



REPUBLIC OF THE GAMBIA



LEVEL OF ACHIEVEMENT OF THE MILLENIUM DEVELOPMENT GOAL (MDGs)

MDG Status Report, 2012

Ministry of Finance and Economic Affairs
June 2013

Foreword:

The Gambia was one of the signatories of the Millennium Declaration in 2000 - a development framework intended to solve development problems across the world through aid, trade, debt relief and enhanced international partnerships. The Millennium Declaration outlines some of the fundamental values which governments agree are the basic principles underpinning international relations in the 21st century. They include: Freedom, equality, solidarity, tolerance, respect for nature and shared responsibility.

The overarching objective of the MDGs is to reduce extreme poverty and hunger (MDG 1) by ensuring that all the factors that induce vulnerability, marginalization and exclusion are gradually and decisively dealt with to improve human welfare and quality of life. The MDG strategy thus centred on empowerment initiatives through such levers as education, with emphasis on children (MDGs 2 and 3), women's rights aimed at dealing with equity and reproductive health issues (MDGs 3 & 5); general health concerns (MDG 4, 5 & 6) and environmental sustainability (MDG 7). The global partnership for development (MDG 8) provides the platform for the Gambia to amply demonstrate its commitment to the MDG agenda, providing the requisite resources within its capability, complemented by quality support from its development partners, including the UN System in The Gambia.

With the advent of the first PRSP (2003-2005), then the second generation PRSPs (2007-2011) and now the Programme for Accelerated Growth and Employment (PAGE), The Gambia is making conscious efforts to align the country-owned strategies to the requirements of achieving the MDG agenda. That led to the concept of MDG-based PRSPs and PAGE. The PAGE like the PRSP series (serving as building blocks) will incrementally and progressively lead to the achievement of the MDG goals. It is worth acknowledging that the country is on track for certain goals and off track for others despite the fact that progress has been registered across the board. We will stay put to ensure that development results are on an accelerated path of improvement.

Accordingly, this sixth national MDG report takes stock of progress made thus far in achieving the millennium development goals and identifies the challenges encountered as we set our eyes on the 2015 deadline for halving world poverty, which is just two years away. Recent empirical data shows that The Gambia has come a long way. The 2010 MDG report indicated that poverty dropped from 58% (in 2000) to 55.5% (in 2009) – a mere 2.5 per cent. But the Integrated Household Survey – Income and Expenditure Poverty Assessment – 2010 (December 2011) revised the headcount rate downwards to 36.7% (for the less than \$1/day) and 48.4% (for the less than \$1.25/day). That is ample testimony that the country's efforts are beginning to yield significant dividends.

There are however important obstacles that need to be resolved. At present, there is no mechanism to capture the contributions of both State and non-State actors towards achieving the Millennium Development Goals. It is hoped that the Aid Policy that has just been validated will create the framework that makes it mandatory for development practitioners to report on the quantum and apportioning of resources towards the PAGE

pillars and the MDG goals. Owing to the existing policy gaps, the synergistic effects that could result from a shared vision and a coordinated effort are yet to be seen.

The conscious participation of Local Government Authorities and other community structures in MDG activities will contribute greatly towards making the MDGs a reality. A sustained sensitization campaign at national and the decentralized levels will enhance the visibility of the MDGs nationwide. Non-State actors should also be encouraged to tie their interventions to specific goals of the MDGs and be reporting accordingly.

Whilst we agree that the country is making significant strides towards creating the enabling environment to stimulate the economy, there is an urgent need to address the fundamental structural weaknesses that hamper pro-poor growth. The need to create an enabling environment for both foreign and local direct investments should be encouraged by re-examining a number of macro-economic policies that can trigger growth. But for growth to mean something to the poor in the society, it needs to have a human face in terms of improvements in the various livelihood indicators.

To enhance development results, it would be important to strengthen accountability relationships. Fundamentally, there should be clear pathways to holding duty bearers and service providers accountable for their management of national resources. National Assembly structures such as the Public Accounts/Public Enterprise Committees can play a critical role alongside Civil Society Organizations to exert accountability from service providers.

The Post-2015 development agenda should also include: a pro-poor growth strategy that will create decent jobs for citizens; a goal that caters for issues of climate change to take care of resilience of communities in relation to various types of vulnerabilities. Further, provisions should be made for a minimum social protection in the area of health, education and low cost housing for the poor.

Honourable Abdou Kolley
Minister of Finance and Economic Affairs

TABLE OF CONTENTS

FOREWARD.....	1
Table of Contents.....	3
List of Abbreviations and Acronyms.....	5
List of Tables and Figures.....	7
Introduction.....	8
Executive Summary.....	13
GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER.....	16
Target 1A: Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day.....	16
Target 1B: Achieve full and productive employment and decent work for all, Including women and young people.....	18
Target 1C: Halve, between 1990 and 2015, the proportion of the people Who suffer from hunger.....	19
GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION.....	18
Target 2A: Ensure that by 2015, children everywhere boys and girls alike, will be to complete a full course of primary schooling.....	20
GOAL 3: PROMOTE ENDER EQUALITY AND EMPOWER WOMEN.....	22
Target 3A: Eliminate gender disparity in primary and secondary education Preferably by 2005, and in all levels of education on later than 2015.....	22
GOAL 4: REDUCE CHILD MORTALITY.....	25
Target 4A: Reduce by two-thirds, between 1990 and 2015, the under-five Mortality rate.....	26
GOAL 5: IMPTROVE MATERNAL HEALTH.....	27
Target 5A: Reduce by three quarters between 1990 and 2015, the maternal Mortality ratio.....	28
Target 5B: Achieve by 2015, Universal Access to Reproductive Health.....	29

GOAL 6: COMBATING HIV/AIDS, MALARIA AND OTHERS DISEASES.....	30
Target 6A: Have health by 2015 and begun to reverse the spread of HIV/AIDS.....	30
Target 6C: Have health by 2015 and begun to reverse the incidence of malaria and other major diseases.....	32
GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY.....	35
Target 7A: Integrate the Principles of Sustainable Development into Country Policies and Programmes and reverse the loss of environmental resources.....	35
Target 7C: Halve by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.....	38
Target 7D: Have achieved a significant improvement in the lives of at least 100 million slum dwellers.....	39
GOAL 8D: DEVELOPING A GLOBAL PARTNERSHIP FOR DEVELOPMENT.....	41
Target 8D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term.....	41
Target 8 F: In cooperation with the privet sector, make available the benefits of new technologies, especially information and communication.....	45
Conclusion and Recommendations.....	51
References.....	54

LIST OF ABBREVIATIONS AND ACRONYMS

AFDB	African Development Bank
AFDF	African Development Fund
ARV	Anti-Retroviral
BCC	Behavioural Change Communication
BCC	Banjul City Council
BFCI	Baby Friendly Community Initiative
CBG	Central Bank of The Gambia
CDDP	Community Driven Development Project
CO2	Carbon dioxide
CPR	Contraceptive Prevalence Rate
CRR	Central River Region
CRR-N	Central River Region – North
CRR-S	Central River Region-South
CRS	Catholic Relief Services
DOTS	Directly Observed treatment Short-Course
DSA	Debt Sustainability Analysis
ECOWAS	Economic Community of West African States
EDF	European Development Fund
EEZ	Exclusive Economic Zone
EMCH	Emergency, Maternal and Child Health
EMIS	Education Management Information System
EPI	Expanded Programme of Immunization
EU	European Union
FAO	Food and Agricultural Organization
GBoS	Gambia Bureau of Statistics
GCPFDS	Gambia Contraceptive Prevalence and Fertility Determinants Survey
GEAP	Gambia Environmental Action Plan
GF	Global Fund
GHG	Green House Gases
GoTG	Government of The Gambia
HARRP	HIV/AIDS Rapid Response Project
HIPC	Heavily Indebted Poor Countries
HIS	Health Information System
HMIS	Health Management Information System
IDA	International Development Agency
IEC	Information, Education and Communication
IMF	International Monetary Fund
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
IT	Information Technology
ITNs	Insecticide Treated Nets
JICA	Japan International Co-Operation Agency
KMC	Kanifing Municipal Council
LGA	Local Government Area
LLN	Long Lasting Nets
LRR	Lower River Region
MDG	Millennium Development Goals

MDR	Multi-Drug Resistant
MDRI	Multilateral Donor Relief Initiative
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Rate / Ration
MOCIIT	Ministry of Communication, Information and Information Technology
MOF	Ministry of Finance
MOH&SW	Ministry of Health and Social Welfare
NAC	National Aids Council
NaNA	National Nutrition Agency
NAPA	National Adaption Plan of Action
NAS	National Aids Secretariat
NBR	North Bank Region
NEA	National Environment Agency
NEMA	National Environment Management Act
NER	Net Enrolment Ratio
NGO	Non-Governmental Organization
NPV	Net Present Value
NLTP	National Leprosy and TB Programme
NMCP	National Malaria Control Programme
NNC	National Nutrition Council
ODA	Official Development Assistance
ODS	Ozone Depleting Substances
PER	Public Expenditure Review
PHC	Primary Health Care
PMTCT	Prevention of Transmission from Mother to Child
PRSP	Poverty Reduction Strategy Paper
PTCT	Parent to Child Transmission
RCH	Reproductive and Child Health
RVTH	Royal Victoria Hospital Teaching Hospital
SPA	Strategy for Poverty Alleviation
TB	Tuberculosis
UNAIDS	United Nations Aids
UNCBD	United Nations Convention on Biodiversity
UNCDD	United Nations Conventions for Combating Diversification
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNFCC	United Nations Framework Convention on Climate Change
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's funds
URR	Upper River Region
VCT	Voluntary Counselling and Testing
WATSAN	Water and Sanitation Project
WHO	World Health Organization
WR	Western Region

List of Tables:

- Table 1: Summary of the likelihood of specific MDG's reaching their targets by 2015
Table 2: Source - 1992 poverty study, 1998 poverty study, 2003 and 2010 Integrated Household Surveys
Table 3: Total Household Consumption by Quintile
Table 4: Source: 2010 Integrated Household Survey
Table 5: Target 1c: Halve, between 1990 and 2015, the proportion of the population who suffer from hunger
Table 6: Evolution of Education MDG Indicators
Table 7: Gender and Women Empowerment
Table 8: Infant mortality
Table 9: Child Mortality
Table 10: Percent distribution of the proportion of children immunized against measles
Table 11: Target 5A: Reduce by three-quarters between 1990 and 2015, the Maternal Mortality Ratio
Table 12: Sustainable Environment Indicators - Sources - Department of Forestry; Department of Parks and Wildlife; and FAO/MDG Report 2010
Table 13 - Target 7C: Halve by 2015 the Proportion of People without Sustainable Access to safe drinking water and basic sanitation
Table 14 - Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers
Table 15: Percentage of Household Members Using Sanitary Means of Excreta Disposal, The Gambia, 2000 -2010
Table 16: Summary of The Gambia's External Trade in D' 000 (2008-2011)
Table 17: Direction of Imports by region in 2010 and 2011 (D'000)
Table 18: Donors Pledges vs. Disbursements on Funding PRSP II in Millions US\$
Table 19: Roundtable Disbursements Available to Government in Millions US\$
Table 20: Sectoral Distribution of ODA
Table 21: Telecommunications per 100 Populations 2005-2011

List of Figures:

- Figure 1: Percentage of Population below the Poverty Line
Figure 2: Percentage of under-weight children, National Average and type of Residence
Figure 3: Students' Learning Achievements
Figure 4: Ratios of girls to boys in primary, secondary and tertiary education (%)
Figure 5: TB Cases in The Gambia
Figure 6: TB Treatment Outcome in Percentage
Figure 7: Monthly Trends in the Prevalence of Malaria Parasitaemia in Febrile Patients
Figure 8: Gambia's import and export flows (2008 – 2011)
Figure 9: Debt Service 2007-2011
Figure 10: Sectoral Distribution of ODA
Figure 11: Growth in tele-density and Cellular Subscribers/100 Population
Figure 12: Growth Rate of Communication Sector
Figure 13: Evolution of penetration levels from 2000 to 2011

Introduction:

The Gambia is one of the smallest countries in Africa with a population of 1,360,681 in 2003 and a total land area of 10,690 square kilometres. Although the population growth rate has decreased from 4.2 per cent per annum in 1993 to 2.7 per cent in 2003, the population of the country is growing at a fast rate considering the youthful population age structure and its potential effect on growth as well as the land area of the country. The population was projected to be 1,644,391 in 2010 and 1,689,487 in 2011. For all these years, the youthful population (the population aged 0-30) form the bulk of the population. The country is the fourth most densely populated in mainland Africa as the population density was at 142 in 2006, 146 in 2008, 150 in 2009, 154 in 2010 and 158 in 2011. In that respect, The Gambia is only surpassed by Rwanda, Burundi and Nigeria in that order.

The Gambia's economy is predominantly agrarian with a low per capita income of approximately US \$440 per annum in 2010. Gross Domestic Product (GDP) has been growing at an estimated rate of between 5-6 per cent over the last four years. The GDP growth rate for The Gambia was 5.5 per cent in 2010 and for 2011 the growth rate was -4.6 per cent which is attributable to the crop failure. (Note that the figure is provisional). Growth has been marked in the services sector resulting in a higher percentage shares for the sector (52%). Percentage share of agriculture has been mixed, ranging from 20 per cent in 2007 to 30 per cent in 2010. The contribution of the industry sector to GDP was 12 per cent in 2010. The industry sector experienced a decline in percentage share of 15 per cent in 2006 to 12 per cent in 2010.

Currently, the government has embarked on a series of reforms including: Civil Service Reform, Public Financial Management Reforms (PFM); the Integrated Financial Management Information System (IFMIS) and Performance Based Program Budgeting (PBB). Other strategic measures include strengthening the Gambia Revenue Authority (GRA) and the Gambia Bureau of Statistics (GBoS).

Poverty remains high and is far more severe in the rural than in the urban areas although urban poverty is also on the increase. According to results of the Integrated Household Survey 2003/04, 58 per cent of the population lived on less than USD \$1 a day in 2003. The results of the 2008 Poverty Assessment exercise showed a further decline in the overall poverty rate to 55.5 per cent. Findings of the 2010 Integrated Household Survey has shown that poverty has decreased from the 2003 level (58%) to 36.7 per cent using the less than \$1 per day threshold. But using the less than \$1.25 threshold poverty has dropped to 48.4 per cent with huge regional disparities as it is only Banjul and Kanifing (the two urban settlements) that have poverty rates lower than the national average. Although poverty has decreased, there is a need for concerted efforts towards poverty reduction so as to achieve the target set for 2015 (15%).

Most of the poor in The Gambia live in rural areas where poverty levels are higher. A significant proportion of these people live in households headed by farmers who accounted for the highest proportion of poor households (68.8%). Malnutrition which is a

manifestation of poverty, especially among children, is evident country-wide. The highest proportion of underweight children is found in the predominantly rural areas particularly in Central River North and South and Upper River Region, the poorest regions of the country. The table below gives the prospect of achieving the goal/target based on the current trends.

Table 1: Summary of the likelihood of specific MDG's reaching their targets by 2015.

GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER	2003	2010	MDG Target	
Target 1A:				
<ul style="list-style-type: none"> Halve between 1990 and 2015 the proportion of people whose income is less than \$1 per day. 	58.0% less than \$1per day (IHS, 2003)	39.6% less than \$1per day (IHS, 2010) 48.4% less than \$1.25per day (IHS, 2010)	15%	Slight improvement
<ul style="list-style-type: none"> 1.2 Poverty gap ratio 	25.1% (IHS, 2003)		NA	No up date
<ul style="list-style-type: none"> 1.3. Share of poorest quintile in national consumption 	8.8 (2003, IHS)	5.60 (IHS, 2010)	8%	declined
<ul style="list-style-type: none"> Employment to population ratio 	2003 0.33 (Census, 2003)	2010 0.46 (IHS, 2010)	NA	Very large deficit in decent work
Target 1.B:				
<ul style="list-style-type: none"> Achieve full and Productive employment and decent work for all, including women and young people 				
<ul style="list-style-type: none"> 1.4. Growth rate of gross domestic product (GDP) per person employed 	NA	NA	NA	
<ul style="list-style-type: none"> Employment to population ratio 	2003 0.33 (Census, 2003)	2010 0.46 (IHS, 2010)	NA	Slight improvement
1.6. Proportion of employed people living below \$1 (PPP) per day	NA	40.0% (IHS, 2010)	NA	
1.7. Proportion of own-account and contributing family workers in total employment	0.79 (2003, census)	79.0% (IHS, 2010)	NA	No improvement
Target 1C				
Halve between 1990 and 2015 the proportion of people who suffer from hunger				
<ul style="list-style-type: none"> 1.8. Prevalence of underweight children under 5 years of age 	20.3% (MICS, 2005)	17.4% (MICS, 2010)	10.4%	Slight improvement
<ul style="list-style-type: none"> 1.9. Proportion of population below minimum level of dietary energy consumption 	NA	NA	NA	
GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION	2005	2010		
Target 2A: Ensure that by 2015, children				

everywhere, boys and girls alike, will be able to complete a full course of primary schooling.				
2.1. Net enrolment ratio in primary education	77.0% (2008)	72% (2011)	100%	
2.2. Proportion of pupils starting grade 1 who reach last grade of primary	96.6% (MICS, 2005)	95.3% (MICS, 2010)	100%	Slight deterioration
2.3. Literacy rate of 15-24 year-olds, women and men	62.9 (2003, Census)	NA	72%	Progress cannot be measured because of lack of data
GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWERMENT OF WOMEN	2005	2010		
<ul style="list-style-type: none"> • <i>Target 3 A:</i> Eliminate gender disparity in primary and secondary education, preferably by 2005 and in all levels of education no later than 2015. 				Close to parity
3.1 Ratios of girls to boys in primary, secondary and tertiary education	Primary 1.06 MICS, 2005) Secondary 1.00 MICS, 2005) Senior Secondary 0.83	Primary 1.05 MICS, 2010) Secondary 1.00 MICS, 2010)	1.0 NA NA	High share
3.2 Share of women in wage employment in the non-agricultural sector	NA	77 % (IHS, 2010)	NA	moderate share
3.3 Proportion of seats held by women in national parliament	Parliament 1.06 Local Councils 13.91	Parliament 7.5 (2012) Local Councils 13.91	33% 33%	Low representation
GOAL 4: REDUCE CHILD MORTALITY	2005	2010		
4.1 Under-five mortality rate	131 per 1000 (MICS, 2005)	109 per 1000 (MICS, 2010)	67.5 per 1000	high mortality
4.2 Infant mortality rate	93 per 1000(MICS, 2005)	81 per 1000(MICS, 2005)	42 per 1000	High mortality
4.3 Proportion of 1 year-old children immunized against measles	92.4% (MICS, 2005)	87.6% (MICS, 2010)	NA (100%)	decline
GOAL 5: IMPROVE MATERNAL HEALTH	2001			
5.1 Maternal mortality ratio	730 per 100,000 (Maternal Mortality Survey, 2001)	2008 690 per 100,000 (Count down to 2015 report) 360 per 100,000 (2010 WHO, WB, UNFPA, UNICEF Assessment)	263 per 100,000	High mortality
5.2 Proportion of births attended by skilled health personnel	56.8% (MICS, 2005)	56.6% (MICS, 2010)	63%	moderate

Target 5B: Achieve by 2015 Universal Access to Reproductive Health	2005	2010		Low access
5.3 Contraceptive prevalence rate	2001 13.4% (2001, Maternal Mortality Survey)	13.3% (MICS, 2010)	30%	decline
5.4 Adolescent birth rate	2003 103	NA	NA	
5.5 Antenatal care coverage (at least one visit and at least four visits)	97.8(MICS, 2005)	98.1% (MICS, 2010)	100%	Improved access
5.6 Unmet need for family planning	NA	21.5%	NA	
GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES	2005	2010		
	2007			
6.1 HIV prevalence among population aged 15-24 years	1.42HIV 1 1.7% (NSS 2005) 0.5 HIV 2	1.4% (2011, NSS)	0.3% INST 0/9%	Remains the same
6.2 Condom use at last high-risk sex	54.3% - INST 57.9% (2005 BSS)	33.5% 49.0% (M) 27.3% (F) BSS 2010	NA 70% (M) 55% (F) National Strategy framework)NSF)	decline
6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS	39.2% inst 34% (M) 25% (F) BSS 2005	32.8% 31.7% (M) 22.9% (F) BSS 2010	NA 85% (M) 80% (F) NSF	decline
6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	0.87 65.1% (2005/6) Universal Access 2006)	1.0671.4% (MICS 2010)	NA 80% (NSF)	improved
<ul style="list-style-type: none"> Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it. 				
6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs	8.8% (2007) GGF R8 Proposal	82.0% (ART Survival Study 2011)	50% (NSF)	High Access
<ul style="list-style-type: none"> Target 6.C: Have halted by 2015 and begun to reverse the incidence of Malaria and other major diseases. 				declined
Incidence and death rates associated with malaria	NA	NA	NA	
6.7 Proportion of children under 5 sleeping under insecticide-treated bed nets	2005 49.5% (MICS, 2005)	2010 33.3% (MICS,2010)	NA	declined
6.8 Proportion of children under 5 with fever who are treated with appropriate	52.4%(MICS, 2005)	30.2% (MICS, 2005)	80%	declined

anti-malarial drugs				
6.9 Incidence, prevalence and death rates associated with tuberculosis	NA	NA	NA	
6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course	NA	NA		
GOAL 7 ENVIRONMENTAL SUSTAINABILITY	2003	2010		
Proportion of land area covered by forest	2003 41.5%	2010 46%	40%	High coverage
CO ₂ emissions, total, per capita	2003 0.196	2010 0.187	.18	
Proportion of fish stock within safe biological limits.	2007 74.1%	2010 75%	NA	moderate
Proportion of Terrestrial and Marine Areas Protected.	2003 4.09%	2010 4.1%	10%	Low coverage
Proportion of species threatened with extinction.	4% (1996) 7% (2000)	2010 25%	3% (2015)	High
Proportion of Population Using an Improved Drinking Water Source	2005 85.1%	2010 85.8%	85%	High coverage
Proportion of population using an improved sanitation facility	2005 84.2%	2010 76.3%	92%	Declining
Proportion of urban population living in slums	2007 59.2%	2010 45.8%	NA	Decreasing slightly
Goal 8: Develop a Global Partnership for Development	2007	2008		
8.11. Debt relief committed under HIPC and Multilateral Debt Relief Initiatives	Qualified for debt relief Dec. 2007	Benefited from debt relief after qualifying in December 2007	NA	Cancellation of debt still outstanding (30%)
8.12. Debt service as a percentage of exports of goods and services			NA	
8.13. Proportion of population with access to affordable essential drugs on a sustainable basis			NA	
8.14. Telephone lines per 100 population	54.47%	76%	NA	moderate usage
8.15. Cellular subscribers per 100 population	51.4%	72.9%	NA	Moderate usage
8.16. Internet users per 100 population	1,442 (ISP subscribers) (2003)	4,814 (ISP subscribers) (2008)	NA	

EXECUTIVE SUMMARY:

This report is commissioned by the Government of The Gambia with UNDP funding and serves as a testimony of the government's commitment to addressing the policy and programme gaps. The attainment of the MDGs calls for concerted efforts and action as well as renewed partnership with development partners. The Gambia's commitment to the attainment of the MDGs is exemplified by the preparation of MDG Assessment reports since 2003 (2003, 2005, 2007, 2009 and 2010). This year's national assessment report is the sixth of such reports. Overall, The Gambia is conspicuously lagging behind in MDG goals 1 and 5. Despite the slow progress registered for goals 4 and 5 (childhood mortality and maternal mortality in particular), appreciative improvements have been registered in other targets particularly on the proportion of households with improved sanitary facilities 85.8 per cent; the proportion of children under 1 immunized against measles; the overall poverty levels; access to water (target already achieved); access to primary education and gender parity in primary education.

The Government of The Gambia has since 2002 integrated the Millennium Development Goals (MDGs) into the national development policy frameworks. PRSPs I and II succeeded by the Programme for Accelerated Growth and Employment (PAGE) covering the period 2012 - 2015 and other sectoral policies are serving as the building block for achieving the international development goals and those related to the home grown Vision 2020 objectives.

The various interventions undertaken by the sectors in line with the strategies evolved are yielding better development results, albeit slowly for some of the MDG indicators and targets. The findings summarized below give an indication of the progress registered for each MDG at national level:

- **Goal 1:** Data from the 2010 Integrated Household Survey shows that poverty has decreased significantly in The Gambia using the less than \$1 threshold from the 2003 level of 58 per cent to 36.7 per cent. Using the less than \$1.25 threshold, poverty has decreased to 48.4 per cent in 2010. Given the count down to 2015, poverty should be reduced by 33 percentage points to achieve the set target by 2015 (15%). Unless there is massive investment in poverty reduction programmes, the country is not likely to meet the poverty targets by 2015. For *Target 1C*: to halve between 1990 and 2015 the proportion of people who suffer from hunger for which the prevalence of underweight children under 5 years of age serves as the proxy indicator for measuring hunger, a decrease has been observed from 20.3 per cent in 2005 to 17.4 per cent in 2010. Given the current trend and the huge regional disparities, greater efforts are required to meet the MDG target of 10.4 per cent by 2015.
- **Goal 2:** MDG targets set on the proportion of pupils starting grade 1 who reach last grade of primary school can be attained. Currently, the indicator is 95.3 per cent and the target set by 2015 is 100 per cent.. For the period under review, the net enrolment rate is 72 per cent and the set target is 100 per cent by 2015.

- **Goal 3:** The target set on gender parity in primary and lower secondary schools has been attained and the country is on track to reach the target set for parity at senior secondary by 2015. The country is not likely to attain the set target of 33 per cent for the number of female representative in Parliament as the indicator is 7.5 per cent in 2011 and given the fact that the next election will take place in 2017, beyond the 2015 deadline.
- **Goal 4:** For child health, the country is unlikely to meet the MDG targets for the infant and child mortality indicators. Although the infant mortality rate has dropped from 93 per 1000 live births in 2005 to 81 per 1000 live births in 2010 and the under-five mortality rate has also dropped from 131 per 1000 live births in 2005 to 109 per 1000 live births in 2010. But given the 2015 target for infant mortality rate of 42 deaths per 1000 live births and 67.5 per 1000 live births for under five mortality, the country is not on track to achieve the target set for childhood mortality. Immunization rates show that targets set for the proportion of 1 year old children immunized against measles are on track.
- **Goal 5:** The country is not on track for achieving the MDG target of reducing by three quarters the Maternal Mortality Rates (MMR) between 1990 and 2015. Considering the current maternal mortality rate of 730 maternal deaths/100,000 live births (2001) and the MDG target of 263 maternal deaths per 100,000 live births by 2015, it could be argued that the set target may not be attained. The 2012 maternal mortality estimates ‘Trends in Maternal Mortality: 1990 to 2010’ of the WHO, UNICEF, UNFPA and the WB in 2012 has estimated the maternal mortality ratio for The Gambia in 2010 to be 360 per 100,000 live births. Since the 2001 survey is the only representative survey conducted on MMR for The Gambia, the country is not likely to reduce by three quarters the maternal mortality rate estimate derived from that survey result. Regarding the percentage of births attended by skilled birth attendants, it is unlikely that the country will meet the MDG target of 90 per cent by 2015. The 2010 estimate of 56.6 per cent shows a slight drop from the 2005/06 estimate of 56.8 per cent with huge regional disparities.
- **Goal 6:** The attainment of target set for the proportion of under-five children sleeping under ITNs is on track. Results from the 2010 Malaria Indicator Survey shows that 62.1 per cent of children under 5 sleep under ITNs. That augurs well for the attainment of the set target of 85 per cent by 2015. The proportion of children under five with fever who are treated with appropriate anti - malarial drugs has decreased from 52.4 per cent in 2005 to 30.2 per cent in 2010 and the target is 80 per cent by 2015. On HIV/AIDS, The Gambia is on course to attain the set targets for HIV/AIDS. In 2011, the prevalence rate for HIV1 was 1.65 per cent and the set target is 0.3 per cent whilst for HIV2, the prevalence rate in 2011 is 0.07 and the set target is 0.9 per cent. The Gambia is not on track of achieving Goal 6 in its entirety given the set targets for the different indicators.
- **Goal 7:** The MDG target set for the proportion of the population using improved drinking water sources has been attained. The set target is 85 per cent by 2015. In

2005 85.1 per cent of the population were found to have had access to improved water sources and that proportion increased slightly to 85.8 per cent in 2010.

The country is not on track to achieving the target set for proportion of households using improved sanitary facilities. In 2000, the proportion of households using improved sanitary facilities was estimated at 87.9 per cent. That figure subsequently dropped to 84.2 per cent in 2005 and further dropped to 76.3 per cent in 2010 whilst the set target for the indicator for 2015 is 92 per cent.

- **Goal 8:** Partnership for development – The Gambia reached HIPC Completion Point in December 2007 and has since then been receiving extensive debt relief under the enhanced Heavily Indebted Poor Countries (HIPC) Initiative and the Multilateral Debt Relief Initiative (MDRI). Currently, there is budget support from the African Development Bank (ADB) and the World Bank and programme budget support from EU, FTI and Global Fund. The UN System in The Gambia has within the framework of the UNDAF been providing invaluable support to the Government to achieve the objectives of the PRSPs and now PAGE as a means of realizing the MDG and Vision 2020 goals. The efforts of the UN System in The Gambia is focused on the following broad programme areas: Poverty reduction and social protection; Basic social services and Governance and Human Rights

GOAL 1: TO ERDAICATE EXTREME POVERTY AND HUNGER

Target 1a: Halve, between 1990 and 2015, the proportion of the population whose income is less than \$1.25 per day

	1992	1998	2003 < \$1/ person/ day	2008	2010 < \$1/ person/ day	2010 <\$1.25/ person/ day
National average	31	69	58	55.5	36.7	48.4
2015 MDG target	15					

Table 2: Source - 1992 poverty study, 1998 poverty study, 2003 and 2010 Integrated Household Surveys

NB: Please note that 1992 & 1998 use food poverty as measurement and not US\$ 1 or 1.25 per day threshold

All the poverty studies have shown that the incidence of poverty is greater in the rural areas of The Gambia than the urban areas. Rural poverty is at least two times as high as urban poverty for both 2003 and 2010. This disparity by place of residence is attributable to the fact that there is a high level of income inequality between the rural and urban areas. This is because urban dwellers usually earn more than rural dwellers because most of the rural communities in The Gambia are agrarian as compared to urban communities where people engage mostly in paid employment.

With less than four-years remaining for the achievement of the Millennium Development Goals (MDGs), the slow pace of improvement, or even failure to improve in overall poverty in rural areas is probably the single largest factor slowing achievement of all the national-level MDGs.

Presented in figure 1 are the overall poverty rates from 1992 – 2010 and the MDG target by 2015 (15%). It has been observed that following the increase in poverty levels from 1992 to 1998 poverty had been on the decline in The Gambia as it dropped from 69 per cent in 1998 to 58 per cent in 2003. The 2008 poverty assessment also showed a slight decline from the 2003 level (58%) to 55.5 per cent. In 2010, using the less than \$1 per person per day threshold, poverty dropped significantly, from 58 per cent in 2003 to 36.7 per cent. Using the less than \$1.25 threshold poverty dropped to 48.4 per cent. Given the MDG target of 15 per cent and the current poverty levels, it is urgent to reduce the current poverty rate by 21.7 percentage points to achieve the set target by 2015.

Figure 1: Percentage of the population below the poverty line, 1992 – 2010

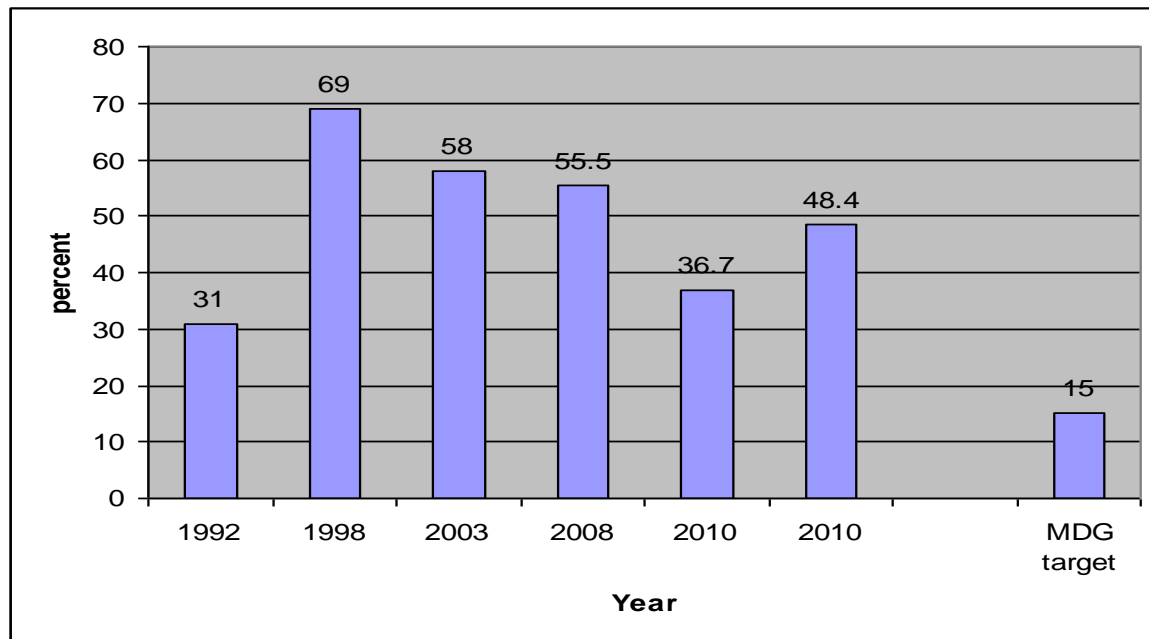


Table 3: Total Household Consumption by Quintile

Quintile	1998	2003	2010
	Estimate (per cent)		
1 st Quintile (poorest)	4.0	8.8	5.60
2 nd Quintile	7.6	13.6	10.50
3 rd Quintile	12.1	18.0	15.30
4 th Quintile	20.3	21.6	22.00
5 th Quintile (richest)	56.0	38.0	46.50

Table 3 above gives a representation of consumption level of the richest and the poorest quintiles for 1998, 2003 and 2010. The richest quintile alone consumes very close to 50 per cent of goods and services (46.50%) in 2010 while the poorest quintile accounts for just 5.6 per cent. The fourth and fifth quintiles when combined get 68.5 per cent, representing over two thirds of the total. Such a huge disparity raises serious equity issues.

