on emergency maternal, neonatal, new born and child health

3.2.3 Eliminate preventable, communicable and non-communicable diseases

This key issue (3.2.3) addresses HIV/AIDS, Tuberculosis and Malaria

HIV/AIDS

Main achievements

• Enactment of HIV and AIDS prevention and control act 2015
• Revision of the HIV and AIDS policy and strategic plan to incorporate new emerging issues
• Country Coordinating Mechanism secured funding from Global Fund to implement HIV activities
• Developed viral hepatitis strategy and policy
• Gambia Gender Assessment conducted in 2016
• Revision of the STI Treatment Guidelines
• Creation of a budget from domestic resources
• Development of an HIV catch up plan for the Gambia
• Procurement of HIV diagnostics Viral load (PCR), CD4 machine, GeneXpert for the monitoring of patients on treatment
• Treatment: Adults on treatment- 6081, Children on treatment- 571
• Expansion of HIV service deliver points across the country -- 14 Antiretroviral treatment centres, 57 Prevention of Mother-To-Child Transmission (PMTCT) Centres and 59 HIV Counselling and Testing Centres
• Maintain the current low prevalence of HIV from 1.9% (DHS 2013) to 1.4% (National Sentinel Surveillance, 2016)

Policies, Programmes, Strategies and Legislation

• Enactment of HIV and AIDS prevention and control act 2015.
• Revision of the HIV and AIDS policy and strategic plan to incorporate new emerging issues.
• Developed viral hepatitis strategy and policy.
• Development of an HIV catch up plan for the Gambia identifying resource gaps.
• Revision of the STI Treatment Guidelines.

Status of Implementation of Policies, Programmes, Strategies and Legislation

• Sensitisation of law enforcement agencies, local authorities and health care providers of the HIV and AIDS prevention and control act.
• Established wellness centres in three hot spots targeting key populations (female sex workers and men having sex with men).
• Establishment of people living with HIV (PLHIV) support societies in all treatment sites.
• Funds have been set aside for HIV from domestic resources.
• Conducted Donor Round Table Conference to mobilise additional resources.
• Expansion of HIV service deliver points across the country (HCT, PMTCT and ART).
• Adoption and implementation of the consolidated HIV treatment guideline.
• Capacity building for health care providers on the new consolidated HIV treatment guidelines and STI guidelines.
• Viral hepatitis steering committee established to oversee implementation of activities.

Tuberculosis

Main Achievements

• National TB treatment success rate of 87 per cent exceeds the WHO target of 85 per cent.
• TB treatment offered free of charge regardless of the nationality of the individual.
• Joint Medical Research Council (MRC) Ministry of Health and Social Welfare (MoH&SW) 2014 survey estimated TB prevalence in The Gambia at 28 per 100,000 population; significantly less than the WHO estimate of 174 per 100,000 population for the same period.
• Number of TB clinics and diagnostic centres increased from 11 in 2011 to 44 in 2017; resulting in improved access to TB services in all health facilities.
• High quality anti-tuberculosis medicines are available both at facility, regional and central levels.

Policies, Programmes, Strategies and Legislation

The National Health Policy and National TB Strategy Plan focus on the following:

• Expansion of high-quality DOTs (TB clinics) coverage with improved case detection through quality assured bacteriology and political commitments in terms of increased and sustainable financing.
• Increase in the of TB diagnostic centres, standardization of supervision of services and drug supply management system.
• Implementation of collaborative TB/HIV activities, including improved surveillance of HIV among TB patients and of TB among HIV patients.
• Improved surveillance for multi-drug resistant-TB (MDR–TB).
• Introduction, implementation and scale-up of the Practical Approach of Lung health strategy (PAL).

Status of Implementation of Policies, Programmes, Strategies and Legislation

The Ministry of Health, through the National Leprosy/TB Control Programme implemented and registered successes in most of the above strategies, key among them are:

• High political commitment in ensuring that TB services are provided free of charge in The Gambia. Also attached high importance to the Addis Ababa Declaration on the Elimination and Prevention of Tuberculosis as public health problem in The Gambia.
• Number of DoTs (TB clinics) and laboratories increased from 11 in 2011 to 43 in 2017 ensuring easy access to TB services.
• For the surveillance of Multi–Drug Resistant-TB (MDR-TB), the Ministry of Health has procured 5 Gene-x part machines, as well as building/constructing a BL3 Lab for culture and drug sensitivity testing.
• Practical Approach to Lung Health (PAL) is implemented at all Regional Health Teams, following the training of health care workers in the health facilities.
• Implementation of the TB/HIV collaboration is an outgoing activity, ensuring that co-infected TB patients are also tested for HIV.

**Malaria**

**Main Achievements**

• In 2014 971,655 LLINs were distributed; while in the 2017 LLIN distribution campaign, 924,189 LLINs were delivered. This has increased both ownership and utilization of LLINs in the country especially between 2010 and 2014.
• Insecticide treated bed net usage among the general population has increased by 13.6 per cent, from 66.3 per cent in 2011 to 75.3 per cent in 2014
• Insecticide treated bed net usage among children under 5 has increased by 43.6 per cent, from 57.8 per cent in 2011 to 83 per cent in 2014
• ITNs usage by pregnant women stands at 84.8 per cent as indicated in the 2014 Malaria Indicator Survey (MIS) results.
• Usage of ITNs among women all aged 15–49 years has increased by 46.2 per cent, from 54.5 per cent in 2011 to 79.7 per cent in 2014
• Overall, malaria parasite prevalence among children aged 6-59 months declined by 97.5 per cent, from 4.0 per cent in 2011 to 0.1 per cent in 2014
• Anaemia prevalence (8g/dl0) among children aged 6-59 months declined by 6.1 per cent, from 17.1 per cent in 2011 to 7.1 per cent in 2014.
• The Gambia has averted 11.6 million cases of malaria infection between 2000-2015 and saved 34,900 lives over the same time period
• Targeted interventions in high malaria transmission regions/districts
• Expanded malaria case detection and management
• Strengthened malaria Surveillance and M&E (Sentinel surveillance sites established for epidemiological and entomological activities)
• Invested in DHS2/HMIS for malaria data management for planning and strategic direction

**Policies, Programmes, Strategies and Legislation**

• National Malaria Policy and Strategic Plan 2014-2020 have been developed in line with the Health Policy.
• Goal of Malaria strategic Plan is: By 2020, to reduce malaria mortality rates by at least 40 per cent
• By 2020, to reduce malaria case incidence by at least 40 per cent

The following strategies are used in malaria prevention and control:

• Programme Management and Partnership Building
• Improved Malaria Case Management
• Prevention and Control of malaria in Pregnancy
• Integrated Vector Management (IVM)
• Seasonal Malaria Chemoprevention (SMC)
• Advocacy, Social Mobilization and Communication
• Surveillance, Monitoring and Evaluation & Operational Research.
Status of Implementation of Policies, Programmes, Strategies and Legislation

The National Malaria Strategic Plan is being implemented accordingly. The Strategic Plan covers the period 2014-2020 and from the plan, the strategic directions and interventions as discussed above are drawn. This is the mid-term (3rd year) of implementation of the Strategic Plan and is currently being reviewed through consultative process.

3.2.4 Universal access to HIV prevention, treatment, care and support

Main Achievements

The Gambia is still regarded as a low HIV prevalence country. Studies have indicated a national prevalence of between 1.5% to 1.9% (National Sentinel Survey and Demographic Health Survey). Even though there are major challenges, the Government with support from donors have scaled up HIV services. Currently services for counselling and testing as well as treatment are in all the regions. Also, services for PMTCT have become more widespread. The number of people on treatment has significantly increased. Although targeted, viral load and routine CD4 services have improved over the years. Efforts are being made to decentralize viral load services with the Gene X-pert with a view to improving service quality.

In 2015, the Gambia HIV and AIDS prevention and Control Bill was enacted by the National Assembly with a view to protecting the rights of those living with and affected by HIV, service providers and the general population. The enactment of this law has created a more supportive environment to eliminate preventable and communicable diseases, including HIV and AIDS.

In terms of ensuring universal access to HIV services, more ART and PMTCT sites have been established recently. Currently, HIV service delivery points are in all the regions and integrated with the sexual and reproductive health services. There is also a national strategic plan and policy that guide the national response to HIV and AIDS, including resource mobilization.

Although the World Health Organization (WHO) recommended Test and Treat strategy, and The Gambia has adopted it; however, due to limited resources the programme has to prioritize positive pregnant women, children under five, Key Populations, Co-infections, Sero-discordant couples, and adults with AIDS defining conditions. Efforts are being made to mobilize more resources for the purpose of implementing the test and treat strategy.

Policies, Programmes, Strategies and Legislation

- PMTCT Policy, 2010
- PMTCT Strategy Plan, 2010-2015
- STI Guidelines, 2017

Status of implementation of Policies, Programmes, Strategies and Legislation

All the above-mentioned policy, strategy plan and guidelines are currently being implemented.
3.2.5 Universal access to sexual and reproductive health services

Main Achievements

- Process of revitalisation of primary health care and scaling up is in progress.
- PHC road map developed, approved and finalised in December 2017.
- PHC Unit established to coordinate PHC activities across the country.
- PHC expansion currently in progress. PHC villages have increased from 634 in 2015 to 810 in 2018.
- Support from the World Bank through the Maternal and Child Nutrition and Health Result Project (MCNHRP) have helped in improving the health situation in facilities and communities by providing incentives towards the achievement of agreed indicators.
- With support from the partners, travel has improved through the provision of bicycles to all Village Health Workers, ambulances for all the facilities and motorcycles for CHNs to access and facilitate monitoring and supervision.
- Social and behavioural change and community mobilisation strategies have been developed in collaboration with partners through the MCNHRP.

Policies, Programmes, Strategies and Legislation

- The revitalisation process of the PHC has led to the assessment and review of some policies and strategies. One outcome of the assessment is the “Position Paper” on the roles of the Traditional Birth Attendants in The Gambia. The roles of the TBAs is now changed from conducting deliveries at the community to other health promotional activities such as awareness raising, identifying pregnant women and referring them to clinics for early booking and encouraging them to go for institutional deliveries under skilled supervision. In this regard, the nomenclature is changed from Traditional Birth Attendants (TBAs) to Community Birth Companions (CBCs).
- PHC strategy has been reviewed and a road map for the revitalisation and scaling up PHC (2018–2022) have been developed. The road map is meant to be used as an overarching strategic document that will be used to direct, coordinate align and harmonize all PHC related endeavours of stakeholders including the development partners.

Status of implementation of Policies, Programmes, Strategies and Legislation

- The Unit is presently trying to engage partners and stakeholder to buy into the newly developed roadmap.
- Upgrading Non-PHC into PHC villages
- Training of VDCs in newly established PHC villages
- Training of Village Health Workers in the same villages
- Training of Community birth companions in new Villages
- Working with partners to improve the data collection and management
3.2.6  Respect and protect sexual and reproductive health rights of all individuals

**Main achievements**

- Health care services is within reach of 5 km from most communities
- Promulgation of the RMCNC/AH Policies and RMN/AH Strategy
- Amended Women’s Act 2015 banning FGM/C

**Policies, Programmes, Strategies and Legislation**

- Reproductive health rights are prominent in the Health and RMNCAH Policies and RMNCAH Strategy.
- Equity: This is one of the guiding principles of the policies which emphasises on accessibility and affordability of quality services at point of demand, especially for women and children for the marginalised and underserved, irrespective of political, national, ethnic or religious affiliations

**Status of implementation of Policies, Programmes, Strategies and Legislation**

These policies and the RMNCAH strategy are currently being implemented.

3.2.7 Integration of sexual and reproductive health services, HIV and AIDS and family planning

**Main Achievements**

- Family planning, HIV and AIDS are integrated into the Sexual and Reproductive Health (SRH) services and are being provided by the same people under one roof
- More service delivery points opened to improve access to the general populace
- FP 2020 engagement working group established
- Country commitment document developed
- FP method mix of commodities increased
- Health service providers trained on post abortion management care

**Policies, Programmes, Strategies and Legislation**

- Provide quality FP information and services to reduce unwanted, unplanned pregnancies and unmet need for contraceptives.
- Provide quality service for the prevention, investigation and treatment of infertility
- Provide quality ANC by improving access, quality and utilization of ANC services
- Provide quality skilled delivery and Postnatal Care (PNC) by improving access, quality and utilization.
- Provide comprehensive package of perinatal and neonatal care
- Provide quality Post Abortion Care (PAC) services for the prevention and treatment of complications as per the country’s law.
- Provide nutrition information and counselling for pregnant women.
- Provide quality services for menopausal women
- Integrate STIs information, diagnosis and management into the major RMNCAH programs Strategy.
Status of implementation of policies, Programmes, Strategies and Legislation

- Integration of antenatal care, infant welfare services, adolescent care, family planning, PMTCT care are all being provided at the same time and at one-stop centre i.e. either at the health facility or at the outreach/trekking stations.
- Expanded services delivery points to improve access from 150 outreach stations to 300
- Improving prevention and treatment of sexually transmitted infections, including HIV
- Improving the prevention and treatment of reproductive organ cancers (ROCs)
- Gender, harmful traditional practices and male engagement
- Improve access to reproductive maternal new born child and adolescents’ health (RMNCAH) services for people with special needs (people with disabilities or in fragile emergency situations)
- Improve reproductive health commodity security (RHCS)
- Health Systems Strengthening (HSS)

3.2.8 Eliminate preventable maternal and neonatal mortality

Main Achievements

- Reduction in neonatal mortality has been registered
- Skilled attendants at birth have improved in rural areas
- Trained nurses/midwives on emergency maternal new born and child health (EMNCH)
- Orientation of nurses/midwives on RMNCAH protocols

Policies, Programmes, Strategies and Legislation

A new policy and strategies have been developed (2017-2021) and key prevention areas identified for implementation. The aim of the policy and strategic plan are to improve access to reproductive, maternal new born child health (RMNCH) and reduce maternal and neonatal mortality.

Status of Implementation of Policies, Programmes, Strategies and Legislation

The identified programmes are being implemented as per the work plan. However, there are funding gaps on some of the identified activities in the strategic plan.

3.2.9 Treatment of unsafe abortion complications and access to abortion services

Main Achievements

- All minor, major health centres and hospitals provide post abortion care (treatment) to prevent complications.
- Hospitals and some major health centres are equipped with the appropriate personnel, equipment, medicines and supplies for the management of post abortion care.
Policies, Programmes, Strategies and Legislation

- Post abortion care is incorporated in the RMNCAH Policy and Strategy.
- Plans to train 30 midwives on abortion care.

Status of implementation of Policies, Programmes, Strategies and Legislation

- The RMNCAH Policy and Strategy were revised in 2017 and currently being implemented.

3.2.10 Eliminate preventable maternal morbidities

Main Achievements

- Major Health Centres were equipped with theatres for provision of emergency obstetric care services
- Most of the theatres have a doctor, nurse, anaesthetists and midwives
- Ambulances are provided to all health centres for ease of referral especially the obstetric emergencies
- Over 800 Nurses and midwives were trained on emergency obstetric care including the use of partograph.
- One NGO fistula centre established to repair fistula cases nationally.
- Operating theatres renovated.
- Repaired 159 cases of fistula.
- Over 130 nurses trained on long-term contraceptive methods (IUDs and implants).
- Medical personnel trained on cervical cancer screening and treatment.

Policies, Programmes, Strategies and Legislation

RMNCAH Policy and Strategy, 2012-2021

Status of implementation of Policies, Programmes, Strategies and Legislation

The Gambia Government has a strong stand on “no woman should suffer or die of obstetric fistula” and the following activities are being implemented to achieve this objective:

- Raise awareness of the general community about obstetric fistula, its prevention, existence of treatment and reduce its associated stigma.
- Build the capacity of selected hospitals so that every woman with obstetric fistula can get appropriate counselling, treatment and rehabilitation services.
- Build the capacity of selected providers on how to deal with obstetric fistula cases including repairing.
- Strengthen the capacity of community-based workers to identify and link women with fistula to health facilities at the community level.
- Develop obstetric fistula service delivery guideline.
- Conduct high level advocacy so that adequate resource is allocated for the obstetric fistula prevention, treatment and rehabilitations.
- Organize community mobilization and sensitization sessions to reduce the underlying factors for the occurrence of obstetric fistula, such as FGM, early marriage, early pregnancy and child birth and unattended home deliveries.
• Conducted sensitization on fistula using the national radio station.

3.2.11 Adapt and implement sexuality education programme

Main Achievements
• Enhanced training of teachers and students on HIV/AIDS, Life skills, school health and nutrition
• Trained Peer Health Educators on reproductive health
• Increased awareness and acceptance of parents, the communities, religious leaders on the importance of sexuality education in schools.
• Sexuality Education mainstreamed into child protection strategies.
• New curriculum on comprehensive sexuality education has been developed and teaching in schools expected to begin in 2018.

Policies, Programmes, Strategies and Legislation
Education Policy, 2016-2025

Status of implementation of Policies, Programmes, Strategies and Legislation
Policy implementation is ongoing

3.2.12 Right of individuals and couples to decide freely the number and spacing of their children

Main Achievements
• Government’s contribution to the procurement of contraceptives has increased when compared to previous period when it was entirely under the responsibility of the donor agencies
• Inclusion of contraceptives into the list of essential drugs by Government
• Development and implementation of RH Policy which is jointly implemented by all stakeholders in the provision of sexual reproductive health.
• Recognition of gender roles in the implementation of sexual reproductive health activities
• Promotion of Public Private Partnership in the health sector thus encouraging more investment in the health sector.

Policies, Programmes, Strategies and Legislation

Among the policies adopted is the Reproductive Health Policy (2017-2026) and is currently being implemented by all stakeholders.

Reproductive Health Commodity Security Strategy (2017–2021) is being implemented at national level. The strategies and programmes being implemented by the Association in the provision of Sexual Reproductive Health includes:

• Provision of community-based distribution with a view to increasing access to SRH services.
• Provision of Adolescent Youth Reproductive Health Information Services including Voluntary Counselling and Testing on HIV/AIDS.
• Provision of Integrated Sexual and Reproductive Health through the established Gambia Family Planning Association (GFPA) Static Clinics and health centres country wide.

Status of implementation of Policies, Programmes, Strategies and Legislation

Implementation has been very smooth with regards to strategies mentioned above. The Work Programme Budget Plan which is the guiding tool for a 12-month period for GFPA highlights the activities to be implemented with the required resources targeting various cohorts in need of SRH services and the means of access. This document is formulated with the identification of 4 thematic areas of concern to the Gambia Family Planning Association (GFPA) i.e. Access, Advocacy, Adolescence and HIV/AIDS.

It is within these themes that GFPA established a youth friendly centre designed solely as a strategy to address the need for the provision of adolescent youth sexual and reproductive health services in the most densely populated areas of Bundung and Bwiam.

