Compiled synthesis report on the Three Zeros investment case:

Preventing maternal deaths, ending the unmet need for family planning, and ending female genital mutilation and child marriage in the Gambia: An investment case

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Foreword

The Government of the Gambia is pleased to present the report of the investment case for the three transformative results in the Gambia. This report provides us and our development partners with compelling evidence of the need to invest in targeted interventions that will yield the desired returns and impacts.

For the first time, the Gambia understands the estimated cost and additional investment required to achieve the three world-changing transformative outcomes, namely (a) ending preventable maternal deaths, (b) ending the unmet demand for family planning and (c) ending gender-based violence including female genital mutilation and child marriage. The results of this investment case assessment will support us in identifying the resource requirements to ensure that we fulfil our commitments and obligations to enhance the lives and well-being of Gambian women and girls.

Knowledge of this estimated cost and additional investment required is crucial, coming at a time when the Gambia has just completed the development of a Green Recovery-focused national development plan, which outlines areas of support towards the attainment of the three outcomes noted above. The country has made significant investments in the health sector, notably in strengthening the human capital for health to ensure no woman dies while giving birth. The Government has also demonstrated commitment and political will in implementing legislation banning both female genital mutilation and child marriage. This investment case report gives us the opportunity to identify and share with our partners the critical funding gaps we need to realize these noble objectives. With the required investments, we can significantly reduce the number of children getting married and women and girls going through the practice of female genital mutilation by 2030.

As you would see in the report, the Gambia will not achieve these transformative aims by 2030 without accelerating the investment towards them, and the required level of investment will not happen without filling in the resource gaps and stepping up political commitment at all levels. This report will be useful as a financing tool to engage the Government and other stakeholders to mobilize the required investment for interventions aimed at improving maternal health, family planning, female genital mutilation and child marriage. It will also be useful as an advocacy tool to rally the cooperation and political patronage necessary for the transformations and eventually achieve the Sustainable Development Goals.

As the primary duty bearer, the Gambian Government will continue to demonstrate commitment to the three transformative aims by providing the necessary funding for programmes; identifying areas needing further investment and the gaps in available financing; and where outside assistance is required, lead efforts to mobilize the needed resources.

Our sincere gratitude goes to the United Nations Population Fund for taking the initiative and providing technical and financial assistance in the completion of this remarkable report for the first time in the country's history. Our appreciation also goes to the ministries, departments and civil society organizations that have participated and contributed to this report.

Mrs Salimata Touray
Secretary General and Head of The Civil Service
Office of The President

Acknowledgements

The Gambian Government and United Nations Population Fund (UNFPA) developed an investment case to strengthen commitments to ending all preventable maternal deaths, ending the unmet need for family planning and ending all forms of gender-based violence including child marriage (CM) and female genital mutilation/cutting (FGM/C). This investment case serves to enable the acceleration of these three transformative results, but more significantly provides an opportunity to focus on the unfinished business at the national level.

Now more than ever, we have a clearer understanding of the needs, funding flows and gaps pertaining to achieving them. The Gambian Government, through the Office of the President, has demonstrated strong political will to address the rights and well-being of its people, specifically women and girls. This leadership at the highest level has enabled the development of this strong business case to end preventable maternal deaths, end the unmet need for family planning and eliminate gender-based violence including child marriage and FGM.

The UNFPA Gambia Country Office recognizes and values the immense support, partnership, solidarity and valuable contributions from the Gambia Ministries of Finance and Economic Affairs, Gender, Children and Social Welfare, Health, the Directorate of Strategic Policies and Delivery at the Office of the President and other Government counterparts through the leadership of the Permanent Secretary Office of the President, Mr. Mustapha Salif Yarbo.

This investment case would not have been possible without the commitment and input of Government counterparts, especially the members of the steering and technical committees.

The valuable technical assistance of UNFPA colleagues in the West and Central and Eastern and Southern Africa Regional Offices and headquarters, as well as from Avenir Health, has been very instrumental in the production of a quality investment case that will significantly guide programme delivery towards the attainment of the Sustainable Development Goals (SDGs) in the Gambia.

We count on development partners to rally behind this investment case and support the Gambia in achieving these three transformative results to ensure every pregnancy is wanted, every child's birth is safe and every young person's potential is fulfilled.

Ndéye Rose Sarr
Country Representative

Country context of the Gambia

According to the World Bank, fragility, conflict and violence pose a "critical development challenge that threatens efforts to end extreme poverty in both low- and middle-income countries". The organization projects that, by 2030, up to two thirds of the world's extreme poor could live in settings that are susceptible to fragility, conflict and violence. Part of the Gambia's fragility comes from over 20 years of autocratic rule that ended in 2016, disarraying the country's social, economic, cultural and political infrastructure. At present, the Gambia experiences low levels of human development and national economic competitiveness alongside one of the fastest growing and majority youth populations in the world, for which the economy struggles to provide satisfactory living standards.

The **COVID-19 pandemic** weakened the country's economic activity, including its strong international tourism sector, which had previously contributed one fifth of the country's GDP but in 2020 saw a reduction of over 50 per cent in international arrivals – and only partially recovered in 2021. Other sectors of the Gambian economy have shown mixed development. A pre-harvest survey conducted by the Gambian Ministry of Agriculture came out highly positive, while activity in construction and wholesale trade were found to be robust, supported by large remittance inflows (estimated at US$ 590 million in 2020 – an increase of 80 per cent over 2019). Reflecting on these developments, the IMF found a stagnation (0 per cent growth) of economic activity in 2020 (compared with a strong growth of 6.1 per cent in 2019). A fall in inflation, from 7.7 per cent at the end of 2019 to 5.7 per cent at the end of 2020, reflected weak domestic demand and stability in the local currency, dalasi, which depreciated by 1 per cent relative to the US dollar. However, inflation edged up in the early months of 2021 to 7.4 per cent at the end of March 2021, driven primarily by temporary and seasonal factors, such as disruptions to global and regional trade and the onset of the Muslim holy month of Ramadan.

The outlook for inflation in 2022 is more troubling, given the inflation in global food, commodity and fuel that has arisen from the **Russian Federation conflict with Ukraine**, which began in February 2022.

In the Gambia, any investment case must be linked to the ability of the **public sector institutions** to efficiently, economically and effectively implement interventions. However, two decades of autocratic rule have diminished the public sector's capacity for human, systems, cultural and performance management. There are signs that the post-autocratic order is struggling to remedy this and address the consequences of its past, opening up potential for investment and national change.

The three transformative results

By 2030, UNFPA seeks to facilitate three transformative and people-centred aims aligned with the SDGs:

a. ending preventable maternal deaths

b. ending the unmet need for family planning

c. ending gender-based violence and harmful practices including female genital mutilation and child, early and forced marriage

In the Gambia, development of these three investment cases is being supported by UNFPA to outline the potential impact and costs of meeting these goals for the Government, with additional support from development partners. These investment cases have been developed using national and global data as well as UNFPA-facilitated global models.

The transformative results will directly impact the attainment of SDG 3 and SDG 5, aligning with: Target 3.1, 3.7, 5.2, 5.3 and 5.6.

Each of the results will also carry a direct or indirect impact on SDGs 10, 16 and 17.[1] UNFPA plans to facilitate the transformative results through three consecutive UNFPA strategic planning cycles: (a) Strategic Plan 2018–2021 to set the vision and start action; (b) Strategic Plan 2022–2025 to consolidate gains; and (c) Strategic Plan 2026–2030 to accelerate achievements.

The investment cases are intended to give structure to a partnership with the Government of the Gambia and other national and international development partners in the delivery of these transformative results for the Gambia.

SGD 3: Good health and well-being

Target 3.1: By 2030, reduce the global maternal mortality ratio to fewer than 70 per 100,000 live births.

Target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including family planning, information and education and the integration of reproductive health into national strategies and programmes.

SGD 5: Gender equality

Target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.

Target 5.3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.

Target 5.6: Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action, and the outcome documents of their review conferences.

[1] SDG 10 aims to reduce inequality within and among countries; SDG 16 aims to promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels; and SDG 17 aims to strengthen the means of implementation and revitalize the global partnership for sustainable development.

Summary of situation analysis findings, risks and costing – **Maternal deaths**

Summary of situation analysis findings, risks and costing – Maternal deaths

A situation analysis was conducted on the country's context and used to develop a risk profile of the three main intervention areas, which was then used to shape recommendations for risk mitigation. The situation analysis examined the past and present experiences shaping the risks of implementing measures to reduce preventable maternal deaths. The analysis thus provides a critical foundation for the recommendations and assessments of the investment case and its likelihood of implementation.