Challenges:

Notwithstanding the existence of government policies geared towards poverty alleviation, the country faces a number of challenges in the fight against poverty and these include the country's vulnerability to climate change; drought and floods as is evidenced in the 2011 crop failure due to low rain fall, increased import prices, the lack of value-addition on primary products and marketing facilities for agricultural products. The high unemployment/under-employment of the youth and the women continue to pose serious challenges to the economy given the fact that these social categories are more vulnerable to poverty than any other segment of the society has. The determinants of poverty shows that the unemployed and the population employed in the agricultural sector have higher poverty rates compared to other occupational categories. The lack of adequate resources for the implementation of National Development Strategies (PRSP II 2007-11) and The Program for Accelerated Growth and Employment (PAGE 2012-15) has hampered investment in the country.

Supportive Policy Environment:

The importance Government of the Gambia attaches to poverty alleviation is manifested in the existence of many MDG based policies. The Programme for Accelerated Growth and Employment (PAGE) seeks to deliver and sustain a 10 per cent GDP growth with emphasis on employment creation and income generation, particularly in the productive sector of agriculture where most of the poor earn their livelihoods. Tackling youth employment is also a central strategy of the PAGE. Other policies put in place by government to reduce poverty have been articulated in Vision 2020, PRSP I & II, Trade and employment policies and programmes, National Agricultural Investment Programme, Public Expenditure Reviews of the PRSP sectors of Education, Health, Agriculture, the National Strategy for Food Security and the National Nutrition Policy.

Target 1b: Achieve full and productive employment and decent work for all, including women and young people

	1990	Current Status (2010)
Employment population ratio	0.33 (1993)	0.38 (1993)
Proportion of employed people living below \$1.25 (PPP) per day	NA	40.0%
Proportion of own-account and contributing family workers in total employment	0.77 (1993)	0.79 (2003)

Table 4: Source: 2010 Integrated Household Survey

Overall, the data in the table above shows that the proportion of the employed population to the total population has increased from 33 per cent in 1993 to 38 per cent in 2003 and

further increased to 46 per cent in 2010. The proportion of the employed population living below 1 USD per day was 40 per cent which is slightly higher than the total population living below 1 USD per day (36.7%). The proportion of own account and contributing family workers in total employment was 79 per cent. The proportion was highest in the rural compared to the urban areas.

Target 1c: Halve, between 1990 and 2015, the proportion of the population who suffer from hunger

	1996	2000	2005	2010
National Average	20.9	17.1	20.3	17.4
2015 MDG Target	10.4			

Table 5 : Source - 1996 MICS, 2000 MICS II, 2005 MICS III, MICS IV, 2010

Status:

The Gambia has made modest progress on the hunger target of the MDG1. Over the period 1996 – 2010, the proportion of the population under weight has decreased from 20.9 per cent to 17.4 per cent with wide geographic divergences. Although progress has been made, underweight remains high at 17.4 per cent considering the set target for 2015 (10.4%). Substantial inequalities continue to exist between urban and rural areas as rural children were twice as likely to be underweight (21.4%) compared to urban dwellers (11.9%). In 2005, and 2010, there was no significant difference in the prevalence of underweight children by sex.

Presented in the figure below is the proportion of underweight children at the national level and by place of residence from 1996 – 2010 and it shows that the on average the proportion of underweight children has been between 20 – 17 per cent and that the proportion of malnourished children in the rural areas was higher than the national average whilst the urban dwellers had rates lower than the national average. In 2010, the proportion of under weigh children in the rural areas almost doubled that of the urban areas (21.4% vs 11.9%).

Figure 2: Percentage of underweight children, national average and place of residence

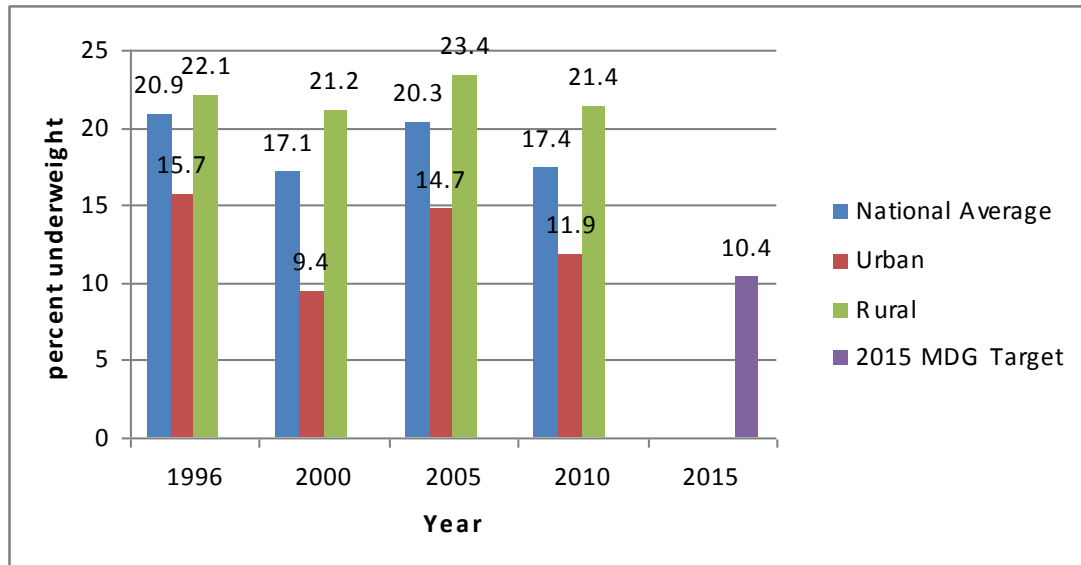


Figure 2: Percentage of under-weight children, National Average and type of Residence

Challenges:

Although the Gambia Government has formulated policies that address health, nutrition and demographic needs of the population, the government is faced with challenges in the fight against malnutrition. High incidence of poverty in the rural areas resulting in most households’ inability to afford the minimum dietary requirements resulting in serious nutritional and health implications at household level; Vulnerability of children under-five due to poor feeding and hygiene practices; High food bacterial contamination due to poor sanitary conditions; Poor yields and low incomes, which translate into food insecurity as witnessed in 2011; Non-inclusion of nutrition objectives in sectoral policies, and Inadequate financial and human resources to implement nutrition programmes and services. Eating habits, attitudes and behaviour of the people has also been identified as a challenge.

Supportive Policy Environment:

The importance The Gambia government attaches to improving the nutritional status of the population led to the establishment of the National Nutrition Agency in 2000 which is overseen by the Nutrition Council which is chaired by the Vice President with a council membership that includes various Ministers and Permanent Secretaries.

The first Nutrition Policy for The Gambia covered the period 2000 –2004 was successful in that it put nutrition high on the national development agenda of the Government. This policy was reviewed to cover 2010 – 2020. The National Nutrition Agency (NaNA) over the years has been implementing community based nutritional programmes to protect, promote and improve the nutritional status of the people. This programme targeted the

promotion of salt iodization, vitamin A supplementation and included the baby friendly hospital initiative, integrated anemia pilot programme, and the baby friendly community initiative.

The government has also developed The Gambia Nutrition Surveillance Program. The aim of the program is to determine the prevalence and distribution pattern of malnutrition (wasting) for all the under-five children living in primary health care villages.



The co-ordination of the enforcement of the Food Act is also vested in the National Nutrition Agency. The Act deals with food fortification, salt iodization, development of a national code of conduct for the marketing of breast milk substitutes and the importation and exportation of food items.

GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Target 2A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Status:

The Government of The Gambia has recognized basic education as a key to national development. To that end, the government has embarked upon several educational reforms and instituted policy measures toward making education more accessible to all.

There has been substantial progress in expanding access to primary education. Between 2000/01 and 2010/11 academic years, enrolment increased by 26 per cent notably in the urban area partly due to migration. There was a slight drop in the proportion of pupils starting grade 1 who reach grade 5 from about 97 per cent in 2005 to 95.3 per cent in 2010. Enrolment rates for all children may improved if efforts are made to increase enrolment in the Northern Region of the country.

Table 6: Evolution of Education MDG Indicators

Indicators	1990	2000	2005	2011	2015
Net enrolment ratio in primary education (%)	44%	60%	61%	72%	100%
Proportion of pupils starting grade 1 who reach Grade 5	88% (1991/92)	90% (1998)	96.6%	95.3%	100%

Source: EMIS, Multiple Indicator Cluster Survey, 2000, 2005/6 and 2010

Net Enrolment Ratio (NER) at the primary level has increased from 60 per cent in 2000 to 72 per cent in 2011 and is highest in the urban areas as is expected.



Challenges to Achieving Universal Primary Education:

One of the major challenges to universal access is the difference in perception in terms of the right age to enter primary school. The official entry age to primary school is 7 years but many parents, especially in the rural areas, feel that 7 years is too early to send their children to school. Thirteen per cent of the enrolments in the primary schools are over age. The Gambia Education Country Status Report (CSR) 2010 indicated that financial cost is a major impediment to access to primary education. It showed that even though primary education is tuition free in The Gambia, the user-fees necessary to keep children in the school system translates into parental aggregate contribution of more than 49% of total cost of education at the primary level.

Supportive Policy Environment:

The Ministry of Basic and Secondary Education (MoBSE) has a policy that no child should walk more than 2kms to school. This policy has been successful but there still exist some sparsely populated communities where children are obliged to walk for more than 2kms to get to the nearest primary school. The Ministry of Basic and Secondary Education has therefore piloted many initiatives among which are the provisions of specialised donkey carts to ferry young children to and from school and to provide more schools. The Ministry has refocused its efforts on quality over the past few years. These efforts include the improvement of teacher and learning material, content, knowledge and improving in-service training opportunities.

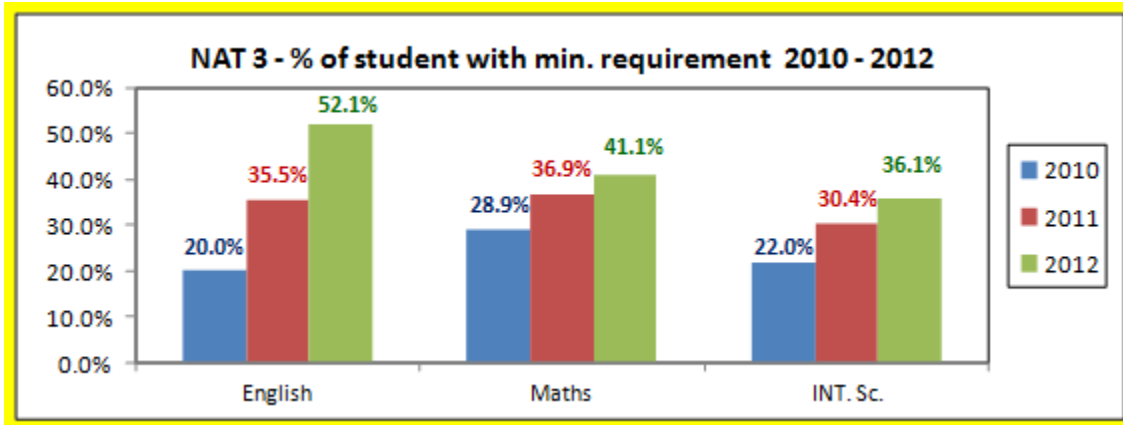


Figure 3: Students' Learning Achievements

Figure 3 above shows the learning achievements of students from 2010 to 2012

GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Target 3A: Eliminate gender disparity in primary and secondary education, preferably by 2005 and to all levels of education no later than 2015

Table 7: Gender and Women Empowerment

Indicators	1990	2007	2011	2015
Ratios of boys in primary, secondary and tertiary education (%)	0.74 (Primary) 0.72 (Secondary) 0.44 Tertiary	1.06 (Primary) 1.01 (Secondary) 0.83 (Tertiary)	1.05	
Share of women in wage employment in the non agricultural sector	NA	NA	77%	
Proportion of seats held by women in national parliament		6.25% (Parliament) 13.91% (Local Council)	7.5% (2012) (Parliament) 13.91 (2011)	33% 33%%

Source: EMIS 2007, Independent Electoral Commission (IEC), 2012 MICS 2005, 2010 and IHS

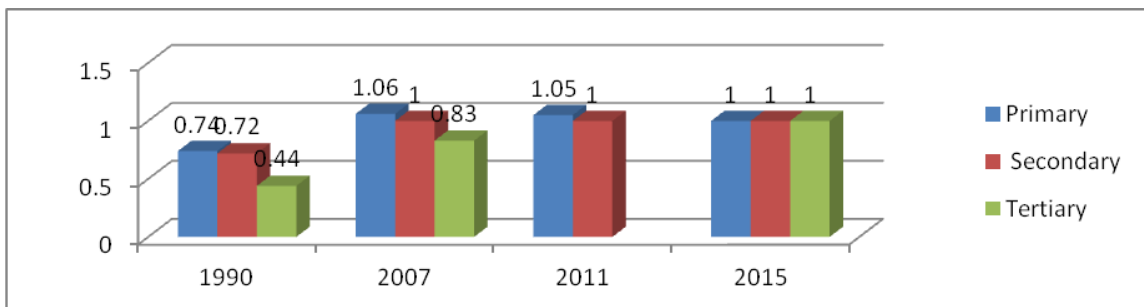
Status:

Major gains have been registered towards achieving the goal of promoting gender equality and empowering women. Over the years, the enrolment and retention of students and the quality of education has improved, but gaps between boys and girls remain. In relations to the ratio of girls to boys in primary, secondary and tertiary education, significant progress has been made in increasing enrolment and retention of girls in schools. At the Primary School level, the ratio increased from 0.74 to 1.06 from 1990 to 2007, but dropped slightly by 0.01 in 2010.



In the Secondary Schools, the ratio increased from 0.72 to 1.0 from 1990 to 2007. In 2011, the proportion was 1. For the period under review, the MDG target of both primary and secondary education has been met. With respect to the tertiary level, the ratio increased from 0.44 to 0.83 - slightly lower than the other categories.

Figure 4: Ratios of girls to boys in primary, secondary and tertiary education (%)



Source: EMIS 2007, MIC 2005/2006 UNICEF/ The Gambia Government

Although, gender parity targets in primary education have been met, but the set goals for the secondary and tertiary levels are yet to be achieved. Continued education and quality for girls remains a problem because of the heavy domestic chores that the girl child is subjected to, early marriages in some communities, evidence of the continued existence

of negative practices which militate against the retention of girls beyond the lower secondary level.

More interventions and sensitization campaigns needs to be undertaken to encourage parents to allow the girl child to continue beyond the lower basic level and not to withdraw them for early marriages or to devote their time exclusively to household chores. Without such a change in attitude and mindset, it will be difficult to attain gender parity.

Employment of women in the non- agriculture sector has witnessed great improvement. The share of women in the non-agricultural sector is showing an upward trend. Out of total of 25,280 employees in the Civil Service Integrated Pay Scale (January to December 2011), females comprise 20.82 per cent (Africa Gender & Development Index Study in The Gambia 2011). The gender equality and parity in education and other actions overcoming social norms led to increase in the number of women employed in the vital areas of the economy.