In addition, the GFPA operates a clinic providing integrated clinic-based reproductive health services including, delivery, antenatal care and laboratory in Kanifing as opposed to a standalone family planning, thus, strengthening the partnership that exist between GFPA, government and other stakeholders.

3.2.13 Prevention of unplanned pregnancies

Main Achievements

- Knowledge of family planning is very high
- Availability of FP commodities
- Method mix of commodities increased
- Involvement of male action groups in reproductive health issues has increased knowledge of men on FP services

Policies, Programmes, Strategies and Legislation

- Reproductive health policy has been reviewed and adopted (2017-2026).
- Kabilo Baama\textsuperscript{10} strategy is being implemented
- Results-Based Financing (RBF) is also on going
- Anti-FGM campaign is intensified

Status of Implementation of Policies, Programmes, Strategies and Legislation

- Legislation on rape code are yet to be understood by health professionals.
- Programmes are being implemented as planned.

\textsuperscript{10} Local terminology used for the strategy to increase access to reproductive health information and services, women and girls’ empowerment, promote community participation, particularly men, in programme implementation.
3.2.14 Rapid Diagnostic Test (RDT) for HIV, other sexually transmitted infections and reproductive tract infections

Main achievements

- Conducted both facility-based and outreach HIV services to increase access
- Provided medicine, test kits and reagents for HIV and STI diagnosis and treatment
- Conducted participatory approaches STAR, Kabilo and Stepping Stone Strategy
- Conducted treatment literacy activities for PLHIV community
- Conducted Behaviour Change Communications (BCC) approaches through open field days, radio and TV programmes and outreach counselling and testing services

Policies, Programmes, Strategies and Legislation

- Development of viral hepatitis strategy and policy
- Enactment of HIV prevention and control act
- Review and updated the HIV policy and strategic plan
- Development of targeted approaches for key and vulnerable populations

Status of implementation of Policies. Programmes, Strategies and Legislation

- Procurement of medicine, test kits and reagent for diagnosis and treatment
- Trained staff on the updated treatment guidelines (HIV and STI)
- Sensitisation of health care providers on the HIV and AIDS prevention and control Act
- Sensitisation of communities on HIV and STI prevention and control
- Establishment of wellness centres in three regions
- Testing of all blood and blood products for HIV and hepatitis B

3.2.15 Sexual and reproductive health information, counselling and services

Main Achievements

- Knowledge on modern contraceptives is 95.1% (GBoS, 2014)
- RH commodity security
- Knowledge about ORS is 94.1% (GBoS, 2014)
- Knowledge among women that HIV can be transmitted through breast feeding is 72% (GBoS, 2014)
- Knowledge among women on HIV is 98.4% (GBoS, 2014)

Establishment of Kabilo Baama and Male Action Group Approach: This approach targets community mobilization so that communities become responsible for their own health. Each Kabilo selects a man and a woman who are trained on RH issues and conduct sensitisation meetings in their various communities to enhance positive behaviour change and utilization of health services. This is being implemented in Kiang East and West. The approach has resulted in institutional deliveries, attendance to clinic, contraceptive uptake and timely referral etc.

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11 Ward or community
Celebration of Africa Day for reduction of maternal and new born morbidity and mortality: Following the launching of the Campaign on Acceleration of Reduction of Maternal Mortality in Africa (CARMMA), in July 2010, this has become a routine RCH activity. It was celebrated in all the health regions. It is aimed at attaining the slogan “No Woman should die giving life”. The celebrations took different forms e.g. village meetings, conferences, drama, march passes and role plays. The commemoration was a reflection on the causes of maternal deaths, gains made, constraints and map out a way forward for achieving MDG 4, 5, 6. The discussions centred on danger signs in pregnancy, early booking, referrals, importance of institutional deliveries, blood donations, family planning and male support and involvement in RCH services.

Open Field Day: This was conducted in all the health regions in the form of village meetings. It was an awareness creation programme that brought together satellite villages to a common place to discuss issues related to RH. There was a quiz competition for the audience and prices awarded to winners. The gatherings were graced by communities, RHT, staff from health facilities, VHS/CHN, VHWs, TBAs and Alkalolu.

Conduct maternal death audit meetings: Hospitals and major health centres conduct reviews of maternal and neonatal deaths quarterly. Findings are shared with their catchment area populations to raise awareness on the causes of maternal and neonatal deaths and to enhance community participation and contribution to health.

Advocacy meeting with Women counsellors for facilitating referrals at River crossing points: As the river divides The Gambia in two parts, one major challenge the health system faces is the evacuation of patients from one bank to the other to access health care particularly during odd hours. Delays in crossing the river sometimes results in loss of lives. As women counsellors and their male counterparts are local authorities who can influence change within government on the plight of women and children, they are sensitised with other community leaders to fulfil their obligations to their communities. All the four regions sensitized made recommendations to ease referrals.

Training media personnel on complications of FGM/C: As the media is key in disseminating health information to the public and dispelling rumours, 20 journalists, from different media houses, were trained on FGM/C and its complications. The participants were taken through the FGM/C manual to familiarize them with the types and complications of FGM/C so as to enable them to report appropriately on FGM/C.

Policies, Programmes, Strategies and Legislation

- PHC Roadmap 2017-2022: Roadmap for revitalizing and scaling-up of primary health care in The Gambia. It is intended to provide access to essential health services to rural communities thus, improving coverage and quality.
- Reproductive, Maternal, New born, Child and Adolescent Health (RMNCAH) Policy 2017-2026 and the Strategy 2017-2022 have been revised in 2017 and ready for implementation.

Status of implementation of Policies, Programmes, Strategies and Legislation

- Free health care for women during pregnancy, delivery, postpartum and children under-five has been in existence since 2008.
- The PHC road map was validated through a consultative meeting in December 2017 and there are plans to mobilise funds for its implementation
- National Health Policy 2012-2020. Implementation is ongoing.
- RMNCAH Policy and Strategy—Implementation has commenced

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12 Village/town head
Main Achievements

The National AIDS Secretariat continues to deliver on its mandate of coordination and monitoring of the national response, in addition to fulfilling its responsibility as a Principal Recipient (PR) for the Global Fund (GF) Round 8 HIV Grant.

- An ongoing programme to support post exposure prophylaxis services in the health facilities.
- HIV Counselling and testing services are being provided through static health facilities and community outreach approach.
- Intensification of both the client and provider-initiated counselling and testing approaches to increase uptake on HCT.
- Other strategies such as demand creation by the partners involved in community HIV prevention programmes and ongoing outreach services are paying dividend on HCT uptake.
- An over-achievement of the target (109%) of the 2014 HCT target.
- Under the PMTCT services, an annual cumulative coverage of 92 per cent of 2014 target for counselling and testing of pregnant women was achieved.
- Achieved 63 per cent coverage for the administration of ARV prophylaxis for positive women and their babies.
- Overall, 4,586 PLHIV currently on ARV representing 91 per cent of the year’s target. Of the 4,586 PLHIV on ART, 380 are children and 4206 are adults (males 1,176 and females 3,030).

Policies, Programmes, Strategies and Legislation

The National Health Policy Framework (NHPF) 2007-2020 seeks to ‘promote equity (both gender and territorial) in access and affordability of quality health services, maintain ethics and standards promote health system reforms and improve staff retention and client satisfaction.’ Other health sector policies currently being implemented include:

- National Reproductive Health Policy
- National HIV/AIDS Policy
- National Nutrition Policy
- National Population Policy and Plan of Action

Issues of Gender Based Violence are addressed through the Office of the Vice President and Ministry of Women’s Affairs and the policy that guides its implementation is the National Gender and Women Empowerment Policy 2010-2020.

Both the Gambia Family Planning Association (GFPA) and BAFROW run the MCH and the Well Woman Clinic respectively. The Gambia National Association of AIDS Support Societies (GAMNASS), the umbrella body organization gives support to people living with HIV/AIDS (PLWHIV).

Home-based care services continue to be provided by CSOs such as Hands on Care, Gambia Red Cross Society (GRCS) and organizations of PLWHA such as Santa Yalla, Nganiyakiling and Mutapola (a network of women and girls living with HIV/AIDS). HIV/AIDS prevention activities are carried out by Nova Scotia Gambia Association (NSGA), TANGO, Lend A Hand Society (LAHS), GRCS, The Trust Agency for Rural Development (TARUD), Network of AIDS Support Organisation (NASSO), Soul Talk and Concern Universal.
Status of Implementation of the Policies, Programmes, Strategies and Legislation

In practice, access to medical treatment for victims of GBV is free in most cases or at very minimal cost in most cases. The Victim centre and safe houses have not been established and no hotline is in place. The National Development Plan equally identified the establishment of the safe houses but is yet to be established. The Department of Social Welfare provides psychosocial support; however, its capacity is limited.

In addition, few CSOs, have established one stop-shop within the Edward Francis Small Teaching Hospital (EFSTH), which provides basic legal and health services to victims.

3.2.17 Integrate responses to gender-based violence

Main Achievements

- Establishment of GBV Coordination Committee, including all relevant MDAs and civil society groups. The Committee meets quarterly to review implemented activities and planned activities for next quarter.
- A detailed review of all legal instruments conducted in 2013 for the development of the Domestic Violence Bill confirmed the existence of all the forms of GBV in The Gambia.
- Government enacted two laws, namely, Domestic Violence Act and Sexual Offence Act 2013.
- Women’s Act 2010 was amended in 2015 to prohibit FGM/C
- Children Act 2000, was amended in 2016 to prohibit Child Marriage
- Ministry of Women’s Affairs, through the Women’s Bureau, implements a partnership programme with Ministry of Health, called the ‘Kabilo Baama’. This programme is being piloted in Lower River Region, and it utilizes a holistic approach, e.g. sexual and reproductive education, women’s empowerment through skills development and men engagement as well as sensitization on GBV.
- Women’s Bureau in partnership with UNAIDS, implemented a one-year project, sensitized 200 women cross-border vendors on HIV/AIDS in 2014

Policies, Programmes, Strategies and Legislation

The National Gender and Women Empowerment Policy 2010-2020, clearly identified GBV and HIV/AIDS as one of its eight thematic areas. The Policy identified specific strategies to address the issues. Find below the main strategies identified in the policy:

- Advocate for gender responsive budgeting for the health sector.
- Advocate for male and youth friendly SRH services.
- Intensity information, education and communication (IEC) on reproductive and sexual health at community level for young people.
- Work with influential community members, community groups and institutions to promote adolescents’ rights to reproductive health information and services
- Mobilise young people and engage them in discussions and community actions on topical issues in relation to SRH, STI/HIV/AIDS, and gender-based violence
- Promote life skills among young people geared towards helping them to protect and enhance their reproductive and overall health
- Provide services for the management of cases of GBV and complications resulting from FGM/C and other harmful practices.
Status of Implementation of the Policies, Programmes, Strategies and Legislation

The policy is being implemented and according to a mid-term review of the policy report, 75 per cent of planned activities have been implemented or are ongoing.

The challenges and gaps, new and emerging issues and priorities for this section are as follows:

Challenges and Gaps

- Inadequate financial, human and material resources.
- Weaknesses in the health referral system at all levels.
- Inadequate policies and guidelines at various health facility levels.
- Retention of skilled or trained medical personnel particularly nurses.
- Sustainability of HIV services which are (95%) donor driven (Global Fund).
- Inadequate resource to provide ARVs to those patients in need of treatment (Estimated number of people living with HIV (PLHIV)- 20,938 and number currently on treatment is 6,652
- Shortage of skilled health care workers and uncoordinated redeployment of trained staff.
- Intermittent power supply causing wastage of test kits and reagents
- Weak monitoring and evaluation systems
- Multi–drug resistant TB (MDR- TB)
- Quality health information
- Low domestic malaria financing
- Inadequate funding to implement the RMNCAH Strategy.
- Inadequate incentive for posting of service providers to rural areas difficult.
- Limited number of Fistula surgeons.
- Negative male attitudes towards family planning leading to low uptake of contraceptive services.
- Weak quantification system of reproductive health products.
- Lack of proper coordination at different programme levels.
- Inadequate capacity in providing psychosocial support to victims.

New and Emerging Issues

- Introducing strategies to address the Non-Communicable Diseases
- Mainstreaming climate change and environmental issues into health planning.
- Increase in the cases of viral hepatitis.
- Attainment of the three 90’s by 2020 (testing 90%, treat 90% and 90% viral suppression)
- Improve skilled attendant at Birth.
- New testing and treatment algorithm.
- Introduction of wellness centre for key and vulnerable.

Priorities

- Improve capacity across the system especially at the primary level.
- Mobilisation of both domestic and external resources to support the HIV programme.
- Increase human, technical and material resources for quality health care provision in the rural and urban areas.
- Retention of health personnel particularly nurses.
- Address childhood increased surveillance on MDR-TB
- Strengthen malaria case detection and management
- Strengthen epidemiological and ecological surveillance systems
- Repositioning and improving access to Family Planning services
- Increasing access to Sexual and Reproductive Health information and services particularly for Adolescent
• Improving Prevention and Treatment of Sexually Transmitted Infections, including HIV and Reproductive Organ Cancers (ROCs)
• Improve access to RMNCAH services for people with special needs (people with disabilities or in fragile emergency situations)
• Improve Reproductive Health Commodity Security (RHCS)
• Training of doctors and nurses on fistula repair and care
• Develop a social marketing strategy for contraceptives with a view to increase access to family planning and reduce HIV/AIDS and STI infection.
• Ensure Commodity Security in all sectors of health services.
• Provide start-up capital for survivors of GBV as most victims are often economically disadvantaged.

3.3 Place and mobility

Population dynamics, urbanization and migration influence opportunities for human development and occupy centre stage in policy and programme planning in the domain of population and development. This section has 20 commitments with key issues:

3.3.1 Free movement of people and goods within countries

Main Achievements

• Adopted the common External Tariff for the realization of tracked programmes
• Signed the headquarters’ agreement for the ECOWAS Regional Competition Authority (ERCA) in June 2016
• Country adopted protocol on free movement of people in the ECOWAS region
• A 90-day free stay granted to ECOWAS nationals at the port of entry; this can be regularized if they wish to stay beyond this period.
• Senegal and The Gambia in collaboration with NEPAD celebrate the Free movement Day on 1st March 2018 in the Senegalese border village of Karang
• A Regional Guideline 2017-2026 developed to facilitate cross border trade within the ECOWAS region
• Integration and re-integration accorded high priority by the Government in its migration agenda
• Migrants accorded rights and privileges that include their right to social services
• Migrants have easy access to residential permits and Alien Cards once the requirements for these documents are met; for those who wish to become Gambian, there are two options:
  o Naturalization: Migrant has to be in the country for period of at least 15 years
  o Registration: Migrant has to be married to a Gambian

Policies, Programmes, Strategies and Legislation

There are no explicit policies, programmes, strategies and legislation.

Status of Implementation of Policies, Programmes and Strategies

Implicit policies, programmes and strategies are currently being implemented
3.3.2 Maximize benefits and minimize costs and repercussions of international migration and managing irregular migration

Main Achievements

- A draft and validated migration policy has been produced and awaiting formal promulgation.
- Entry condition including low cost of entry for migrants to The Gambia are quite favourable and individual rights and dignity are respected.
- Almost all migrants are able to regularize their stay
- Deportation is low and only occurs with a court order or hardened criminals who pose danger to the peace and security of The Gambia.
- A database created and data regularly collected on variables such as arrivals and departures at the border posts, number of deportees, number of Gambian deceased, entry refusals and departure, impostors, revenue generation, number of resident permits and ID cards, expatriates, number of asylum seekers and refugees; reports are produced monthly and annually.
- Bio-metric passports and finger printing have been introduced.
- ECOWAS citizens given right to enter, reside and establish.
- Easy visa process instituted for non-ECOWAS citizens.
- Application for visas done at the nearest Gambian Embassy and normally takes not more than a week.
- Issuance of visa at the port of entry.

Policies, Programmes, Strategies and Legislation

- Explicit Migration Policy has been drafted, validated and now awaits promulgation
- Implicit migration policies are currently in place

Status of implementation of Policies, Programmes, Strategies and Legislation

Government has adopted and implemented numerous implicit migration policies which address a myriad of issues on migration. An explicit policy has already been produced and validated.

3.3.3 Formulate and adopt a migration policy

A draft migration policy has been produced and validated but still waiting to be adopted.

3.3.4 Integrate migration issues in national development plans and strategies

Main Achievements

In a bid to reduce the incidence of rural-urban migration, The Gambia government has increased self-employment opportunities in the rural communities. The government with development partners have supported programmes for tie and dye, animal rearing, bee-keeping and pottery to diversify the income base of rural communities. This has helped in reducing the wage differentials between the village and the city and has further helped in the economic empowerment of rural communities.
The government has invested in improving the rural infrastructure and services (roads, water, electricity, schools and hospitals) to make migration to the urban areas less attractive. This has helped in improving the overall living conditions in the rural areas.

There has been an increase in the expansion of low cost housing schemes, electricity, water and sanitary facilities in sub-urban areas to decongest population concentrated areas and ultimately reduce environmental problems and spread of diseases such as malaria and water-borne infections.

The regular flow of remittances from Gambians living in the diaspora has increased the capital base of the Gambian economy. This has helped in diversifying household portfolios, enhanced the living condition of most Gambians and has also promoted education at the household level.

**Policies, Programmes, Strategies and Legislation**

Strategies, programmes and policies that have been used as follows:

- 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.
- 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.
- Adopting and promoting incentive schemes which will facilitate the voluntary return of highly-skilled emigrants and their eventual integration into the national economy.

**Status of Implementation of Policies, Programmes, Strategies and Legislation**

The government has instituted series of employment creation programmes to discourage youth migration. Key amongst the initiatives are National Enterprise Development Initiative (NEDI) Youth Empowerment Programme (YEP) and the National Youth Service Scheme (NYSS).

The government has established a forum for Gambians in the diaspora to harness their potentials for the overall socio-economic development of the country.

### 3.3.5 City planning and management for people in urban and peri-urban areas

**Main Achievements**

Establishment of a GIS database at the Department of Lands and Surveys and Physical Planning and Housing, the objectives were:

- Capture more geospatial data in the densely populated zones of the country.
- Create zonal plans for the updated areas in terms of creating community facilities like play areas and other facilities including health facilities in the coastal layout in the Kombo North District and Basse Koba Kunda layouts.
Policies, Programmes, Strategies and Legislation

The Strategic Plan, 2017-2020 of the Ministry, and the work plans of the Departments of Lands and Survey and Physical and Housing. Also, the master plan, policy on densification, conservation and expansion are the policies and strategies currently being implemented.

Status of Implementation of Policies, Programmes, Strategies and Legislation

- Database update still in progress as more field units were undertaken with a view to plot more open spaces for further planning.
- Planning of newly acquired areas in progress as well as the identification of both facilities for water and electricity

3.3.6 Equity in access to services in both urban and rural areas

Main Achievements

- The 2011 Decentralization Policy which devolves power to the peripheral has been approved.
- A Strategic plan on decentralization policy has been developed and VDCs, WDC, Area Councils and Municipal Councils have been sensitized on the Policy and Plan.
- Ward Development and Municipal Development Councils have been trained to deliver equitable services in the rural and urban areas.