According to the analysis, the monitoring and evaluation (M&E) of strategic plans in the Gambia needs major improvement. Its weak financing limits the ability to learn from and optimize strategy implementation, but investment in timely M&E would streamline the allocation of resources, reduce wastage and accelerate the path to attaining SDG target 3.1, among others.

Using the situation analysis, an evaluation was made of four risk factors identified as pivotal to implementing the three interventions:

a. **Societal will:** the extent to which long-held cultural preferences and contemporary sentiment act in support of the change required by the intervention

b. **Political will:** the degree of political capital that is expended by both the party of government and the other interest groups in the political arena in support of the change needed by the intervention

c. **Intervention structure:** the momentum created in favour of the change required, by the cumulative effect of historic and contemporary interventions. Also, the extent to which the theory of change guiding these interventions is rooted in social reality and can be reasonably expected to generate the change desired

d. **Data availability:** the quality and scope of the data available to guide the efficient, economical and effective allocation of resources in favour of the desired change

For each risk factor, the evaluation allocated a score between 1 and 5, where 5 meant the highest level of confidence in the risk factor's support of the change needed. A Traffic Light Code was deployed to relay the implications of the rating:

- **Green** (rating: 4–5 inclusive) indicates that the factor was acting fairly strongly in support of the intervention. Positive risks dominate.
- **Amber** (rating: 3–3.9 inclusive) suggests an even balance of forces between negative and positive risks.
- **Red** (rating: 1–2.9 inclusive) warns of the likelihood that negative risks dominate.

Of the four risk factors in ending preventable maternal deaths, three were rated a green-zone 4: societal will, political will and intervention structure. This makes it the most viable of UNFPA's three transformative aims. However, the green-zone ratings are significantly diluted by relatively **poor data quality**, which was rated a borderline amber-zone 3.

Although surveys show material progress, determining the changes that have contributed to such progress is difficult, which **significantly weakens** the cycle of *action, learning, process improvement and better action*. M&E is central to the related process of impact assessment. If impact assessment is late or poorly done, it weakens the tactical responses to changes in the risk profiles of strategic goals. It is likely, therefore, that the strategic plans' implementation involved avoidable inefficiencies and a misallocation of scarce resources because insufficient attention was paid to learning what works and why.

Significant investment has been made in developing well-thought-out strategies and related performance indicators, but the timely M&E of these strategies and their performance indicators has received drastically little investment. Changing priorities and investing in adequate investment in the M&E and impact assessment of the strategies and their indicators is likely to accelerate progress towards the 2030 goal of no more than 70 deaths per 100,000 live births.

Twenty-seven maternal interventions scientifically proven to reduce and end preventable deaths globally form the target of this investment case in the Gambia. Scaling up the coverage of these high-impact maternal health interventions would ensure that women have access to a basic package of health services for the prevention and treatment of complications during pregnancy and childbirth, reducing preventable maternal deaths and morbidity. The Spectrum policy software (version 6.06) was used for all estimations.[2]

Improved M&E means more lives can be

saved

with the same amount of financing

and a higher chance of attaining the global target of no more than

70 deaths

per 100,000 live births

[2] The Lives Saved Tool or LiST is part of Spectrum – a software package containing a suite of modules – and has a policy software that analyses transformative results on maternal deaths. The suite was developed by the Institute for International Programs at Johns Hopkins Bloomberg School of Public Health and funded by the Bill & Melinda Gates Foundation to support decision-making in the health sector.

Three alternative scenarios for investment were adopted to model the level of coverage for each maternal health intervention package and the targets that could be achieved by 2030. The modelling considered resource inputs, national plans, intervention effectiveness and the feasibility of scaling up different interventions in the Gambia. The scenarios are classed as **Modest**, **Achievable** and **Ambitious**. Funding for this investment case will require major partner support to the government.

Scenario 1: Modest progress

Total shortfall: US$ 19.58 million (for both maternal death prevention and family planning improvement)

Scenario 1 targets the scaling up of the coverage of all high-impact/priority maternal health interventions to 40 per cent by 2030 based on the current figures observed in the data sets. This translates to an annual increment of 5 per cent for the chosen interventions.

Scenario 2: Achievable progress

Total shortfall: US$ 26.16 million (for both maternal death prevention and family planning improvement)

This projection scenario sets achievable policy targets of scaling up the coverage of all high-impact/priority interventions from the baseline to 70 per cent. This translates to an annual increment of 8.75 per cent on the chosen interventions.

Scenario 3: Ambitious/universal progress

Total shortfall: US$ 34.99 million (for both maternal death prevention and family planning improvement)

This projection scenario sets ambitious policy targets of scaling up coverage of all high-impact/priority interventions to 100 per cent by 2030 under universal health coverage per the SDG commitments. This translates into an average scale-up of about 12.5 per cent annually in coverage of selected high-impact maternal interventions from the baseline.

Table 1: Baseline and endpoint projection of maternal health intervention coverage targets by scenario, 2022–2030

	2022	2030		
Maternal health intervention (%)	Assumed baseline (%)	Modest coverage (%)	Achievable coverage (%)	Ambitious coverage (%)
Periconceptual				
Contraceptive use	19	40	70	100
Post abortion case management	0	40	70	100
Ectopic pregnancy case management	0	40	70	100
Pregnancy				
TT - Tetanus toxoid vaccination	92.00	92.00	92.00	100
Prevention of malaria in pregnancy	75.83	75.83	75.83	100
Syphilis detection and treatment (ANC1)	24.72	40	70	100
Micronutrient supplementation (iron and multiple micronutrients)	44.59	44.59	70	100
Iron supplementation in pregnancy	44.59	44.59	70	100
Hypertensive disorder case management (ANC4)	24.02	40	70	100
Diabetes case management (ANC4)	18.73	40	70	100
Malaria case management (ANC4)	77.52	77.52	77.52	100

Child health				
Clean birth environment	82.01	82.01	82.01	100
Immediate drying and additional stimulation	91.56	91.56	91.56	100
Thermal protection	98.84	98.84	98.84	100
Clean cord care	95.42	95.42	95.42	100
MgSO4 for eclampsia	71.51	71.51	71.51	100
Antibiotics for preterm or prolonged PROM	74.83	74.83	74.83	100
Parenteral administration of antibiotics	74.83	74.83	74.83	100
Assisted vaginal delivery	25.28	40	70	100
Neonatal resuscitation	54.99	54.99	70	100
Parenteral administration of uterotonics	89.36	89.36	89.36	100
Manual removal of placenta	37.40	40	70	100
Removal of retained products of conception	33.14	40	70	100
Induction of labour for pregnancies lasting 41+ weeks	1.76	40	70	100
Caesarean delivery	16.29	40	70	100
Blood transfusion	12.59	40	70	100

2023–2030: The change expected

The Gambian Demographic and Health Survey (GDHS) 2019/20 estimated that the pregnancy related mortality rate (PRMR) was 320 per 100,000 live births. This measure of PRMR was consistent with previous GDHS surveys and includes all maternal deaths, however caused, within a defined period after delivery. However, the 2019 research introduced a more limited measure of a maternal mortality rate (MMR), which focused only on maternal deaths attributable to the pregnancy. This MMR was estimated at 289 per 100,000 live births.

This MMR cannot be compared with historic trends in the Gambia, which were measured on the PRMR. On the advice of Gambian authorities, the MMR has been used as the baseline as at 2022 for this investment case. Table 2 shows the change in MMR forecasted from the interventions and their assumed effectiveness, within the Spectrum tool. It suggests that, under the Modest scenario, the MMR can be expected to fall by 17 per cent to 240 by 2030. The Achievable and Ambitious scenarios forecast MMRs of 195 and 141, respectively i.e. falls of 33 per cent and 51 per cent, respectively, from the 2022 baseline.

Table 2 : Expected change in MMR, 2023–2030

	2022	2023	2024	2025	2026	2027	2028	2029	2030	SDG 2030 target	Deviation from target	Reduction in MMR
Modest scenario	289	281	273	265	259	252	246	240	240	70	3.4	17%
Achievable scenario	289	274	260	247	235	224	213	204	195	70	2.8	33%
Ambitious scenario	289	260	235	213	194	177	163	151	141	70	2.0	51%

As suggested, it is likely that this progress can be accelerated by investment in timely M&E for decision-making, direction and control of interventions. Critically, investment can also help the achievement of **100 per cent coverage by 2030** for **contraceptive use** (from an assumed baseline of 19 per cent in 2022), **iron and other micronutrient supplementation** (from 45 per cent in 2022) and **induction of labour for pregnancies lasting 41+ weeks** (from 2 per cent in 2022), among a range of other benefits (see Table 1).

