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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for the Gambia

Proposed indicative UNFPA assistance: \$13 million: \$5.2 million from regular resources and \$7.8 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2012-2016)

Cycle of assistance: Seventh

Category per decision 2007/42: A

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health and rights	2.6	4.5	7.1
Population and development	1.3	2.5	3.8
Gender equality	0.8	0.8	1.6
Programme coordination and assistance	0.5	-	0.5
Total	5.2	7.8	13.0



I. Situation analysis

1. The population of the Gambia was estimated at 1.7 million in 2010. The annual population growth rate was 2.7 per cent. Approximately 51 per cent of the population is female, and 20.6 per cent of the population is 15-24 years of age. The total fertility rate is 5.4 children per woman.

2. The total gross domestic product was \$881 million in 2009, representing an average increase of 6 per cent between 2007 and 2009. Sixty-three per cent of the population lived below the poverty line in 2007, an increase from 58 per cent in 2003. According to the UNDP Human Development Report, the human development index for the Gambia was 0.390 in 2010, ranking the nation 151 of 169 countries.

3. The maternal mortality ratio declined from 730 deaths per 100,000 live births in 2001 to 556 in 2006. Maternal mortality remains high, due to inadequate emergency obstetric care services and limited access to skilled birth attendance. According to the 2006 multiple indicator cluster survey, skilled birth attendants are present at 62 per cent of births. The unmet need for family planning (30 per cent) is attributable to sociocultural beliefs and practices that discourage the use of contraception.

4. The HIV/AIDS prevalence rate increased from 1.4 per cent in 2007 to 1.6 per cent in 2008, according to the 2008 sentinel surveillance survey. Determining the reasons for this increase will require further in-depth study. The HIV/AIDS prevalence rate in 2010 among Gambians aged 15-24 (1.8 per cent) was higher than the national HIV/AIDS prevalence rate. Forty-two per cent of young people are sexually active. However, only 45 per cent of males and 37.4 per cent of females reported using a condom during their first sexual experience, according to the Gambia 2010 behavioural surveillance survey on HIV/AIDS.

This increases the risk of sexually transmitted infections and unwanted pregnancies.

5. Sociocultural beliefs and practices and the low educational attainment of women contribute to the low participation of women in decision-making. In basic education, the gender parity index for primary school is 1.06. Literacy is lower among women (40.2 per cent) than among men (64.7 per cent). The representation of women in parliament is also low; only four members are women, compared to 49 men. Only six of 18 cabinet members are women.

6. According to the 2006 multiple indicator cluster survey, the prevalence of female genital cutting is 78.3 per cent nationally, though there are regional variations. Forty-nine per cent of girls marry before the age of 18, contributing to early and frequent childbearing and the subsequent poor health status of women and the newborn.

7. A dearth of disaggregated data affects development programming. A demographic and health survey has never been conducted in the Gambia. The most recent population and housing census was conducted in 2003. The next round of censuses is scheduled for 2013. Results of the 2010 multiple indicator cluster survey are not yet available.

II. Past cooperation and lessons learned

8. UNFPA assistance to the Gambia began in 1972. The goal of the previous country programme, which covered the period 2007-2011, was to contribute to an improved quality of life and standard of living for the population.

9. The sixth country programme helped to: (a) strengthen the capacity of the Gambia Bureau of Statistics to conduct the 2013 population and housing census; (b) establish a national database for disseminating and archiving national indicators; (c) revise the national population policy, ensuring the incorporation of population issues into

government policies and sectoral documents; and (d) institutionalize population and family-life education in the formal and informal educational systems, resulting in a significant decline in teenage pregnancies in schools.

10. Achievements in reproductive health and rights included: (a) strengthened capacity of national institutions to provide high-quality reproductive health information, services and commodities; (b) increased awareness of reproductive health issues, including sexually transmitted infections and HIV/AIDS, among adolescents and youth; and (c) the integration of adolescent sexual and reproductive health services into a number of health facilities.

11. Additional achievements in reproductive health and rights included: (a) expanded sexual and reproductive health and HIV-prevention services for adolescents; (b) the expansion of antenatal, post-natal and family planning services to a large number of health facilities; (c) support to disaster-response efforts for floods through the provision of reproductive health and dignity kits; and (d) strengthened reproductive health commodity security.