Policies, Programmes, Strategies and Legislation

Decentralization Policy, 2011-2020

Status of implication of Policies, Programmes and Legislation

The implementation of the Decentralization Policy has almost stalled with some the planned structures to move the decentralization process dysfunctional. For example, Regional planning offices could not be maintained which has negatively affected planning at the decentralized level.

3.3.7 Innovative plans for urbanization and creation of sustainable cities

Information is not available on this key issue

3.3.8 Land, housing and service needs of the poor

Main Achievements

- Open spaces reservation on Salagi layout, Koba Kunda layout for social use creation of additional residential plots in changed agricultural lands.
- Layouts for estate development through buy-back of forfeited lands to create more housing for the needy.
Policies, Programmes, Strategies and Legislation

- Physical planning Act 1991
- Development control regulation 1995
- Land (regions) Act 1992

Status of Implementation of Policies, Programmes, Strategies and Legislation

- Many open spaces in layouts allocated for social facilities including schools and markets

3.3.9 Plan and invest in urban and rural areas

Information is not available on this key issue

3.3.10 Plans, programmes and systems for people living in fragile ecosystems

Main Achievements

Strategic plan of the Ministry of Local Government, 2016-2020 has been developed and strengthened in line with the national Development plan.

Policies, Programmes, Strategies and Legislation

- Physical planning Act 1991 zones for convention as designated by physical Development plan.
- Special Areas on master plans that are to be monitored and protected.

Status of Implementation of Policies, Programmes, Strategies and Legislation

- Monitoring of ecologically sensitive zones to ensure that they are free from any kind of development.

3.3.11 Promoting urban growth with concern for environmental values

Main Achievements

- The densification strategy of the Greater Banjul Area (GBA) master plan allows for the maximum usage of space within built-up areas

Policies, Programmes, Strategies and Legislation

- GBA written statement (Policy, 1985-2000)
- State Lands Act, 1991
- Physical Planning Act, 1991
Physical Planning and Development Control Regulations (July, 1995)

Status of Implementation of Policies, Programmes, Strategies and Legislation

In progress, most plots in densely populated areas densified in that their large sizes being reduced to standard residential plot sizes.

3.3.12 Development of rural and urban areas to strengthen their symbiotic relations

Main Achievements

- Densification of new growth centres in the provinces to facilitate the relation between settlement in the hinterland and the growth centres.
- Creation of facilities like banks, recreational centres and other facilities for public usage.

Policies, Programmes, Strategies and Legislation

- Strategic Plan, 2017-2020
- National Development Plan, 2018-2020
- Provision of the regions’ Act

Status of Implementation of Policies, Programmes and Strategies

- Land (Region) Act being raised but at the same time its provisions to settlements expansion applied.

3.3.13 Reinforce and establish bilateral, regional and global partnerships on migration

Main Achievements

- Adopted the common External Tariff for the realization of tracked programmes.
- Signed the headquarters’ agreement for the ECOWAS Regional Competition Authority (ERCA) in June 2016.
- Country adopted protocol on free movement of people in the ECOWAS region.
- A 90-day free stay granted to ECOWAS nationals at the port of entry; this can be regularized if they wish to stay beyond this period.
- Senegal and The Gambia in collaboration with NEPAD celebrate the Free movement Day on 1st March 2018 in the Senegalese border village of Karang.
- A Regional Guideline 2017-2026 developed to facilitate cross border trade within the ECOWAS region.
- Integration and re-integration accorded high priority by the Government in its migration agenda.
- Migrants accorded rights and privileges that include their right to social services
- Migrants have easy access to residential permits and Alien Cards once the requirements for these documents are met; for those who wish to become Gambian, there are two options:
Naturalization: Migrant has to be in the country for period of at least 15 years
Registration: Migrant has to be married to a Gambian

Policies, Programmes, Strategies and Legislation
There are no explicit policies, programmes, strategies and legislation.

Status of Implementation of Policies, Programmes and Strategies
Implicit policies, programmes and strategies are currently being implemented.

3.3.14 Policies that foster integration and re-integration of migrants and returning migrants
No such policies exist. However, there are ongoing practices that foster integration and re-integration of migrants and returning migrants and they include registration, issuance of relevant documentation and provision of support services including financial support.

3.3.15 Regional and international portability of acquired benefits and rights from migration
Migrants in The Gambia mostly work in the Private sector which accords them the opportunity to contribute to social security. Portability of acquired benefits for those living in the ECOWAS region.

3.3.16 Migrants’ access to secure and low-cost transfer options
There are secured and low-cost remittance transfer options with no discriminations in The Gambia. With valid identification documents and or proper bank accounts, remittances can be done using various money transfer options including through the commercial banks.

3.3.17 Forecast the consequences of climate change-related migration in vulnerable areas, especially cities and coastal areas
Main Achievements
• Climate change impacts resulted to poor/low agricultural production and threatening food security especially in the rural communities. This resulted to massive migration of people living in the rural sectors to major cities and coastal settlements in the West Coast Region.
• Revitalisation of Agricultural activities by mainstreaming climate change into its policy, plan and development.
• Extensive sensitization of climate change impacts and adaptation/migrations measure were conducted.

**Policies, Programme, Strategies and Legislation**

A National Climate Change Policy (NCCP) was formulated for The Gambia to provide overall guidance and strategies in not only the Agricultural sector but as well as all the development plans of the country.

**Status of Implementation Policies, Programmes, Strategies and Legislation**

The Climate Change Policy is being implemented.

3.3.18 Funding of regular national and regional migration surveys

During the period under review and in fact in the past 10 years and beyond, The Gambia has not conducted a national migration survey due mainly due to funding constraints. The main source of migration data is the Population and Housing Census which has a limited number of migration and development variables.

3.3.19 Rights of refugees

The rights of refugees in The Gambia are protected in line with international conventions on the treatment of refugees. Refugees can access jobs and other basic social services; and their return is facilitated as and when they opt to return to their countries of origins voluntarily.

3.3.20 Removing barriers to sustainability

There is no information available on this key issue

The challenges and gaps, new and emerging issues and priorities for this section are as follows:

**Challenges and Gaps**

• Poor border control and weak monitoring system has contributed to the non-capturing of large number of immigrants in the immigration database.
• Limited data on migration has made it difficult for government to develop an appropriate policy and programme on migration and related issues
• Tracking the inflow of remittances has made it difficult for government to know the full extent of contribution made by Gambians living in the diaspora towards achieving the development objectives of the country.
• Limited incentives for direct investment in the rural areas
• Inadequate human and financial resources
• Too many land disputes particularly in areas where customary tenure is overlapped by the state land status.
• Availability of requisite funds and capacity
• Resource capacity sensitization
• Inadequate sensitization of stakeholders
• Retention of national climate science experts
New and Emerging Issues

- Those who obtain change of use for large parcels prefer buy-back of the forfeited portions as opposed to planning.
- Inclusion of local knowledge in conservation process and implementation.
- The need to ensure real time monitoring and inclusion of forfeited ecosystem in our plans.
- Densified plots are now being planned for future usage.
- Communities requesting for cadastral maps to show boundaries between their properties.
- While climate mainstreaming and adaptation is paying dividend in increasing agricultural production, the emerging issue is the market for the storage and preservation of products, especially horticulture.

Priorities

- Planning of roads and other facilities like water and electricity congest the settlement by using the strategies of expansion
- Traditional rulers to be more sensitized as well as local communities
- Plan Making
- Reservation of zones
- Plan preparation
- Monitoring
- Plan preparation in zones to be densified
- Newly acquired agricultural lands through forfeiture to be planned
- Fill in the resource gaps
- Comprehensive knowledge of the policy and its implementation to the letter.
- Vigorous climate change adaptation mainstreaming
- Diversification of agricultural activities and more investment in the sector
- Promotion of immigration system and reservoirs for year-round activities.
- Conduct a national migration survey

3.4 Governance

Good or responsive governance is based on accountability, participation of all, transparency and the rule of law among others. If this phenomenon is strengthened at national and regional levels, it can lead to better development outcomes for the attainment of peace and security for all. Additionally, canvassing the voice and interest of all the people is critical for inclusive sustainable development. This section has 4 commitments with key issues.

3.4.1 Further integrate population dynamics into development planning at the national and sub-national levels

Main Achievements

- Advocacy structures namely, Network of Journalist, Parliamentarians, Traditional Communicators, youth and faith-based organisations established and supported to facilitate awareness creation on population and development;
- Parliamentarians instrumental in passing legislations on GBV, FGM/C and age at first marriage for girls.
NPC has ensured and obtained Cabinet approval for various legislations and policies and their effective implementation; including the advocacy for the integration of population dynamics in development plans and policies

- NPC has also ensured the full participation of the private sector, NGOs and civil society in attaining the goals and objectives of the population policy

**Policies, Programmes, Strategies and Legislation**

National Population Policy, 2007-2017
Education Policy, 2015-2024
Reproductive Health Policy, 2017-2026

**Status of Implementation Policies, Programmes, Strategies and Legislation**

All the policies, programmes and strategies identified above continue to be implemented accordingly.

### 3.4.2 Creating and strengthening capacity for the effective integration of population dynamics into development planning

**Main Achievements**

- The Ministry of Finance and Economic Affairs in particular the planning unit continues to be strengthened with the requisite capacity for effective national development planning.
- A National Development Plan, 2018-2021 has been developed with enhanced capacity and population dynamics integrated in various components.
- Sectoral planning units in key sectors such as Education, Health, Agriculture etc. continue to be strengthened with the requisite capacity to integrate population dynamics into their plans and policies.
- The Gambia Bureau of Statistics and the various sectoral planning units and the CSOs produce relevant information to facilitate the integration of population dynamics into development planning.
- The Gambia Bureau of Statistics has disseminated the results of the 2013 Population and Housing Census and other surveys to various audiences including policy-makers and planners to create awareness on population dynamics and its implications on development, among others.
- The National Population Commission which comprises of Ministers, Parliamentarians, Women Youth and Religious Leaders and chaired by H.E the Vice President continues to advocate for the integration of population dynamics into development planning at all levels.
- Gender Focal Points have been identified to facilitate the integration of gender issues into development plans of the respective ministries and departments.
- Under the UNFPA funded population programme, series of training programmes were conducted targeting the multi-sectoral Task Forces and Advocacy Groups to expose them to issues relating to population and development.
- The capacity building initiatives have enabled these groups to create awareness on population and related matters and to muster support for effective programme implementation.

**Policies, Programmes, Strategies and Legislation**

For an effective method of integration, Government of the Gambia has taken the following steps:

- Establishment of multi-sectoral task forces for programme coordination and monitoring.
- Periodic meetings of stakeholders on population and development.
- Conduct of media activities to create awareness on population and development.
• Use of national assembly members in legislating on population and development matters.
• Community outreach programmes.

**Status of Implementation of Policies, Programmes, Strategies and Legislation**

The strategies identified above continue to be implemented in the various programmes within the domain of population and development.

3.4.3 Inclusive and effective participation of the whole society in all aspects of Governance

**Main Achievements**

• Establishment of a functional Directorate on Local Governance in the Ministry of Lands and Regional Government
• Formulated and implemented policies and strategies for the inclusion of all facets of the Gambian society. These policies and strategies include: The National Population Policy, the National Development Plan and the Social Protection Policy etc.
• Village and Ward Development Committees and Councils among others, in the rural and urban areas continue to ensure the participation of segments of the society including young people, women and the physically challenged in governance at all levels through planning, implementation and monitoring of their various interventions

**Policies, Programme, Strategies and Legislation**

• Decentralization Policy, 2011-2020
• Land and Regional Government Strategy Plan, 2015-2020
• National Development Plan, 2018-2021
• National Population Policy, 2007-2017
• National Health Policy, 2012-2020
• Social Protection Policy, 2017-2021

**Status of implementation of Policies, Programmes, Strategies and Legislation**

All but one of the above policies and plans are being implemented and on course. The implementation of the Decentralization Policy is not progressing well due to funding constraints and perceived insufficient political will to devolve power to the peripherals.

3.4.4 Monitoring and Evaluation Mechanisms

**Main Achievements**

• Establishment of the National Population Commission and Secretariat
• Establishment of regional coordination structures
• Establishment of technical working groups to facilitate the monitoring and coordination of programmes
• Regular review of the population programme
• Regular quarterly monitoring visits to project sites
• Training of programme personnel on M&E

**Policies, Programmes, Strategies and Legislation**

• National Population Policy, 2007-2017
• National Population Programme, 2007-2017

**Status of Implementation of Policies, Programmes, Strategies and Legislation**

• Institutionalization of quarterly M&E activities
• Biannual NPC meetings
• Establishment of coordination structures at both national and regional levels

**Challenges and Gaps**

• Limited funding for coordination of activities
• Frequent staff transfer has seriously affected the functioning of the regional coordination structures
• Inadequate indicators to facilitate the tracking of progress in the implementation of programmes

**Priorities**

• Technical and financial resources
• Availability of timely data to track progress of indicators, in particular impact indicators

**3.5 Data and Statistics**

The availability of timely data is an important pre-requisite for policy-making, planning, programme development, monitoring and evaluation. However, complete civil registration and vital statistics in most African countries, including The Gambia are not available. This section contains 7 commitments with key issues:

3.5.1 Statistical capacity to undertake evidence-based analysis and policy studies

**Main achievements**

• Gambia Bureau of Statistics built the capacity of partner institutions through training in data collection and analysis as well as provision of equipment and furniture.
• Staff of the Bureau continue to receive training on the job, at the University of the Gambia and overseas universities for undergraduate and post graduate studies respectively.
• With support from UNFPA, the Bureau utilized a GIS technology in the 2013 Census mapping exercise.
• Data processing teams and report writers for the conduct of the MICS and DHS have been trained to enhance their skills in data analysis and report writing.
• Significant government financial contributions were made to the 2013 Population and Housing Census and the MICS 6 (2017/18).

Policies, Programmes, Strategies and Legislation

• Revised Statistical Act, 2005, mandates the Gambia Bureau of Statistics to collect, analyse, produce and disseminate official statistics and coordinate the national statistical system.
• National Strategy for the Development of Statistics (NSDS), 2017-2022 seeks to identify all statistical activities in the next 5 years to ensure synergy and alignment to the activities of the National Development Plan, thus facilitating the monitoring and evaluation of the Plan.

Status of implementation of Policies, Programmes, Strategies and Legislation

The Revised Statistical Act is being implemented as the Bureau continues to undertake major surveys and Population and Housing Censuses to provide the much-needed data and statistics for policy-making, programme development and monitoring and evaluation of the national development frameworks, among others.

The activities for the NSDS have begun in earnest under the leadership of GBoS and include development of a statistical compendium, user-producer forum, data vetting, harmonization of statistical procedures to meet international standards etc.

3.5.2 Functional system of civil registration

While the registration of births under 5 years has improved significantly (72%), DHS, 2013, registration of deaths and marriages have continued to experience relatively low coverage particularly in the rural communities. Currently there is no comprehensive functional system of civil registration in The Gambia.

In a bid to revitalize the Civil Registration and Vital Statistics, a technical committee comprising of GBoS, MoJ, Health, MoI, Lands and Regional Governments was set up to guide the process and plans are well underway to set-up the national coordinating body, presumably at the National Population Commission (NPC).

3.5.3 Timely data for planning, monitoring and evaluation

Main Achievements

• Data generating institutions particularly GBoS have continued to build a good reputation in generating quality and timely data as and when funding is available for the conduct of research activities. Population and Housing Censuses and other surveys have been conducted, analysed and produced with quality data in a fairly timely manner.
• Increases in human and technical capacities of GBoS and other data generating institutions including Ministry planning units.
• Expertise in the analysis of both qualitative and quantitative data has increased among GBoS staff.
• GBoS data portal was established in 2016.
Policies, Programmes, Strategies and Legislation

- Revised Statistical Act, 2005
- National Strategy for the Development of Statistics (NSDS), 2017-2022

Status of implementation of Policies, Programmes, Strategies and Legislation

The revised Act, 2005, is still in force and the NSDS activities are ongoing.

3.5.4 Qualitative and quantitative research and policy studies

Main Achievements

The Gambia Bureau of Statistics, the Sectorial Planning Units and the CSOs have been collecting and analysing quantitative and qualitative data for planning, programming, monitoring and evaluation of projects and programmes and related interventions and national development frameworks among others. Not much has been done in the area of policy research. However, the Policy Analysis Unit, Office of the President is being strengthened to coordinate all government policies and build synergy among them. A key activity in this endeavour will be a comprehensive study of the existing policies, both implicit and explicit.

3.5.5 Data on old persons and persons with disabilities

Given that old persons and persons with disabilities face challenges and may sometimes be marginalized or neglected in society, data needs to be collected on their health and other related socio-economic status. Data on this category of persons are collected in the decennial censuses and routine surveys such as the DHS, IHS, MICS, MIS, including other sector-specific surveys.

3.5.6 Regular national censuses

The Gambia has a long history of census taking dating back to 1881; and thereafter decennial censuses had been conducted on regular basis. However, the first census which collected information on fertility, mortality and migration was conducted in 1973, and since then Population and Housing Censuses have been conducted on a 10-yearly basis. The census data continue to provide invaluable source of information for planning, programme development, governance and monitoring and evaluation of the myriad of interventions and development frameworks.

3.5.7 Periodic assessment of the annual registration and vital statistics system

The Gambia is among many African countries without a complete system of civil registration and vital statistics. Although the registration and collection of vital statistics do occur, the information is mostly incomplete due to the absence of a functional system. However, plans are at an advanced stage to set-up a complete annual registration and vital statistics system in The Gambia. A steering committee comprising of GBoS, MoJ, MoH, MoI, *inter alia*, are currently working on the finalization of the institutional arrangements and mobilization of financial and technical resources through the Trust Fund of the GBoS.
Challenges and Gaps

- Inadequate financial and technical resources
- Inadequate financial and technical capacities to meet the growing need for data and statistics.
- Absence of a statistical training institution in The Gambia.
- Absence of a complete system of civil registration and vital statistics.

New and Emerging Issues

- Use of tablets in the collection of data to expedite processing and reporting on censuses and surveys.

Priorities

- Establishment of a statistical training centre
- Strengthen technical capacity of GBoS staff in data processing, analysis and report writing.