Table 3 shows the reductions in maternal deaths expected as generated from the Spectrum tool. It suggests that up to 58 per cent of the maternal lives saved by the scenarios may be delivered by six interventions:

i. improved access to and/or quality of blood transfusion during childbirth

ii. improved malaria case management during pregnancy

iii. access to safer abortion services during the periconceptual period

iv. improved parenteral administration of uterotonics during childbirth

v. improved Caesarean delivery during childbirth

vi. improved parenteral administration of antibiotics during childbirth

As noted, these are the generic assumptions of the Spectrum tool. Improved M&E within the Gambia will be required to confirm these assumptions or to identify alternative priorities that are more appropriate to the context.

Table 3: Contributors to reductions in maternal deaths (generated from the Spectrum tool's projections)

Category	Additional maternal lives saved by intervention	Modest scenario	Achievable scenario	Ambitious scenario	Lives saved as % of Ambitious scenario
Childbirth	Blood transfusion	43	79	92	12%
Pregnancy	Malaria case management	0	2	89	12%
Periconceptual	Safe abortion services	45	50	71	9%
Childbirth	Parenteral administration of uterotonics	0	0	68	9%
Childbirth	Caesarean delivery	27	50	64	8%
Childbirth	Parenteral administration of antibiotics	0	18	60	8%
Childbirth	MgSO4 for eclampsia	0	17	44	6%

Periconceptual	Contraceptive use	43	43	43	6%
Pregnancy	Micronutrient supplementation (iron and multiple micronutrients)	0	0	39	5%
Childbirth	Assisted vaginal delivery	8	22	34	4%
Childbirth	Clean birth environment	0	4	32	4%
Childbirth	Manual removal of placenta	6	23	32	4%
Childbirth	Removal of retained products of conception	8	24	32	4%
Periconceptual	Post abortion case management	24	24	26	3%
Childbirth	Antibiotics for preterm or prolonged PROM	0	5	20	3%
Periconceptual	Ectopic pregnancy case management	7	7	7	1%
Pregnancy	Calcium supplementation	16	29	5	1%
Pregnancy	Hypertensive disorder case management	26	58	1	0%
Periconceptual	Iron fortification	0	0	0	0%
Pregnancy	Prevention of malaria in pregnancy	0	0	0	0%
	Totals	**253**	**455**	**759**	**100%**

2023–2030: Estimated financial investments

Table 4 provides an outline of the total costs for the three scenarios. The direct costs of the impact sought are shown in the category "Intervention Costs". The other five categories reflect the indirect expenditures supporting the ability to attain the impacts desired i.e. the maternal deaths to be averted. The intervention costs range from about a fifth of the total costs (US$ 23 million under the **Modest** scenario) to about a third of total costs (US$ 38 million under the **Ambitious** scenario).

Table 4: Summary maternal health costs for all three scenarios

Total costs, all delivery channels combined (US$) - Summary	Modest scenario US$ million	Achievable scenario US$ million	Ambitious scenario US$ million	Modest scenario %	Achievable scenario %	Ambitious scenario %
Intervention costs	5.0	8.8	13.1	22%	30%	34%
Programme costs	6.8	7.8	9.2	30%	27%	24%
Wastage costs	1.3	1.5	1.6	4%	3%	5%
Logistics costs	4.2	4.7	5.2	17%	17%	13%
Infrastructure investment costs	4.1	4.7	5.6	17%	17%	16%
Other health system costs	2.3	2.3	3.2	9%	7%	8%
Total	**$23.7**	**$29.8**	**$37.9**	**100%**	**100%**	**100%**

Table 5 shows the estimated annual costs for the **Modest** scenario. About 68 per cent of the total costs of US$ 23.7 million are expected to be incurred in the final four years of 2027 to 2030.

Table 5: Estimated annual costs for maternal health 2023–2030 - Modest scenario

Total costs, all delivery channels combined (US$) - MODEST	2023 US$ million	2024 US$ million	2025 US$ million	2026 US$ million	2027 US$ million	2028 US$ million	2029 US$ million	2030 US$ million	Total US$ million	Intervention costs as % of Total
Intervention costs	0.1	0.3	0.4	0.6	0.7	0.8	1	1.1	5.0	21%
Programme costs	0.2	0.5	0.7	0.8	1	1.1	1.2	1.3	6.8	
Wastage costs	0	0.1	0.2	0.2	0.2	0.2	0.2	0.2	1.3	
Logistics costs	0.1	0.4	0.5	0.5	0.6	0.7	0.7	0.7	4.2	
Infrastructure investment costs	0.1	0.3	0.4	0.5	0.6	0.7	0.7	0.8	4.1	
Other health system costs	0.1	0.2	0.2	0.3	0.3	0.4	0.4	0.4	2.3	
Total	**$0.6**	**$1.8**	**$2.4**	**$2.9**	**$3.4**	**$3.9**	**$4.2**	**$4.5**	**$23.7**	**100%**

Table 6 shows the annual costs for the **Achievable** scenario. About 69 per cent of the total costs of US$ 29.8 million is projected to be spent in the final four years of 2027 to 2030 inclusive.

Table 6: Estimated annual costs for maternal health 2023–2030 - Achievable scenario

Total costs, all delivery channels combined (US$) - ACHIEVABLE	2023 US$ million	2024 US$ million	2025 US$ million	2026 US$ million	2027 US$ million	2028 US$ million	2029 US$ million	2030 US$ million	Total US$ million	Intervention costs as % of Total
Intervention costs	0.2	0.5	0.7	1	1.2	1.5	1.7	2	8.8	30%
Programme costs	0.2	0.6	0.8	0.9	1.1	1.3	1.4	1.5	7.8	
Wastage costs	0	0.1	0.2	0.2	0.2	0.2	0.3	0.3	1.5	
Logistics costs	0.1	0.4	0.5	0.6	0.7	0.7	0.8	0.9	4.7	
Infrastructure investment costs	0.1	0.3	0.5	0.6	0.7	0.8	0.8	0.9	4.7	
Other health system costs	0.1	0.2	0.2	0.3	0.3	0.4	0.4	0.4	2.3	
Total	**$0.7**	**$2.1**	**$2.9**	**$3.6**	**$4.2**	**$4.9**	**$5.4**	**$6.0**	**$29.8**	**100%**

Table 7 shows the anticipated annual costs for the **Ambitious** scenario. It is expected that about 70 per cent of the total costs of US$ 37.9 million will be incurred in the final four years of 2027 to 2030 inclusive.

Overall, annual spending on the **Achievable** scenario exceeds that on the **Modest** scenario on a range from 17 per cent in 2023 to a high of 33 per cent in 2030. Annual spending on the **Ambitious** scenario exceeds that on the **Modest** scenario on a range from 44 per cent in 2024 to a high of 73 per cent in 2030.

Table 7: Estimated annual costs for maternal health 2023–2030 - Ambitious scenario

Total costs, all delivery channels combined (US$) - AMBITIOUS	2023 US$ million	2024 US$ million	2025 US$ million	2026 US$ million	2027 US$ million	2028 US$ million	2029 US$ million	2030 US$ million	Total US$ million	Intervention costs as % of Total
Intervention costs	0.3	0.7	1.1	1.4	1.8	2.2	2.6	3	13.1	35%
Programme costs	0.2	0.7	0.9	1.1	1.3	1.5	1.7	1.8	9.2	
Wastage costs	0	0.1	0.2	0.2	0.2	0.3	0.3	0.3	1.6	
Logistics costs	0.1	0.5	0.6	0.6	0.7	0.8	0.9	1	5.2	
Infrastructure investment costs	0.2	0.4	0.5	0.7	0.8	0.9	1	1.1	5.6	
Other health system costs	0.1	0.2	0.3	0.4	0.5	0.5	0.6	0.6	3.2	
Total	$0.9	$2.6	$3.6	$4.4	$5.3	$6.2	$7.1	$7.8	$37.9	100%
Total - modest as % of modest	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Total - achievable as % of modest	117%	117%	121%	124%	124%	126%	129%	133%	126%	
Total - ambitious as % of modest	150%	144%	150%	152%	156%	159%	169%	173%	160%	

Conclusions: Strategic implications of ending preventable maternal deaths

This essential investment will streamline resource allocation, reduce wastage and should accelerate the path to the attainment of the SDG target. With good M&E, more lives can be saved with the same amount of financing and attaining target 3.1 of no more than 70 deaths per 100,000 live births by 2030 has a higher chance.


