REPUBLIC OF THE GAMBIA

LEVEL OF ACHIEVEMENT OF THE MILLENIUM DEVELOPMENT GOAL (MDGs)

MDG Status Report, 2014

FINAL REPORT

Ministry of Finance and Economic Affairs
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LIST OF ABBREVIATIONS AND ACRONYMS

ADB/AFDB	African Development Bank
ACSM	Advocacy, Communication and Social Mobilisation
ANC	Antenatal Care
ARV	Anti-Retroviral
BCC	Behavioural Change Communication
BCC	Banjul City Council
CBG	Central Bank of The Gambia
CDDP	Community Driven Development Project
CITES	Convention on International Trade in Endangered Species
CO2	Carbon dioxide
CPR	Contraceptive Prevalence Rate
CRR	Central River Region
CRR-N	Central River Region – North
CRR-S	Central River Region-South
DHS	Demographic and Health Survey
DOTS	Directly Observed treatment Short-Course
ECOWAS	Economic Community of West African States
EDF	European Development Fund
EMIS	Education Management Information System
EU	European Union
FAO	Food and Agricultural Organization
FTI	Fast Track Intiative
GBoS	Gambia Bureau of Statistics
GEAP	GambiaEnvironmental Action Plan
GF	Global Fund
GFATM	Global Fund Against Tuberculosis and Malaria
GHG	Green House Gases
GoTG	Government of The Gambia
HARRP	HIV/AIDS Rapid Response Project
HDI	Human Development Index
HIPC	Heavily Indebted Poor Countries
HIS	Health Information System
HMIS	Health Management Information System
IDA	International Development Agency
IEC	Information, Education and Communication
IHS	Integrated Household Survey
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
LMIS	Labour Market Information System
LRR	Lower River Region
MDG	Millennium Development Goals
MDRI	Multilateral Donor Relief Initiative
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Rate / Ration
MOCIIT	Ministry of Communication, Information and Information Technology

MOFEA	Ministry of Finance and Economic Affaires
MOH&SW	Ministry of Health and Social Welfare
NaNA	National Nutrition Agency
NGO	Non-Governmental Organization
NLTP	National Leprosy and TB Programme
NMCP	National Malaria Control Programme
NSF	National Strategic Framework
ODA	Official Development Assistance
OVC	Orphans and Vulnerable Children
PAGE	Programme for Accelerated Growth and Employment
PHC	Primary Health Care
PMO	Personnel Management Office
PMTCT	Prevention of Transmission from Mother to Child
PRSP	Poverty Reduction Strategy Paper
RCH	Reproductive and Child Health
RHC	Regional Health Care
TB	Tuberculosis
UNAIDS	United Nations Aids
UNCBD	United Nations Convention on Biodiversity
UNCDD	United Nations Conventions for Combating Diversification
UNCTAD	United Nations Conference on Trade and Development
UNDAF	United Nations Development Agenda Framework
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

SUMMARY: MDG STATUS AT A GLANCE

	2003	2010	2014	MDG Target	
GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER					
Target 1A: • 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
• 1.2 Poverty gap ratio	25.1% (IHS, 2003)			NA	No up date
• 1.3. Share of poorest quintile in national consumption	8.8 (2003, IHS)	5.60 (IHS, 2010)		8%	declined
• Employment to population ratio	2003 0.33 (Census, 2003)	2010 0.46 (IHS, 2010)		NA	Very large deficit in decent work
Target 1.B: • Achieve full and Productive employment and decent work for all, including women and young people					
• 1.4. Growth rate of gross domestic product (GDP) per person employed	NA	NA		NA	
• 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					
• 1.8. Prevalence of underweight children under 5 years of age	20.3% (MICS, 2005)	17.4% (MICS, 2010)	16.2% (GDHS, 2013)	10.4%	Slight improvement
• 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)	72.1% (2011)	73.4%%	100%	Slight progress

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) Women Men	NA	 69.7% GDHS (2013)	72%	Significant progress
GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWERMENT OF WOMEN	2005	2010			
• *Target 3 A*: 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 1.03 MICS, 2005) Secondary 0.83 MICS, 2005)	Primary 1.05 MICS, 2010) Secondary 1.00 MICS, 2010)	Primary 1.01 (GDHS 2013) Secondary 0.96 (GDHS 2013)	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	Parliament 9.4% (2014)	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)	54 per 1000 (GDHS 2013)	67.5 per 1000	Target achieved, significant improvement
4.2 Infant mortality rate	93 per 1000(MICS, 2005)	81 per 1000(MICS, 2010)	34 per 1000 (DHS 2013)	42 per 1000	Target exceeded
4.3 Proportion of 1 year-old children immunized against measles	92.4% (MICS, 2005)	87.6%(MICS, 2010)	88% (DHS 2013)	NA (100%)	Remains the same
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)	433 per 100,000 (GDHS 2013)	263 per 100,000	High mortality but significant improvement
5.2 Proportion of births attended by skilled health personnel	56.8% (MICS, 2005)	56.6% (MICS, 2010)	64.0% (GDHS 2013)	63%	Target exceeded