3.6 Partnership and International Cooperation

Population and development issues by their very nature are inextricably linked to the economic, social and environmental concerns and addressing them would require multi-stakeholder and international approach especially in developing countries like The Gambia with limited resources to address the dynamics of population change. This section contains 11 commitments with key issues:

3.6.1 Strengthened partnerships with local, national and international civil society organizations

Main Achievements

There is a well-established partnership within the population programme that facilitates the designing, implementation, coordination, monitoring and evaluation of programmes and policies. Within the programme, partnership has been forged with NGOs and CSOs on the basis of their comparative advantages to implement activities that are unique to them. This partnership has helped to overcome capacity gaps and facilitate the transfer of skills and best practices in the implementation of the programmes. In the same vein, The Gambia has joined PPD an international organization that promotes south-south cooperation in population and development. The partnership has helped to strengthen institutional and individual capacities to ensure the successful implementation of the AADPD.

Policies, Programmes, Strategies and Legislation

The National Population Policy and Programme including sector related policies, programmes and strategies are being implemented in partnership with the NGOs and CSOs.

Status of implementation of Policies, Programmes, Strategies and Legislation

The partnership has helped in the Area of advocacy, capacity building and service provision. Most of the NGOs that are participating in the programme are involved in RH and family planning service provision to complement government efforts in addressing maternal and child health issues in the communities. They are working closely with the regional structures to reach out to the communities to help improve their lives.
Over the years, The Gambia has benefitted from numerous scholarships and exchange programmes that helped to strengthen institutional capacity to ensure effective service delivery. The government has in many ways participated in the promotion of south-south cooperation in population and development.

Challenges and Gaps

- Inadequate resources for the implementation of programmes initiated by partners
- Difficulties encountered by government in meeting its international and national financial obligations.

New and Emerging Issues

Funding of the Networks

Priorities

Revitalization of the various IEC and Advocacy Networks established under the National Population Programme e.g. Network of Traditional Communicators, Network of Journalists, Network of Faith-based Organisations and Network of Parliamentarians at both the national and regional levels.

3.6.2 Role of CSOs and youth in the formulation and monitoring of the national population policy and programme

The CSOs are key partners in the implementation of national policies, programmes and strategies and continue to play a critical role in the mobilization of resources and capacity building to address the needs of society, particularly the poor and the needy. Cognizant of the value of this partnership and the fact that the participation of beneficiaries and CSOs in all phases of programme formulation, implementation, monitoring and evaluation is crucial to the success and sustainability of the programmes, the National Population Commission Secretariat (NPCS) ensures that all relevant CSOs be it international or local; and youth participate actively in all stages of policy and programme implementation, including monitoring and evaluation. National, regional, district and village consultations/meetings were held targeting all relevant stakeholders.

3.6.3 Partnerships with the private sector

Under the current Contraceptive Commodity Security Project, the private health outlets have been involved in the provision of FP services and maternal and child health care. An understanding has been established between the Government of The Gambia and the private sector to increase coverage in RH service delivery and provide commodities at reduced cost. This has helped in reducing pressure on the public outlets and ensured efficiency in service delivery. The understanding has also made provisions for regular submission of returns to enhance the national health database.

Challenges and Gaps

- Difficulties in getting returns on the FP service provision from the private outlets
- High overhead cost of service provision in the private sector has made RH services unaffordable and accessible to most Gambians
3.6.4 International Cooperation

**Main Achievements**

Partnership has been forged with various organisations both national and international to promote policy dialogue, strengthen coordination and the transfer of knowledge and technology, including the allocation and mobilization of financial and technical resources for cooperation in the area of population and development. The Gambia’s membership of the PPD has helped to strengthen institutional and individual capacities to ensure the successful implementation of the ICPD POA. It has also facilitated the transfer of technology and skills in population, RH and gender.

Through the south-south cooperation, The Gambia has collaborated with Senegal to address cross-border maternal and child health issues in addition to combatting illegal migration and the practice of FGM/C. Regional advocacy structures such as parliamentarian, Islamic religious leaders, youth and journalists have been used to promote dialogue and galvanize support for the implementation of GBV and other population related programmes.

**Policies, Programmes, Strategies and Legislation**

The partnership has helped in the area of advocacy, capacity building and service provision.

3.6.5 Mainstreaming the AADPD into workplans of the bodies of the AU and the UNECA

The NPC will advocate for the mainstreaming of the AADPD into the bodies of the AU and UNECA.

3.6.6 Mainstream the inclusion of the Addis Ababa Declaration in the post-2015 development agenda

The AADPD and the post-2015 Agenda are inextricably linked and complementary development frameworks. The former has been mainstreamed in the latter in the various sectoral policies and programmes.

3.6.7 Regular Monitoring of the goals of AADPD

Regular monitoring of the Achievements of the AADPD goals is done at national level by the National Population Commission Secretariat, Planning units of key Ministries of Education, Health, Finance, Agriculture among others as well as the CSOs Given that the SDGs are an integral part of the AADPD commitment indicators, reporting on the latter has been done nationally in the context of the post 2015 Agenda under the national development frameworks such as PAGE and the NDP.
3.6.8 Monitoring and Evaluation of the AADPD

This activity is being conducted by the NPCS the planning units of the key Ministries of Education, Health, Finance and Agriculture, among others. Data is generated on key indicators on AADPD by GBoS nationally through Censuses and survey such as DHS, IHS and MICS, among others.

3.6.9 Harmonization and cooperation among government departments

The Multi-sectoral Technical Working Group and the population Task Force have been established to coordinate the population programme at the national and regional levels.

3.6.10 Review of outcomes of the ICPD beyond 2014

The Gambia like the rest of Africa adopted the outcome of the Africa Region conference on ICPD beyond 2014. The National Population Commission Secretariat and key Ministries in the domains of population and development have since integrated those outcomes into their existing programme frameworks and conducted periodic reviews to measure progress as required.

3.6.11 Addressing the concerns of the stakeholders in the review of the AADPD

The NPC Secretariat and partners in the implementation of the AADPD uphold the principles and practices of stakeholder participation in the review of the AADPD at all levels and have thus involved stakeholders in periodic reviews of their programme frameworks relevant to AADPD agenda.
CHAPTER 4: Demographic Dividend

Background

The demographic dividend is the accelerated economic growth that may arise from a decline in a country’s mortality and fertility and the subsequent change in the age structure of the population. As annual birth rates decline significantly, shifts occur in the age structure to more working age population; paving the prospects for a country’s accelerated economic growth through increased productivity, greater household savings and lower costs for basic social services for children (PRB, 2012; UNFPA, UN Malawi & AFIDEP, 2016).

The demographic transition occurs when there are declines from high mortality and fertility. During this transition, declines in mortality usually precede large declines in fertility. This period of lower mortality and higher fertility will ultimately lead to a working age bulge or a potential demographic dividend when this large cohort of children grows up. However, whether this large cohort of children constitutes a dividend or not also depends on the availability of employment. A country’s dividend cannot be realized if there is widespread unemployment among its working age population. Thus, a lower dependency ratio is an advantage only if jobs are available.

It is noteworthy that the demographic dividend is not automatically realized and depends on appropriate and timely public policies and investments. There is no one set of policies that fit all countries, however, the use of policy actions to Empower, Educate and Employ (EEE) the population can enhance the realization of a demographic dividend. While such actions should affect all those of working age, evidence shows that early and timely intervention, when those workers are still young and in their formative years, have the highest returns (PRB, 2012; UNFPA, UN Malawi & AFIDEP, 2016).

This section of the report reviews the prospects and the challenges to harnessing a demographic dividend for the accelerated socio-economic growth of The Gambia.

4.1 Population Dynamics

Population dynamics refers to changes to the size and structure of populations over time. The factors that influence population dynamics are fertility (births), mortality (deaths) and migration (movement of people within a country or across international borders). In the following sections, the age structure of the population, fertility, mortality, migration and urbanization will be discussed in relation to the attainment of the demographic dividend.

4.1.1 Age structure of the population and changes in the proportion of youth

Due to its high fertility and declining child mortality, The Gambia’s population increased rapidly from about half a million in 1973 to about 1.9 million in 2013. Current estimates indicate 2.2 million (UN, 2017). The country has a young population with an overall median age of 18.2 years; 17.8 years and 18.5 years respectively for males and females and a high dependency ratio (GBoS, 2016). The country’s age structure remains unchanged from 1973 to 2017. Children under 15 still constitute more than 40 per cent of the population with a working age population of over 50 per cent and high dependency ratios more than 80 per 100 persons; barring 1983 with atypical ratio of 92 dependents per 100 persons. This was the period when birth rates peaked to their highest level, 50.5 per 1,000 in relation to the overall population (Table 4.1.1).
Table 4.1: Age structure and dependency ratios, The Gambia, 1973-2017

<table>
<thead>
<tr>
<th>Census Year</th>
<th>&lt;15 years</th>
<th>15-64 years</th>
<th>65 years +</th>
<th>Dependency ratio</th>
</tr>
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<tbody>
<tr>
<td>1973</td>
<td>41.3</td>
<td>54.6</td>
<td>3.6</td>
<td>82.7</td>
</tr>
<tr>
<td>1983</td>
<td>44.2</td>
<td>52.0</td>
<td>3.7</td>
<td>92.3</td>
</tr>
<tr>
<td>1993</td>
<td>44.5</td>
<td>52.2</td>
<td>3.3</td>
<td>86.1</td>
</tr>
<tr>
<td>2003</td>
<td>42.4</td>
<td>54.2</td>
<td>3.4</td>
<td>84.5</td>
</tr>
<tr>
<td>2013</td>
<td>42.6</td>
<td>54.1</td>
<td>3.2</td>
<td>84.7</td>
</tr>
<tr>
<td>2017*</td>
<td>43.6</td>
<td>53.5</td>
<td>2.9</td>
<td>87.0</td>
</tr>
</tbody>
</table>


Figure 4.1.1. below shows the population pyramid of The Gambia from the 2013 Population Census. Typically, the pyramid depicts a pre-transitional stage of high fertility with a huge broad base or bulge of children under-five.

Figure 4.1 1: Population pyramid of The Gambia, Population and Housing Census, 2013

Source: Gambia Bureau of Statistics (2016)
4.1.2 Fertility

Fertility decline started in 1990 and 1993 when the results of an inter-censal survey and the Census indicated a modest decline of 6.3 per cent from 6.4 children per woman respectively in 1973 and 1983 to 5.9 and 6.0 children per woman in 1990 and 1993 respectively. In 30 years (1973-2003), fertility declined by 1 child, from 6.4 to 5.4 per woman (Figure 4.1.2.1 below). Most of the declines in 2003 occurred in the younger age groups of 15-29. The results suggest there is a rising trend towards late marriages among women in The Gambia. The mean age at first marriage, as measured by the singulate mean age at marriage (SMAM), among females increased from 18.2 years in 1983 to 19.6, 22.0 and 22.5 years respectively in 1993, 2003 and 2013. The SMAM was not available for males in 1983. Nevertheless, it increased among males from 29.2 years in 1993 to 30.9 and 30.5 years respectively in 2003 and 2013. This finding is consistent with both western European and Asian demographic transitions from high to low fertility levels, historically, brought about by late marriages and widespread celibacy particularly among the younger age groups (GBoS, 2007). Figure 4.1.2.1 below shows that fertility is still high, and the decline has stalled. Various estimates of the TFR are shown: 5.9 (GBoS, 2016), 5.6 (GBoS, 2014) and 5.5 Population Reference Bureau (PRB, 2017). These estimates are similar to the Western Africa average of 5.3 children per woman in 2016 (PRB, 2017).

As averages tend to mask disparities and differentials, TFRs by background characteristics are presented below (Figure 4.1.2.2). Among the Local Government Areas (LGAs), the TFR has only declined to appreciable levels of 3.9 and 4.0 respectively for Banjul and Kanifing. The remaining LGAs, have TFRs of at least 5 children per woman. These range from Brikama with a TFR of 5.6 (similar to the national average) to Kuntaur, 7.2 children per woman. While there is a difference of 2.5 children among women with secondary and above and women with no education and primary (4.1 versus 6.6 per woman), there is no difference in TFR among women with no education, 6.6; and women with primary education, 6.6. This finding is consistent with the 2013 Census fertility analysis. Earlier studies of fertility (Cochrane, 1979; Jain, 1981) showed that rudimentary education in least developed societies might initially increase fertility. There is a threshold beyond which education has a negative effect on fertility. According to the UN (1987), this threshold is beyond primary, that is, the level of some secondary or seven years of education. Rural women have 2.1 children more than urban women and women in the poorest quintiles have 2.9 children more than women in the richest quintiles (Figure 4.1.2.2).
High fertility poses a major challenge in attaining a demographic dividend for The Gambia. According to the UN medium variant projection (2017 revision for 2016), The Gambia’s TFR will decline to 4.5 in 2025-2030 up from 5.6 in 2010-2015. The TFR will further decline to 2.5 in 2060-2065. These projections are based on low use of contraception, currently estimated at 9 per cent for all methods (GBoS, 2014). In order to achieve significant reductions in fertility, increased investments in family planning are required; in addition to expanding access to and use of voluntary family planning. Bongaarts (2017) observed that a contraceptive prevalence rate (CPR) of 70-75 per cent is required among women in union to reduce the TFR to about 2 births per woman up from 5-6 children per woman. Interestingly, Thailand’s TFR in 1970 was 5.5 children, similar to The Gambia’s 5.6. Thailand’s demographic dividend was attained by increasing CPR from 15 per cent to 70 per cent and between 1970 and 1990, the TFR dropped significantly from 5.5 to 2.2 children per woman (PRB, 2012).

Increased investments and access to and use of family planning are not sufficient conditions for the significant uptake of family planning services in The Gambia. There are socio-cultural factors including capacity and human resource challenges that still inhibit the extensive use of family planning. These will be discussed in detail in the family planning section.

### 4.1.3 Mortality

In The Gambia, decline in childhood mortality preceded fertility decline. This is consistent with the demographic transition theory, where death rates begin to fall in the early stages of the transition; birth rates remain high and the population starts to grow rapidly. This is the current situation in The Gambia.
The trend analysis from five national censuses and the DHS 2013 indicates a national decline of over 80 per cent in under-5 mortality in about five decades i.e. from 341 per 1,000 live births in 1961 to the most recent level of 63 per 1,000 live births in 2010 (Figure 4.1.3.1). The estimated level in 1990 was 141 per 1,000 live births, thus implying a Millennium Development Goal 4 (MDG4) target of 47 per 1,000 live births for The Gambia (GBoS).

Figure 4.1.3.1: Trends in under-5 mortality in The Gambia, 1961-2010, derived from five independent national census datasets and The Gambia DHS, 2013

An earlier independent study in the Kerewan LGA showed that the sub-national population covered by prospective demographic surveillance reached its MDG4 target seven years early (Jasseh et al; 2011). A steady decline in all levels of childhood mortality has been observed in the last 15 years. Infant mortality declined by 32 per cent over the 15-year period preceding the survey, from 50 deaths per 1,000 live births to 34 deaths per 1,000 live births. Under-5 mortality declined by 39 per cent over the same period, from 89 deaths per 1,000 live births to 54 deaths per 1,000 live births. Neonatal mortality decreased by 29 per cent, from 31 deaths per 1,000 live births to 22 deaths per 1,000 live births (GBoS, 2014).

Figure 4.1.3.2 below shows under-5 mortality by background characteristics. The rural under-5 mortality is 1.3 times higher (69 deaths versus 53 deaths per 1,000 live births) than the urban mortality. The Basse LGA has the highest under-5 mortality, 92 per 1,000 live births, followed by Kuntaur, 70 per 1,000 live births, Mansakonko, 63 per 1,000 live births and Brikama, 61 per 1,000 live births. The Janjanbureh LGA has the lowest mortality, 38 per 1,000 live births. There is a slight difference between the under-5 mortality of children whose mothers’ have no education and those with primary education. However, the under-5 mortality of mothers with no education is 1.9 times (69 deaths per 1,000 live births versus 37 deaths per 1,000 live births) higher than mothers with secondary education and above. The children of women in the poorest quintile are 2.1 times more likely to die than the children of women in the richest quintile (Figure 4.1.3.2 below).

Unlike fertility, The Gambia’s mortality has declined rapidly to appreciably levels resulting in child survival and increases in overall life expectancy at birth. However, significant decline in mortality alone is not a sufficient condition for attaining the demographic dividend. In fact, fertility decline is
the most important precursor to socio-economic growth, including the harnessing of the demographic dividend.

Figure 4.1.3 2: Under-5 mortality rates by background characteristics, DHS, 2013, The Gambia

<table>
<thead>
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<td>69</td>
</tr>
<tr>
<td>Rural</td>
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<td>61</td>
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<table>
<thead>
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<td>63</td>
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<tr>
<td>Kanifing</td>
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<td>70</td>
</tr>
<tr>
<td>Bikama</td>
<td>38</td>
<td>92</td>
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<table>
<thead>
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<td>68</td>
</tr>
<tr>
<td>Secondary+</td>
<td>34</td>
<td>70</td>
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</table>

<table>
<thead>
<tr>
<th>Wealth quintile</th>
<th></th>
<th></th>
</tr>
</thead>
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<tr>
<td>Poorest</td>
<td>70</td>
<td>70</td>
</tr>
<tr>
<td>Second</td>
<td>68</td>
<td>70</td>
</tr>
<tr>
<td>Middle</td>
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<td>70</td>
</tr>
<tr>
<td>Fourth</td>
<td>34</td>
<td>60</td>
</tr>
<tr>
<td>Richest</td>
<td>54</td>
<td>54</td>
</tr>
</tbody>
</table>

The Gambia

Source: Gambia Bureau of Statistics (2014)

4.3.4 Migration

Migration is one of the three components of population change. It is an important factor that affects the growth, structure and the composition of a country’s population including its labour force.

The population censuses are the main source of migration data for The Gambia. The country has notable flows of both internal and international migrants. Rural-urban migration is high. According to the 2013 census, 140,761 Gambians were rural–urban migrants. More than 28 per cent of these were born in the rural areas of Kerewan, whereas 93 per cent of them were enumerated in Kanifing and the urban areas of Brikama. Except for Kanifing and Brikama, net internal migration was negative in all other LGAs implying more out-migration than in–migration into these areas. Kanifing and Brikama with better social and economic opportunities including housing received more in–migrants and sent less out–migrants (GBoS, 2014).

These internal migratory trends and indicators pose many development challenges, for example, growing imbalances in population distribution, shrinking labour force in the rural areas with detrimental consequences for food and agricultural production and a large urban population given rise to unemployment, poverty, crime and their attendant socio-economic costs.
International migration was partially covered in the census and limited only to immigrants. A total of 110,705 persons were enumerated as being born outside The Gambia of which 53.4 per cent were males, which is consistent with the sex selectivity nature of migration. Kanifing and Brikama LGAs attract most foreign nationals with 69.7 per cent resident in these two LGAs. Most of the immigrants originate from Senegal (49.2%) and Guinea Conakry (20.6%). The remaining immigrants come from Guinea Bissau, Mali, Sierra Leone, Nigeria, Mauritania, Ghana, Liberia, including other West Africans, other Africans and Non-Africans.