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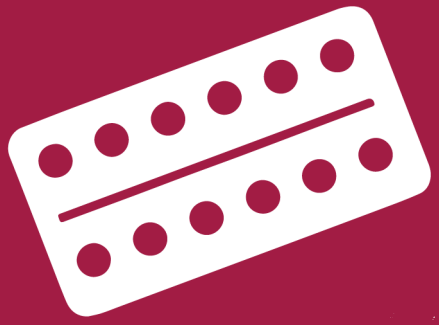
Summary of situation analysis findings, risks and costing – **Family planning**



Summary of situation analysis findings, risks and costing – Family planning

The situation analysis examined the past and present experiences shaping the risks of implementing measures to improve the unmet need for family planning.

According to the analysis, family planning faces significant social, cultural and religious hurdles to its improvement. However, the short- and long-term benefits of investment would far outweigh its costs – e.g. reduced youth unemployment and migration, control for women and families over time between births, the ability to postpone first births and reduce risks to adolescents and newborns – and accelerate the progress towards achieving SDG targets 3.7 and 5.6, among others.

Using the situation analysis, an evaluation was made of four risk factors identified as pivotal to implementing the three interventions:

a. **Societal will:** the extent to which long-held cultural preferences and contemporary sentiment act in support of the change required by the intervention

b. **Political will:** the degree of political capital that is expended by both the party of government and the other interest groups in the political arena in support of the change needed by the intervention

c. **Intervention structure:** the momentum created in favour of the change required, by the cumulative effect of historic and contemporary interventions. Also, the extent to which the theory of change guiding these interventions is rooted in social reality and can be reasonably expected to generate the change desired

d. **Data availability:** the quality and scope of the data available to guide the efficient, economical and effective allocation of resources in favour of the desired change

For each risk factor, the evaluation allocated a score between 1 and 5, where 5 meant the highest level of confidence in the risk factor's support of the change needed. A Traffic Light Code was deployed to relay the implications of the rating:

- **Green** (rating: 4–5 inclusive) indicates that the factor was acting fairly strongly in support of the intervention. Positive risks dominate.
- **Amber** (rating: 3–3.9 inclusive) suggests an even balance of forces between negative and positive risks.
- **Red** (rating: 1–2.9 inclusive) warns of the likelihood that negative risks dominate.

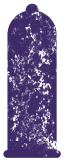
Although family planning's overall risk rating is at a borderline amber-zone 3, this risk depends on the quality of intervention. With the current rate of investment, it could fall into the red zone, but with more investment it could climb towards the green. With contraceptive prevalence rates well below Sub-Saharan Africa's average and with one of the fastest growing populations in the world, societal and political will (both red-zone 2.5) contribute the most to the negative risks in family planning. These risks decrease the effectiveness of a long and established intervention history (a green-zone 4) and robust data availability and quality (an amber-zone 3.5).

The total current demand for family planning in the Gambia is much lower than in other Sub-Saharan African countries, as are the contraceptive targets for 2030. Achieving the transformative aim of improving or ending the unmet need for family planning is attainable but will require a step change in its risk profile.

To achieve the transformative aim of significantly reducing or ending the unmet need for family planning, the investment case considered seven different methods of modern contraception, including male condoms, pills, three-month injections (Depo-Provera), five-year implants (Jadelle), 10-year IUDs, female sterilization and male sterilization.

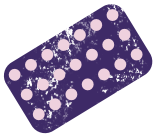
Using the LiST and FamPlan software tools, 2022–2030 projections show that:

- Male condom use will increase from 2.2 per cent (in 2022) to 2.4 per cent (in 2030)
- Pill use will increase from 9.6 per cent to 10.6 per cent
- The prevalence rate of three-month injections will increase from 41.8 per cent to 46 per cent
- Implants will increase from 31.6 per cent to 33.6 per cent
- IUD prevalence will increase from 3 per cent to 3.3. per cent
- Female sterilization prevalence will also increase from 3 per cent to 3.3 per cent
- Male sterilization is projected to remain stable at around 0.7–0.8 per cent



from 2.2%
to 2.4%

from 31.6%
to 33.6%



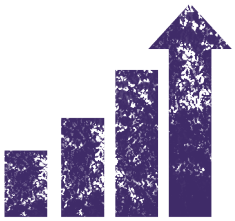
from 9.6%
to 10.6%

from 3%
to 3.3%

from 41.8%
to 46%

Female - from 3%
to 3.3%
Male - remaining stable at 0.7–0.8

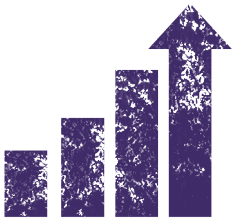
Considering the intervention's risk profile, three scenarios for investment were presented with the estimated financial implications and the expected impacts on progress towards the transformative aim.



increase mCPR from 12.2 to 20% for unmet demand of 10% by 2030

Scenario 1: Modest-Stretch

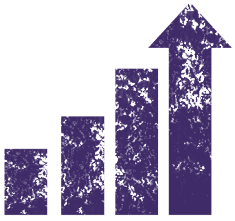
This scenario assumes that historical trends in the modern contraceptive prevalence rate (mCPR) will continue into 2030. It projects an increase in mCPR from 12.2 per cent for all women – married and unmarried – to 20 per cent. Assuming the total demand for family planning remains the same, the scenario would leave the unmet demand in 2030 at 10 per cent.



increase mCPR from 12.2 to 24% for unmet demand of 6% by 2030

Scenario 2: Achievable-Stretch

The scenario assumes that mCPR doubles from its current mCPR of 12.2 per cent for all women to 24 per cent by 2030. Assuming the total demand for family planning remains the same, the scenario would leave the unmet demand in 2030 at 6 per cent.



increase mCPR from 12.2 to 30% for unmet demand of 0% by 2030

Scenario 3: Ambitious-Stretch

Ambitious but attainable, this scenario requires commitments to scale up mCPR from 12.2 per cent for all women to 30 per cent by 2030. In this scenario, assuming the current total demand for family planning remains the same at about 29.6 per cent, there would be no more unmet demand by 2030.

This scenario relies on a major step change in attitudes to family planning in the Gambia, but the benefits of such a change would vastly outstrip the cost: by 2030, 1,867 maternal deaths would be prevented, and around 350,000 unintended pregnancies and 111,296 unsafe abortions would be averted.

2023–2030: The change expected

While the country's societal and political will to change this unmet need is low, the GDHS 2019/20 estimated that the demand for family planning was 30 per cent for all women. Making use of the country's strong data availability and quality, as well as the growing momentum for the intervention, the Gambian Government could reduce the unmet need for family planning to zero by 2030, achieving its transformative aim and SDG targets 3.7 and 5.6 simultaneously.

Table 8 : Comparative impact on the unmet need for family planning

Ref	Category	Key impact indicators 2023–2030	Targeted 2030 mCPR - All women	Estimated demand (all women) for family planning (GDHS 2019)	Residual unmet demand by 2030 (assuming demand remains constant)
	Modest-Stretch				
a	**Number of unintended pregnancies averted due to modern method use**	251,130	20%	30%	10%
	Number of maternal deaths averted due to modern method use	1,353			
	Number of unsafe abortions averted due to modern method use	80,362			
	Achievable-Stretch				
b	**Number of unintended pregnancies averted due to modern method use**	289,798	24%	30%	6%
	Number of maternal deaths averted due to modern method use	1,559			
	Number of unsafe abortions averted due to modern method use	92,735			
	Ambitious-Stretch				
c	**Number of unintended pregnancies averted due to modern method use**	347,800	30%	30%	0%

	Number of maternal deaths averted due to modern method use	1,867			
	Number of unsafe abortions averted due to modern method use	111,296			
	Status quo projection from the situation analysis				
d	**Estimated number of unintended pregnancies to be averted due to modern method use by 2030**	**160,000**			
	Status quo as percentage of Status Quo averted unintended pregnancies (d/d)	100%			
	Modest-Stretch as percentage of status quo averted unintended pregnancies (a/d)	157%			
	Achievable-Stretch as percentage of status quo averted unintended pregnancies (b/d)	181%			
	Ambitious-Stretch as percentage of status quo averted unintended pregnancies (c/d)	217%			

Table 8 shows that the estimated unmet need for family planning by 2030 will range from 10 per cent to 0 per cent, assuming that total demand remains constant at 2022 levels. The annual trends for each scenario are outlined in Tables 9, 10 and 11.