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)	9% (GDHS, 2013)	30%	Decline
5.4 Adolescent birth rate	2003 103	NA	24.9% (GDHS, 2013	NA	
5.5 Antenatal care coverage (at least one visit and at least four visits)	97.8(MICS, 2005)	98.1% (MICS, 2010)	98.9% (GDHS, 2013)	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)	1 (GDHS, 2013)	0.3% 0.9%	Remains the same
6.2 Condom use at last high-risk sex	54.3% - 57.9% (2005 BSS)	33.5% 49.0% (M) 27.3% (F) BSS 2010	43.3% (GDHS, 2013)	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% 34% (M) 25% (F) BSS 2005	32.8% 31.7% (M) 22.9% (F) BSS 2010	29.1% (GDHS, 2013)	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)	0.90 (GDHS, 2013)	NA 80% (NSF)	Improved
• *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) GF R8 Proposal	82.0% (ART Survival Study 2011)	86% (ART survival study 2013)	50% (NSF)	High Access
• *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)	47.0% (GDHS 2013)	NA	Declined

6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs	52.4%(MICS, 2005)	66.2% (MICS, 2010)	6.7% (GDHS 2013)	80%	Declined sharply
6.9 Incidence, prevalence and death rates associated with tuberculosis	NA	NA	175 per 100, 000 128 per 100, 000 (Gambia TB prevalence Study 2013) 4 per 100, 000 (PUDR 2012)	NA	
6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course	NA	NA	64% 88%	70% (WHO target) 85% (WHO target)	
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%	90.1% (GDHS 2013)	85%	High coverage
Proportion of population using an improved sanitation facility	2005 84.2%	2010 76.3%	37% (GDHS 2013)	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			3.6 (PURA) 2012	NA	moderate usage

8.15. Cellular subscribers per 100 population			105.8 (PURA) 2012	NA	Moderate usage
8.16. Internet users per 100 population	1,442 (ISP subscribers) (2003)	4,814 (ISP subscribers) (2008) Mobile	0.17 (PURA) 2012 7.1 (PURA) 2012	NA	

Introduction:

With a total area of 10, 690 sq km, the Republic of The Gambia is one of the smallest countries in Africa. It is located in West Africa, bordered on the West by the Atlantic Ocean and on the other three sides by Senegal. Muslims represent over 94 per cent of the population in The Gambia. The country is divided into 5 regions (the West Coast Region, Lower River Region, Central River Region, Upper River Region and North Bank Region), and two municipalities (the City of Banjul and Kanifing Municipality) that constitute the Greater Banjul Area.

The Gambia's economy is predominantly agrarianand according to the World Bank the GNP per capita for The Gambia using the Atlas method is USD 510 in 2012. . According to the 2013 Human development Report, The Gambia's HDI value for 2012 is 0.439 in the low human development category positioning the country at 165 out of 187 countries and territories. Between 1980 and 2012, Gambia's HDI value increased from 0.279 to 0.439, an increase of 57 percent or average annual increase of about 1.4 percent. In terms of output structure, the tertiary sector currently contributes to over half of the country's GDP and is rapidly developing, largely driven by distributive trade. 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 6.5 per cent in 2010 and for 2011 the growth rate was - 4.3 per cent which was attributable to the crop failure. Growth has been marked in the services sector resulting in a higher percentage shares for the sector. Percentage share of agriculture has been mixed, ranging from 29 per cent in 2010 to 22 per cent in 2013. The contribution of the industry sector to GDP was 12 per cent in 2010. The industry sector experienced an increase in percentage share to 15 per cent in 2013.

Estimates the overall contribution of the Agriculture and Natural Resources sector to be (crops, livestock, forestry and fishery) at 29 percent of GDP (2010); with the crops sector alone contributing about 19 percent. In 2013, the corresponding figure for total agriculture was 22 per cent and crop production contributed aboutabout12 per cent.

The Gambia continues to run a merchandise trade deficit, but has had a current account surplus since 2008, driven by net transfer payments. Remittances constitute an important source of foreign capital. They account for 7.4 percent of The Gambia's GDP and for 26.2 percent of The Gambia's trade in goods and services (UNCTAD, DTIS Update 2013). Tourism is one of the most important export sector and a major foreign exchange earner; groundnuts are the dominant merchandise export.