According to estimates from the United Nations High Commissioner for Refugees (UNHCR), The Gambia had 9,528 refugees (up to 11,000 according to local non-governmental organizations) and no asylum seekers in January 2013. The majority of refugees are from Liberia, Senegal, and Sierra Leone. Senegalese refugees, mainly from the Casamance region, often live with relatives in villages along the Senegal-Gambia border. Most Sierra Leonean and Liberian refugees live in the urban areas of the country. The Gambia is also an important transit country for unauthorized migrants from other sub-Saharan African countries on their way to Europe (Kebbeh, Omar C, 2013).

The volume of net migration is indirectly calculated as the difference between the population growth rate (3.1 per cent) and the rate of natural increase (4.0 per cent), which puts net migration at -0.9 per cent. A negative net migration implies more Gambians going out than foreigners coming in. This could partly be attributed to the massive exodus of Gambian youth through the "back way" (illegal means) to Europe (GBoS, 2014). More recent estimates of net migration put it -1 per cent (PRB, 2017; UN, 2017 revision). Both estimates of net migration look conservative. According to (Kebbeh, Omar C, 2013), The Gambia’s net migration rate in 2013 was (-2.34 migrants per 1,000 population), the tenth highest in Africa.

There is a dearth of data on migration, particularly on emigration, in this country. The need for a migration survey cannot be over-emphasised. For example, data are required on the number, demographic profile, survival status etc. of all the young people who emigrated illegally ("back way") to Europe over the past 22 years of the dictatorship and beyond. Equally important is the need for a comprehensive migration policy to address both the inflow and outflow of migration.

Over the years, high unemployment, particularly among the youth — has resulted in increased emigration among most segments of the population, nurses and doctors. With approximately 65,000 Gambians abroad in 2010 (although some estimates put it at 90,000), the country’s emigrant stock is small compared to other sub-Saharan African countries. According to Frédéric Docquier and Abdeslam Marfouk, cited in Kebbeh, Omar C (2013), in 2000 (the most recent year for which data are available), The Gambia was ranked among the top 20 worldwide and had the second largest emigration rate of tertiary-educated population in sub-Saharan Africa, 63 per cent, after Cape Verde, 67.5 per cent (Kebbeh, Omar C, 2013).

Clearly, the emigration rate of tertiary-educated Gambian professional is quite worrying. The illegal migration to Europe -- via the Sahara Desert to Libya and the perilous journey through the Mediterranean Sea -- where many Gambian young men lost their lives, is a disastrous loss of human resources for this country. Migration is a critical issue for The Gambia. The demographic dividend cannot be achieved if the migration issue is not addressed holistically.

### 4.1.5 Urbanization

The Gambia has one of the highest urbanization rates in Africa. Between 2003 and 2013, the urban population increased from about 37 per cent to 58 per cent of the total population, largely driven by young Gambians in rural areas migrating to urban areas in search of work (GBoS, 2016). The urban
population is now estimated at 60 per cent (UNSD, 2017). This trend of urbanization has serious implications for the socio-economic growth and development of the country.

4.1.6 Primary, secondary and tertiary education disaggregated by sex

Table 4.1.6 below shows the educational attainment of the population aged 3 years and above by sex and LGA. Of the female population (910,973), 50.0 per cent have no formal education compared to 44.3 per cent (820,649) of the male population. This means that one-half of the female population compared to 55.7 per cent of the male population have acquired some educational qualifications. Comparatively, a higher percentage of the female population have no formal education in the rural (63.5%) than the urban (39.2%) areas. The corresponding figures for the male population were 57.6 and 33.7 per cent respectively in the rural and urban areas. No differences exist between the sexes, as slightly more than one-fifth (approximately 21%-22%) of each of the sub-populations nationally and at residential levels has completed primary education.

By contrast, the females have better attainment in the lower secondary education at the national level (10.7%) and in the urban areas (13.8%) compared to the males. However, beyond the lower secondary level, the educational attainment of the females continues to decline against that of their male counterparts. Thus, this is an indication of the higher transition from lower secondary to the subsequent levels among males compared to females. The LGA analysis shows a similar pattern with educational attainment beyond primary school in favour of the males compared to the females. In tertiary education (teacher training, tertiary diploma, bachelors’ degree, post-graduate) females still continue to lag behind males (Table 4.1.6).

According to the data, females generally are still lagging behind males in educational attainment. There is need to address the unequal opportunities in educational attainment particularly between rural and urban areas.
Table 4.1 6: Percentage distribution of population (3 years and over) by highest level of education, sex and LGA

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<tr>
<th></th>
<th>Count</th>
<th>None</th>
<th>Early childhood</th>
<th>Primary (1-6)</th>
<th>Lower Secondary</th>
<th>Upper Secondary</th>
<th>Non-tertiary</th>
<th>Teacher training</th>
<th>Tertiary (diploma)</th>
<th>Bachelors</th>
<th>Post-graduate*</th>
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<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>THE GAMBIA</td>
<td>820,649</td>
<td>44.3</td>
<td>5.2</td>
<td>21.8</td>
<td>10.4</td>
<td>12.8</td>
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<td>0.9</td>
<td>2.7</td>
<td>1.0</td>
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<td>21.7</td>
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<td>17.8</td>
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<td>4.4</td>
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<td>6.6</td>
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<td>19.0</td>
<td>24.7</td>
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<td>3.7</td>
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<td>11.3</td>
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<td>0.5</td>
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</tr>
<tr>
<td>Banjul</td>
<td>14,161</td>
<td>30.6</td>
<td>6.1</td>
<td>21.3</td>
<td>14.4</td>
<td>22.0</td>
<td>0.4</td>
<td>1.0</td>
<td>3.5</td>
<td>0.4</td>
<td>0.4</td>
</tr>
<tr>
<td>Kanifing</td>
<td>188,156</td>
<td>31.9</td>
<td>5.4</td>
<td>22.5</td>
<td>15.4</td>
<td>18.1</td>
<td>0.5</td>
<td>0.7</td>
<td>4.5</td>
<td>0.6</td>
<td>0.5</td>
</tr>
<tr>
<td>Brikama</td>
<td>340,496</td>
<td>42.9</td>
<td>6.5</td>
<td>22.1</td>
<td>12.9</td>
<td>12.0</td>
<td>0.4</td>
<td>0.7</td>
<td>2.0</td>
<td>0.5</td>
<td>0.0</td>
</tr>
<tr>
<td>Mansakonko</td>
<td>39,714</td>
<td>57.9</td>
<td>4.1</td>
<td>23.9</td>
<td>8.4</td>
<td>5.2</td>
<td>0.1</td>
<td>0.2</td>
<td>0.2</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Kerewan</td>
<td>108,435</td>
<td>60.7</td>
<td>3.5</td>
<td>20.3</td>
<td>7.5</td>
<td>7.0</td>
<td>0.1</td>
<td>0.4</td>
<td>0.4</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Kuntaur</td>
<td>47,137</td>
<td>79.9</td>
<td>1.3</td>
<td>12.4</td>
<td>3.9</td>
<td>2.2</td>
<td>0.1</td>
<td>0.1</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Janjanbureh</td>
<td>60,376</td>
<td>69.3</td>
<td>2.7</td>
<td>16.1</td>
<td>7.0</td>
<td>4.3</td>
<td>0.0</td>
<td>0.2</td>
<td>0.2</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Basse</td>
<td>112,500</td>
<td>68.6</td>
<td>3.3</td>
<td>21.5</td>
<td>4.5</td>
<td>1.8</td>
<td>0.0</td>
<td>0.0</td>
<td>0.2</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

* Masters/doctorate

**Source:** Gambia Bureau of Statistics (2017)

### 4.1.7 Adolescent Fertility Rate

Adolescents’ fertility (i.e. births to women aged 15-19 years) merit special attention since children born to young mothers are usually more prone to higher risks of illness and deaths. More importantly, adolescent mothers are more likely to experience complications during child birth, which may often result in maternal deaths. The Gambia has made significant progress in reducing births to adolescents. In fact, reductions in adolescents’ fertility are the main driving force of the decline. Table 4.1.7 shows that births to adolescents (15-19 years) declined from about 200 per 1,000 in 1973/1983 to 88 per 1,000 in 2013; a decline of 56 per cent during a 40-year period. The largest inter-censal decline of 38.3 per cent occurred between the 1993 and 2003 Censuses. Comparatively, The Gambia’s adolescents’ birth rate is below the average for Western Africa at 125 per 1,000 (PRB, 2017). However, further reductions in adolescents’ births are required to attain the demographic dividend.
Table 4.1.7: Trends in adolescents’ births per 1,000, 1973-2013 Censuses, 1990 GCPFDS and 2013 DHS

<table>
<thead>
<tr>
<th>Census/Survey year</th>
<th>Births</th>
<th>Percent change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1973</td>
<td>199</td>
<td>--</td>
</tr>
<tr>
<td>1983</td>
<td>200</td>
<td>0.5</td>
</tr>
<tr>
<td>1990 GCPFDS*</td>
<td>167</td>
<td>-16.5</td>
</tr>
<tr>
<td>1993</td>
<td>167</td>
<td>0</td>
</tr>
<tr>
<td>2003</td>
<td>103</td>
<td>-38.3</td>
</tr>
<tr>
<td>2013</td>
<td>86</td>
<td>-16.5</td>
</tr>
<tr>
<td>2013 DHS</td>
<td>88</td>
<td></td>
</tr>
<tr>
<td>1973-2013</td>
<td>--</td>
<td>-56.0</td>
</tr>
</tbody>
</table>

Note: *GCPFDS (Gambia Contraceptive Prevalence & Fertility Determinants Survey)
Source: Gambia Bureau of Statistics

4.1.8 Child marriage (<18 and <15)

Early marriage means longer exposure to the risk of conception. Women who marry early, on average, have their first child earlier and are more likely to have more children, contributing to higher fertility rates, compared to women who marry late. Women who marry early (<18 years and <15 years), are also more likely to have high risk births, which may result in maternal deaths. Early marriage and childbearing eventually result in termination of schooling for the young mothers who find it difficult to get into the formal labour force, thus, reducing their chance to gainful employment.

Overall, 30.4 per cent of women aged 20-24 years were married before age 18 compared to 9.3 per cent who married before age 15. Rural women were 2.3 times (45.9% versus 19.7%) more likely to marry before age 18 compared to urban women. By contrast, women with no education were 3.7 times (55% versus 14.9%) more likely to marry before age 18 compared to women with secondary education and above. However, the largest differences are found among women who were married before age 15. Women from the poorest quintile were 7.2 times (15.2% versus 2.1%) more likely to marry before age 15 compared to women from the richest quintile. Similarly, women with no education were 4.4 times (18.2% versus 4.1%) more likely to marry before age 15 compared to women from the richest quintile (Figure 4.1.8 below).

From the above analysis, it is evident that child marriage, particularly among the poor, is still prevalent in The Gambia. Although legislation has been made against the practice, monitoring and enforcing the law is a major challenge for the government. Apart from the psycho-social and health consequences of early child marriage, it contributes to high fertility rates. The demographic dividend cannot be attained in the absence of significant declines in overall fertility.
Figure 4.1.8: Percentage of women aged 20-24 years who got married before age 18 and 15 by background characteristics, The Gambia

<table>
<thead>
<tr>
<th>Residence</th>
<th>Married &lt; 18 years</th>
<th>Married &lt; 15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>4.9</td>
<td>19.7</td>
</tr>
<tr>
<td>Rural</td>
<td>15.6</td>
<td>45.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th>Married &lt; 18 years</th>
<th>Married &lt; 15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>No education</td>
<td>18.2</td>
<td>55.0</td>
</tr>
<tr>
<td>Primary</td>
<td>11.7</td>
<td>47.2</td>
</tr>
<tr>
<td>Secondary +</td>
<td>14.9</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wealth quintile</th>
<th>Married &lt; 18 years</th>
<th>Married &lt; 15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poorest</td>
<td>15.2</td>
<td>42.4</td>
</tr>
<tr>
<td>Second</td>
<td>14.1</td>
<td>44.0</td>
</tr>
<tr>
<td>Middle</td>
<td>12.6</td>
<td>35.1</td>
</tr>
<tr>
<td>Fourth</td>
<td>8.5</td>
<td>31.1</td>
</tr>
<tr>
<td>Richest</td>
<td>12.8</td>
<td></td>
</tr>
<tr>
<td>The Gambia</td>
<td>9.3</td>
<td>30.4</td>
</tr>
</tbody>
</table>

Source: UNFPA Open Data, Technical Division, 2018

4.1.9 Contraceptive prevalence by method

Contraception is another fertility determinant. Empirical data from most countries do suggest that accelerated declines of fertility can be achieved through the long-term use of more effective and modern contraceptive methods (Bongarts, 1997).

In The Gambia, knowledge of any contraceptive is generally high, with 96 and 99 per cent respectively of currently married women and men knowing at least one method. The mean number of methods known is higher among married men compared to women (7.3 versus 6.1 respectively). Sexually active unmarried respondents (both sexes), are most likely to have heard of any method (100 per cent), followed by those who are currently married; 96 and 99 per cent of women and men respectively (GBoS, 2014). However, high knowledge of any contraceptive does not translate into high use or prevalence rate.

Overall, only 9 per cent of currently married women aged 15-49 years are using any method, with only 8.1 per cent using modern method. Injectables (3.9 per cent) and pill (2.1 per cent) are the most preferred modern methods and any traditional method (0.9 per cent). The sub-Saharan and Western Africa averages are 30 and 18 per cent respectively (PRB, 2017). A staggering 91 per cent of women in The Gambia are not currently using any contraceptive method (Figure 4.1.9 below). Only 21 per cent of currently married non-users intend to use a method of contraception in the future, 6 per cent are unsure of their intentions, while 73 per cent have no intention of using any method in the future (GBoS, 2014).
In fact, contraceptive use may be declining in The Gambia. The percentage of currently married women aged 15-49 years using any method declined from 13 per cent in the 2010 UNICEF supported Multiple Indicator Cluster Survey (MICS) to 9 per cent in the 2013 DHS (GBoS, 2014). About 25 per cent have unmet need for family planning. The total demand for family planning (i.e. the sum of met and unmet need) among currently married women aged 15-49 years is only 34 per cent (26 per cent for spacing and 8 per cent for limiting births). Interestingly, only 27 per cent of the total demand is satisfied; out of which 24 per cent is satisfied by modern family planning methods (GBoS, 2014). Clearly, this indicates a low demand for family planning. Unmet need for family planning is slightly higher among rural women (25 per cent) compared to urban women (24 per cent). Total unmet need for family planning is highest in Janjanbureh LGA (33 per cent) and lowest in Mansakonko and Basse (21 per cent each). There are little differences between unmet need by education or wealth quintiles (GBoS, 2014).

Figure 4.1.9: Percentage distribution currently married women aged 15-49 years by contraceptive method currently used, The Gambia 2013

Another problem related to the demand for planning is the extent to which outreach programmes are reaching nonusers. Nationally, only 3 per cent of nonusers were reached by fieldworkers who discussed family planning issues. Women in Mansakonko LGA (about 9 per cent) and Janjanbureh (6 per cent) were more likely to be visited by a fieldworker who discussed family planning. Majority (about 92 per cent) of women reported they did not discuss family planning either with fieldworker or at a health facility. Only 6 per cent, out of almost two-thirds of women who visited a health facility in the 12 months preceding the survey, reported family planning was discussed during their visit. Women in rural areas (8 per cent) are more likely than women in urban areas (5 per cent) to visit a health facility and discuss family planning. Similarly, women with primary and no education and those in the poorest and lower quintiles are more like than those in the richest quintile to visit a health facility and discuss family planning with the providers (GBoS, 2014).
There are socio-cultural and religious factors -- these are major challenges -- that hinder the large-scale uptake of modern contraceptive use in The Gambia. In a ground-breaking study, using anthropological and demographic approaches, in the North Bank East (NBE) of rural Gambia, with one of the highest total fertility rates in the world, 7.5 children per woman, Bledsoe et al (1998) found that women were using western contraceptives not to limit but to space births. When questioned if they wanted additional children, 40 per cent of the women reported they would leave that to God to decide; compared to only 8 per cent who wanted no more children. The baseline evaluation of the World Bank supported Maternal and Child Nutrition and Health Results Project (MCNHRP) conducted in three regions with the highest TFRs – Central River Region (CRR), North Bank West Region (NBWR) and the Upper River Region (URR) between November 2014 and February 2015, found the following: use of modern family planning for birth spacing more acceptable to women than for limiting the number of children; only 12 per cent of women reported using modern contraceptives; forty per cent of women did not approve of family planning; less than 13 per cent of women reported being the main decision-maker regarding contraceptive use; only 18 per cent of women approved of women under 18 to use family planning; due to social attitudes towards family planning, unmarried women find it difficult to seek and use contraceptives. In the focus group discussions, most women said the number of children they would have was “in God’s hand”, meaning it was not for them to decide the number of children they should have. However, a male participant from the CRR had this to say: “The man decides as he is the one who married the woman. It is his decision to make – the number of children the woman should have” (Government of The Gambia and World Bank Group, 2015).

4.2 Youth not in education, employment or training (NEET) by sex

The school-to-work transition for young people is a major challenge for all governments in developed and developing countries, and The Gambia is not an exception. However, the problem of NEET is more acute in African countries, where poverty is widespread coupled with the inability of most governments to address the issue. One of the most important pre-requisites to attaining the demographic dividend is to invest in youth, in their education and training to equip them with appropriate skills to acquire descent jobs in the labour market.

According to the 2013 Census, the 15-24 age group constitutes 21.4 per cent of the total population. Comparatively, The Gambia tends to have a higher out-of-school rate of children of primary-school age than other countries in sub-Saharan Africa (SSA). The out-of-school rate is at 30 per cent in The Gambia whereas the SSA average stands at 24 per cent (World Bank, 2017).

Post-school opportunities are severely limited for the youth of The Gambia. More than half of the working age population, 58 per cent, has no formal education. However, in terms of age group distribution of the working population, the educational attainment of the labour force in The Gambia is growing; and the youth cohort 15–24 years is increasingly more educated (World Bank, 2017).

There are no national data to estimate NEET for The Gambia. However, the PRB (2017), estimates The Gambia’s NEET at 25 and 40 per cent respectively for males and females. In general, NEET rates are higher among young women compared to young men. This is because young women often have less access to jobs, education and training.
In a bid to address youth unemployment, the government in collaboration with development partners have undertaken some initiatives to empower, educate and train youth to provide them with the appropriate skills for employment. There are also a number of initiatives from the NGOs, CSOs and CBOs aimed at complementing government’s efforts in building the capacity of young people through skills’ training including life skills. The following initiatives are being undertaken by the government and development partners as well as the NGOs, CSOs and CBOs:

**Youth Empowerment Project (YEP)**

The Gambia Youth Empowerment Project (YEP) addresses the economic root causes of irregular migration by supporting youth employment and entrepreneurship. YEP is a four-year project funded by the European Union Emergency Trust Fund for Africa with a total budget of EUR 11 million and is being implemented by the International Trade Centre in collaboration with the Ministry of Trade, Industry, Regional Integration and Employment (MoTIE) and the Ministry of Youth and Sports (MoYS) of the Republic of The Gambia. The project started in January 2017 and was officially launched on 9 February 2017.