Table 9: Impact of family planning interventions under the Modest-Stretch scenario, using the Spectrum tool

Impact of family planning intervention (Modest/Status quo scenario)	2023	2024	2025	2026	2027	2028	2029	2030	Total
Number of unintended pregnancies averted due to modern method use	22,597	24,823	27,188	29,694	32,344	35,144	38,104	41,235	251,130
Number of maternal deaths averted due to modern method use	122	134	147	160	174	189	205	222	1,353
Number of unsafe abortions averted due to modern method use	7,231	7,943	8,700	9,502	10,350	11,246	12,193	13,195	80,362

Table 10: Impact of family planning interventions under the Achievable-Stretch scenario using the Spectrum tool

Impact of family planning intervention (Achievable scenario)	2023	2024	2025	2026	2027	2028	2029	2030	Total
Number of unintended pregnancies averted due to modern method use	24,462	27,416	30,566	33,916	37,472	41,243	45,241	49,483	289,798
Number of maternal deaths averted due to modern method use	132	148	165	183	202	222	243	266	1,559
Number of unsafe abortions averted due to modern method use	7,828	8,773	9,781	10,853	11,991	13,198	14,477	15,834	92,735

Table 11: Impact of family planning intervention under the Ambitious-Stretch scenario using the Spectrum tool

Impact of family planning intervention (Ambitious scenario)	2023	2024	2025	2026	2027	2028	2029	2030	Total
Number of unintended pregnancies averted due to modern method use	27,260	31,304	35,632	40,248	45,165	50,391	55,947	61,853	347,800
Number of maternal deaths averted due to modern method use	147	169	192	216	242	270	300	331	1,867
Number of unsafe abortions averted due to modern method use	8,723	10,017	11,402	12,880	14,453	16,125	17,903	19,793	111,296

2023 to 2030: Estimated financial investments for the three scenarios

Table 12 provides an overview of the three scenarios. Labour and drugs and supply costs account for about 89 per cent of the total costs of the **Modest-Stretch** scenario. The proportion allocated to labour reduces from 49 per cent of the **Modest-Stretch** to 42 per cent of the **Ambitious-Stretch** scenarios, possibly as the labour required to deliver the three scenarios does not materially change as the ambition scales up. On the other hand, the proportion of drugs and supply costs to the total increases from 40 per cent in the **Modest-Stretch** scenario to 45 per cent of the total for the **Ambitious-Stretch** scenario. Clearly, drugs and supply costs will be the primary deliverer of the scale-up.

Table 12: Estimated summary costs of the three family planning scenarios

Category	Modest-Stretch scenario $000	Achievable-Stretch scenario $000	Ambitious-Stretch scenario $000	Modest scenario %	Achievable scenario %	Ambitious scenario %
Drugs and supply	$ 767	$ 1,033	$ 1,436	40%	43%	46%
Labour costs	$ 947	$ 1,095	$ 1,318	49%	46%	42%
Other recurrent costs	$ 46	$ 61	$ 85	2%	3%	3%
Capital costs	$ 154	$ 207	$ 288	8%	9%	9%
Total costs	**$ 1,914**	**$ 2,397**	**$ 3,126**	100%	100%	100%
Modest as % of Modest	100%					
Achievable as % of Modest		125%				
Ambitious as % of Modest			163%			

As Table 13 shows, about 69 per cent of the total costs of the **Modest-Stretch** scenario will be incurred in the last four years of 2027 to 2030 inclusive.

Table 13: Estimated summary costs of the Modest-Stretch family planning scenario

Modest scenario	2023 $000	2024 $000	2025 $000	2026 $000	2027 $000	2028 $000	2029 $000	2030 $000	Total $000
Drugs and supply	$ 18	$ 38	$ 58	$ 80	$ 104	$ 129	$ 156	$ 184	$ 767
Labour costs	$ 70	$ 81	$ 93	$ 107	$ 122	$ 139	$ 157	$ 178	$ 947
Other recurrent costs	$ 1	$ 2	$ 3	$ 5	$ 6	$ 8	$ 9	$ 11	$ 46
Capital costs	$ 4	$ 8	$ 12	$ 16	$ 21	$ 26	$ 31	$ 37	$ 154
Total costs	**$ 93**	**$ 129**	**$ 166**	**$ 208**	**$ 253**	**$ 302**	**$ 353**	**$ 410**	**$ 1,914**

About 70 per cent of the total costs of the **Achievable-Stretch** scenario will be incurred in the last four years of 2027 to 2030 inclusive.

Table 14: Estimated summary costs of the Achievable-Stretch family planning scenario

Achievable Scenario	2023 $000	2024 $000	2025 $000	2026 $000	2027 $000	2028 $000	2029 $000	2030 $000	Total $000
Drugs and supply	$ 25	$ 51	$ 78	$ 107	$ 139	$ 174	$ 210	$ 249	$ 1,033
Labour costs	$ 74	$ 88	$ 104	$ 121	$ 141	$ 163	$ 188	$ 215	$ 1,095
Other recurrent costs	$ 1	$ 3	$ 5	$ 6	$ 8	$ 10	$ 13	$ 15	$ 61
Capital costs	$ 5	$ 10	$ 16	$ 22	$ 28	$ 35	$ 42	$ 50	$ 207
Total costs	**$ 105**	**$ 152**	**$ 203**	**$ 256**	**$ 316**	**$ 382**	**$ 453**	**$ 529**	**$ 2,396**

About 71 per cent of the total costs of the **Ambitious-Stretch** scenario will be incurred in the last four years of 2027 to 2030 inclusive.

Table 15: Estimated summary costs of the Ambitious-Stretch family planning scenario

Ambitious Scenario	2023 $000	2024 $000	2025 $000	2026 $000	2027 $000	2028 $000	2029 $000	2030 $000	Total $000
Drugs and supply	$ 35	$ 70	$ 108	$ 149	$ 193	$ 241	$ 292	$ 346	$ 1,436
Labour costs	$ 80	$ 99	$ 120	$ 144	$ 170	$ 200	$ 234	$ 271	$ 1,318
Other recurrent costs	$ 2	$ 4	$ 6	$ 9	$ 11	$ 14	$ 17	$ 21	$ 85
Capital costs	$ 7	$ 14	$ 22	$ 30	$ 39	$ 48	$ 59	$ 70	$ 288
Total intervention costs	**$ 124**	**$ 187**	**$ 256**	**$ 332**	**$ 413**	**$ 503**	**$ 602**	**$ 708**	**$ 3,127**

Conclusions: Strategic implications of ending the unmet need for family planning

The Gambia has long had contraceptive prevalence rates below the African average. Societal and political will, with enough momentum, could undergo a step change to meet the continental average. The three scenarios presented in this section factor this risk profile into its proposals to offer achievable and marked progress in reducing the unmet need for family planning in the Gambia, potentially leading to the elimination of the unmet need in the most ambitious scenario and helping the Gambian Government align with the international commitment to meeting SDG targets 3.7 and 5.6 by 2030.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Summary of situation analysis findings, risks and costing – **GBV, FGM/C and CM**