12. In the area of gender equality, the programme facilitated: (a) an increased commitment by the Government to promote gender equity and equality and to prevent and respond to gender-based violence; (b) the development and implementation of the gender and women's empowerment policy, 2010-2020; (c) the strengthening of gender mainstreaming within the Government and the private sector; and (d) the enactment of the 2010 Women's Bill.

13. Lessons learned included: (a) the provision of basic and comprehensive emergency obstetric care in the UNFPA-supported health facility in the upper river region resulted in the prevention of all maternal deaths at the facility from August to December 2010; (b) male involvement in maternal and child health issues increased the utilization of reproductive health

and family planning services; (c) the high attrition rate among the personnel of implementing partners has led to weaknesses in national execution; and (d) strengthening partnerships at the grass-roots level resulted in improved delivery.

14. Challenges include the need to: (a) expand the provision of emergency obstetric care and adolescent sexual and reproductive health services, and to reposition family planning in the national development agenda; (b) increase the availability of accurate and timely gender-disaggregated data for development; (c) strengthen institutional capacity at both national and decentralized levels for more effective evidence-based and results-based programming; (d) address gender inequalities, including gender-based violence, due to sociocultural beliefs and practices; and (e) mobilize additional resources.

III. Proposed programme

15. The proposed programme is based on the national priorities as reflected in Vision 2020, the national development plan, and in the second poverty reduction and growth strategy. It is aligned with the UNFPA strategic plan and the United Nations Development Assistance Framework (UNDAF). The programme will contribute to addressing the priority areas of poverty reduction and social protection, basic social services, governance, human rights and the environment.

16. The goal of the programme is to contribute to an improved quality of life and standard of living for the population by supporting government efforts to reduce poverty and achieve the Millennium Development Goals. The programme focuses on three components: reproductive health and rights, population and development, and gender equality.

Reproductive health and rights component

17. The expected outcome of this component is: increased access to integrated, high-quality sexual and reproductive health information and services, including for HIV prevention. This is in line with the UNDAF outcome relating to a nationwide reduction in the disease burden and in maternal, infant and under-five mortality. This component has three outputs.

18. Output 1: Increased availability of high-quality sexual and reproductive health services, including family planning, in targeted facilities. This will be achieved by: (a) strengthening the capacity of service providers to improve the delivery of basic and comprehensive emergency obstetric and neonatal care, family planning services, and obstetric fistula care; (b) repositioning family planning and ensuring reproductive health commodity security nationwide; (c) strengthening the capacity to update and implement policies, norms and protocols on reproductive health service delivery; and (d) responding to sexual and reproductive health needs in emergency situations.

19. Output 2: Improved availability of high-quality, comprehensive adolescent sexual and reproductive health information and services, including services to prevent HIV, and family-life education. This output will be achieved by: (a) strengthening the capacity of service providers to improve the delivery of youth-friendly information and services; (b) supporting condom programming and promoting voluntary counselling and testing for HIV; (c) supporting the development and implementation of behaviour change communication efforts to reduce teenage pregnancies and prevent HIV infections; (d) building the capacity of teachers and other stakeholders in population and family-life education; and (e) expanding population and family-life education to include primary, secondary and madrassa schools not covered by the current programme.

20. Output 3: Improved awareness and gains in knowledge regarding reproductive health and rights, and increased adoption of safe behaviour patterns in reproductive health and rights. This will be achieved by: (a) supporting the implementation of the behaviour change communication plan; (b) strengthening partnerships with women's groups, faith-based organizations, parliamentarians, youth, traditional communicators and other segments of civil society to promote awareness of and advocacy on reproductive health and rights; and (c) supporting community-based entities that promote social mobilization and community awareness on reproductive health and rights and address maternal health issues, such as the danger signs associated with maternal deaths.

Population and development component

21. The expected outcome for this component is: increased availability of disaggregated sociodemographic data for planning, implementing, monitoring and evaluating development policies, plans and strategies at national and regional levels. This contributes to the UNDAF outcome on establishing a functional donor coordination and national statistical system for the effective planning, monitoring, reporting and harmonization of development interventions.

22. Output 1: Reliable and timely disaggregated sociodemographic data are produced for development planning and monitoring. This will be achieved by: (a) enhancing the capacity of the Gambia Bureau of Statistics and other national statistical institutions to produce and disseminate disaggregated population data and related data for development; (b) supporting the 2013 population and housing census and the 2012 demographic and health survey and the dissemination of results; and (c) strengthening and periodically updating population databases on selected issues.