YEP directly supports the development of the local economy by (i) enhancing employability and self-employment opportunities of youth, with a focus on vocational training and the creation of micro and small-sized enterprises, and by (ii) creating and improving employment opportunities in selected sectors through value addition and internationalization.

The project takes a market-led approach to improving the skills and employability of potential and returning migrants according to demands of the job market while simultaneously creating employment opportunities along value chains. The project is structured around two results areas as follows:

1. **Improved employability and self-employment opportunities for youth**
   - Skills upgraded through technical and vocational training programmes
   - Entrepreneurship promoted among youth through business skills training and support programmes

2. **Increased employment opportunities along selected value chain**
   - Improved compliance of Gambian products to international standards and market requirements
   - Improved Micro, Small and Medium-sized Enterprise (MSME) productive capacities
   - Market linkages activated
   - Improved strategic direction and national ownership for job-centred growth

**Main Achievements**

- By end of 2017, YEP on track to achieve its objectives of creating 4,000 jobs, upskilling 4,000 youth and helping another 4,000 youths to get access to finance
- Project engaged more than 20 implementing partners in line with ITC’s promise to build on existing structures and deploy expertise available in the country
- Finalized and circulated the drafts of the Youth and Trade Roadmap, including the Sector Roadmaps for ICT, Tourism and Agribusiness; documents currently being reviewed and validated by the respective sector core teams
• Project Steering Committee (PSC) meeting approved the access-to-finance schemes, including the mini-grant scheme; following a competitive bidding process the National Association of Co-operative Credit Union of The Gambia (NACCUG) was selected as the service provider
• Returnees engage in all training programmes; re-orientation session for 300 returnees have been completed

The following were also achieved in quarter 1 (January-March) of 2018:
• 38,693 youth reached to date
• 1,225 individuals trained to date
• 17 MoUs signed to date

The Songhai Initiative

In recognition of the challenges the youth face such as unemployment, illegal migration and limited opportunities to acquire employable skills, the government in partnership with the UNDP designed this initiative to train and engage the youth in self-employment through agriculture. The initiative is based on an integrated farming centre prototype from the Republic of Benin called the Songhai Region Centre. The training duration is six months and the students specialize on the following:

• Animal husbandry
• Poultry production
• Bee keeping
• Vegetable production
• Crop production
• Entrepreneurship training

The training is 75% practical and 25% lectures. Each training unit is based on a complete production cycle. At the end of the training, participants are provided with a D9000.00 start-up capital. Since its inception, 177 students have successfully completed the training over 65% of the students are females.

The major challenge for the students is the inadequate start-up capital and the acquisition of land to start a business.

National Youth Service Scheme (NYSS)

This is a government initiative which is aimed at providing vocational training to young people to acquire employable skills. The Scheme is mandated by the NYSS Act 2015 and supports the implementation of the National Youth Policy. The NYSS has three programme areas (i) Skills Acquisition, (ii) Apprenticeship and (iii) National Service. The first two programmes target young people aged 17-35 years for skills development for a sustainable livelihood and the third programme focuses on university graduates to undertake national service (volunteer) for a maximum of one year.

The main activities undertaken were the recruitment of 2,000 young people for skills acquisition in 16 various skill areas and another150 for apprenticeship training. Currently, the skills acquisition and apprenticeship programmes are being implemented annually, whilst the national service programme is yet to start due funding constraints.

The shortfall in funding is the major challenge of the scheme. The number of young people interested in the programmes is far beyond the scheme’s capacity to enrol due to limited funding. The government is catering for only 200 young people per year, whilst the demand from young people is over 2,000 per enrolment cycle.
Other NGOs, CSOs and CBOs involved in building the capacity of young people through skills’ training including life skills are as follows:

- Network Against Gender-Based Violence (NAGBV)
- Think Young Women (TYW)
- New World for Youth
- Bwiam Youth Centre
- Pakalinding Youth Centre
CHAPTER 5: Conclusions and Recommendations

The Gambia with an estimated population of 2.2 million and growing at an annual rate of 3.1% is a low-income country with a huge foreign debt. Having adopted the AADPD in 2014, The Gambia achieved mixed results in the 5-year implementation of the AADPD.

With regard to dignity and Rights, the 1997 Constitution, the supreme law of the country, protects and guarantees the fundamental human rights of all Gambians including the right to sexual and reproductive health. During the period under review, strides have been made in this domain, following a public outcry on the violations of human rights committed by the previous administration; Government has established a number of Commissions such as TJ CRC and TRRC. The latter is meant to seek for the truth, reconciliation and reparation for the victims of these violations among others.

Poverty which occupies centre stage in The Gambia’s development agenda has slightly declined but wide disparities continue to exist between rural and urban areas and high population growth rate and urbanization are posing challenges in addressing this global problem,

Government and the CSOs continue to address gender equality and the empowerment of women and girls through numerous innovative interventions and has also signed, ratified and domesticated numerous protocols and conventions on the protection of the rights of women and girls. Additionally, policies and programmes as well as legislation on gender and the empowerment of women have been developed to address gender imbalances and the empowerment of women and girls. Whilst acknowledging that gains are being made gradually in this domain, the deep-rooted socio-cultural values and beliefs continue to pose challenges to efforts aimed at the empowerment of women. However, gender is gradually mainstreamed into development plans and policies and women and girls continue to be empowered through, increased access to education, information, provision of reproductive health services, credit facilities and skills training among others.

Constituting 51% of the population, women work mostly in the informal and agricultural sectors and do not face any discrimination on wages. They are paid equally as men for the same type of work and have access to land. However, for the majority of women, equal access to traditional land is constrained by deep-rooted socio-cultural practices and beliefs. However, largely due to differentials in the acquisition of highly paid skills and education, women trail their male counterparts in terms of income.

With regard to gender-based violence, Government institutions, with the active participation of the CSOs, continue to play an invaluable role in the campaign for the elimination of all forms of violence against women and girls. To this end, laws were passed banning FGM/C and child marriages but enforcing these laws to poses formidable challenges. Anecdotal evidence suggests that the practice of FGM/C and child marriage is still widespread in the country. There is therefore need to intensify efforts to promote enforcement of these laws to deter perpetrators of the practice.

Social protection policies and programmes are also in place to address the well-being of Gambians, in particular, the vulnerable groups like women, youth and the physically challenged.

The Government of The Gambia recognizes the importance of the provision of quality health services, particularly reproductive health, as a fundamental human right for all Gambians. To this end, health care services have expanded with the proliferation of health facilities in all regions of the country to increase access to services. Although much gains have been made in increasing access to health services, access to quality services in general and specialized services remains a challenge.

The mortality continues to decline across major diseases particularly infant, child and under-five mortality. Fertility on the other hand has plateaued in the past two decades despite increased access to reproductive health information and services. This is largely the result of low uptake of family planning.
services associated to the high demand for children. HIV/AIDS infection rates have stabilized and may have even declined. Strategies are in place to address communicable and non-communicable diseases with some success. The health system continues to be strengthened with modern infrastructure, equipment and trained personnel amidst staff retention challenges. High attrition rates amongst highly trained health service providers is impeding gains made by the health sector. There is an urgent need to institute measures to improve staff motivation and retention for the health sector to achieve the desired goals.

With a population density of 176 persons per square kilometre and an urban population growth rate of 6% it is evident that measures should be instituted to control population size and distribution to sustainable levels. The Gambia faces major challenges in addressing international migration and urbanization despite concerted efforts to integrate migration issues into development planning at all levels. Constraints in the provision of basic social services to the growth centres, particularly social amenities, continue to impede progress in national development. Data inadequacies continue to plague planning and implementation of migration and development issues including integration of migration issues into development planning.

Integration of population variables into development planning has always been advocated for at the National Population Commission and its Secretariat. However, policy-makers and planners are yet to fully appreciate the significance of integrating population dynamics into development planning for sustainable development. Both the technical capacity and tools for effective integration of population dynamics are inadequate. Nevertheless, the NPC has registered significant successes in coordinating, monitoring and evaluation of population activities in the country.

Data and statistics are critical for effective planning, monitoring and evaluation of projects and programmes. The Gambia Bureau of Statistics continues to be strengthened with the requisite capacity to undertake national surveys and the collection, compilation and analysis of official statistics. The Bureau is currently spearheading efforts to establish a Civil and Vital Registration System which is expected to raise the profile of the statistical fraternity. It is expected that the recently completed National Strategy for the Development of Statistics would guide statistical development in the country and improve statistical services through increased investment towards the generation of relevant statistics in a timely manner.

Partnership and international cooperation are important pre-requisites for the implementation of the AADPD, the CSOs continue to play an important role in the implementation of the population policy and programme, particularly focusing on issues related to gender and the empowerment of women, including gender-based violence. However, many CSOs experience resource inadequacies, which limits their full participation in the implementation, monitoring and evaluation of initiatives related to the domestication and operationalization of AADPD.

For international cooperation, The Gambia continues to partner with UNFPA and other international bodies in the funding and implementation of population and development interventions. As a member of Partners in Population and Development (PPD) The Gambia benefited from a number of South-South cooperation supported training programmes through which many Gambians have been trained on various aspects of population and development.

To harness the Demographic dividend of a young population, The Gambia needs to have a demographic transition characterized by falling fertility and mortality levels. Whilst mortality has fallen appreciably over the years, there has not been significant changes in fertility rates over the past two decades due to various socio-cultural factors that favour a high demand for children. However, even if a demographic transition is to be attained, there has to be an enabling environment with the right policies and regulatory frameworks to empower, educate and provide employment for young people. It is evident that the fertility decline experienced in The Gambia over the years is largely attributable to delays in marriage
and childbearing. It is obvious therefore, that for fertility to decline significantly, there is need for a significant increase in the uptake of modern contraceptives. National efforts in the area of demand creation for family planning services should therefore be intensified for the country to achieve the desired levels of fertility.

Recommendations

**Dignity and Equality**

- Increase sensitization on individual rights in line with the provisions of 1997 constitution particularly, in the areas of transitional justice, gender equity and equality in all spheres of life.
- Modernize agriculture, fisheries, infrastructure, energy sectors etc. for sustained economic growth, food and nutritional security and poverty reduction.
- For the country to reap the demographic dividend of the youthful population, there is need for increased investment in programmes for youth, targeting education and employment creation in both the public and private sector.
- Support private sector growth to better position it as the engine of growth, transformation, and job creation.
- Reduce overall deficit as percentage of GDP from 9.8 to 3.0 per cent
- Reduce procurement violations as percentage of total procurement from 33.7 per cent to <=5 per cent (Procurement)
- Reduce price stability measured by Consumer Price Index (CPI) from 7.1 per cent to <=5 per cent
- Increase budgetary allocation for the implementation of women’s rights interventions.
- Establish a national database on gender and empowerment for women and girls.
- Government should review existing legislation including the Women’s Act to address issues on land ownership and marital property inheritance laws.
- Promote women and youth economic rights and independence through ensuring access to employment with appropriate working conditions, improved control of productive resources such as financing, land/property, information and services.
- Conduct a National Study on time use so as to determine male participation, and equal/equitable sharing of responsibilities through support programmes that promote gender equality in rights and opportunity.
- Integrate the estimation of the value of unpaid domestic work and care in the national statistical processes so as to generate more accurate national statistics on women’s contribution to GDP.
- Support rural women’s groups and organizations to participate in the formulation of land policies and land reform laws through financial support, dialogue with the government and providing space fora for dialogue.
- Support government, academic and civil society research on the possible consequences of proposed agricultural and privatization policies in terms of women’s right to own land.
- Ensure male involvement in addressing issues related to gender inequality.
- Set up a Ministry or Department for children and increase funding for child protection initiatives.
- Amend and formulate more comprehensive legislation on FGM/C and Child marriage
- Develop and implement the Social Protection Minimum Package.
- Increase and decentralize State Enrolled Nurse schools, and rehabilitation centres for the elderly and persons with disabilities.
- Promote and enhance mainstream education and technical and vocational education training (TVET) centres for children with disabilities.
• Advocacy for the enactment and harmonization of the Persons with Disabilities’ Bill.
• Advocate for the endorsement of the Draft National Integrated Disability Policy (2010-2018) and Action Plan

Health

• Increase human, financial and material resources for health care provision at all levels.
• Improve the referral system at all levels.
• Train more staff on midwifery, procedures and guidelines.
• Expand health services to underserved areas of the country.
• Continue to provide staff retention package to motivate staff to continue to provide health services.
• Ensure continuous uninterrupted supplies of ARVs, test kits and reagents HIV/AIDS testing and other supplies.
• Strengthen the HMIS and LMIS including DHIS2 platform for data collection and analysis.
• Legislation should be developed and passed to ensure private health facilities/clinics conform to national malaria case detection and treatment protocols and guidelines.
• Development of national malaria repository (Malaria Bulletin) for the NMCP.
• Train more nurses, midwives and laboratory technicians and anaesthetists.
• Revise payment scale for nurses and midwives.
• Provide clear guidelines for abortion care and train service providers on its use.
• Organize public sensitization campaigns on early health seeking for post-abortion care.
• Enhance the capacity of both public and private hospitals in the treatment and rehabilitation of patients suffering from obstetric fistula.
• Develop an Obstetric fistula elimination strategy and comprehensive management guideline.
• Develop a social marketing strategy of contraceptives with a view to increasing access to commodities and the uptake of family planning services and reduce HIV/AIDS and STI infections.
• Strengthen the HMIS and LMIS including DHIS2 platform for data collection, analysis and dissemination.
• Strengthen Regional Youth Centres to provide RMNCAH information and services.
• PHC should be expanded to all settlements.
• Construct a Victim Safe House, which has all facilities, including the experts that can provide psychosocial support, and basic treatment of victims.
• Ensure, the successor, Policy to the Gender Policy fully integrate support services of victims of GBV.
• Engage in joint programming and sensitization activities across the border between the Gambia and Senegal.

Place and Mobility

• There should be proper monitoring mechanisms in place to help take stock of the inflow and outflow of migrants in the country.
• Appropriate policies should be formulated to regulate the participation of immigrants in the labour force.
• Establish an effective civil and vital registration system.
• Develop a policy and programme to address migration issues in The Gambia.
• Develop programmes to tap skills and investment potentials of Gambians in the diaspora.

Governance

• Expedite the ongoing legal reforms in the country to strengthen the democratization processes.
Data and Statistics

- Establishment of a statistical training centre
- Strengthen technical capacity of GBoS staff in data processing, analysis and report writing.
- Establish a statistical training centre to build national statistical capacity.

Partnership and International Cooperation

- Develops strategies to maximize the benefits of South-South cooperation, particularly in building national capacities in the areas of health care provision and education.

Demographic Dividend

- Government should create a quota system that will guarantee a certain percentage of public procurement for young entrepreneurs to compete favourably with established businesses.
- Government and local councils should support the acquisition and ownership of land by young people to promote investments.
- Provide training opportunities for young people on marketable skills, especially in Agriculture Value addition.
- Provide financial incentives in the form of lower interest rates on bank loans and grants to support and encourage youth start-ups.
- Identify good practices in the area of skills development for young people in friendly countries and seek assistance to harness the demographic dividend.
References


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UNFPA (2016). Foundations for the future: Building quality human capital for economic transformation and sustainable development in the context of the Istanbul Programme of Action, A review of progress towards the implementation of the Istanbul programme of action for the least developed countries, New York, USA.


United Nation Statistics Division (2017). Medium variant projected population of The Gambia (both sexes)

United Nation Statistics Division (2017). Medium variant projected total fertility rate of The Gambia


Annex 1: Indicator Matrix Analysis by Pillar

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>DATA Source</th>
<th>Indicator Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.5.1 Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict affected, as data become available) for all education indicators on this list that can be disaggregated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>HDI</td>
<td>Enrolment rates for girls grew at an annual rate of 5.5% while that of boys grew by 4.9%. This trend resulted in the growth of girls’ GER from 111.8% in 2017 for girls and to 105.4% for boys. This is a clear indication that enrolment for girls is increasing.</td>
</tr>
</tbody>
</table>

### Percentage of children in the population who completed Grades 6, 9 and 12 by gender

<table>
<thead>
<tr>
<th>Parity indices grade 6 Male</th>
<th>73.3</th>
<th>73.3</th>
<th>72.8</th>
<th>74.7</th>
<th>77.4</th>
<th>SDG Report 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parity indices grade 6 female</td>
<td>73.4</td>
<td>73.6</td>
<td>74.4</td>
<td>76</td>
<td>80</td>
<td>SDG Report 2017</td>
</tr>
<tr>
<td>Parity indices grade 9 male</td>
<td>66.3</td>
<td>66</td>
<td>66</td>
<td>60.8</td>
<td>57.5</td>
<td>SDG Report 2017</td>
</tr>
<tr>
<td>Parity indices grade 9 Female</td>
<td>63.2</td>
<td>63.3</td>
<td>63.5</td>
<td>61.2</td>
<td>60.2</td>
<td>SDG Report 2017</td>
</tr>
</tbody>
</table>

Conversely, Parity for completion rate at the Upper Basic for boys was 57.4%, while that of girls was 60.2% in 2017 compared to 66.3 percent for boys and 63.2 for girls in 2013. It could be noted that the completion rates for boys and girls declined by 8.3 and 3 percent respectively for boys and girls from 2013 to 2017.
<table>
<thead>
<tr>
<th>Parity indices grade 12</th>
<th>42.6</th>
<th>42.6</th>
<th>44.1</th>
<th>44.5</th>
<th>MOBSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>female</td>
<td>39.2</td>
<td>40.5</td>
<td>43.9</td>
<td>47.1</td>
<td>MOBSE</td>
</tr>
</tbody>
</table>

Parity indices by wealth quintile for LBS

Quintile 1
Quintile 2
Quintile 3
Quintile 4
Quintile 5

Parity indices by wealth quintile for UBS

Quintile 1
Quintile 2
Quintile 3
Quintile 4
Quintile 5

Parity for completion rate at the Senior secondary school level for boys and girls in 2017 was 44.5 and 47.1 percent respectively. Completion rates at this level increased by 1.9 percent and 7.9 percent for boys and girls respectively from 2014 to 2017.

The table shows completion rates by Wealth quintiles for the Lower Basic schools. Completion rate for the lowest quintile was 51 percent followed by 62, 85, 91 and 93 for quintile 2, 3, 4 and 5 respectively. This implies that completion rates are directly related to wealth quintile.