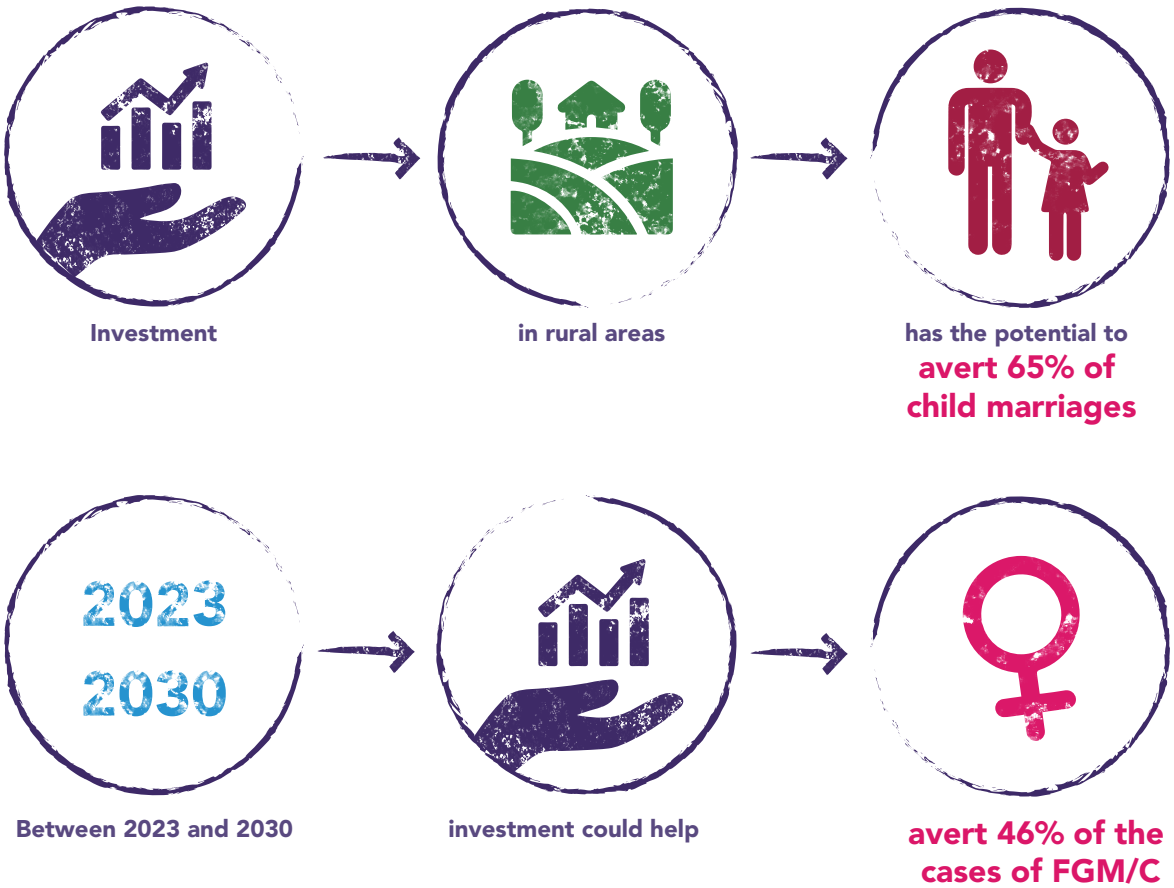
Summary of situation analysis findings, risks and costing – GBV, FGM/C and CM

The analysis examined the past and present experiences shaping the risks of implementing measures to end gender-based violence and harmful practices.

According to the analysis, there is evidence of a growing problem with I/NIPV, and despite improvements in data availability, the investment case will need to be evaluated and submitted later due to the UNFPA model's redevelopment.

Urban areas in the Gambia are already reducing CM without external intervention. This suggests that more resources can be allocated to action in the rural areas, which in 2019 saw 44 per cent incidence among the 20–24 age range, compared with the urban incidence of 19 per cent. Investment in rural areas has the potential to avert up to 65 per cent of child marriages.

Despite the former Gambian Government banning FGM/C in 2015, progress towards ending the practice has slowed since 2016/2017, primarily because of the change in Administration. Although societal momentum and political will are lacking, investment can be successful through small-scale introduction via pilot programmes that carry the potential for scale-up. Between 2023 and 2030, investment can help avert up to 46 per cent of the cases of FGM/C.



Using the situation analysis, an evaluation was made of four risk factors identified as pivotal to implementing the three interventions:

a. **Societal will:** the extent to which long-held cultural preferences and contemporary sentiment act in support of the change required by the intervention

b. **Political will:** the degree of political capital that is expended by both the party of government and the other interest groups in the political arena in support of the change needed by the intervention

c. **Intervention structure:** the momentum created in favour of the change required, by the cumulative effect of historic and contemporary interventions. Also, the extent to which the theory of change guiding these interventions is rooted in social reality and can be reasonably expected to generate the change desired

d. **Data availability:** the quality and scope of the data available to guide the efficient, economical and effective allocation of resources in favour of the desired change

For each risk factor, the evaluation allocated a score between 1 and 5, where 5 meant the highest level of confidence in the risk factor's support of the change needed. A Traffic Light Code was deployed to relay the implications of the rating:

- **Green** (rating: 4–5 inclusive) indicates that the factor was acting fairly strongly in support of the intervention. Positive risks dominate.
- **Amber** (rating: 3–3.9 inclusive) suggests an even balance of forces between negative and positive risks.
- **Red** (rating: 1–2.9 inclusive) warns of the likelihood that negative risks dominate.

Political will and intervention structure scored a red-zone 2.5, while data availability and societal will scored an amber-zone 3. The weakness of political will and societal will seems most marked with **FGM/C**, despite the practice being banned in 2015. The weakness of data availability and historic interventions is most prominent with **I/NIPV**, while **CM** shows the most promise across the four risk factors.

There is significant evidence of an organic (i.e. without evident external intervention) reduction of CM in urban areas relative to rural areas, meaning that societal will can change with CM so long as an effective communication strategy can be developed to relay the positive experiences of urban families to their rural counterparts. If CM were to be separated from the other two components of gender-based violence, it would likely score an overall risk rating of 3.5, matching the rating for maternal deaths – the most viable of the three transformative aims.

Between 2023 and 2030 inclusive, a total of about 300,000 cases of FGM/C may occur in the Gambia. In the same period, an analysis of the cost of inaction on FGM/C reveals that around 520,000 women and girls are at risk. For the eight-year period, a total of 155,558 cases of FGM can be averted with a US$ 10 million investment under the most ambitious scenario. With CM, which requires a US$ 25.8 million investment, 36,448 cases of CM will be prevented between 2022 and 2030. There is a strong case for focusing limited resources on the problem in rural areas, which will require a minimum investment of about US$ 9 million.

Ending child marriage

Countries worldwide have expressed their commitment to reducing the rate of CM to 5 per cent by 2030, but many of them have yet to cost the efforts needed to do this due to a host of factors, one being the absence of reliable information. Because of this, an estimate of the number of Gambian girls at risk was adopted in modelling this investment case, and the Child Marriage Optimal Interventions (CMOI) Model tool was used in the analysis (see Table 16).

The CMOI function is based on a set of eight cost-effective interventions at the community level and education sector that could reduce CM to at least 5 per cent by 2030: increasing rural school supplies, improving school infrastructure, changing pedagogical practices, making cash transfers to poor students, preventing malaria, making community interventions, providing conditional economic incentives and teaching life skills.

These activities serve as a guide for the deployment of risk reduction techniques such as small-scale pilot programmes and experimentation to find out what works and can be scaled up in the Gambia.

Costs and benefits of the intervention

Due to the weakness of available data and interventions, the investment case has been developed with one scenario. Between 2023 and 2030, an approximate total of 56,000 child marriages may occur in the Gambia. The Gambia Bureau of Statistics found that this number may be higher – between 63,000 and 154,000 girls could be at risk of CM, out of the national population of 2.4 million people (2022 estimate). A separate analysis of child marriages between 2023 and 2030 indicated that the total number of girls at risk over that period may be as high as 246,000 women.

This potential variation must be kept in mind when examining the projected impact and costs developed from the CMOI tool. The scale of the possible implications is shown in Table 16.

Table 16: Potential variations in the reported scale of the problem of child marriage in the Gambia, 2023–2030

Source>	CMOI tool baseline estimate 2023–2030	Estimated at-risk women and girls from situation analysis in the Gambia 2022 population	Estimated at-risk Gambian women and girls from situation analysis, 2023–2030 inclusive
Estimate of women and girls at risk of CM	55,911	154,012	246,419
Ratio of 2022 estimate to the CMOI estimate		2.7	
Ratio of the 2023–2030 estimate to the CMOI estimate			4.4

4.3.1.3 Costing interventions

The total costs are computed based on the target population of women 15 years receiving the intervention. Table 17 presents all interventions included in the model together with estimated per unit costs and effectiveness.

These are generic estimates derived from the CMOI tool. In any implementation, they must be improved through pilot programmes and experimentation.

Table 17: Estimated per unit cost and effectiveness of selected CM interventions

Rural school supply	$7.06	49%	246,419
Improve school infrastructure	$3.53	17%	
Pedagogical changes	$7.06	20%	4.4
Cash transfers to poor students	$7.06	19%	
Malaria prevention	$12.97	24%	
Community intervention	$59.58	30%	
Conditional economic incentives	$93.29	47%	
Life skills	$0.71	28%	

2023–2030: The change expected

Table 18 shows an estimated 65 per cent reduction in the expected incidence of CM between 2023 and 2030 inclusive. This is a reduction from the baseline estimated from the CMOI tool, which may be subject to the variations in scale indicated in Table 16.