23. Output 2: Institutional and technical capacity is strengthened to integrate population, reproductive health and gender concerns into national and sectoral policies and programmes. This output will be achieved by: (a) building technical capacity for national and regional institutions to integrate population issues into sectoral and national plans and policies; (b) promoting policy dialogue to use data and to position population dynamics in the national development agenda; and (c) strengthening partnerships with research institutions to generate evidence-based information on population issues.

Gender equality component

24. The expected outcome of this component is: gender equality and the empowerment of women are promoted to reduce gender disparities and gender-based violence. This will contribute to the UNDAF outcome on improved gender equity, gender equality, and women's empowerment for social transformation and national development.

25. Output 1: Strengthened national capacity to coordinate, monitor and evaluate the implementation of the gender and women's empowerment policy. This output will be achieved by: (a) strengthening the capacity of national institutions, including civil society organizations, to advocate gender equality; (b) improving the availability of information, high-quality services and support for the empowerment of women; and (c) strengthening the capacity of the Women's Bureau to coordinate and monitor gender-related programmes.

26. Output 2: Strengthened national capacity to prevent and respond to gender-based violence. This output will be achieved by: (a) strengthening the capacity of government and civil society organizations in the area of gender-based violence; (b) advocating the enactment and enforcement of laws on gender-based violence; and (c) promoting social mobilization

and innovative approaches to prevent and respond to gender-based violence.

IV. Programme management, monitoring and evaluation

27. The secretariat of the National Population Commission, under the Office of the Vice-President, will coordinate the programme in collaboration with UNFPA. The programme will adopt a results-based management approach and will align the monitoring and evaluation plan with national and UNDAF monitoring and evaluation systems. UNFPA and the Government will conduct a baseline survey and an end-line evaluation of the programme.

28. The programme will promote national execution, strengthen national capacity in monitoring and evaluation, and support accountability and risk mitigation. It will also promote South-South cooperation, improve partnerships, and build synergies with United Nations organizations. UNFPA and the Government will support joint programming and collaborative initiatives, and will develop a resource mobilization plan.

29. The UNFPA country office in the Gambia consists of a non-resident country director based in Dakar, Senegal, an assistant representative, three national programme officers and support staff. UNFPA will use programme funds, if necessary, to recruit additional staff to ensure programme implementation. The UNFPA subregional office in Dakar; the Africa regional office in Johannesburg, South Africa; technical units at UNFPA headquarters; and national and international consultants will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR THE GAMBIA

National priority: improve coverage of basic social services and meet the social protection needs of the poor and vulnerable UNDAF outcome: a reduction in the disease burden and in maternal, infant and under-five mortality countrywide, especially in the poorest and underserved communities				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p>Outcome: Increased access to integrated, high-quality sexual and reproductive health information and services, including for HIV prevention</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Maternal mortality ratio Baseline: 556 maternal deaths per 100,000 live births Target: 263 maternal deaths per 100,000 live births • Contraceptive prevalence rate Baseline: 13.5 per cent; Target: 20 per cent • Unmet need for family planning Baseline: 30 per cent; Target: 25 per cent • Percentage of young women and men aged 15-24 who are infected with HIV Baseline: 1.8 per cent; Target: 1 per cent • Percentage of young people aged 15-24 with comprehensive knowledge about the transmission and prevention of HIV Baseline: 39.2 per cent; Target: 50 per cent 	<p>Output 1: Increased availability of high-quality sexual and reproductive health services, including family planning, in targeted facilities</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Percentage of health facilities with no stock-outs of family planning commodities within a given period Baseline: 20 per cent; Target: 0 per cent • Number of facilities providing comprehensive emergency obstetric care Baseline: 6; Target: 13 • Percentage of deliveries by skilled birth attendants Baseline: 62 per cent; Target: 90 per cent <p>Output 2: Improved availability of high-quality, comprehensive adolescent sexual and reproductive health information and services, including services to prevent HIV, and family-life education</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of youth-friendly service centres Baseline: 5; Target: 7 • Number of reproductive health facilities integrating voluntary counselling and testing Baseline: 24; Target: 50 • Percentage of public primary and secondary schools with population and family-life education as an examinable subject Baseline: 0 per cent; Target: 70 per cent <p>Output 3: Improved awareness and gains in knowledge regarding reproductive health and rights, and increased adoption of safe behaviour patterns in reproductive health and rights</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Updated national communications strategy Baseline: 0; Target: 1 • Number of non-governmental organizations, faith-based organizations and networks advocating gender issues Baseline: 15; Target: 20 	<p>Department of Information Services; Ministries of: Basic and Secondary Education; Health; Youth and Sports; National AIDS Secretariat; National Assembly; National Youth Council; Office of the Vice-President; Women's Bureau</p> <p>Gambia Family Planning Association; non-governmental and civil society organizations</p> <p>Office of the United Nations High Commissioner for Refugees (UNHCR); United Nations Children's Fund (UNICEF); UNDP; United Nations World Food Programme; World Bank; World Health Organization</p>	<p>\$7.1 million (\$2.6 million from regular resources and \$4.5 million from other resources)</p>