For the Upper Basic quintile 1 and quintile 2 have the lowest completion rates 39 percent followed by 47, 48 and 67 percent for quintile 3, 4, and 5 respectively. The same trend was observed for the lower Basic completion rates which are dependent on wealth.
<table>
<thead>
<tr>
<th>Quintile</th>
<th>Parity indices by wealth quintile for SSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quintile 1</td>
<td>15</td>
</tr>
<tr>
<td>Quintile 2</td>
<td>25</td>
</tr>
<tr>
<td>Quintile 3</td>
<td>33</td>
</tr>
<tr>
<td>Quintile 4</td>
<td>43</td>
</tr>
<tr>
<td>Quintile 5</td>
<td>67</td>
</tr>
</tbody>
</table>

For the Senior Secondary schools, quintile 1 again has the lowest completion rate of 15 percent whilst quintile 2, 3, 4 and 5 have 25, 33 and 43 percent completion rates respectively. Whilst the same trend has been observed on wealth having a bearing on completion rates at the three levels of schooling, it could also be observed that completion rates kept declining for the respective wealth quintiles with progression in the level of schooling.

<table>
<thead>
<tr>
<th>8.6.1 Proportion of youth (aged 15-24 years) not in education, employment or training (NEET)</th>
<th>NA</th>
<th>NA</th>
<th>NA</th>
<th>NA</th>
<th>NA</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities; SDG Report</th>
<th>NA</th>
<th>NA</th>
<th>NA</th>
<th>48.6</th>
<th>SDG Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of people living below 50% of median income was estimated at 48.6%.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of the population living below the poverty line by sex (Male)</td>
<td>NA</td>
<td>NA</td>
<td>57.7</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>

Poverty stands at 53%—with a poverty line at $1.25 a day in 2013. Furthermore, 1 million people out of the 1,849,000 million people are multi dimensionally poor by 2013 Census.

| Proportion of the population living below the poverty line by sex (Female) | 47.6 |
| --- |

There is a clear gender dimension to poverty as female-headed households are poorer than male-headed households. The poverty head count ratio for male-headed households is 57.7 percent while it is 47.6 percent for female-headed households. Also, the severity of poverty has been observed to be greater for female-headed households.

<table>
<thead>
<tr>
<th>8.b.1 Percentage of public budget allocated to social protection programs.</th>
<th>NA</th>
<th>NA</th>
<th>NA</th>
<th>1</th>
<th>NA</th>
<th>Social protection continues to gain momentum and Government accords high priority to it. One percent of the public budget is allocated to social protection.</th>
</tr>
</thead>
</table>

<p>| Income share held by poorest and richest 10% (DD Atlas indicator 28) | NA | NA | NA | NA | NA | . |</p>
<table>
<thead>
<tr>
<th>1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural);</th>
<th>National, 29.2%; rural, 31.1%, urban, 28.4%</th>
<th>NA</th>
<th>NA</th>
<th>NA</th>
<th>IHS 2015/16</th>
<th>Proportion of population below the international poverty line nationally was estimated at 29.2% and 31.1% for rural and 28.4% for urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.1 Proportion of people having more than one meal per day, by vulnerable group; or prevalence of undernourishment;</td>
<td></td>
<td>5.6</td>
<td></td>
<td></td>
<td></td>
<td>In 2016, The Gambia registered an undernourishment rate of 5.6 percent following a devastating crop failure in 2011.</td>
</tr>
<tr>
<td>5.5.1 Proportion of seats held by women in National Parliament</td>
<td>10.5</td>
<td>10.5</td>
<td>10.5</td>
<td>9.4</td>
<td>AU Solemn Dec Report</td>
<td>It is presumed that with greater representation in parliament, the women would have a formidable force in pushing for legislation that supports gender equality and the empowerment of women and girls. However, proportion of seats held by women in Parliament in 2013-2016 stood at 10.5 percent but declined to 9.4 percent from 2017 to date</td>
</tr>
<tr>
<td>5.5.1 Proportion of seats held by women in local governments</td>
<td>14.9</td>
<td>14.9</td>
<td>14.9</td>
<td>8.3</td>
<td>Women’s Bureau</td>
<td>Local government is an important decision-making entity for women. Therefore having high women representation in this tier of Government could create a favourable environment for advocacy and decision</td>
</tr>
</tbody>
</table>
making particularly at the decentralized levels in addressing gender and the empowerment of women. However, from 2013 to 2015 14.9 percent of seats in the local government were held by women. This proportion declined to 8.3 percent in 2016 and 2017 and currently stands at 7.3% even though Section 214(4) of the 1997 Constitution states that “in the composition of Government, women shall be fairly represented” yet women representation is far below the A.U target of 30%.

<table>
<thead>
<tr>
<th>Number of countries that have a National mechanism to engage multiple stakeholders, including civil society, faith-based organizations, and men and boys, to prevent and address gender-based violence (SP 11.1);</th>
<th>YES</th>
<th>YES</th>
<th>YES</th>
<th>YES</th>
<th>YES</th>
<th>Women Amendment Act 2015</th>
</tr>
</thead>
</table>

In addition to the existing Legislation addressing all forms of gender-based violence, National mechanisms do exist and they include first and foremost, a National Steering on gender based violence and child has been established as a national coordinating body in addressing gender based violence and child marriages.

Civil Society Organizations such as the Network of gender based violence comprising of 42 Members
mainly CSOs but also 7 Government institutions such as MOJ, Dept. of Social Welfare, MOH, Police, Immigration and Women’s Bureau. The Network works with Faith-based organizations, youths, women, traditional leaders etc in creating awareness on the effects of gender based violence and advocate for an end to all its forms including FGM/C and child marriages.

| Domestication of Regional/International laws i.e. existence of national laws/frameworks against VAW |  |
|  |

<p>| 8.5.1 Average hourly earnings of female and | N/A | N/A | N/A | N/A | N/A |</p>
<table>
<thead>
<tr>
<th>8.5.2 Unemployment rate, by sex, age and persons with disabilities</th>
<th>29.7</th>
<th>29.6</th>
<th>29.7</th>
<th>29.7</th>
<th>29.8</th>
<th>World Bank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment rate Male</td>
<td>21.7</td>
<td>21.5</td>
<td>21.7</td>
<td>21.7</td>
<td>20.7</td>
<td>World Bank</td>
</tr>
<tr>
<td>Unemployment rate Female</td>
<td>38.5</td>
<td>38.4</td>
<td>38.5</td>
<td>38.5</td>
<td>38.6</td>
<td>World Bank</td>
</tr>
<tr>
<td>Unemployment status by disabilities</td>
<td>5.7</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>2013 Census Report</td>
</tr>
</tbody>
</table>

Unemployment rate is a major macroeconomic indicator which is found to be higher among the economically active population with no education. However, the source indicate that higher proportions of the economically active population with upper secondary and lower secondary education have a higher unemployment rate than those with primary education 24.4 per cent and 14.3 per cent respectively. Unemployment was also higher among males than females; and among the economically active population in the age groups 20-24 and 25-29. Majority of those unemployed in the urban and rural areas are within the same age groups.

The disabled are provided with opportunities of employment compatible with
According to the 2013 Population and Housing Census 5.7 percent of the disabled were employed.

<table>
<thead>
<tr>
<th>Existence of mechanisms to ensure equal remuneration for jobs of equal value for women and men; Labour force participation rate by sex, age;</th>
<th>NA</th>
<th>NA</th>
<th>NA</th>
<th>NA</th>
<th>Labour Act, Women’s Act</th>
<th>Equal pay for jobs of equal value is not an issue in the Gambia even though legislation is in place to guarantee equal pay for jobs of equal value for men and women.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labour force participation rate Female (DD Atlas indicator 30);</td>
<td>50.92</td>
<td>50.95</td>
<td>51.04</td>
<td>51.08</td>
<td>51.23</td>
<td>World Bank</td>
</tr>
<tr>
<td>Labour force participation rate Male (DD Atlas indicator 30);</td>
<td>68.42</td>
<td>68.24</td>
<td>67.91</td>
<td>67.73</td>
<td>67.74</td>
<td>World Bank</td>
</tr>
</tbody>
</table>

Conversely, Labour force participation rate for Males was 68.42 percent for males in 2013, 68.24, 67.91, 67.73 and 67.4 in 2014, 2015, 2016 and 2017 respectfully (World Bank).
<table>
<thead>
<tr>
<th>5.4.1 Proportion of time spent on unpaid domestic and care work, by sex, age and location</th>
<th>Ratio females/males time spent in unpaid work, by age</th>
<th>4.4.1 Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existence of a legal framework that guarantee women's equal rights to land ownership and control;</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>The 2010 Women’s Act has provisions that guarantee women’s equal rights to land ownership and control.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Existence of mechanism to promote youth access to credit, business development skills training, mentorship opportunities and better information on market opportunities;</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Mechanism do exists in Ministries such as Ministries of MoTIE and Youth that promotes youth access to credit, business development skills training and mentorship opportunities etc</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion who have access to bank accounts at a financial institution, by sex, age;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control over women's cash earnings (DD Atlas indicator 19)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.5.2 Proportion of women in managerial position</td>
<td>NA</td>
<td>NA</td>
<td>26.7</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Women managerial positions are linked to educational attainment. Out of 31 permanent secretaries, 9 are female, out of 47 deputy permanent secretaries, 16 are women and out 28 directors 6 are women and of the 25 ambassadors 4 are women.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Existence of laws that guarantee the participation of youth in parliament and other decision-making bodies; disaggregated by sex;</th>
<th>YES</th>
<th>YES</th>
<th>YES</th>
<th>YES</th>
<th>1997 Constitution</th>
</tr>
</thead>
<tbody>
<tr>
<td>The 1997 Constitution allows for universal adult suffrage at 18 years, and one can participate in all decision-making positions including the President by 30.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Existence of platforms for youth participation in decision-making at local, national, regional, and continental levels of governance;</th>
<th>YES</th>
<th>YES</th>
<th>YES</th>
<th>YES</th>
<th>National Youth Council and Area Councils</th>
</tr>
</thead>
<tbody>
<tr>
<td>The National Youth Policy promotes youth representation at all levels. This has been mainstreamed in local government act 2002, to safeguard a seat for youths at each area council.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proportion of Ministerial positions held by women;</th>
<th>33.33</th>
<th>33.33</th>
<th>33.33</th>
<th>22.22</th>
<th>AU Solemn Declaration 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of Ministerial positions held by women was 33.33% for a three year period (2013-2015) and declined slightly to 22.22% during the two year period (2016-2017).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proportion of women entrepreneurs and CEOs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of countries that have institutional mechanisms for the participation of young</th>
<th>yes</th>
<th>yes</th>
<th>yes</th>
<th>yes</th>
<th>yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>The 1997 Constitution guarantees the participation of youths in national development including</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicators</td>
<td>Country 1</td>
<td>Country 2</td>
<td>Country 3</td>
<td>Country 4</td>
<td>Country 5</td>
</tr>
<tr>
<td>------------</td>
<td>-----------</td>
<td>-----------</td>
<td>-----------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td>Participation in policy dialogue and programming, including in peace building processes (SP 8.1); Proportion of countries responding to humanitarian crises that include young people in decision-making mechanisms in all phases of the humanitarian response (SP 8.2); Number of countries that engaged adolescents and youth, including marginalized adolescents and youth, in the formulation of national sexual and reproductive health participation in policy dialogue and programing at all levels</td>
<td>NA</td>
<td>NA</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of marginalized girls that are reached by life skills programmes that build their health, social and economic assets (SP 6.1);</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Number of countries that operationalized school-based comprehensive sexuality education curricula in accordance with international standards (SP 6.2);</td>
<td>Through the support of UNFPA, Family Life education has been introduced but now integrated in life skills programme. A new curriculum is being developed on comprehensive sexuality education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of countries with a national mechanism or strategy in place to deliver out-of-school comprehensive sexuality education in accordance with international standards (SP 6.3)</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Number of DISABLED women, adolescents and youth who have utilized integrated sexual and reproductive health services (Outcome 1, indicator 1)</td>
<td>Na</td>
<td>Na</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Existence of measures to encourage regular school attendance and reduce drop-out rates</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Existence of measures ensuring that girls and young women who become pregnant or married before completing their education shall have the opportunity to continue their education</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>16.2.1 Proportion of children aged 1-17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NA</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Prevalence of child labour, by sex; Existence of legislation on a minimum age for work and prohibit, combat and punish all forms of exploitation of children, especially the girl child</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>Children's Act 2005</td>
</tr>
<tr>
<td>Number of countries that have a national mechanism to engage multiple stakeholders, including civil society, faith-based organizations, and men and boys, to prevent and address gender-based violence (SP 11.1);</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>Domestic Violence Act 2013 and Sexual Offences Act 2013</td>
</tr>
<tr>
<td>Number of countries that have national systems to collect and disseminate disaggregated data on the incidence and prevalence of gender-based violence (SP 11.2);</td>
<td></td>
<td></td>
<td></td>
<td>YES</td>
<td>Through the NPCS and the network of gender base violence, various stakeholders including Networks on population and Development, Civil Society organizations, men and boys etc. continue to play an invaluable role in awareness creation and advocacy to end all forms of GBV</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>The Gender Management and Information System is the data base design to collect information on all forms gender base violence including FGM, and child marriages</td>
</tr>
<tr>
<td></td>
<td>Network Against Gender Based Violence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------------</td>
<td>---------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of women/girls/disabled women and girls subjected to violence that have accessed the essential services package (SP 11.3);</td>
<td>NA NA NA NA NA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of countries that have applied the minimum standards for the prevention of and response to gender-based violence in emergencies (SP 11.4)</td>
<td>NA NA NA NA NA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18</td>
<td>9.3 AND 30.4</td>
<td>DHS 2013</td>
<td>Early marriage has negative impact on not only the woman’s health, but her potential opportunities later in life. According to the DHS 2013, is 5.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestication of regional/international laws i.e. Existence of national laws /frameworks on child</td>
<td></td>
<td></td>
<td>In recognition of the high incidence of early marriage, the government amended the Children’s Act 2005, to prohibit marriage</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Number of countries that have developed a costed national action plan to address harmful practices (12.1)</strong></td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age</td>
<td>75%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional/international laws/frameworks on FGM and other harmful practices against women signed/ratified by countries;</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>intimate partner in the previous 12 months, by form of violence and by age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
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<td>---</td>
<td></td>
</tr>
<tr>
<td>5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence</td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Proportion of ever-partnered women and girls aged 15-49 subjected to physical, sexual or psychological violence by a current or former intimate partner, in the last 12 months;</td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Percentage of women who have experienced physical or sexual violence in the past 12 months from any husband/partner, by age group (15-49 and 15-34)</td>
<td>7.3</td>
<td>DHS 2013</td>
<td>The proportion of women who have experienced physical or sexual violence in the past 12 month was estimated at 7.3% in 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of women/girls/disabled women and girls subjected to violence that have accessed the essential services package (SP 11.3);</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Number of countries that have applied the minimum standards for the prevention of and response to gender-based violence in emergencies (SP 11.4)</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>16.a.1 Existence of independent national human rights institutions in compliance with the Paris Principles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of countries in which the prevention of stigma and discrimination is included in the pre-service curricula of health professionals (SP 3.6)</td>
<td>NA</td>
<td>A</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>4.3.1 Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>Primary y 21, Secondary 39 and Post Secondary 5.9, none formal 34</td>
</tr>
<tr>
<td>4.4.1 Percentage of youth/adults with information and communications technology (ICT) skills by type of skill</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Mean years of schooling for population aged over 25 (DD Atlas indicator 22);</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Education attainment for population aged over 25 (DD Atlas indicator 23);</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>NEET (youth not in employment, education or training) (DD Atlas indicator 29);</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Government education expenditure, % of GDP (DD Atlas indicator 37);</td>
<td>3.2%</td>
<td>2.6%</td>
<td>2.9%</td>
<td>MoBSE, 2017</td>
<td>The Government expenditure on education was 3.2% in 2013 and declined in 2014 and rose again to 2.9% in 2015</td>
</tr>
<tr>
<td>Expenditure per student, by educational level (DD Atlas indicator 39)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>The annual unit cost per student in the Basic Education grades (1 – 9) was estimated at $14.06 and $37.50 for Senior Secondary Education.</td>
</tr>
<tr>
<td>Basic Education</td>
<td></td>
<td></td>
<td></td>
<td>$14.06</td>
<td></td>
</tr>
<tr>
<td>Secondary Education</td>
<td></td>
<td></td>
<td></td>
<td>$37.50</td>
<td></td>
</tr>
<tr>
<td>4.a.1 Percentage of schools with access to: (a) electricity;</td>
<td>35</td>
<td>37</td>
<td>40</td>
<td>42</td>
<td>41</td>
</tr>
</tbody>
</table>
(b) the Internet for pedagogical purposes; 

c) computers for pedagogical purposes; Percentage of schools with access to computers has gradually increased over the years with 23% in 2013 to 31% currently.

d) adapted infrastructure and materials for students with disabilities; 

e) single-sex basic sanitation facilities; and Currently 82% of schools has access to single-sex basic sanitation facilities. In line with the current policy, all schools will be equipped with single-sex basic sanitation facilities.

(f) basic hand washing facilities (as per the Water, Sanitation and Hygiene for All (WASH) indicator definitions) Schools with access to basic hand washing facilities steadily increased over the years with 79% in 2014 to 86% in 2017.

<table>
<thead>
<tr>
<th>Year</th>
<th>15-24</th>
<th>25-34</th>
<th>35-64</th>
<th>15-64</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>15-24</td>
<td>(72%)</td>
<td>(56%)</td>
<td>(41%)</td>
</tr>
<tr>
<td>2016</td>
<td>25-34</td>
<td>(57%)</td>
<td>(41%)</td>
<td>(57%)</td>
</tr>
</tbody>
</table>

Public Expenditure Review 2015 Literacy rate for youth (15-24) years in 2015 was estimated at 72%, whilst for ages 25-34, 35-64 and 15-64 years were estimated at 56%, 41% and 57% respectively.

<p>| GER for the early childhood development has steadily increased from 36.5% in 2013 to 46.5 in 2017. In the same vein, the lower basic GER |</p>
<table>
<thead>
<tr>
<th>Level of Education</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Childhood Development (3-6 years)</td>
<td>36.5</td>
<td>41.1</td>
<td>45.3</td>
<td>45.8</td>
<td>46.5</td>
<td>52.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>EMIS</td>
<td>2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ECD</td>
<td></td>
</tr>
<tr>
<td>Lower Basic Education (7-12 years)</td>
<td>92.8</td>
<td>97.1</td>
<td>101.2</td>
<td>104</td>
<td>108.6</td>
<td>112.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>EMIS</td>
<td>2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ECD</td>
<td></td>
</tr>
<tr>
<td>Upper Basic Education (12-15 years)</td>
<td>68.06</td>
<td>68.12</td>
<td>68.3</td>
<td>66.8</td>
<td>67.4</td>
<td>68.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(2018)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ECD</td>
<td></td>
</tr>
<tr>
<td>Senior Secondary Education (15-18 years)</td>
<td>25.5</td>
<td>27.3</td>
<td>30.4</td>
<td>34.7</td>
<td>38.4</td>
<td>41.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(2018)</td>
</tr>
</tbody>
</table>

follows a similar pattern ranging from 92.8% in 2013 to 108.6% in 2017. However, the UBE has shown a slide drop in 2016 and increased slightly from 66.8% in 2016 to 67.4% in 2017 and currently stands at 68.1% in 2018. For the SSE, the GER maintain a steady increase from 25.5% in 2013 to 41.4% in 2018. A marked disparity exists between the various levels of schooling, with the lower GERs for the ECD and the SSE mainly due to physical access for the ECD and availability of space respectively.