Table 18: Estimated effect of child marriage interventions on the baseline of the CMOI tool

Category	2023	2024	2025	2026	2027	2028	2029	2030	Total	%
CM baseline	7,030	7,038	7,035	7,026	7,010	6,950	6,941	6,881	**55,911**	**100%**
CM with interventions	5,416	4,138	3,125	2,331	1,716	1,236	884	616	**19,464**	**35%**
Child marriages averted	1,614	2,899	3,910	4,695	5,294	5,713	6,057	6,265	**36,448**	**65%**

The Gambia Multiple Indicator Cluster Survey 2018 identified a sharp difference in the incidence of CM between urban areas (19 per cent of women aged 20–24 years) and rural areas (44 per cent of the same cohort). Consequently, the rural/urban analysis of interventions is important. Table 19 shows that 59 per cent of the reductions in CM between 2023 and 2030 is expected to be in urban areas and the rest from rural zones.

Table 19: Rural/urban analysis of the estimated number of child marriages prevented by interventions between 2023 and 2030 inclusive, using the CMOI tool

Category	2023	2024	2025	2026	2027	2028	2029	2030	Total	%
Urban	878	1,613	2,221	2,719	3,124	3,419	3,695	3,880	**21,549**	**59%**
Rural	735	1,286	1,689	1,975	2,171	2,294	2,362	2,386	**14,899**	**41%**
Total	1,614	2,899	3,910	4,695	5,294	5,713	6,057	6,265	**36,448**	**100%**

Consider Table 20. The CMOI tool suggests that about 40 per cent of the reductions in CM may come from life skills and conditional economic incentives. However, experimentation and small-scale pilots will be crucial to attesting to this.

Table 20: Analysis, by intervention category, of the estimated number of child marriages prevented by interventions between 2023 and 2030 inclusive, using the CMOI tool

Type of Intervention	Total	%	Urban	Rural
Total	36,448	100%	21,549	14,899
Life skills	8,467	23%	5,475	2992
Conditional economic incentives	5,405	15%	3,494	1910
Malaria prevention	5,044	14%	3,261	1783
Community intervention	4,324	12%	2,796	1528
Pedagogical changes	3,603	10%	2,330	1273
Rural school supply	3,120	9%		3120
Cash transfers to poor students	3,423	9%	2,213	1210
Improve school infrastructure	3,063	8%	1,980	1082

2023–2030: The estimated financial investments

The financial investments analysed in Table 21 lend extra weight to the implications of the risk profile that showed an organic and already advanced reduction of CM in urban areas. There is a strong case for allocating (constrained) resources to actioning change in the rural regions. The urban areas may continue to reduce CM without external intervention.

Table 21 indicates that 64 per cent of intervention costs will be in the urban areas, with the remaining 36 per cent in rural zones. Most investments (87 per cent) will be in community interventions, with education investments accounting for 13 per cent. Note that the rural cost per CM averted is, at US$ 621, 12 per cent lower than the cost per CM averted in urban areas i.e. funds invested in rural areas will deliver more results per dollar invested.

Table 21: Summary of child marriage intervention costs

	Total US$ million	% of total	Urban US$ million	Rural US$ million
Total education intervention costs	3.4	13%	1.7	1.7
Total community intervention costs	22.4	87%	14.9	7.5
Total cost (US$ million)	25.8	100%	16.6	9.2
% of total	100%		64%	36%
Cost per child marriage averted (US$)	$ 708		$ 769	$ 621

Table 22 suggests that life skills and conditional economic incentives, which account for 40 per cent of the reduction in CM numbers (see Table 21), will require about 80 per cent of the financial resources. The recommended experimentation in implementing a Gambian programme may identify areas with improved cost-benefit ratios.

Table 22: Analysis of child marriage intervention costs by activity

	Total US$ million	Urban US$ million	Rural US$ million	% of total
Rural school supply	1	0	1	4%
Improve school infrastructure	0.5	0.3	0.2	2%
Pedagogical changes	1	0.6	0.3	4%
Cash transfers to poor students	1	0.6	0.3	4%
Malaria prevention	0.1	0.1	0	0%
Total education intervention costs	3.4	1.7	1.8	13%
Community intervention	1.7	1.2	0.6	7%
Conditional economic incentives	8	5.4	2.7	31%
Life skills	12.6	8.4	4.2	49%
Total community intervention costs	22.4	14.9	7.5	87%
Total cost	25.8	16.6	9.2	100%
Cost per child marriage averted	$ 708	$ 769	$ 621	

Although Table 23 shows that nearly 80 per cent of spending would happen in the final four years (between 2027 and 2030 inclusive), this can also be expected to coincide with the scale of the intervention, signalling a steady reduction of CM into 2030 and beyond.

Table 23: Annual costs of child marriage interventions, 2023–2030 inclusive

Total population									
Total education intervention costs	0.07	0.15	0.24	0.35	0.46	0.59	0.72	0.86	**3.44**
Total community intervention costs	0.44	0.96	1.58	2.27	3.03	3.84	4.69	5.58	**22.39**
Total cost US$ million	**0.51**	**1.11**	**1.82**	**2.62**	**3.49**	**4.43**	**5.41**	**6.44**	**25.83**
% of total	2%	4%	7%	10%	14%	17%	21%	25%	100%
Cost per child marriage averted US$	$ 314	$ 381	$ 466	$ 558	$ 660	$ 774	$ 893	$ 1,027	$ 708
Urban population									
Total education intervention costs	0.03	0.07	0.12	0.17	0.22	0.28	0.35	0.42	**1.66**
Total community intervention costs	0.29	0.63	1.04	1.50	2.00	2.54	3.14	3.77	**14.91**
Total cost US$ million	**0.32**	**0.70**	**1.16**	**1.67**	**2.22**	**2.82**	**3.49**	**4.19**	**16.57**
Cost per child marriage averted US$	$ 367	$ 435	$ 519	$ 612	$ 713	$ 823	$ 945	$ 1,079	$ 769
Rural population									
Total education intervention costs	0.04	0.08	0.13	0.18	0.24	0.31	0.37	0.44	**1.79**
Total community intervention costs	0.15	0.33	0.54	0.78	1.02	1.30	1.55	1.81	**7.48**
Total cost US$ million	**0.19**	**0.41**	**0.67**	**0.96**	**1.26**	**1.61**	**1.92**	**2.25**	**9.27**
Cost per child marriage averted US$	$ 250	$ 313	$ 395	$ 485	$ 583	$ 701	$ 811	$ 942	$ 621

Strategic implications of the risk profile for the investment case

Experimentation and small-scale pilots need to establish the optimal mix and costs of interventions in the Gambian context. This will mitigate the high risk of weak data availability that has resulted in a reliance on generic global estimates from the CMOI tool.

Urban areas of the Gambia already seem to be advanced in the reduction of CMs without external intervention. This suggests that more resources can be usefully allocated to action in the rural areas, which still have a high incidence of 44 per cent among the 20–24 age range in the latest estimates from the Multiple Indicator Cluster Survey 2018.

The cost and impact of FGM/C was modelled using the IMPACT40 tool. Given the lack of reliable data, this investment case relied on data from the Impact40 tool to obtain the costs and impacts of ending FGM/C in the Gambia.

Costs and benefits of the intervention

The investment case has been developed using the information available in the global IMPACT40 tool with respect to the Gambia. This tool suggests that a total of about 300,000 cases of FGM/C may occur in the Gambia between 2023 and 2030 inclusive. However, it is noteworthy that an analysis of the implications of the Gambia's DHS 2019/20 report on FGM/C indicates that there may be between 122,000 and 325,000 women and girls at risk of FGM/C from the estimated national population of about 2.4 million persons (2022 estimate). Further, an analysis of the possible number of FGM/C between 2023 and 2030 inclusive indicates that the total number of women and girls at risk over that period may be as high as 520,000 women and girls.

This potential variation must be kept in mind when examining the projected impact and costs developed from the Impact40 tool. The scale of the possible implications is shown in Table 24.

Table 24: Potential variations in the reported scale of the problem of FGM/C in the Gambia, 2023–2030

Source>	Impact40 tool baseline estimate for 2023 to 2030	Estimated at-risk women and girls in the Gambia 2022 population	Estimated at-risk Gambian women and girls, 2023–2030 inclusive
Estimate of women and girls at risk of FGM	301,636	325,130	520,200
Ratio of 2022 estimate to the Impact40 estimate		1.1	
Ratio of the 2023–2030 estimate to the Impact40 estimate			1.7

Table 25 shows three scenarios–Modest, Achievable and Ambitious–in three categories of intervention and the relative scale of action i.e. prevention, protection, and care and treatment (assuming negligible baselines). In general, the Modest scenario aims for 25 per cent coverage of all programmes by 2030, while the Achievable scenario seeks 50 per cent and the Ambitious scenario aims for 100 per cent coverage of the at-risk communities.