The Gambia has a population of about 1.360,681 in 2003 and the 2013 provisional census results shows the population to be 1, 882, 450. The population growth rate has decreased from 4.2 per cent per annum in 1993 to 2.7 per cent in 2003 and has increased to 3.3 per cent according the provisional results of the 2013 Population and Housing Census. 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 results of the 2010 IHS show that 48.4 percent of the population lives below the poverty line of US$ 1.25 per day (compared to 58 percent of the population in the 2003- 2004 IHS). Although poverty has declined, the gap between the richest and the poorest is widening: the 2010 IHS shows

that the lowest quintile (poorest 20 percent of the population) are consuming only 5.6 percent (share of total household consumption), compared to 8.8 percent in 2003; whereas the 5thquintile (richest- top 20 percent) are consuming 46.5 percent, compared to 38.0 percent in 2003.

According to the 2010 Integrated Household Survey the likely determinants of poverty in The Gambia include the following:

Place of residence: As rural residence is strongly correlated with poverty. Using the less than US$ 1.25 poverty line,Poverty was significantly higher in the rural than in the urban areas (73.9% compared with 32.7%).

Average household size: Poverty increases as the household size increases. The proportion households living under USD 1.25 dollar per day range from 2 per cent for single person households to 69.1 per cent for households with 10 members and above.

Educational attainment of the household head: The higher the educational attainment, the lower the likelihood of poverty. In the 2010 IHS, the poverty rates range from58.4 per cent for those with no education, to 17.8 per cent for those with tertiary education.

Gender of household head: According to the 2010 IHS, the incidence and severity of poverty is lower for female headed households (19.4% of all households) than for their male counterparts. Thirty eight per cent of female headed households live under less than 1.25 dollar per day compared to 50.9 per cent of male headed households (28.2% vs 38.8 using the poverty line of 1 dollar per day). An analysis of income data by gender shows that, overall per capita household income for male headed households (D16, 015) is higher for female headed households (D15,582).

Sector of employment of the household head: Household heads employed in the agricultural and fishing sector exhibit higher poverty rates using both thresholds. (USD 1.25 = 79.0%) and (USD 1= 68.8%) compared to household heads employed in the other sectors.

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.

These findings point to specific sectors where policy interventions have the greatest potential to alleviate poverty. The strong correlation of poverty with rural residence and employment in agriculture points to the need to prioritize agriculture for purposes of poverty alleviation.

EXECUTIVE SUMMARY

This report is seventh MDG report prepared by The Gambia. The Gambia started reporting on the level of achievements of the MDGs since 2003. This was followed by the 2005, 2007, 2009, 2010 and the 2012 assessments. The regular preparation of MDG reports is a testimony of The Gambia's commitment to the attainment of The MDG goals by 2015.

Progress have been registered for goals 4 and 5 (childhood mortality and maternal mortality in particular) (both infant and under five mortality rates target have been met). Appreciable improvements have been registered in other targets particularly on the proportion of households with improved water source; the proportion of children under 1 immunized against measles; the decline in 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 and the successor programme the Programme for Accelerated Growth and Employment (PAGE) covering the period 2012 - 2015 and other sectoral policies are the instruments for achieving international development goals and the objectives of the home grown Vision 2020.

The findings summarized below give an indication of the progress registered for each MDG at national level:

Goal 1: The latest available data for the Gambia on poverty is the 2010 Integrated Household Survey.The results of the 2010 IHS show that 48.4 percent of the population lives below the poverty line of US$ 1.25 per day (compared to 58 percent of the population in the 2003- 2004 IHS). Although poverty has declined, the gap between the richest and the poorest is widening: the 2010 IHS shows that the lowest quintile (poorest 20 percent of the population) are consuming only 5.6 percent (share of total household consumption), compared to 8.8 percent in 2003; whereas the 5th quintile (richest- top 20 percent) are consuming 46.5 percent, compared to 38.0 percent in 2003. In order for the country to reduce by half from its 1990 level (31%), poverty should be reduced by a further the 33 percentage points from the 48.4 per cent of the 2010 level.
Therefore, the focus of the post 2015 development agenda will be to further pursue strategies to increase income and reduce disparities in income levels. As the last IHS was conducted in 2010, it is necessary that another IHS be conducted in 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 and the 2013 Demographic and Health Survey has shown a slight reduction to16.2 per cent. 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 (MICS 2010), the indicator is 95.3 per cent and the target set by 2015 is 100 per cent. As the net enrolment rate for the period under review is 73.4per cent and the set target is 100 per cent by 2015,it is not likely to be met.