The female representation at the National Parliament has improved slightly from 6.5 per cent in 2006 to 7.5 in 2011. Thus, the proportion of female parliamentarians is well below the 2015 goal of 33%. There are 4 women of which 2 are elected and 2 nominated by the President. Although women's opportunities to partake in political decision-making have improved in recent years, women continue to be under-represented at all political level. The Gambia is very unlikely to achieve the set target for female representation in parliament as the next elections is 2017.

The female councillors accounts for 13.91 per cent of the total number of councillors in 2006, increased to 17 per cent in 2009. There is still a huge gap in meeting the target of 33 per cent by 2015. The factors responsible for this slow pace are notably the social norms and cultural resistances that prevent women from: influencing the decision making processes; having access and control over productive resources like their male counterparts.

The number of females holding ministerial appointments and management positions in the public institutions has improved from 5 to 6 from 2007 to 2012. The Vice President and Minister of Women's Affairs and the Deputy Speaker of The National Assembly positions are held by women. For the period under review, quite a number an impressive number of women are in the top decision-making positions. The number of female Permanent Secretaries, increased from 3 (2010) to 5 (2011) and the number remain the same in 2011. For the female Deputy Permanent Secretaries, the number also increased from 9 to 14 from 2010 to 2011 and again rose to 19 in 2012. Several women held the position of Principal Assistant Secretaries and Technical Directors. In the Diplomatic mission, there are 2 female heads of missions. Likewise, the Judiciary has in recent years witnessed a marked increase in the number of female judges who are now at par with their male counterparts, each group having 8 representatives.

Key Challenges:

- Limited number of Gender Units at key ministries to ensure and strengthen the capacity of stakeholders to effectively mainstream gender (training, material and human resources)
- Non-systematic awareness on challenges to gender equality and its impact to both men and women
- Poor market outlets for women's produce
- Limited access to credit and other productive resources for women to enhance economic resources for women
- Strengthening the National Women's Bureau to enhance coordination of women's groups
- Limited resources for implementation of the Gender Policy 2010-2020
- Improvement of the quality of data on the participation of women in the labour force
- Low participation of women in politics due to cultural and religious factors

Supportive Policy Environment:

The policy environment avails women a great deal of opportunities to emerge from their subservient positions. The Gambia Government has created the space Government, Civil Society Organizations, NGOs and Private Sectors to have policies and programmes that are geared towards the attainment of gender equality in a number of sectors of the economy. With the formulation of the Gender and Women Empowerment Policy 2010 – 2015, the Women Act 2010 and the participation of CSOs in sensitization and awareness creation campaigns at all levels, ranging from policy formulation, implementation, service delivery, infrastructure development and monitoring and evaluation, the promotion of equality and equity will deliver the expected development results. With the interventions on Child Protection, Children Affairs and Violence against women, the government has amply demonstrated its intentions to implement women and girl friendly policies. The ratification of the CEDAW (1979), the Children's Act (2005) and the Convention on the Rights of the Child (1986) are key milestones that demonstrate the government's policy positioning to foster equality and equity among the different genders. The Civil Service reforms also created a level playing field devoid of discrimination in earnings and position held.

Key Recommendations:

;

- Establish more gender units across government institutions/sectors
- Create markets for agricultural produce, particularly, horticultural products to increase the income of women;
- Encourage more women to assume top managerial positions and other decision-making roles in the interest of empowering them.
- Continue advocacy and promotion of employment of girls/women in the formal sector of the economy;

- Increased access to seed money for girls/women to enable them setup private businesses that would empower them to have financial independence;
- Promotion of girls'/women's participation in politics so that they come forward in their numbers to vie for political office.
- Regular surveys to establish the evolution of women's educational status should be carried out. There is a dearth of data on gender parity at secondary and tertiary levels.
- Encourage women to vie for political positions and challenge men in parliamentary elections

GOAL 4: REDUCE CHILD MORTALITY

Status and trend:

The Government of the Gambia is committed to the reduction of child mortality and that is reflected in national policy documents such as the Women's Policy, the Population Policy and the Health Policy. Among the goals of the National Health Policy ('Health is Wealth') is the reduction of the infant mortality rate from 75 per 1000 (2003) to 28 per 1000 by 2015.

Until the late 1970s, the Gambia had one of the highest childhood mortality rates in the sub-region. That high rate of mortality was attributed to factors such as low immunization coverage, poor access to health services, poor access to safe water and sanitation and low nutritional status. Nutritional status, particularly of children, has in the past been adversely affected by food taboos and feeding practices. Over the years however, major gains have been made in improving access to health services, particularly in the area of maternal, newborn and child health.



The Gambia has achieved notable progress in the reduction of mortality of under-five children. Over the period 2005 – 2010 infant mortality rate (IMR) decreased from 93 deaths per 1,000 live births in 2005 to 81 deaths per 1,000 live births in 2010 whilst the under - five mortality rate also decreased from 131 per 1000 live births in 2005 to 109 per 1000 live births in 2010. Despite this significant achievement in the reduction of under-

five mortality, it is unlikely that the target of 67.5 deaths per 1,000 live births will be reached by 2015. It is important to note that the under-five mortality rate is highest in the poorest regions of the country (Kuntaur, Janjanbureh and Basse) with 199, 115, 142 deaths per 1000 live births respectively - all of them higher than the national average (109 per 1000). However, all regions have registered considerable improvements in infant mortality rates between 2005 and 2010.

Target 4A: Reduce by two-thirds, between 1990 and 2015, the Under-Five Mortality Rate

Table 8: Infant Mortality

Indicator	1990	2000	2005	2010	MDG Target (2015)
Under-five Mortality Rate	135 (1993)	98	93	81	67.5

Table 9 below gives a comprehensive idea of the regional disparities in terms of infant and under 5 mortality rates in the country. It appears clearly that the rural areas are lagging behind the urban areas in terms of child welfare.

Table 9: Infant and Under 5 Mortality Rate, The Gambia 2000- 2010

Sex	Infant mortality rate			Under 5 mortality rate		
	2000	2005/06	2010	2000	2005/06	2010
LGA						
Banjul		88	51		122	62
Kanifing			76			102
Brikama		76	74		100	99
Mansakonkbo		104	74		154	98
Kerewan		90	77		126	101
Kuntaur		124	86		195	119
Janjangbureh		109	85		165	115
Basse		121	98		188	142
Residence						
Urban		74	75		96	99
Rural		102	85		150	117
Total	98	93	81	141	131	109

NB: Banjul and Kanifing have a combined mortality figure for 2005/2006

Source: MICS Reports 2000, 2005/06, 2010

In terms of immunization coverage against measles, The Gambia has made great progress although there is a significant decrease in coverage between 2005/6 (92.4) and 2010 (84.7%) after registering an increase of 12 points between 2000 and 2005/6. The MDG target for the proportion children immunized against measles is 100 per cent.

Table 10: Percent distribution of the proportion of children immunized against measles

year	2000	2005/6	2010
percentage	80	92.4	87.4

Challenges:

Despite the significant gains made in the reduction of infant mortality, the levels observed in The Gambia remain high as the current infant mortality is 81 deaths per 1000 live births against the set target of 67.5 by 2015.

Challenges that impede the achievement of the desired low levels of mortality relate to the following;

- Differential access to quality health services across the country;
- Sustenance of adequate supplies of essential drugs and equipment in public health facilities;
- Retention of trained manpower in the public health system;
- Maintenance of an efficient cold chain for the storage and transportation of drugs and vaccines for immunization;
- Non-functionality of the Primary Health Care (PHC) system at village and community levels
- Maintaining qualified health personnel in the rural areas
- High poverty rates in the predominantly rural areas
- (The need for a SWAP for the health sector)

Supportive Policy Environment:

A National Health Policy (2012-2015) has been formulated which seeks to address the pressing health needs of the country. The policy specifically lays emphasis on reducing maternal and childhood morbidity and mortality and outlines measures to address the following areas;

- Free maternal and child health services;
- Improved access to reproductive and child health services;
- Improvements in the cold-chain to improve vaccine efficacy;
- Provision of medical doctors to almost all health facilities;
- Reduction and eventual elimination of morbidity and mortality due to malaria by increasing access to insecticide treated bed-nets and the introduction of residual spraying.

GOAL 5: IMPROVE MATERNAL HEALTH

Status and trend:

The country is not on track to reducing maternal mortality from its present rate of 730 per 100,000 live births (2001) to the MDG target of 263 per 100,000 births by 2015. The table below shows the maternal mortality ratio and the proportion of deliveries attended by skilled birth attendants from 1990 to 2010. Even with this current estimate, it is not likely that the maternal mortality rate will be halved to 263 per 100,000 live birth lives by 2015. As a result, there is an urgent need for a conduct of a comprehensive maternal mortality survey with disaggregated data at regional level for targeting of regions where maternal mortality is highest. Unless the maternal mortality ratio is known, based on the 2001 estimates, one can conclude that the goal will not be attained. For the other indicators of the goal, other than antenatal care, it will be difficult to measure the achievements because of the lack targets for the indicators.



Table 11: Target 5A: Reduce by three-quarters between 1990 and 2015, the Maternal Mortality Ratio

Indicator	1990	2000	2000/6	2010	MDG target
Maternal mortality ratio (per 100,000 live births)	1050	730 (2001)	690 (2008)	360	263
Percentage of births attended by skilled health personnel	42	54.6	56.8	56.6	90

Table 11: Source - GFDCPS 1990, MICS II, 2000, MICS III, 2005/6 and MICS 2010

NB: the 2008 maternal mortality ratio is from the 2008 report on Count Down to 2015 on Maternal Newborn and Child Survival Report and the 2010 estimate is from the WHO, UNFPA, WB and UNICEF conducted a maternal mortality estimate for the period 1990 – 2010

Regarding the percentage of births attended by skilled birth attendants, it is unlikely for the country to meet the MDG target of 90 per cent by 2015 considering a 2010 estimate of 56.6 per cent showing a slight drop from the 2005/06 estimate of 56.8 per cent. Therefore, if the current trend continues, the country is not likely to meet the MDG target. However, there are substantial disparities in the proportion of births attended by skilled attendants by place of residence. Deliveries in urban areas are more than twice more likely to be delivered by skilled attendants than deliveries in rural areas.

Challenges:

Health service related factors that impede progress in the attainment of improved maternal health include:

- Unmet need for emergency obstetric care services due mainly to inadequate basic reproductive health equipments and supplies.
- Inadequate functional blood transfusion services and theatres.
- Inadequate functional basic laboratory services (e.g. haemoglobin test, blood film, venereal disease reference laboratory and urine analysis)
- Acute shortage of skilled health professionals especially in the rural health facilities.
- Weak referral system especially from the community to health facility levels.
- Inadequate financial resources for maternal and reproductive health services.
- Low use of modern contraception
- Availability of essential medicine and other medical supplies.

The non-health related factors that impede the attainment of maternal health targets:

- High fertility (national TFR 5.4) as it relates to cultural norms and values that place high premium on having many children

- Inadequate nutritional intake, particularly for pregnant and lactating mothers.
- Access to safe drinking water and basic sanitation.
- Unavailability of data on maternal mortality. But with the on going first ever DHS there will be an update on the prevalence maternal mortality

Policy Environment:

- Health Policy Framework 2007-2020 with the strategic goal of improving the quality of life by addressing maternal, reproductive and child health issues.
- Implementation of priority strategies in both the Health Policy Framework 2007-2020 and the Reproductive Health Policy 2009-2014 such as 24/7 Emergency Obstetric Care, Emergency Neonatal Care, Reproductive Health Commodity Security Plan, improvement of the nutritional status of the antenatal women and under-five year olds to address the immediate needs of reproductive and child health services.
- Strengthening technical co-operation agreements and partnership with the governments of Cuba, Egypt, Nigeria and Taiwan and other multilateral development partners for provision of human and financial resources to the health sector.
- Increase budgetary allocation to address the resource needs of the MoH&SW with particularly attention to the health related MDGs financing.

Target 5b: Achieve by 2015, Universal Access to Reproductive Health

Status and trends:

It has been established that to make a headway in MDG goal 5, efforts had to be focused on the reproductive health of women. Sensitization by both state and non-state actors on the benefits of family planning methods has contributed to the decline in population growth rates. The country's population growth rate registered a decline from 4.2% (1993) to 2.7% (2003). Over the same period, fertility rates also dropped slightly, moving from 6.1% to 5.4%. Studies have shown that the use of modern contraceptive methods is still relatively low with between 6.7% - 13.4% of married women using contraceptives. Family planning is today part and parcel of the reproductive and child health services.

The Proportion of births attended by skilled health personnel was 56.8 per cent in 2005 and has dropped slightly to 56.6 per cent in 2010. The target for the indicator by 2015 is 63 per cent. Meaning that with little effort, the country can attain the set target.

Contraceptive prevalence rate was 13.4 per cent in 2001 and has dropped slightly to 13.3 per cent in 2010. The target of 30 per cent by 2015 is not likely to be met. Antenatal care coverage (at least one visit and at least four visits) was 97.8 per cent in 2005 and has increased slightly to 98.1 per cent in 2010. The target of 100 per cent could be achieved by 2015.

GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

Target 6A: Have halted by 2015, and begun to reverse the spread of HIV/AIDS

Status and Trends:

The first case of HIV in The Gambia was diagnosed in May 1986. As at 1999, a cumulative total of 810 cases were reported, 54.4% being HIV-1, 39.5% HIV-2 and 6.7% dual positive. The May 2000-August 2001 sentinel surveillance showed a prevalence rate of 1.2% for HIV1 and 0.9% for HIV2. Heterosexual transmission, however, continues to be the main mode of spread of HIV in the country. An Integrated Biological and Behavioural Surveillance Survey (IBBSS) was conducted among MARPs and preliminary data has shown that prevalence in this cohort is much higher than in the general population.

According to the most recent National Sentinel Surveillance (NSS) study conducted among 6120 antenatal women in 12 health facilities (3 hospitals and 9 health centres) in 2011, as indicated in the table, the prevalence of HIV-1 is estimated at 1.65% and HIV-2 at 0.07%. Over the years the prevalence within the antenatal women category has been fluctuating from 1.4% for HIV-1 in 2002 and peaking at 2.8% in 2006 and showing a sustained decline for the subsequent years 2007, 2008 and 2011.

Prevalence of HIV-1 was higher in older women 25-49 years compared to younger women, 15-24 years except for 2008. A trend analysis of the data, however, seems to indicate that the prevalence is declining in the older women's group and increasing in younger women aged 15-24 years.

Supportive Policy Environment:

Government is committed to the fight against HIV/AIDS. The National AIDS Council, chaired by the President, has been established and is supported by a National AIDS Secretariat. There is a strong political commitment and leadership in the response to HIV/AIDS in the country. On World AIDS Day (1st December 2010) the Vice-President commemorated the event and called for the elimination of all forms of discrimination against PLHIV followed by the launching of the framework on Accelerated Country Action for Women, Girls, Gender Equality and HIV. Furthermore, the First Lady has been leading the advocacy for accelerated PMTCT services across the country and Partnership Forum for HIV/AIDS since 2010

Currently, there are efforts to decentralize authority to the 6 regions of the country in order to ensure that the provision of social services is more equitable, especially in the rural areas. The development of the newly drafted Programme for Accelerated Growth and Employment (PAGE) Policy highlights decentralization as one of the major areas for intervention to enhance autonomy of the local governments and to make them more

responsible for the provision and financing of the basic social services. Furthermore, the revitalization of the Regional AIDS Offices within the regions forms an integral part of the decentralization structure in mainstreaming HIV at regional level. Accordingly since 2007 the following mitigating actions were taken to curb the flow of patients.

1. Anti-Retroviral Therapy (ART) centres have been scaled up from 6 in 2007 to 10 sites in 2011 to increase access
2. Support groups have been created and supported to conduct monthly meetings, training on treatment literacy, stigma reduction and positive prevention
3. Mentoring program has been introduced to continually improve patient care at the ART centres in rural areas
4. Provision of nutritional and educational support, transport refund and enhance follow up of patients on treatment
5. Reinforcement of counselling at the ART centres for adherence to treatment

In addition various strategies for HIV/AIDS prevention and control are being implemented under the auspices of the National Aids Secretariat under the office of the President, including:

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

Challenges:

The following are some of the key challenges:

Funding challenge: The new NSF 2009-2014 has been costed. Whilst the GFATM is the major source of funding there are gaps that constrain the government's efforts towards financing vital activities that enhance development results. The counterpart funding provided by government and the other development partners was below the level required.

Resource mobilization: Linked to the funding challenge is resource mobilization to adequately respond to the HIV epidemic. There is only one main donor, providing over 90% of the funds

Voluntary Pooled Procurement (VPP): VPP was established by GFATM procurement assistance to its grant recipients. The challenge, however, is that VPP has not been responsive to emergency or urgently needed supplies. This may probably be due to the size of the country, and the quantity of the orders, which are always small compared.