Table 25: Three scenarios of FGM/C action and their related activities

	Modest 25% scale-up		Achievable 50% scale-up		Ambitious 100% scale-up	
Intervention	**Coverage 2022**	**Coverage 2030**	**Coverage 2020**	**Coverage 2030**	**Coverage 2020**	**Coverage 2030**
Prevention						
Community programmes (direct reach)	14%	25%	14%	50%	14%	100%
Mass and social media for prevention	14%	25%	14%	50%	14%	100%
Provider training (prevention)	0%	25%	0%	50%	0%	100%
Protection						
Mobile courts	0%	25%	0%	50%	0%	100%
Legislation development (not relevant in Gambia)						
Capacity-building for legal personnel	0%	25%	0%	50%	0%	100%
Care and treatment						
Psychosocial support	0%	25%	0%	50%	0%	100%
Provider training (care and treatment)	0%	25%	0%	50%	0%	100%

Table 26 presents seven interventions included in the Impact40 model along with estimated per unit costs and effectiveness. The interventions fall into three broad categories: prevention of FGM/C, protection for advocates of change, and care and treatment for victims.

Table 26: Estimated per unit cost and effectiveness of selected FGM/C interventions

Type of intervention	Estimated unit cost (US$)
Prevention	
Community programmes (direct reach)	$2,989
Mass and social media for prevention	$6
Provider training (prevention)	$98
Protection	
Mobile courts	$8
Capacity-building for legal personnel	$1,888
Care and treatment	
Psychosocial support	$42
Provider training (care and treatment)	$98

2023–2030: Change expected

Table 27: Forecast impacts of the three intervention scenarios for FGM/C

Ref	Category	2023	2024	2025	2026	2027	2028	2029	2030	Total 2023–2030
	Impact results - Modest scenario									
a	FGM cases (estimated status quo)	38,659	39,556	40,457	41,367	42,281	43,203	44,128	45,054	334,706
b	FGM cases (prevention interventions scale-up)	30,241	28,510	26,867	25,312	23,838	22,443	21,121	19,870	198,202
c	FGM cases averted	8,419	11,046	13,590	16,055	18,443	20,760	23,006	25,184	136,504
d	Cases averted as % of 2023 base outcome	100%	131%	161%	191%	219%	247%	273%	299%	
e	Cases averted as % of the estimated at-risk population (c/a)	22%	28%	34%	39%	44%	48%	52%	56%	41%
	Impact results - Achievable scenario									
	FGM cases (estimated status quo)	38,659	39,556	40,457	41,367	42,281	43,203	44,128	45,054	334,706
	FGM cases (prevention interventions scale-up)	29,830	27,995	26,262	24,630	23,090	21,640	20,273	18,985	192,703
f	FGM cases averted	8,829	11,561	14,195	16,738	19,192	21,563	23,855	26,070	142,003

	Cases averted as % of 2023 base outcome (c/c)	100%	131%	161%	190%	217%	244%	270%	295%	
	Cases averted as % of the estimated at-risk population (c/a)	23%	29%	35%	40%	45%	50%	54%	58%	42%
	Impact results - Ambitious scenario									
	FGM cases (estimated status quo)	38,659	39,556	40,457	41,367	42,281	43,203	44,128	45,054	334,706
	FGM cases (prevention interventions scale-up)	29,020	26,986	25,085	23,310	21,653	20,108	18,666	17,320	182,148
g	FGM cases averted	9,639	12,570	15,373	18,057	20,628	23,095	25,462	27,734	152,558
	Cases averted as % of 2023 base outcome	100%	130%	159%	187%	214%	240%	264%	288%	
	Cases averted as % of the estimated at-risk population (c/a)	25%	32%	38%	44%	49%	53%	58%	62%	46%
	Analysis of cases averted									
h	Modest scenario as % of Modest Scenario (c/c)	100%	100%	100%	100%	100%	100%	100%	100%	100%
i	Achievable scenario as % of Modest scenario (f/c)	105%	105%	104%	104%	104%	104%	104%	104%	104%
j	Ambitious scenario as % of Modest scenario (g/c)	114%	114%	113%	112%	112%	111%	111%	110%	112%

The interventions delivering culture change have a cumulative impact. In all scenarios, the number of cases averted increases over time. For the Modest scenario, the number of cases averted in 2030 is 299 per cent of the number averted in 2023. For the same scenario, the percentage of the cases averted for the at-risk population rises from 22 per cent in 2023 to 56 per cent in 2030. In the eight-year period, the percentage of the at-risk population for whom it is averted is 41 per cent in the Modest scenario, rising to 46 per cent in the Ambitious scenario.

If communities are willing to embrace culture change, then the Ambitious scenario suddenly becomes achievable. Although this willingness is not readily evident and the scenarios do not include a context of elimination of FGM/C by 2030, investment can create more pathways to fulfilling the global commitment to end the practice entirely.

2023–2030: Estimated financial investments

Where resources are constrained, they should be allocated to small-scale pilot programmes to test the practical will to change. Where the will delivers demonstrable change, resources can then be usefully scaled up. Where there is inadequate will to change, resources may be dedicated to other investment cases that have a better cost-benefit relationship.

Table 28: Cost estimates for the three FGM/C scenarios

Category	2023 $000	2024 $000	2025 $000	2026 $000	2027 $000	2028 $000	2029 $000	2030 $000	Total 2023–2030	%
Cost estimates - Modest scenario										
Prevention	106	109	111	114	117	119	122	125	**923**	64%
Protection	4	4	5	6	7	8	8	9	**51**	4%
Care and treatment	14	16	17	19	20	21	23	24	**154**	11%
Above service delivery	34	35	36	37	39	40	41	43	**305**	21%
Total cost	**158**	**164**	**169**	**176**	**183**	**188**	**194**	**201**	**1,433**	**100%**
Cost per case averted ($)	**$ 13**									
Cost estimates - Achievable scenario										
Prevention	340	349	357	366	375	383	392	401	**2,963**	70%
Protection	6	7	9	10	12	13	15	17	**89**	2%
Care and treatment	23	27	31	34	38	42	46	49	**290**	7%
Above service delivery	100	103	107	111	115	118	122	126	**902**	21%
Total cost	**469**	**486**	**504**	**521**	**540**	**556**	**575**	**593**	**4,244**	**100%**
Cost per case averted ($)	**$ 36**									

Cost estimates - Ambitious scenario

Prevention	809	829	850	870	891	912	933	954	**7,048**	71%
Protection	10	12	15	18	21	25	28	31	**160**	2%
Care and treatment	41	49	57	66	74	83	91	99	**560**	6%
Above service delivery	232	240	249	258	266	275	284	293	**2,097**	21%
Total cost	**1,092**	**1,130**	**1,171**	**1,212**	**1,252**	**1,295**	**1,336**	**1,377**	**9,865**	**100%**
Cost per case averted ($)	**$ 79**									

The cost per case averted increases with scale, presumably because the low-hanging (economical) fruit will be exhausted in the lower-scale activities. Although the number of cases averted under the Ambitious scenario is only 12 per cent higher than under the Modest scenario, the total cost of the Ambitious scenario is (at US$ 9.8 million) seven times higher than the cost of the Modest scenario (at US$ 1.4 million).

Prevention activities carry between 64 per cent and 71 per cent of the estimated financial investments of the scenarios.

Conclusions: Strategic implications of eliminating gender-based violence, FGM/C and CM

The political will to change in Gambia has not yet manifested, and the societal momentum for eliminating FGM/C has arguably slowed down because of the change of Administration in 2016. The value for money of scarce resources should be protected by conditional investments based on demonstrations of necessary will to change.

Such will can be evidenced through small-scale experimentation and pilot programmes, which, if successful, can attract scaled up interventions. Ultimately, social investment must be driven by social will. Although the transformative aims have yet to be realized, the investment case for ending gender-based violence across its three components is a window of opportunity to align with the United Nations SDGs and establish a more equal and just world for all. Timely investment is crucial to implementing the measures needed to achieve UNFPA's mission to transform the lives of people, especially women and girls, in the Gambia. If sufficient, investment in scalable interventions to reduce the instances of gender-based violence, FGM and CM to zero could help the Gambian Government achieve the transformative aim and SDG targets 5.2 and 5.3 at the same time by 2030.

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