4.4.1 Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill

<table>
<thead>
<tr>
<th>Type of Skill</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n/a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NA

Existence of measures to revitalise vocational education and training relevant to current and prospective employment opportunities;

TVET centers are planned to be established in each administrative region of the country and rehabilitation of some technical and vocational training centers have been undertaken. In addition, a TVET curriculum is been developed MoBSE
<table>
<thead>
<tr>
<th>Existence of linkages between the labour market and the education and training system to ensure that curricula are aligned to the needs of the labour market;</th>
<th></th>
<th></th>
<th></th>
<th>Cognizant of the need to align education and training to the needs of the labour market, MoBSE has undertaken a revision of the curriculum to cater for such needs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance rate in TVET, by sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Output per worker, annual growth (DD Atlas indicator 26)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3.1 Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex</td>
<td>NA</td>
<td>NA</td>
<td>Primary 21, Secondary 39 and Post-Secondary 5.9</td>
<td>IHS 2015</td>
</tr>
<tr>
<td>8.3.1 Proportion of informal employment in non-agriculture employment, by sex (missing youth component)</td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Existence of mechanism to promote youth entrepreneurship by including</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>
entrepreneurship training in the school curricula

Coverage of social insurance programs (DD Atlas indicator) | NA

<table>
<thead>
<tr>
<th>HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INDICATOR</strong></td>
</tr>
<tr>
<td>1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work injury victims and the poor and the vulnerable</td>
</tr>
<tr>
<td>Healthy life expectancy (DD Atlas indicator 8);</td>
</tr>
<tr>
<td>Index</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>110.1</td>
</tr>
<tr>
<td>110.2</td>
</tr>
<tr>
<td>4.6.1</td>
</tr>
<tr>
<td>8.7.1</td>
</tr>
<tr>
<td>16.2.1</td>
</tr>
<tr>
<td>Psychological aggression by caregivers in the past month</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation</td>
</tr>
<tr>
<td>8.8.1 Frequency rates of fatal and non-fatal occupational injuries, by sex and migrant status</td>
</tr>
<tr>
<td>4.a.1 Proportion of schools with access to: (d) adapted infrastructure and materials for students with disabilities;</td>
</tr>
<tr>
<td>Number of DISABLED women, adolescents and youth who have utilized integrated sexual and reproductive health services (Outcome 1, indicator 1)</td>
</tr>
<tr>
<td>3.8.2 Number of people covered by health insurance or a public health</td>
</tr>
</tbody>
</table>
The Gambia had made steady progress in strengthening the health system to ensure increased and affordable access to health care for all and sundry. The health worker density is currently estimated at 8/1000 population. With establishment of the medical school and related institutions as well as technical assistance from friendly countries is invaluable in enhancing the capacity of health system.

| Health expenditure, % of GDP (DD Atlas indicator 34); | NaNA/ Ministry of Health |
| Share of out-of-pocket health expenditure (DD Atlas indicator 35); | 1.2% | The Out-of-pocket expenditure on health was 1.2% in 2014 |
| Per capita health expenditure, current US$ (DD Atlas indicator 36) | NA |
| Number of countries in which at least 25 per cent of public health facilities provide quality-assured, adolescent-friendly integrated sexual and reproductive health information and services are offered to all and sundry including adolescent in Gambia. | Yes Yes Yes Yes Yes | MOH, Women’s Act 2010 | Access to health is a fundamental human right, in this regard sexual and reproductive health information and services are offered to all and sundry including adolescent in Gambia.
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Country 1</th>
<th>Country 2</th>
<th>Country 3</th>
<th>Country 4</th>
<th>Country 5</th>
<th>Country 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reproductive health services (SP 2.3);</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Women’s Act 2010</td>
</tr>
<tr>
<td>Number of countries in which at least 60 per cent of public health facilities provide the essential health services package for survivors of sexual violence (SP 2.14);</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Health facilities in the Gambia provide essential health service for survivors of sexual violence, however psychosocial support is limited due limited number of qualified personnel in this domain</td>
</tr>
<tr>
<td>Number of countries in which all accredited midwifery schools follow the national pre-service curriculum based on the International Confederation of Midwives/WHO standards (SP 3.1);</td>
<td>The Gambia School of Nursing is on the verge of being accredited by the National Accreditation Quality Control Agency. This school which follows the WHO guidelines is part of the West Africa College of Nurses which is recognized by the international Confederation of Midwifery standards</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of countries where a costed supply chain management strategy is in place and that take into account recommended actions of the UNFPA/WHO implementation guide on ensuring rights-based contraceptive delivery (SP 4.1);</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of countries using a functional logistics management information system, including “reaching the last mile”, for forecasting and monitoring essential medicines and supplies, including sexual and reproductive health commodities (SP 4.2)</td>
<td></td>
<td></td>
<td>The Gambia has a functional logistics MIS that forecast and monitor essential medicines and supplies including sexual and reproductive health.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.8.1 Coverage of essential health services (defined as the average of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)</td>
<td></td>
<td></td>
<td>Follow-ups including tracer interventions in Reproductive and Child Health are done by various health service providers when required</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.b.1 Proportion of the population with access to affordable medicines and vaccines on a sustainable basis (partial coverage)</td>
<td></td>
<td></td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of countries in which the prevention of stigma and discrimination is included in the pre-service curricula of health professionals (SP 3.6);</td>
<td>The pre-service curriculum of health professionals in The Gambia do contain prevention of stigma and discrimination</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of countries conducting routine patient satisfaction surveys on the provision of sexual and reproductive health services that make the results publicly available (SP 5.2);</td>
<td>The Results Based Financing project conducts quarterly surveys on patients' satisfaction in a number of regions in the Gambia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of countries in which the needs of persons with disabilities are included in the pre-service curricula of midwives (SP 3.3)</td>
<td>The pre-service curriculum of Midwives do include the needs of persons with disabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3.2 Tuberculosis incidence per 1,000 population</td>
<td>NA NA NA NA NA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3.3 Malaria incidence per 1,000 population</td>
<td>201 SDG 2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Malaria remains a disease of population health concern in the Gambia. According to the Gambia's National Malaria Strategic Plan 2013-2020, malaria is a leading cause of morbidity and mortality, specially among children under age 5 (MOHSW). Although significant improvements have been registered, including increased in the use of treated...
| 3.3.4 Hepatitis B incidence per 100,000 population | 85 | SDG 2017 | Hepatitis is increasing becoming a major health concern for the Gambia. Currently the disease prevalence is estimated at 85/100,000 population |
| 3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease | | | Mortality attributed to cardiovascular disease, such as cancer, diabetes or chronic respiratory diseases are on the increase due to changing life styles and a major health concern for the Government of The Gambia. Statistics of the dead attributed to these diseases at the National level is not available |
| Maternal mortality ratio; | 433 | | Adult and maternal mortality are key indicators of the health status of the population of The Gambia. Over the years, this ratio had declined from 1030/100,000 in 1990, to 730/100,000 in 2001 and declined further to 433/100,000 DHS. However, the Government of Gambia believes that no woman should die as a result of child birth and strategies including emergency obstetric care services and |
skilled birth attendants are being scaled up in order to attain the SDG targets of 260/100,000

<table>
<thead>
<tr>
<th>Prevalence of HIV, by sex, age;</th>
<th>Male</th>
<th>Female</th>
<th>DHS 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.7</td>
<td>2.1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The knowledge on the mode of transmission of HIV/AIDS as indicated is higher for in males and females and given increased vulnerability of females to HIV compared to males, the HIV/AIDS, the relevance rate among females is higher compared to males. The most recent comprehensive estimation of HIV prevalence in The Gambia was obtained through the population-based DHS+ 2013. Results of this survey show that, HIV prevalence in The Gambia is 1.9% among adults 15-49 years. For women age 15-49, the prevalence is 2.1% against 1.7% for men.

Age is a key determinant of the risk to HIV infection. 25–49 year carries the bulk of the burden but the highest impact is on the age group between 35-39 in both Men and women.
<table>
<thead>
<tr>
<th>Number of new HIV infections, by sex, age</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDG 3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease (DD Atlas indicator 14)</td>
<td>NA</td>
</tr>
<tr>
<td>3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations</td>
<td>22</td>
</tr>
<tr>
<td>% of female eligible population with HIV having access to ARV (&lt;35)</td>
<td>Overall 4586 PLHIV currently on ARV representing 91% of the year’s target. Out of the cumulative 4586 PLHIV on ART, 380 are children and 4206 are adults (males 1176 and females 3030). This provides evidence for more enrolment of PLHIV on ART, particularly children is essential if we had to minimize HIV/AIDS</td>
</tr>
</tbody>
</table>

The DHS 2013 showed that whiles all the men and women in the 15-59 years were aware of the existence of HIV/AIDs; the knowledge on transmission of the disease is limited particularly among women. Consequently, the new HIV/AIDs stood at 22/1000.
related dead. With the adoption of the new 2013 WHO consolidated treatment guidelines, it is envisaged that more people will be put on treatment.

<table>
<thead>
<tr>
<th>3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods</th>
<th>8</th>
<th>DHS, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>The proportion of women of reproductive age 15 – 49 who have their need for FP satisfied with mother method was estimated at 8%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group | 88 |  
| Adolescent birth rate was estimated at 88 per 1000 women |

| Number of countries in which at least 25 per cent of public health facilities provide quality-assured, adolescent-friendly integrated sexual and reproductive health services (SP 2.3); |  
| More than 25% of public health facilities provides quality-assured, adolescent-friendly integrated sexual and RH services. |

<p>| Number of countries in which at least 60 per cent of public health facilities provide the essential health services package for survivors of sexual violence (SP 2.14); |<br />
| Health facilities in the Gambia do provide essential health services package for survivors of sexual violence |</p>
<table>
<thead>
<tr>
<th>Number of countries in which at least 25 per cent of public health facilities offer cervical cancer screening services (SP 2.5);</th>
<th>NA</th>
<th>NA</th>
<th>NA</th>
<th>NA</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statistics have shown that, 53,000 die of cervical cancer every year in Africa. Given this challenge, the Gambia is yet to attain 25 percent of its health facilities offering cervical cancer treatment. The services are available in a handful of health facilities, mostly in Banjul and Kanifing Municipal Councils</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care |

5.6.2 Number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education |

<table>
<thead>
<tr>
<th>Women’s Act 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Women’s Act 2010 guarantees women 15 – 49 years access to SRH care information and education</td>
</tr>
</tbody>
</table>

SDG 5.6.1 Women’s informed decisions on sexual relations, contraceptive use and reproductive health care (DD Atlas indicator 18) |

<table>
<thead>
<tr>
<th>Reproductive Health Policy 2017 – 2026</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informed decisions are taken by women on sexual relations, contraceptive use and reproductive health care</td>
</tr>
</tbody>
</table>
| Number of marginalized girls that are reached by life skills programmes that build their health, social and economic assets (SP 6.1); | | | | | There are no discrimination in access to life skills programme in The Gambia. Students are enrolled once the entry requirements are met.
| Number of countries that operationalized school-based comprehensive sexuality education curricula in accordance with international standards (SP 6.2); | | | | | Sexuality education in schools was a component of the UNFPA funded Country Programme for several years which was subsequently integrated in to life skills programme. Currently MoBSE is finalizing the development of a comprehensive sexuality education programme.
| Number of countries with a national mechanism or strategy in place to deliver out-of-school comprehensive sexuality education in accordance with international standards (SP 6.3); | | | | | The Ministry of Health and Youth and CSOs such as Gambia Family Planning Association, Network of Gender Based Violence among others do conduct out-of-school comprehensive sexuality education to the population particularly women and youth.
| Number of countries in which at least two sectors, apart from the health sector, have strategies that integrate the sexual and reproductive health of adolescents and youth, including those marginalized (SP 7.1); | | | | | The Ministries of Basic & Secondary Education and Youth & Sports have developed and integrated sexual and reproductive health of adolescents and youth into their policies and programmes.
### Number of countries in which a national human rights institution has conducted an inquiry of the exercise of reproductive rights (SP 9.5)

<table>
<thead>
<tr>
<th>3.1.2</th>
<th>Proportion of births attended by skilled health personnel</th>
<th>57%</th>
<th>DHS, 2013</th>
<th>Assistance during childbirth is an important variable that influences birth outcomes and the health of mother and child. 57 percent of the births are attended by a Skilled provider (DHS, 2013).</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2.1</td>
<td>Under-five mortality rate</td>
<td>54</td>
<td>DHS, 2013</td>
<td>Under-five mortality like child, infant and maternal mortality among others are important indicators for socio-economic development. The Under-five mortality rate as shown by the 2013 DHS, 54 per 1000 children die before their fifth birthday showing a decline 39 percent over a 15 year period preceding the survey.</td>
</tr>
<tr>
<td>3.2.2</td>
<td>Neonatal mortality rate</td>
<td>22</td>
<td>DHS, 2013</td>
<td>Neonatal mortality rate was estimated at 22 per 1000 in 2013. This rate decreased by 29 percent over a 15 year period preceding the survey.</td>
</tr>
<tr>
<td>Existence of programmes including legislative steps to prevent unsafe abortions;</td>
<td></td>
<td></td>
<td></td>
<td>Unsafe/back street abortion usually performed by unqualified individuals is illegal in The Gambia. Abortion is permitted in circumstances where the life of mother or child is at risk.</td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
</tr>
<tr>
<td>Number of countries meeting coverage of emergency obstetric and newborn care, as per the international recommended minimum standards (SP 2.1);</td>
<td>RCH, MoHSW</td>
<td></td>
<td></td>
<td>Emergency Obstetric Care services are essential in the management of pregnancies and prevention of maternal morbidity and mortality. The Gambia had surpass the target set for the comprehensive emergency obstetric care albeit the distribution is not even in the country, however the target for basic emergency obstetric care is yet to be accomplished</td>
</tr>
<tr>
<td>Percentage of currently married women with unmet need for family planning by age</td>
<td>25%</td>
<td>DHS, 2013</td>
<td></td>
<td>Despite long standing programme efforts, use of modern contraceptives is indeed very low in the Gambia due to socio cultural and other factors. The unmet need for family planning refers to women who would want to limit or space births, but yet not using any modern contraception.</td>
</tr>
</tbody>
</table>
According the DHS 2013, the unmet need for family planning was estimated at 25 percent.

<table>
<thead>
<tr>
<th>PLACE AND MOBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDICATOR</td>
</tr>
<tr>
<td>5.4.1 Proportion of time spent on unpaid domestic and care work, by sex, age and location</td>
</tr>
<tr>
<td>5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATA Source</th>
<th>Indicator Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator Analysis</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOURCE OF DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator Analysis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROPORTION OF URBAN POPULATION LIVING IN SLUMS, INFORMAL SETTLEMENTS OR INADEQUATE HOUSING</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>INDICATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.1.1 Proportion of urban population living in slums, informal settlements or inadequate housing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATA Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator Analysis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROPORTION OF COUNTRIES THAT HAVE A NATIONAL URBAN POLICY OR REGIONAL DEVELOPMENT PLAN THAT</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>INDICATOR</th>
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</thead>
<tbody>
<tr>
<td>Proportion of countries that have a national urban policy or regional development plan that</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATA Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>No formal or explicit national urban policy. However a physical development plan exist</td>
</tr>
<tr>
<td>Index</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>11.2.1</td>
</tr>
<tr>
<td>11.1.1</td>
</tr>
<tr>
<td>11.3.1</td>
</tr>
<tr>
<td>11.5.1</td>
</tr>
<tr>
<td>11.b.1</td>
</tr>
</tbody>
</table>
## GOVERNANCE

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>DATA Source</th>
<th>Indicator Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.19.2 Proportion of countries that (a) have conducted at least one</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Indicator Analysis</td>
<td>(a) Since 1973 to date, The Gambia has been conducting regular population and housing censuses every 10 years and with the most recent was in 2013</td>
</tr>
<tr>
<td>population and housing census in the last 10 years; and (b) have</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(b) The Gambia has not achieve 100 per cent birth registration and 80 per cent death registration</td>
</tr>
<tr>
<td>achieved 100 per cent birth registration and 80 per cent death</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>registration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of countries that release a representative sample of census</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>The Gambia Bureau of Statistics produces preliminary results within a month</td>
</tr>
<tr>
<td>data within 12 months of launching the main census report</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## DATA AND STATISTICS

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>DATA Source</th>
<th>Indicator Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.9.1 Proportion of children under 5 years of</td>
<td>75%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DHS</td>
<td>75% of births have been registered according to DHS</td>
</tr>
</tbody>
</table>
age whose births have been registered with a civil authority, by age

2013. Birth registration is decentralized and with recently implemented world bank project, women are encourage through cash transfers to register their kids upon delivery

### INTERNATIONAL COOPERATION AND PARTNERSHIPS

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>DATA Source</th>
<th>Indicator Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.16.1 Number of countries reporting progress in multi-stakeholder development effectiveness monitoring frameworks that support the achievement of the sustainable development goals</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>17.17.1 Amount of United States dollars committed to public-private and civil society partnerships</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Existence of measures provision technical and financial support to build the institutional capacity of youth organisations</td>
<td>Under the National Youth Policy, strategies have been identified to build the institutional capacity of youth organizations at both national and regional level</td>
<td></td>
</tr>
<tr>
<td>17.2.1 Net official development assistance, total and to least developed countries, as a proportion of the Organization for Economic Cooperation and Development (OECD)</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Development Assistance Committee donors’ gross national income (GNI)</td>
<td>17.3.1 Foreign direct investments (FDI), official development assistance and South-South Cooperation as a proportion of total domestic budget (partial coverage - no mention of population &amp; development)</td>
<td>NA</td>
</tr>
<tr>
<td>17.6.1 Number of science and/or technology cooperation agreements and programmes between countries, by type of cooperation</td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>17.7.1 Total amount of approved funding for developing countries to promote the development, transfer, dissemination and diffusion of environmentally sound technologies</td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>17.9.1 Dollar value of financial and technical assistance (including through North-South, South-South and triangular cooperation) committed to developing countries</td>
<td></td>
<td>NA</td>
</tr>
</tbody>
</table>
This is a community-based women’s empowerment initiative that uses women empowerment as an entry point for promoting women’s sexual and reproductive health.