Supply chain management: The main challenge has been getting timely data on supplies and consumption patterns. M-Supply software for pharmaceutical inventory management has been installed at 14 facilities but these are yet to be fully operational

Nutrition Support for PLHIV has also proved to be quite a challenge,

Support to Orphans and Vulnerable Children (OVC): The GFATM HIV program provides nutritional support to 62% (5070 OVC), out of a total of 8147 registered OVC. A maximum of 4 children per PLHIV family receive support. There is a big funding gap to cater for all eligible children per PLHIV family. There is an additional 500 children being supported under UNICEF at CaDO in Basse.

Opportunistic Infections (OIs) and sexually transmitted Infections (STI) drugs: Drugs for OIs and STIs are procured by the GFATM and the Gambia government. The GFATM procurement targets 50% of PLHIV, whilst the government one is supposed to target both the other 50% PLHIV and the rest of the general population who present with similar disease conditions whether or not they are HIV positive. The GFATM and government purchased drugs are pooled into one central supply management system, occasionally causing shortages in supplies of OI and STI drugs for PLHIV.

Early Infant Diagnosis: The primary goal of early infant diagnosis is to identify the HIV-infected child during the first months of life prior to the development of clinical disease. It provides a critical opportunity to strengthen follow-up of HIV-exposed children, assure early access to ARV treatment for infected children, and provide reassuring information to families of uninfected children. The Gambia's health services can only test for HIV in children from 18 months.

Attitude and Behaviour Change: The stigma and discrimination if not tackled it will have negative consequences on the intervention.

Target 6C: Have halted by 2015, and begun to reverse, the incidence of and other major diseases

Status and Trends: Tuberculosis (TB)

In the Gambia, tuberculosis continues to disproportionately affect the most productive age group of the society (15 - 59) with majority of detected patients being males. The TB epidemic is more concentrated in the densely populated area of the Gambia called the GBA which has a total notification of 1536 cases with 912 new smear-positive cases (approximately 68% of all notified cases and 41% of new smear-positive cases in the country). However, in terms of population, GBA is home to about 60% of the national population (population projections, 2009). In the Global Fund grant Medical Research Council –The Gambia is currently conducting an Enhanced TB Case Finding (ECF) study within the GBA. The objectives of this study are to test the effectiveness of ECF strategy to increase TB case notifications and to assess whether a sustained ECF strategy can contribute in reserving the TB epidemiology in terms of the annual notification.

There have been considerable changes in the epidemiological situation of tuberculosis in the Gambia for the past years in relation to tuberculosis case detection. The reported prevalence of all forms of TB has been increasing significantly since 2006. Similarly, the number of new sputum smear-positive cases has significantly surged since 2006. This upward trend is in line with strategic plan of the NLTP to increase TB case detection in the country. As can be seen in figure 1 below, there was a 19.4% and 12% increase in the number of cases (all forms of TB) and new smear positive cases respectively between 2006 and 2011. As shown in figure 2, 90% of the detected smear-positive TB cases have been successfully treated (NLTP treatment outcome report, 2010).

Figure 5: TB Cases in The Gambia

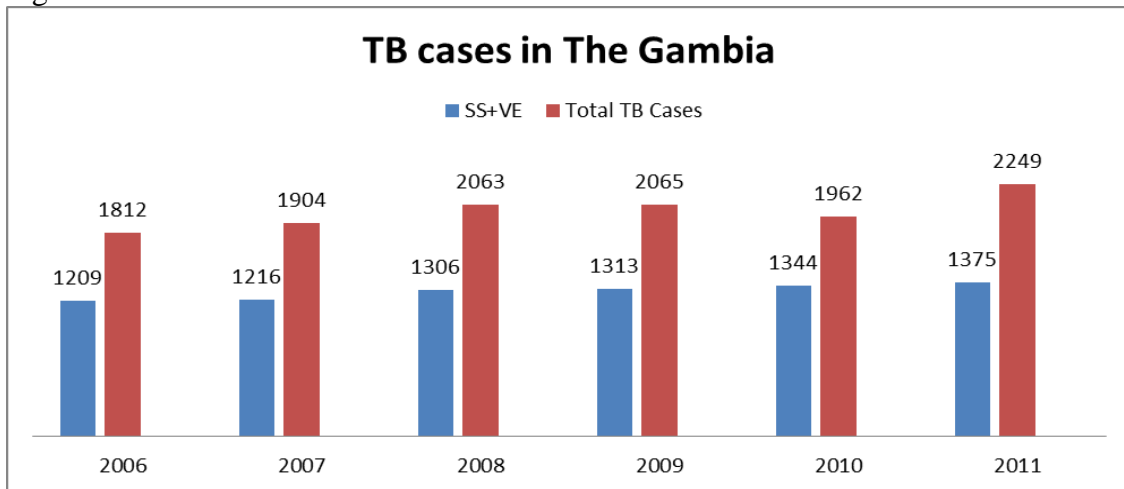
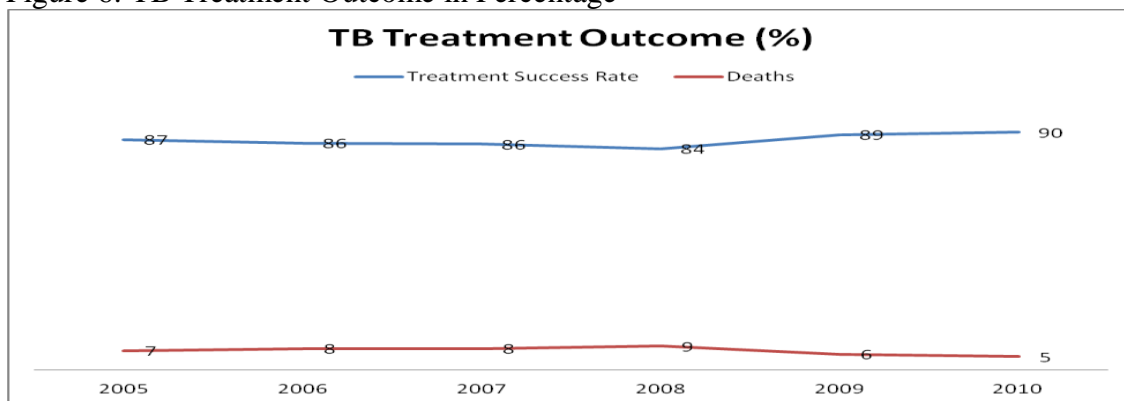


Figure 6: TB Treatment Outcome in Percentage



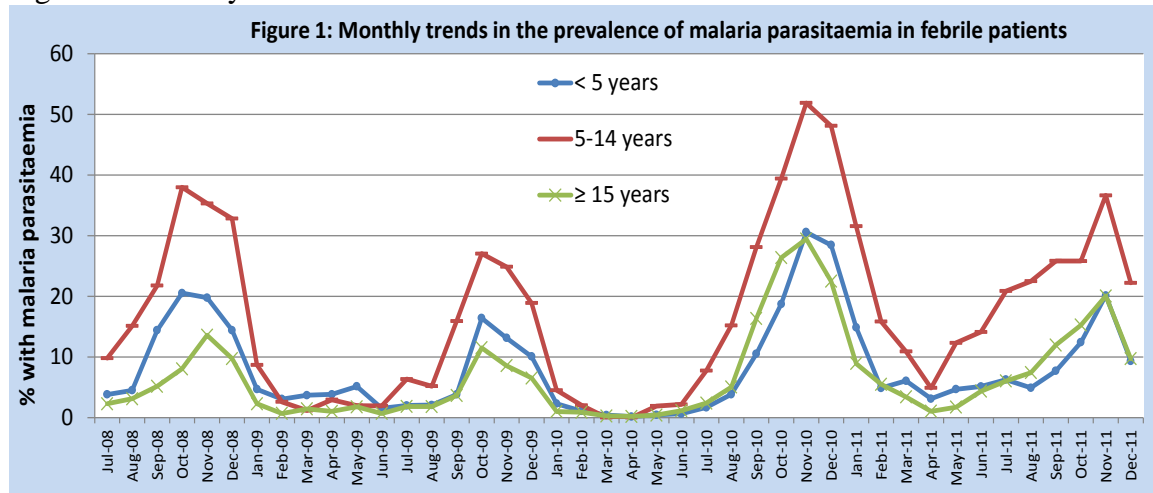
Supportive Policy environment:

There has not been any major policy change that adversely affected the TB program. In line with the DOTS Strategy for tuberculosis control, there is a strong political commitment and leadership in the national response to TB in the Gambia. A national TB control programme has been established with a considerably well trained staff at both central and regional levels.

Status and Trends: Malaria

Over the years of the government's efforts to reach pre-elimination stage, there has been a change in the incidence of malaria. Data from the National Malaria Sentinel Surveillance (NMSS) Report (2011) illustrates a shift of vulnerability from children under five to children 5-14 years. This could be attributed to the high focus of malaria prevention and control interventions on children below the age of five and pregnant women who, hitherto, are defined as the vulnerable groups. This report indicates that the 5-14 year olds are the group most likely to have malaria parasitaemia when tested. The rate of parasitaemia in this group during the malaria season was (21.6%) triple that of children under the age of 5 (7.8%) who had the lowest rate of parasitaemia. The peak in malaria incidence in November 2010 was due to abnormally high rainfall and lingering humidity. Figure 1 below illustrates malaria slide positivity by age group in malaria and non-malaria season

Figure 7: Monthly Trends in the Prevalence of Malaria Parasitaemia in Febrile Patients



Since the inception of Global Fund Round 3 in 2004, there has been a continuous decline in the incidence of malaria in The Gambia partly due to use of treated mosquito bed nets



This was reported in studies conducted by the Ministry of Health and Social Welfare (MoH) and Medical Research Council (MRC) (Ceesay et.al, 2008, 2010). In addition, the results of the NMSS also showed a decline in morbidity.

Supportive Policy Environment:

The GOTG has waived taxes and tariffs for the importation of all net and netting materials. Furthermore, the Indo-Residual Insecticide Spray of the NMCP was initiated by the President through procurement of insecticide and spray equipment.

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

Challenges:

Functionality of LMIS and unavailability of consumption data– There is a risk of stock-out, over-stocking, and expiry of drugs due to the lack of reliable consumption data under the Logistic Management Information System (LMIS) currently in place.

Malaria incidence - The achievement of the Malaria program in terms of treatment and diagnosis is far from initial targets and show different trends for children under five, over five and adults. However efforts are under way to conduct a study on malaria trends with the Medical Research Council (MRC)

Reporting through Health Management Information System (HMIS) is not complete as it has not been extended to report data on - all hospitals and private clinics.

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Target 7A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Targets	Indicators	Baseline 1990	2003	2005	2007	Current Status 2010	MDG Target 2015
7A: Integrate the Principles of Sustainable Development into Country Policies and Programmes and reverse the loss of environmental resources	Proportion of land area covered by forest	40.7%	41.5%	43%	45%	46%	50%
	CO ₂ emissions, total, per capita	0.215	0.196	0.187	0.187	0.187	NA
	Proportion of fish stock within safe biological limits.	88.8%	NA	NA	74.1%	75%	NA
7B: Reduce biodiversity loss, Achieving by 2010 a significant reduction in the rate of loss	Proportion of terrestrial and marine areas protected	3.7%	4.09%	NA	4.1%	4.1%	10%
	Proportion of species threatened with extinction	NA	NA	NA	NA	25%	NA
7C: Halve by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	Proportion of Population Using an Improved Drinking Water Source	69%	NA	NA	85.1%	85.8%	85%
	Proportion of population using an improved sanitation facility	80%	NA	NA	84%	76.3%	92%
7D: By 2020, to have Achieved a Significant Improvement in the Lives of at least 100	Proportion of urban population living in slums	NA	NA	NA	59.2%	45.8%	NA

Table 12: Sustainable Environment Indicators - Sources - Department of Forestry; Department of Parks and Wildlife; and FAO/MDG Report 2010

Status and Trends:

The Gambia is currently experiencing a steady but progressive decline of its forest cover due to the combined effects of urbanization, climate change impacts, adverse agricultural practices and bushfires. That has led to the degradation of the natural environment in many parts of the country. The land surface of the country was once very rich in biodiversity, with about 47% of the total area covered by dense forest, providing habitat for a total of 3335 species of organisms¹.

¹ Protected Areas Resilient to Climate Change in West Africa (PARCC) – The Gambia National Data Collection Report by Dr. Amadou S. Camara (2010)



Another estimate puts the total forestland area at 43%² of the total landmass of the country, representing approximately 505,300 hectares. The forest is classified into open and closed woodlands both of which account for just 10% of the total and the remainder consisting of Savannah woodland. A ban has been placed on charcoal and firewood production, but it is common to see bundles of firewood and bags of charcoal on the roadside outside the Greater Banjul Area.

Challenges:

The Gambia continues to face important challenges in its efforts to institutionalize and mainstream the principles of environmental sustainability. Conservation is a challenge due to the increasing demand for housing materials and land for construction and agricultural production. As a result, ensuring that the target of 50 per cent forest cover is met by 2015 is highly unlikely taking into consideration the challenges listed below:

- The recorded high population density of about 158 persons per square kilometre is exerting a considerable pressure on the country's forest resources. The Greater Banjul Area suffers the most in terms of resource depletion due to increasing rural-urban drift, over cultivation of agricultural farmland and over grazing.
- The demand for housing and all types of infrastructure to accommodate the growing number of people is also taking its toll on the environment.

² Sillah, 1999

- The demand for agricultural land in the peri-urban and rural areas to feed the growing population is also putting additional pressure on the land.
- The demand for fuel wood in the urban areas poses a serious challenge to the country's forest resources.
- Inadequate funding to implement the National Forest Programme is a challenge. In addition, there is inadequate capacity to monitor the environment
- Lack of adequate capacity to implement sector policies, plans and programmes

Carbon Dioxide (CO₂) Emissions, Total per Capita

Status and Trends:

As the Gambia strives to modify the structure of its economy to boost the contribution of the different sectors to Gross Domestic Product (GDP), greenhouse gases are being rejected into the atmosphere through industrialization and other human activities. As the population of the Greater Banjul Area increases, waste generation and disposal has become a complex developmental issue. To get rid of the tons of waste that accumulates in the neighborhoods and at the dumpsites, people resort to burning thereby generating a lot of carbon dioxide. Bushfires are a recurrent phenomenon and added to that is the practice of burning to clear farmlands for agriculture. The environmental worthiness of most of the vehicles that enter the country through the Port of Banjul is open to question. The Gambia Green House Gas (GHC) Inventory (2007) puts the total emission of CO₂ by vehicles into the atmosphere at 60% of the total. According to a UNEP report (2004), The Gambia had reached CO₂ emission levels of 216,018 Tonnes in 2001, representing 0.2 per capita emissions. Subsequently, the values rose to 4.42 per capita in 2005 and remained the same in 2007. However, that gradual rise is not corroborated by the 2010 figures that put the values at 0.187. The second Gambia Environmental Action Plan (GEAP II) seeks to promote environmental sustainability and to mitigate the impacts of climate change resulting from the emission of greenhouse gases.

Challenges:

To respond effectively to the rising carbon dioxide emission levels, the following specific challenges will have to be dealt with:

- The inability to adequately mainstream environmental concerns in development policies, projects and programmes
- Weak implementation capacity of GEAP II programmes
- Inadequate support systems for environmental management
- Absence of a framework to coordinate and harmonize donor funding
- Inadequate funding for the implementation of GEAP II projects and programmes
- The transnational character of certain environmental issues require that they be addressed through a cross-border framework that is not in place

- Not all the endorsed international conventions have been adequately domesticated and harmonized with the laws and policies of the country
- People are building houses in non residential areas, wetlands and waterways.
- Poor road and culvert constructions.

7B: Reduce biodiversity loss, Achieving by 2010 a significant reduction in the rate of loss

Proportion of fish stock within safe biological limits.	88.8%	NA	NA	74.1%	75%	NA
Proportion of terrestrial and marine areas protected	3.7%	4.09%	NA	4.1%	4.1%	10%
Proportion of species threatened with extinction	NA	NA	NA	NA	25%	NA

Status and Trends:

Proportion of fish stock within safe biological limits

As indicated in the chart below, the proportion of fish stock within safe biological limit is estimated at 75 per cent as only 40,000 metric tonnes of the 160,000 metric tonnes of the maximum sustainable yields are currently being exploited as of 2006 (Figure 7.3). The proportion has declined from about 90 per cent in 1990 indicating an increase in commercial fishing activities in The Gambia. Proportion of fish stock within safe biological limits had no target for 2015 but a substantial decline had been registered from 88.8 percent in 1990 to 75 percent in 2010. This signal the fact that the fish stock are no longer having safe biological limits. This is largely due to over fishing using unsuitable nets and other climatic conditions.