National priority: create an enabling policy environment to promote growth and poverty reduction UNDAF outcome: a functional donor coordination and national statistical system is established for effective planning, monitoring, reporting and harmonization of development interventions				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<u>Outcome:</u> Increased availability of disaggregated sociodemographic data for planning, implementing, monitoring and evaluating development policies, plans and strategies at national and regional levels <u>Outcome indicators:</u> <ul style="list-style-type: none"> Data from the demographic and health survey and census available Baseline: 0 (data not available from either source); Target: 2 (data available from both sources) Number of national and local plans and strategies that have incorporated population issues Baseline: 2; Target: 4 	<u>Output 1:</u> Reliable and timely disaggregated sociodemographic data are produced for development planning and monitoring <u>Output indicators:</u> <ul style="list-style-type: none"> Number of thematic reports generated from the demographic and health survey and census data. Baseline: 0; Target: 6 Number of sectors capable of data collection, analysis and utilization Baseline: 4; Target: 7 <u>Output 2:</u> Institutional and technical capacity is strengthened to integrate population, reproductive health and gender concerns into national and sectoral policies and programmes <u>Output indicators:</u> <ul style="list-style-type: none"> Number of personnel trained in integrating population issues into development planning processes. Baseline: 21; Target: 40 Number of manuals and guidelines developed for integrating population issues into national plans and policies. Baseline: 0; Target: 2 	Gambia Bureau of Statistics; International Organization for Migration; local government authorities; Ministries of: Basic and Secondary Education; and the Interior; Office of the Vice-President; secretariat of the National Population Commission; training institutions; University of The Gambia; UNDP; UNICEF	\$3.8 million (\$1.3 million from regular resources and \$2.5 million from other resources)
National priority: create an enabling policy environment to promote growth and poverty reduction UNDAF outcome: improved gender equity, gender equality and women's empowerment for social transformation and national development				
Gender equality	<u>Outcome 1:</u> Gender equality and the empowerment of women are promoted to reduce gender disparities and gender-based violence <u>Outcome indicators:</u> <ul style="list-style-type: none"> Relevant laws, policies and programmes promoting the empowerment of women and girls Baseline: 8; Target: 12 Female genital mutilation/cutting prevalence rate Baseline: 78.3 per cent; Target: 60 per cent Percentage of girls who are married before the age of 18 Baseline: 49 per cent; Target: 35 per cent 	<u>Output 1:</u> Strengthened national capacity to coordinate, monitor and evaluate the implementation of the gender and women's empowerment policy <u>Output indicators:</u> <ul style="list-style-type: none"> Number of gender-mainstreamed policies. Baseline: 7; Target: 12 Number of sectors with functional gender teams. Baseline: 3; Target: 10 Functional national mechanism providing information, services and support for the empowerment of women. Baseline: 0; Target: 1 <u>Output 2:</u> Strengthened national capacity to prevent and respond to gender-based violence <u>Output indicators:</u> <ul style="list-style-type: none"> A law on gender-based violence is formulated and enacted Baseline: 0; Target: 1 Number of institutions that provide counselling and legal aid services to victims of gender-based violence. Baseline: 3; Target: 10 	Department of Information Services; Gambia radio and television services; National Youth Council; non-governmental and civil society organizations and networks; Office of the Vice-President; relevant line ministries and departments; UNDP; UNICEF; UN-Women; Women's Bureau; World Health Organization	\$1.6 million (\$0.8 million from regular resources and \$0.8 million from other resources) <hr/> Total for programme coordination and assistance: \$0.5 million from regular resources