Challenges

The following challenges need to be overcome for the country to optimally benefit from her fisheries resources:

- Comparably low participation of Gambians in marine artisanal fishing, thereby preventing communities from deriving maximum benefits from government interventions in the sector;
- Adoption of unsustainable fishing methods to maximize catches in the face of stiff competition;
- Rapid decline in demersal species;

- Ever increasing fishing effort by both local industrial and foreign vessels without due consideration for the exploitable potential of the resources, resulting in over exploitation;
- Lack of effective monitoring, control and surveillance;
- Underdeveloped inland fisheries;
- Access to reliable outside market for the exportation of fish and fish products
- Extensive regulations of the international market;
- Destructive, unsustainable fishing methods and practices;
- Excessive by catches of non – targeted organisms (including endangered and protected species) and wasteful discards; and
- Lack of periodic fish stock evaluation.

Target 7B: Reduce biodiversity loss, achieving, by 2010 a significant reduction in the rate of loss

Proportion of terrestrial and marine areas protected

There are seven wildlife protected areas occupying a total land area of over 40,000 ha constituting 4.1 per cent of the country’s total land area. Information in the National Biodiversity and Action Plan shows that there were over 180 species of wild animals in The Gambia of which 13 species are extinct³. That biodiversity is being rapidly depleted to the extent that certain large mammal species have become extinct as the forest cover gradually gives way to human development. The area protected for biodiversity conservation managed by the Department of Parks and wildlife is project to rise from 3.7 percent to 10 per cent by 2015.

Status and Trends

The proportion of terrestrial and marine areas under protection rose from 3.7 per cent in 1990 to 4.1 in 2010 (Figure 7.4). However, with a national target of 10 per cent protection, it is not likely that the country will meet the target it set itself to attain by 2015. Meeting the national target of 10 per cent by 2015 will require at least an annual (1 per cent) percentage point increase. However, considering the trends over the past five years, it is unlikely that this target will be met.

Source: Department of Parks and Wildlife

³ Source: National Biodiversity Strategy and Action Plan

Challenges

The challenges in meeting the national target of 10 per cent of terrestrial and marine areas protected are multifaceted. Key among them is the rapid population growth resulting to increased deforestation due to the expansion in human settlements, over grazing by an increased livestock population and agricultural use. Other challenges relate to inadequate enforcement of land laws governing land use and preservation of the flora and fauna, low awareness on the importance of biodiversity, uncoordinated policy response to environment issues and unmitigated socio-infrastructure developments.

Proportion of species threatened with extinction

The Gambia has to date recorded 3,335 different animal species, however during the past three decades the country lost about 13 species of mammals and an unknown number of floral species⁴. This is attributed to loss of forest cover and environmental degradation resulting in the destruction of the natural habitat of most of these species.

Status and Trends

The proportion of species threatened with extinction was not reported on in the previous national MDGs status reports of The Gambia. Furthermore, there are no national targets set for this indicator, which makes it difficult to discuss trends in this report; rather the focus is on current status. However, the proportion of species threatened with extinction had no baseline data in 1990 but as of 2010, 75 percent of the wild life species either extinct or almost disappeared. This threaten our well acknowledged flora and funa

Table 7.1: Status of Gambia's large mammals and primates

Scientific name	Common name	Status
Phacocherus aethiopicus	Warthog	Common
Potamocherus porcus	Red-river	extinct
Hippopotamus amphibious	Hippopotamus	localized
Girrafa camelopardalis	Giraffe	extinct
Ourebia ourebi	Oribi	rare
Tragelaphus scriptus	Bushbuck	common
Tragelaphus spekii	Sitatunga	rare
Hippotragus equines	Roan	rare vagrant
Kobus ellipsiprymnus	Waterbuck	rare (vagrant)
Kobus kob	Kob	extinct
Damiliscus lunatusa	Western korrigum	rare
Tragelaphus oryx derbianus	Derby eland	extinct
Syncerus caffer	Buffalo	extinct
Loxodonta Africana	Elephant	extinct
Trichechus senegalenis	Manatee	common
Lycanon pictus	Wild dog	extinct

⁴ Source Department of Parks and Wildlife Management

Aonyx capensis	Cape clawless otter	rare
Crocuta crocuta	Spotted hyaena	common
Hyaena hyaena	Striped hyaena	extinct
Panthera leo	Lion	extinct
Panthera pardus	Leopard	rare
Leptailurus serval	Serval	rare
Caracal caracal	Caracal	rare
Profelis aurata	Golden cat	rare
Gazelles thomsonii	Thomson gazelles	extinct
Equus grevyi	Zebra	extinct
Damaliscus lunatus	Topi	rare (vagrant)
Damaliscus corrugum	Hartebeest	extinct
Papio papio	Baboons	locally common
Cercopithecus aethiops	Calithrax	locally common
Colobus badius	Red Colobus	locally common
Cercopithecus mitis	Blue monkey	rare
Galo senegalensis	Bush baby	common
Erthrocebus patas	Red patas	locally common
Pan troglodytes	Chimpanzee	extinct

Presented in Table 7.1 above is the status of the large mammals and primates of The Gambia. Thirteen (37 per cent) of these species are known to be extinct while 9 (25 per cent) of them are on the verge of extinction. This situation requires urgent attention to conserve the remaining ones and reverse the situation of those indicated to be on the verge of extinction.

Challenges

Conservation is still faced with the challenges of increasing demand for environmental goods and products such as food, water, housing materials and land. The major challenges are:

- Over cultivation of agricultural farmlands
- Deforestation
- Bush fires
- Over grazing
- Fuel wood extraction
- Poaching and uncontrolled hunting
- Over fishing of marine products
- Weak capacity to implement policies, plans and programmes

Target 7C: Halve by 2015 the Proportion of People without Sustainable Access to safe drinking water and basic sanitation

	1990	2005	2010	2015
Percentage of Population without Sustainable access to improved Water Source	69%	85.1%	85.8%	85%

Table 13: Source – MICS IV

Status and Trends:

Access to clean water and reliable water supplies are fundamental human rights, crucial for poverty reduction. The government’s commitment to increase the proportion of population using an improved water source in accordance with the MDG target has been achieved. Within the framework of the Strategy for Poverty Alleviation followed by the PRSPs, the Government of the Gambia and its development partners have significantly increased access to quality water sources. The Department of Water Resource through the support of JICA, GOTG and UNICEF Country Programme, Saudi Sahelian Project, UNDP Cap 2015, CCF, CDDP and EDF- (NIP/RIP) registered great successes regarding access to clean water. By laying emphasis on the construction of new water supply systems in the rural areas where they are most urgently needed, the government succeeded in reducing the rural urban disparity in terms of access to safe drinking water. From the baseline values of 1990 when only 69% of the country’s population had access to improved water sources, the Gambia can boast to have already reached the MDG target of halving the proportion of people without access to improved water sources from 31% to 8%⁵. It is evident from the table that the gains registered in the proportion of households with improved water have been maintained in the past ten years (2000 – 2010). The proportion of households with improved water source was 84 per cent in 2000, increasing slightly to 85.2 per cent in 2005 and further increased slightly in 2010 to 85.8 per cent.

Results of MICS 2010 have shown that 94.8 per cent of the urban population has access to improved drinking water source compared to 78 per cent in the rural areas. But since then, more interventions have taken place and the situation has certainly improved further. According to the National Aid Bulletin of The Gambia (November, 2011), the Government’s ambition is to provide safe potable water to 100 per cent of the population in accordance with the Vision 2020 target. Whilst the two urban LGAs: Banjul and Kanifing Municipality have hit the 100% mark, the other LGAs still have some significant room for improvement despite the fact that by international standards, their showing is already impressive.

⁵ MDG Status Report 2010



Challenges:

- Inadequate resources to strengthen the Department of Water Resources
- Maintaining adequate supply of safe drinking water to match growing population growth particularly in urban and periurban centres.
- Formulation and implementation of legal and institutional framework that address the competing water demands for human consumption and agricultural purposes
- Community participation and ownership of the water infrastructure and ensuring that wastages are minimized
- The infrastructure for supplying water in certain parts of the provinces is deteriorating with the possibility of the gains registered thus far being eroded

Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

	1990	2000	2005	2010	2015
Percentage of people having access to improved sanitation (%)	84	87.9	84.2	76.3	92
Percentage of people with access to secure tenure ship of accommodation	NA	NA	65%	NA	

Table 14: Source: MICS 2000, 2005/6, 2010

Proportion of Population using an Improved Sanitation Facility

Status and Trends:

Even though all the statistics available indicate that the proportion of the population without access to improved sanitation facilities is significantly low, it still poses a serious development challenge that needs to be addressed urgently. Presented in the table below is the proportion of households with improved sanitary means of excreta disposal. It is observed from the table that, the proportion of households with improved sanitary has been declining over the period. The proportion was about 88 per cent in 2000, dropping to 84.2 per cent in 2005/06 then to 76.3 per cent in 2010 with huge disparity by region and place of residence. The proportion ranged from 39.7 per cent in Basse to 98.5 per cent in Banjul. Significant differences have been noticed between places of residence. The proportion of households with improved sanitary facilities in the urban areas is 91.1 percent whilst it is about 64 percent in the rural areas.

Table 15: Percentage of Household Members Using Sanitary Means of Excreta Disposal, The Gambia, 2000 -2010

	Percentage of population using sanitary means of excreta disposal		
Urban	95.5	93.3	91.1
Rural	83.0	78.4	63.6
Total	87.9	84.2	76.3

Source: MICS Reports 2000, 2005/06, 2010

Major Constraints and challenges facing the Sector include:

- Inadequate funding for the implementation of the sanitation programme
- The lack of a unified framework/policy and a proper institutional home for the management of sanitation issues in the Gambia.
- Insufficiency of trained personnel both at the professional and sub-professional level.
- Insufficient health education efforts to empower stakeholders and citizens.
- General lack of appropriate technologies for sanitation options
- Customs and personal habits of communities towards hygiene and proper waste disposal need to be improved.
- Ineffective and inefficient waste management system.
- Lack of clear policy and institutional mandates for sanitation.

Proportion of Urban Population Living in Slums

Status and Trends:

The large influx of people from the rural areas into the Greater Banjul Area in search better living standards and employment opportunities has led to a rising demand for housing and the consequent development of informal housing structures and other forms of make-shift shelters. Though the slumps target of the Millennium Development Goals for The Gambia is not available, there are indications that the proportion of people living in slumps in the Greater Banjul Area is decreasing as a result of rapid urban renewal and development. The available data suggests that the proportion of slumps initially dropped from 65% in 2003 to 59.2% in 2006 and to 45.8% in 2010⁶. Arguably, the figures for 2011 would have indicated a further drop given the different interventions to improve the living conditions of the general population. That notwithstanding, security of tenure is a major issue and the Master Plan for land administration is outdated. According to the Gambia National Urban Profile study (2011), no housing survey was conducted in slump areas thus making it difficult to obtain reliable information on the activities of slumps dwellers.

The challenges to urban housing include:

- Lack of housing finance institutions that can provide low-cost housing accessible and affordable to the poor.
- Social Security and Housing Finance Corporation (SSHFC) seems to have deviated from their primary responsibility of providing affordable housing for the ordinary Gambian. The price demanded by SSHFC targets only the middle and upper class income earners
- There is an urgent need to upgrade the urban master plan
- Rapid urbanization as a result of rural-urban drift is having a negative impact on the environment.
- There is a limited capacity of implement housing regulations due to the under staffing of Physical Planning
- The rapid pace of urbanization is severely constraining the utility service sector which is struggling to cope

⁶ Five Years from 2015, Level of Achievement of The Millennium Development Goals (MDGs) – MDG Status Report, 2010 The Gambia – Final Report

GOAL 8: DEVELOPING A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Introduction:

The Gambia was one of the signatories of the Millennium Declaration in 2000 - a framework intended to solve development problems across the world through aid, trade, debt relief and enhanced international partnerships. Goal 8 provides the framework for mobilizing resources to finance the remaining seven (7) MDGs. Developed countries promised to reach the United Nations target of allocating 0.7% of their Gross National Income in overseas aid to support development initiatives in poor countries. To date, only a few countries have been able to live up to that level of development assistance to third world countries. In recent years, there has been a structural shift from loans to grants mainly through budget support to assist developing countries in their quest to achieve the MDG targets. The Gambia made a commitment to manage aid effectively and to be guided by the principles of good governance for the period under review (2011) which was the final year of the second generation PRSP, the Gambia benefitted from aid flows from various development partners to implement MDG related interventions. But one recurrent feature thus far concerning development financing is the inadequacy of aid to undertake the necessary projects and programmes for achieving the MDG targets at country level.

Target 8D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make the debt sustainable in the long term

External Trade:

Status and Trends:

The 2011 annual report from the Ministry of Trade, Employment and Regional Integration entitled 'Annual External Trade Statistics Review' indicates that The Gambia's External trade for the year 2011 has risen significantly relative to the 2010 values. In nominal terms, the values increased from D9.71 billion in 2010 to D 13.32 billion in 2011, representing an increase of 37.2%. Both the values of imports and exports have increased significantly by 27.1% and 83.7% respectively. Because the country imports far more than it has the capacity to export, its trade balance has again worsened by 11.4%, from D6.24 billion in 2010 to D6.96 billion in 2011. The share of exports as a percentage of total trade increased from 17.8% in 2010 to 23.9% in 2011 with domestic exports representing 29.5% of the total exports in 2011. A summary of the trend of the value of the Gambia's external trade from 2008 to 2011 is shown on the table and the figure below:

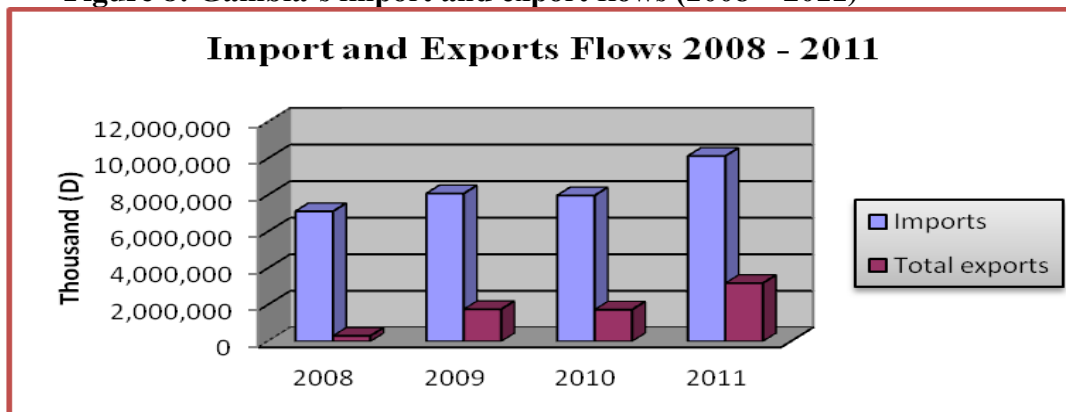
Table 16: Summary of The Gambia's External Trade in D' 000 (2008-2011)

Trade	2008	2009	2010	2011	%Change
Total Trade	7,412,160	9,839,789	9,709,519	13,319,247	37.2%
Imports	7,111,604	8,084,622	7,977,728	10,137,160	27.1%
Domestic export	277,282	712,544	1,184,524	939,792	-20.7%
Re-export	23,274	1,042,623	546,900	2,242,295	310.0%
Total exports	300,556	1,755,167	1,731,791	3,182,087	83.7%
Trade Balance	-6,811,048	-6,329,455	-6,245,937	-6,955,073	-11.4%
<i>Total Trade (US\$'000*)</i>	<i>336,916.40</i>	<i>376,653.90</i>	<i>346,768.50</i>	<i>459,284,</i>	<i>32.5%</i>

Source: Gambia Bureau of Statistics (GBoS) - Note: The average exchange for 1\$ is D29 in 2011

It could be observed that: the trade balance is negative throughout, from 2008 to 2011; re-export trade like domestic exports and imports registered an irregular, inconsistent growth pattern over the period. The figure below shows the huge disparity between import and export flows.

Figure 8: Gambia's import and export flows (2008 – 2011)



Source: GBoS

The value of the Gambia's total imports increased significantly from D9.71 billion in 2010 to D10.14 billion in 2011 representing an increase of 27%. The country's trading partners remain the same. The EU, ECOWAS and Asia continue to be the main source of the Gambia's imports. The share of imports from the ECOWAS region increased from 23% in 2010 to 28% in 2011 due to the increase in the value of imports of petroleum products and cement. Imports from the EU continue to be strong accounting for 25% of the value of total imports in both 2010 and 2011. The share of imports from Asia and Americas dropped slightly from 27% and 14% in 2010 to 23% and 12% in 2011 respectively.

Table 17: Direction of Imports by region in 2010 and 2011 (D'000)

Regions	2010	2011	% CHANGE
EU	1,961,653	2,562,460	30.6%
Asia	2,157,952	2,370,504	9.8%
ECOWAS	1,857,485	2,776,210	49.5%
Americas	1,086,167	1,243,529	14.5%
Middle East	-	706,664	-
Others	914,471	477,793	-47.8%
Total Imports	7,977,728	10,137,160	27.1%

Source: GBoS

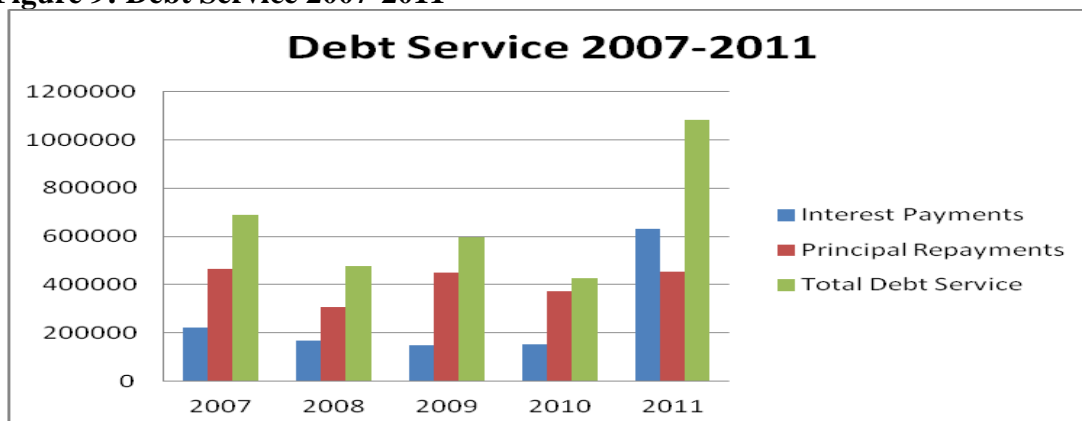
Conversely, the volume of imports from the European Union and from the ECOWAS region have registered an increase of 30.6% in 2011 over 2010, thus indicating the vibrant nature of the partnership between The Gambia and the EU on the one hand and the quality of intra-regional trade in West Africa on the other.

Debt Relief

Status and Trends:

According to the first review of the IMF under the extended credit facility – Debt Sustainability Analysis (2012), The Gambia received extensive debt relief under the enhanced Heavily Indebted Poor Countries (HIPC) Initiative and the Multilateral Debt Relief Initiative (MDRI) after reaching its HIPC completion point in December 2007. Due to that debt relief, the country's stock of nominal external public debt was reduced from US\$676.7 million (133.1 percent of GDP) to US\$299.4 million (41.7 percent of GDP). The stock of debt consequently decreased from US\$439 million at end-2007 to US\$347 million following HIPC and MDRI and other bilateral debt relief including Paris-club debt relief. The Gambia's classification for risk of debt distress has improved from "high" to "moderate" due largely to an upgrade in policy performance and the inclusion of re-exports in the external debt indicators. Debt management has also improved but the gains need to be further consolidated. The government's large domestic debt (33% of GDP as of end-2011) consists mostly of short-term treasury bills. The servicing of such a significant debt consumes a large share of government resources (18½ percent of government revenues in 2011) since a significant part of the ODA are made of loans. Such repayments divert huge resources away from poverty reduction interventions. The associated debt vulnerabilities could lead to enhanced debt distress. Figures 14, shows the evolution of debt service from 2007 to 2011.

Figure 9: Debt Service 2007-2011



Source: Ministry of Finance and Economic Affairs

According to the Debt Sustainability Analysis Unit of the Ministry of Finance and Economic Affairs (MoFEA), bilateral creditors like France and Austria have granted debt relief of Euro 589,037.23 (100% of principal) for the former and Euro 5,860,313.23 (86% of principal) for the latter. Multilateral creditors have also honoured their pledges and actual debt relief made available to the country is given as follows: AFDB US\$ 151.98 million; BADEA, US\$ 0.817 million; European Investment Bank, Euro 1.87 million; IDA, SDR35, 214,302.15 and US\$ 50,060,639.21; Islamic Development Bank – Islamic Dinar, 3.4 million and US\$ 5.4 million; IFAD, SDR 1,825,239.00 and OPEC Fund – US\$ 2 million through the extension of a concessional loan.

Challenges:

- The major risks to The Gambia’s debt sustainability include lower than expected economic and/or export growth that is far below the growth rate of imports
- Higher than expected new borrowing (both international and domestic) and slippages in fiscal performance.
- The Global Financial and Economic Crisis affecting the European Union could lead to a reduction in development aid flows to The Gambia.
- The absence of a framework for the coordination of ODA continues to hamper national efforts to deliver the requisite aid induced development results. That has resulted in the poor coordination of development aid..
- The flow of aid is unpredictable and pledges by donor agencies are not forthcoming and when they do, are not always in the quantum initially suggested. That often has a knock-on effect on implementation.

- Less than 35% of ODA inflows in the Gambia were reflected in the national budget of 2010.
- The national procurement systems are considered weak and for that reason donors tend to by-pass rather than strengthening them.

Target 8F: In Cooperation with the Private Sector, make available the benefits of new Technologies, especially Information and Communication

Development Aid:

Status and Trends:

The table below shows the various donor pledges and disbursement to fund PRSP II, the total pledged amounting to US\$ 176m compared to the disbursement of US\$217m representing a surplus of US\$ 41m of the funds disbursed. Out of the US\$ 217 m disbursed, the highest rate of disbursement was done by the EU with (39%), followed by UN System (26%), World Bank (15%) , AfDB (14%), Kuwait Fund (4%) and Saudi Fund with (2%). The surplus registered between amounts pledged and disbursed could be part of the available HIPC and MDRI resources estimated at US\$ 170 million over the five-year period (2007 to 2011).

Table 18: Donors Pledges vs. Disbursements on Funding PRSP II in Millions US\$

	Pledges	Disbursements	Disbursements (%)	Remarks
AfDB	18	29.83	14	Available to Government
European Union	76	83.81	39	Not in Budget
Kuwait Fund	11	9.059	4	Available to Government
Saudi Arabia	17	5.05	2	Available to Government
UN-System (UNFPA & IFAD)	24	55.37	26	Not in Budget
World Bank	30	33.52	15	Not in Budget
TOTAL	176	217	100	Available to Government

Source: Ministry of Finance and Economic Affairs

Table 18 above also shows the pledges made by different donors against their disbursement. Individually, the European Union registered the highest pledged of (US\$76m) and disbursement of (US\$83.81m), followed by UN-System (UNFP & IFAD) with (US\$24m) and (US\$55.37m), World Bank with (US\$30m) and (US\$33.52m),

African Development Bank with (US\$18m) and (US\$29.83m), Saudi Arabia with (US\$17m) and (US\$2%) and Kuwait Fund the least with (US\$11%) and (US\$4%) respectively. Generally, among the six development partners who pledged at the roundtable, only two of them (Saudi Fund and Kuwait Fund) disbursed less than pledged. The US\$ 217 million realised are mainly grants and most of the funds were not directly available to the government through budget support but were mainly in the form of project support. This affects aid predictability and alignment of aid resources with national budget.

Table 19: Roundtable Disbursements Available to Government in Millions US\$

Fund Availability	Disbursements	Disbursements (%)
Available to Government	77.82	36
Not Available to Government	139.18	64
TOTAL	217	100

Source: Ministry of Finance and Economic Affairs

The table 19 above shows that only 36% of the total ODA disbursed at the roundtable were available to the government and the remaining 64% not directly available to the government (the UN System and EU Supports). The table below gives an idea of the amount of resource inflows from the Gambia's development partners between January 2007 to August 2011 in terms of ODA amounting to D10.4 billion (US\$ 403 million). The figures show that Islamic development Bank (IDB) is the largest development partner of the Gambia with 1,695,871,870.90 billion; followed by Global Fund with 1,531,346,974.22 billion, UN System with 1,526,453,540.59 billion World Bank with 1,185,753,138.90 billion) and African Development Bank with (1,107,523,584.18 billion). The rest recorded less than billion dalasis and the least was ECOWAS Fund with 5,481,617.00 million.

Almost all the support from the Global Fund, World Bank and the UN System were grants while the support from IDB and ADB were either loans or grants. In terms of sectoral intervention, IDB is mainly involved in transportation, energy and agriculture. Global Fund is the major donors in the health sector; the World Bank/IDA is the major donors for the education sector. ADB is the major donor in the agriculture sector while the UN System is into the agriculture, health, education and social/multi-sector.

Table 20: Sectoral Distribution of ODA

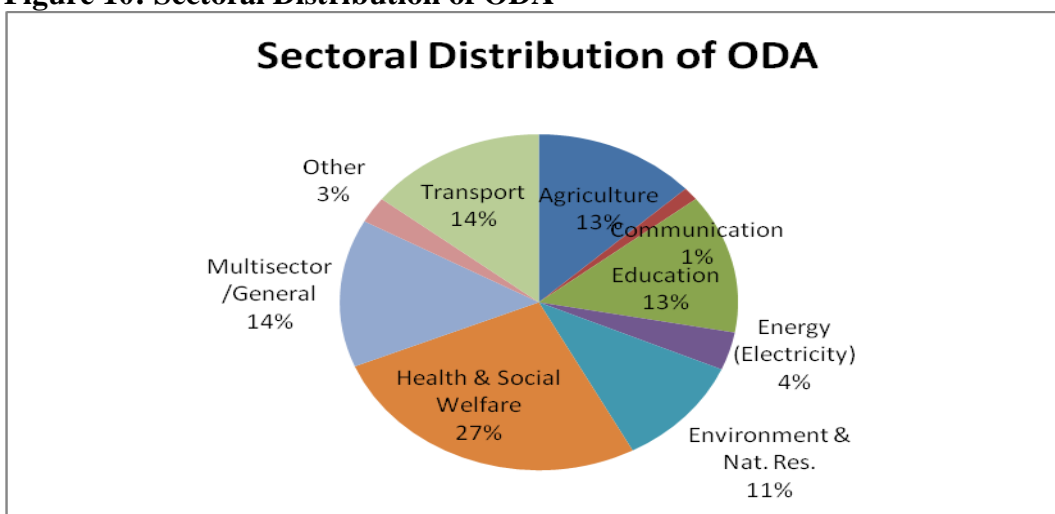
Sectors	GMD	US\$
Agriculture	1,375,295,148.39	53,165,516.41
Communication	132,697,587.00	5,129,761.24
Education	1,400,229,626.43	24,333,258.74
Energy (Electricity)	381,019,667.90	14,729,280.06
Environment & Nat. Res.	1,111,687,670.08	42,975,101.85
Health & Social Welfare	2,771,311,076.95	107,132,047.05
Multi-sector /General	1,486,207,084.28	48,666,832.77

Other	262,761,132.20	10,157,696.92
Transport	1,508,916,714.30	58,330,996.39
Total	10,430,125,707.53	403,202,919.86

Source: Ministry of Finance and Economic Affairs

The sectoral distribution of ODA for the period 2007-2011 is depicted in the pie chart below (figure 10). The resources received are distributed among the country's priority sectors namely: the health sector receiving the largest volume of ODA with 27%, followed by transportation with 14%, the multi-sector/General with 14%, Education and Agriculture both accounting for 13%. The Environment attracted 11% of total ODA, followed by Energy with just 4%.

Figure 10: Sectoral Distribution of ODA



Source: Ministry of Finance and Economic Affairs (2011)

Information and communication technology (ICT) has become a key enabler of socio-economic development. To harness the powers of ICT to fast track development for poverty reduction, (Table 22) The Gambia Government and the private sector have made significant strides to develop the IT infrastructure with a view to boosting productivity and economic growth. With the open door policies embodied in the country's investment policy, the GIPFZA and the GIEPA Acts, the government has over the past decade attracted several private investors in the telecoms radio/print/broadcasting media sub-sector.

Table 21: Telecommunications per 100 Population 2005-2011

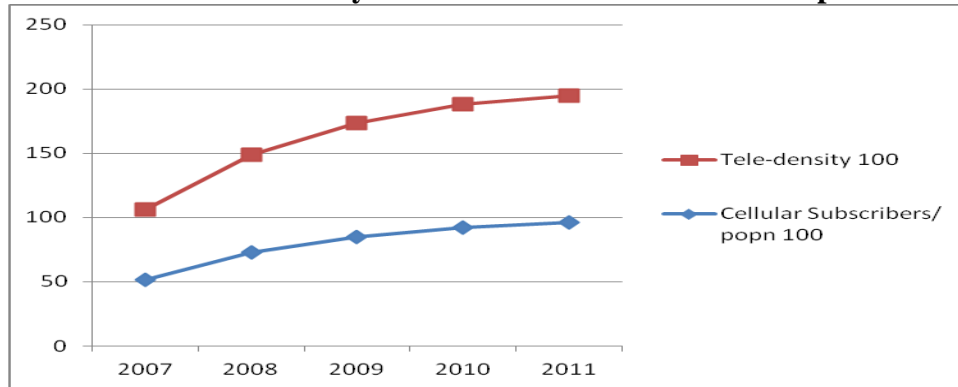
Expected Outcomes	Indicator	1990	2007	2008	2009	2010	2011
Greater Coverage and Affordability Penetration and bridging the Urban and Rural divide in ICT Utilization	Tele-density per 100 Population	21.6 (2006)	54.5%	76%	88.11	95.45	99.02%
	Cellular Subscribers/ pop 100	16.28 (2005)	51.4	72.91	85.08	92.4	96
	Telephone lines/pop 100		3.08	3.05	3.03	3.05	3.02
	Mobile Users per 100 Population						
	Internet Users per 100 Population	3.22 (2005)	1,442 (ISP Subscribers)	4,814 (ISP Subscribers)			17,642 Subscribers
	PC per 100						

Status and Trends:

The Gambia Telecommunication Company (GAMTEL.) was set up in 1984 as the main telephone service provider in the country. Since then, the numbers of GAMTEL subscribers registered constant increase, passing from 2,400 to 43,454 in 2009. But since then, fix lines telephone services have been facing stiff competition from the GSM sector resulting in a reversal of the gains. Over the period, GAMTEL has also improved its national coverage from 70 percent in the 1980s to 100 percent in 2009. As of today, the number of fix telephone lines is established at 50450.

The telecommunications sector has improved tremendously since the opening up of the sector to competition. Access to a telecommunication facility has been democratized to such an extent that the divide between urban and rural areas has significantly reduced. In terms of internet access however, the digital divide between the Greater Banjul Area and the hinterland remains considerable and given the current trends, it is difficult to anticipate when the gap will be significantly reduced. According to the data provided by the Public Utilities Regulatory Authority (PURA), telephone penetration levels (tele-density) in the country has been on a consistent growth path, having significantly increased from 54.5 in 2006 to 99.02% in 2011. Penetration levels were below 20% up to 2005. Thereafter, the figures rose steeply. As of today, the number of telephone lines is almost at par with the population. This is owing to the fact that many individuals own more than one telephone line, resulting in a skewed pattern of growth. Tele-density has risen from 76% in 2008 to 88.11% (in 2009) and subsequently to 95.45% in 2010 to reach its present level of 99.02%. The figure below depicts that growth pattern in terms of tele-density and also the progression of cellular subscribers.

Figure 11: Growth in tele-density and Cellular Subscribers/100 Population

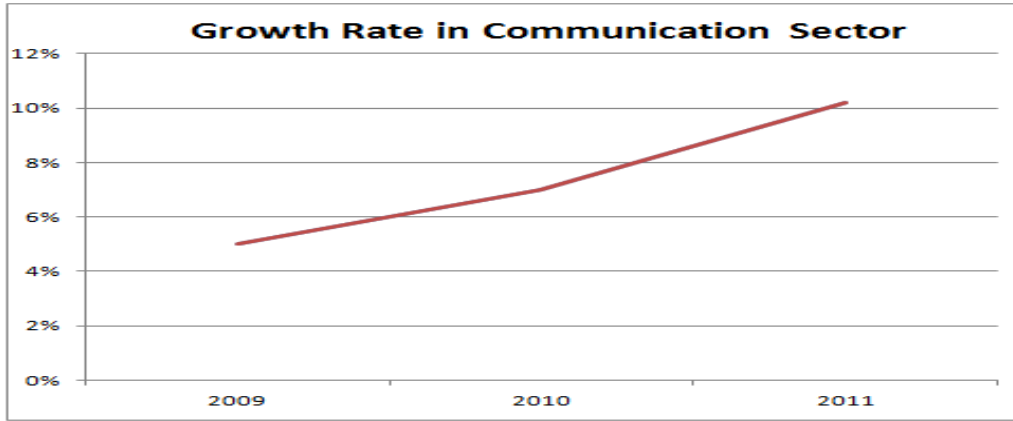


Cellular subscribers per 100 populations:

The national GSM operator, **Gamcel**, was the first cellular network to be established. As the sector became liberalized, **Africell**, **Comium** and **Qcell** entered the market to deliver telecommunication products and services. That increase in the number of operators for a small population like that of The Gambia further boosted competitive pressure as the different GSM operators moved from one mix of competitive weapons to another; leveraging superior technology and networking skills to increase their market share. The merits of competition are evident in this sector as it brought with it greater utility for consumers who now enjoy lower prices, better network connections, better products, more efficient use of resources and innovativeness of operators. The number of cellular subscribers per 100 population (see figure 18 above) has been growing from year to year, passing successively from 51.4% (2007), 72.91% (2008), 85.08% (2009), 92.4% (2010) and finally 96% (in 2011). Overall, the growth rate of the communications sector is impressive, as figure 19 below indicates. GAMTEL registered the largest number of internet subscriber in 2011 with 1433 customers, equivalent to 58% of the market⁷, followed by NETPAGE, QCELL, UNIQUE Solutions and LANIX with 18%, 15%, 6% and 3% respectively.

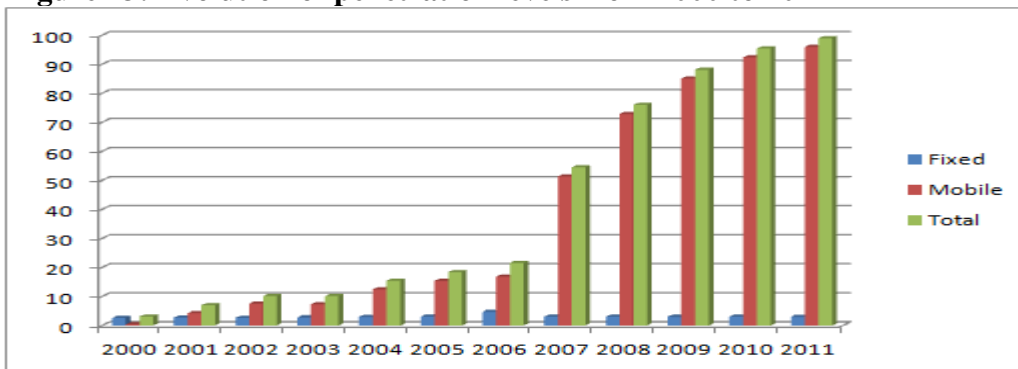
Figure 12: Growth Rate of Communication Sector

⁷ PURA Annual Report, 2011



In comparison, the penetration of fix telephone line services (telephone lines/100 population) has been hovering at around 3% from 2007 to 2011. The graph below gives a visual representation of the importance of mobile telephone services relative to fix lines services that are gradually receding.

Figure 13: Evolution of penetration levels from 2000 to 2011



Source: PURA Annual Report

Internet Service Providers (ISPs):

The growth of internet service use is a reflection of the extent to which Gambians are embracing information technology. According to the sector regulator, PURA, the current level of internet subscribers stand at 17,642 (2011), representing an increase of 266% over the 2008 values of 4,814 subscribers. The ISPs have been responding to a growing demand for internet services by a large number of cyber cafes, organizations and individuals. The introduction of data cards initially by QCELL and later by Gamcel has given individuals greater flexibility to access the internet.

Annual investment in the internet market sub-sector was estimated at 65.38 million dalasi representing a drop of 69% in 2011 relative to 2010. NETPAGE accounted for 46% of

the investment, followed by GAMTEL (with 26%), QCELL (15%) and UNIQUE Solution (13%)

Challenges:

- The number of SIM cards issued by each GSM operator does not necessarily translate into actual customers for the GSM Company. That makes the determination of market share or customer base difficult to establish.
- The cellular telephone service provider issue SIM cards to customers without keeping records of customer details. That was a major issue recognized by the MoCIIT as a constraint in keeping track of the number of cellular phone lines issued by service provider. The mandatory registration of SIM cards has now resolved that problem.
- The Gambia is one of the African Countries which remains to date without connectivity to submarine cable and rely exclusively on satellite communications and fibre optic connection through neighbouring countries for international connectivity (PURA, 2011 report).
- The cost of internet connection in The Gambia is said to be higher than in neighbouring countries.
- Slow internet connectivity due to limited investment in the broadband internet services by GAMTEL
- The lack of access to low price and high quality telecommunication services is one of the factors that limits The Gambia's potential to create jobs, expand production of goods and services and trade competitively with the rest of the world (PURA Report, 2011).
- High sales tax on Information and Communication Technology
- The deteriorating national backbone infrastructure has created a difficult environment for expanding availability.
- Low level of FDI and low level of technology transfer

In line with the UNDAF strategic pillar for poverty reduction and social protection, the United Nations System in The Gambia has articulated the desire to support national development priorities identified in the PAGE in areas such as agriculture, food and nutrition security; and increase income with a view to transforming the country into a major supplier of agricultural products to the local and international markets; the strengthening of government institutions and the strengthening of public financial management initiatives.

Conclusion and recommendations:

The Gambia has made significant progress in the implementation of programmes geared towards the achievement of the goals set in the MDGs. Most of the gains have been made in the social sector. That notwithstanding, initiatives aimed at poverty reduction have also paid-off with some reductions in poverty levels over the period under review. Despite the decline, poverty levels remain high and disparities are evident between urban and rural areas across socio-economic groups. This calls for concerted efforts to refocus poverty

reduction efforts to vulnerable regions and population groups. Farmers deserve special treatment in the drive to reduce poverty in the country.

The Challenges to the Achievement of MDGs

Meeting the MDG targets in the Gambia still poses tremendous challenges. Admittedly, the country has registered progress in all the MDGs, some more significantly than others. But severe constraints of different nature continue to serve as speed breakers, throwing certain goals off target. The growth of the economy is far below the 7% minimum threshold over a sustained period of time needed to get the economy to a tipping point for enhanced socio-economic transformation. Poor targeting of resources and weak coordination of efforts also contributed to the slow progress in attaining the goals and targets. Weak implementation capacity, limited ODA resources and climate variability negatively affected the realization of set targets.

Addressing Policy Weaknesses and Implementation Issues:

It might be too early to assess the impact of the implementation of year one of the Programme for Accelerated Growth and Employment (PAGE) that is supposed to be the conveyor belt for achieving the MDGs in The Gambia. Whilst strong progress has been made in aligning the government policies with national and international development frameworks (MDGs, EFA and Vision 2020), a key constraint is the ability of recipient institutions to use financial resources effectively with an eye on development results, due to the lack of institutional and absorptive capacity. The PAGE inherited certain policy weaknesses from the PRSP era. Development coordination between State and non-State actors; between different departments and agencies of the public sector and within the CSO community remain a challenge. At present, there is no mechanism to capture the contributions of both State and non-State actors towards achieving the Millennium Development Goals.

Key Recommendations:

Based on the challenges identified during the development of the status report, there is urgency to:

- Advocate for the creation of an MDG/PAGE Committee in the National Assembly to lobby for the allocation of more funds for poverty reduction.
- Actively and constructively engage the National Assembly members and work closely with the Select Committees to deepen relationships of accountability. Such structures should be empowered with resources to regularly track public expenditure and to assess service delivery with a view to enhancing development results.
- Strengthening the capacity of partners in MDG implementation and monitoring strategies
- Encourage Civil Society partners to share financial information that will enable researchers to fully capture the financial inputs going towards the different MDGs.

- Create the framework for all institutions to clearly indicate under which pillar/goal of the PAGE/MDG they are operating and to encourage joint actions and partnerships to optimize development strategies.
- Focusing public spending on the MDGs deficits in order to achieve desired results before 2015
- Forge a robust media strategy with the print and electronic media to document successful MDG interventions for purposes of sharing best practices.
- Implementation of MDG acceleration action plan

The Way Forward:

Whilst we agree that the country is making significant strides towards creating the enabling environment to stimulate the economy, there is an urgent need to address the fundamental structural weaknesses that hamper pro-poor growth. Interest rates in The Gambia are considered high and efforts should therefore be made to bring them down to encourage investments in the productive sectors of the economy. There is evidence to suggest that development is driven by vibrant small and medium size enterprises that have the potential of creating decent work for Gambians.

The Gambia has abundant surface and underground water, enough arable land and labour to be able to leverage agriculture to become its engine for growth. Innovative solutions like drip irrigation and water harvesting for agricultural purposes should be considered and the policy and physical infrastructure developed as a matter of priority. The country should further consider having an Agricultural Development Bank. But first, it would be important to commission a research to find out why the Agricultural Banks that were set up in The Gambia in the 70s and 80s failed woefully to ensure that similar mistakes are not made in the future.

Furthermore, the creation of decent work/employment goes beyond ad hoc interventions. It requires coherent strategies that will create more jobs for the population. Regional Integration is good for growth and poverty reduction. It is possible to enhance growth and win the war against poverty by opening up the Senegambian space to development through the integration of sectoral policies (infrastructure, agriculture, tourism, energy, health, telecommunications, etc). That could pave the way for significant progress in terms of accelerated growth, employment and poverty reduction. Furthermore, the debate on the Post-2015 Development Agenda is of utmost importance to The Gambia. The framework that will eventually emerge should put a high premium on governance, particularly as it relates to decentralization and participation of citizens in the decision making processes that affect their lives. The Local Government Authorities should be further strengthened with resources to deliver quality services to citizens. Targeting resources to high impact MDGs yielding interventions is urgently required which should be marched with effective coordination and directed actions.

The Post-2015 development agenda should also include: a pro-poor growth strategy that will create decent jobs for citizens; a goal that caters for issues of climate change to take care of resilience of communities in relations to various types of vulnerabilities. Further, provisions should be made for a minimum social protection in the area of health, education and low cost housing for the poor.

Reference:

- MDG Status Reports 2003, 2009 and 2010
- National Aid Bulletin of The Gambia, November 2011
- Africa MDG Status report, 2009
- The United Nations Development Assistance Framework (UNDAF 2012-2016)
- The Programme for Accelerated Growth and Employment (PAGE) – 2012-2015
- Public Utilities Regulatory Authority (PURA) – Annual Report 2011
- The Gambia Environmental Action Plan (GEAP)
- The State of the Environment Report
- Estimates of Revenue and Expenditure 2010, 2011 & 2012
- Ceesay, Sering, Climent Casals-Pascual, Jamie Erskine, Samuel E Anya, Nancy O Duah, Anthony JC Fulford, Sanie SS Sesay, Ismaela Abubakar, Samuel Dunya, Omar Sey, Ayo Palmer, Malang Fofana, Tumani Corrah, Kalifa A Bojang, Hilton C Whittle, Brian
- Greenwood and David Conway (2008), ‘Changes in malaria indices between 1999 and 2007 in The Gambia: a retrospective analysis’, *Lancet*, 372:1545-54, UK
- Central Statistics Department (1996), Fertility Analysis and Evaluation Vol. 2, 1993 Population and Housing Census, MoF, Banjul, The Gambia
- Central Statistics Department (1998), The Gambia Multiple Indicator Cluster Survey (MICS), 1996, MoF, Banjul, The Gambia
- Central Statistics Department (2002), The Gambia Multiple Indicator Cluster Survey (MICS), 2000, MoF, Banjul, The Gambia
- Central Statistics Department (CSD, 2000), National Household Poverty Survey, 1998, DoSFEA, Banjul, The Gambia
- Central Statistics Department (CSD,1996), Mortality Analysis and Evaluation Vol. 3, 1993 Population and Housing Census, DoSFEA, Banjul, The Gambia
- Countdown to 2015 on Maternal, Newborn and Child Survival
- Department of State for Basic and Secondary Education (DoSBSE, 2007), Education Statistics, Banjul, The Gambia
- Food Vulnerability in the urban area of Banjul and Kanifing Municipality, 2009
- Gambia Bureau of Statistics (GBoS, 2005), Integrated Household Survey, 2003, DoSFEA, Banjul, The Gambia
- Gambia Bureau of Statistics (GBoS, 2006), External Trade Statistics, DoSFEA, Banjul, The Gambia
- Gambia Bureau of Statistics (GBoS, 2007), Fertility Decline in The Gambia: Trends and Differentials Vol. 2, 2003 Population and Housing Census, DoSFEA, Banjul, The Gambia
- Gambia Bureau of Statistics (GBoS, 2007), Mortality Analysis and Evaluation Vol.3, 2003 Population and Housing Census, DoSFEA, Banjul, The Gambia
- Gambia Bureau of Statistics (GBoS, 2007), The Gambia Multiple Indicator Cluster Survey (MICS III) 2005/2006 Report, Banjul, The Gambia
- Government of The Gambia (2005). Reaching the people: A Review of progress towards achieving the Millennium Development Goals at Local Level in The Gambia
- Government of The Gambia (2007), Annual Trade Review of The Gambia, 2007, Department of State for Trade, Industry and Employment, Banjul, The Gambia

- Government of The Gambia (December, 2009), Public Debt Management in The Gambia
- Government of The Gambia (GoTG, 2000), National Nutrition Policy, 2000–2004, National Nutrition Agency (NaNA), Office of the Vice President, Banjul, The Gambia
- Government of The Gambia (GoTG, 2001) Gambia Environmental Action Plan, National Environment Agency (NEA), Banjul, The Gambia
- Government of The Gambia (GoTG, 2003) National Millennium Development Goals Report, Policy Analysis Unit, Office of the President, Banjul, The Gambia
- Government of The Gambia (GoTG, 2005), The Food Act, 2005, National Nutrition Agency (NaNA), Office of the Vice President, Banjul, The Gambia
- Government of The Gambia (GoTG, 2007) National Millennium Development Goals National Planning Commission, Office of the President, Banjul, The Gambia
- Government of The Gambia (GoTG, 2007), Annual Trade Review of The Gambia; DoSTIE, Banjul, The Gambia
- Government of The Gambia (GoTG, 2007), National Adaptation Plan of Action, Department of Water Resources, Banjul, The Gambia
- Government of The Gambia (GoTG, 2007), National Fisheries Policy of The Gambia, Department of State for Fisheries and Water Resources, Banjul, The Gambia
- Government of The Gambia (GoTG, 2007), Poverty Reduction Strategy Paper II, National Planning Commission, Banjul, The Gambia
- Government of The Gambia (GoTG, 2007). Contribution to PRSP (11) report 2007, DoSCIT, Banjul, The Gambia
- Government of The Gambia (GoTG, 2008), Annual Trade Statistics Review of The Gambia
- Government of The Gambia (Jan– June 2009), The Gambia External Trade Mid-Year Review
- Government of The Gambia (September, 2009), The Gambia Medium-Term Debt Management Strategy 2010 -2012
- HIPC Completion Point document and multilateral debt relief initiative (IMF country report No. 08/109
- IMF (2008), The Gambia enhanced heavily indebted poor countries initiative, completion
- Management Information System (EMIS), Directorate of Planning, Policy Analysis, Research and Budgeting, Banjul, The Gambia
- Multi-dimensional Poverty Index (MPI), Oxford Poverty Human and Development Initiative (OPHI)
- National Biodiversity Strategic and Action Plan of The Gambia
- National Education Policy, 2004 – 2015
- National Gender Policy, 2010 – 2020
- National Health Policy, 2007-2020
- National Malaria Strategic Plan 2008-2015
- National Malaria Policy, 2008-2015
- National Nutrition Policy, 2004
- Pacque-Margolis, Sara, Gueye, Mouhamadou, George, Melville and Thome, Marcio (1993)

- Gambia Contraceptive Prevalence and Fertility Determinants Survey, 1990, Medical and Health Services Directorate, Ministry of Health and Social Welfare; Human Resources Unit, Ministry of Trade, Industry and Employment, Banjul, The Gambia
- Poverty Assessment Report of The Gambia, 2008
- PRSP II draft report 2007. Department of State for Science and Technology, The Gambia
- PRSP Report 2007, National Planning Commission, The Gambia
- Sillah, Jato, S 1999. Forest Resources and Plantations of The Gambia, EC-FAO, Banjul, The Gambia
- Trade summary 2005 and 2006 draft report 2007. Department of State for Trade, Industry and Employment, The Gambia.
- UNEP, 2004. West Africa State of the Environment, Nairobi
- UNEP/REDDA, (2004), West Africa: State of the Environment Report. United Nations Environment Programme, New York
- United Nations Development Programme (October 2009), Final Report on the Midterm Review of the 2007-11 UNDP Country Programme and Action; An Assessment of Progress towards CPAP Outcomes
- Protected Areas Resilient to Climate Change in West Africa (PARCC) – The Gambia National Data Collection Draft Report