Goal 3: The target set ongender 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 has increased slightly to 9.5 in 2014. Given the fact that the next election will take place in 2017, i.e. beyond the 2015 deadline, the country is not likely to meet the set target of 33 per cent.

The proportion of females in top level of government has increased slightly but is still below the MDG target of 33 per cent. This target cannot be met.

Goal 4: For child health, the country has met the MDG targets for both the infant and child mortality indicators. The MDG target for infant mortality rate is 42 per 1000 by 2015. The infant mortality rate has dropped from 93 per 1000 live births in 2005 to 81 per 1000 live births in 2010 and in 2013 the infant mortality rate has dropped to 34 per 1000 according to the results of the 2013 Demographic and Health Survey (GDHS). For under five mortality, the under-five mortality rate has also dropped from 131 per 1000 live births in 2005 to 109 per 1000 live births in 2010. The findings of the 2013 Demographic and Health Survey has shown the under-five mortality rate to drop to 54 per 1000 live births and the set target by 2015 is 67.5 per live birth.

Immunization rates show that set target for the proportion of 1 year old children immunized against measles are on track as findings of the 2013 Demographic and Health Survey shows that 88 per cent of children under five are immunized against measles.

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. There has been paucity of data on maternal mortality in The Gambia. The last maternal mortality survey was conducted in 2001 which estimated maternal mortality rate of 730 maternal deaths/100,000 live births. The GDHS 2013shows a maternal mortality ratio of 433 per 100,000 live births. This is a remarkable improvement but given the count down to 2015 and based on the available data, the country is not likely to reduce by three quarters the maternal mortality rate by 2015.

Regarding the percentage of births attended by skilled birth attendants, the country has met the MDG target of 64 per cent. 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. The 2013 Demographic and Health Survey show the proportion of women attended by skilled attendant to increase slightly to 64 per cent. For contraceptive use, the indicator has been on the decline over the period. In 2001, findings of the Maternal Mortality, Neo natal and Contraceptive Use survey shows a contraceptive prevalence rate of 13.4 per cent, results of the 2010 Multiple Indicator Cluster Survey shows the indicator to remain the same and the 2013 Demographic and Health shows a drop of the contraceptive prevalence rate to 9.0 per cent. The drop in contraceptive prevalence in 2013

compared to the 2010 could be attributed to statistical differences in the two survey instruments use i.e MICS vs DHS. If the current trend remain the same, the country is not likely to achieve the set target of 30 per cent by 2015.

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**.** But the results of the 2013 Demographic and Health Survey shows a drop in the proportion shows a drop to about 47.2 per cent. This could be attributable to the fact that unlike the Malaria Indicator Survey that was conducted during the peak of the malaria season, the Demographic and Health Survey was conducted outside the malaria season. 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. The target is 80 per cent by 2015. This drop in children treated with appropriate anti – malarial drugs is due to the low prevalence of malaria that country witness during the recent past. With concerted efforts based on the recent trend it is possible to meet the 2015 target.

For HIV, The Gambia registered appreciable gains for the set targets for the different types of HIV. In 2011, the prevalence rate for HIV1 was 1.65 per cent and in 2012 the prevalence rate drop to 1.57. The set target is 0.3 per cent whilst for HIV2, the prevalence rate in 2011 is 0.07 and in 2012, the prevalence rate was 0.26 the set target is 0.9 per cent. It is important to note that the data for 2011 and 2012 are from National Sentinel Surveillance surveys where only pregnant and lactating women are tested for HIV. The results of the 2013 Demographic and Health Survey show a prevalence rate of 1.9 per cent for the women aged to 15 – 49 and men aged 15 – 59. The GDHS shows a prevalence rate of 1.0 per cent for the population aged 15 -24. The Gambia is not on track of achieving Goal 6 in its entirety given the gains register for set targeted 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. Results of the 2013 Demographic and Health Survey show the proportion of households to have access to improved water source to be 90.1 per cent. This is an indication that the country has attained this set target since 2005.

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 and the 2013 Demographic and Health Survey shows a 37.0per cent. 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 are focused on the following broad programme areas: Poverty reduction and social protection; Basic social services and Governance and Human Rights

GOAL 1: TO ERADICATE 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	2008	2010	2010	2015 MDG target
	<$1/ person/ day					<$1.25/ person/ day	
National average	31	69	58	55.5	36.7	48.4	15

Source - 1992 poverty study, 1998 poverty study, 2008 poverty assessment, 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 as the 2003 and 2010 respectively

The fight against poverty is a priority for the government and people of The Gambia. This commitment has been demonstrated in the implementation of series of MDG based Poverty Reduction Strategies which have now been replaced by the Programme for Accelerated Growth and Employment covering the period 2012 to 2015.

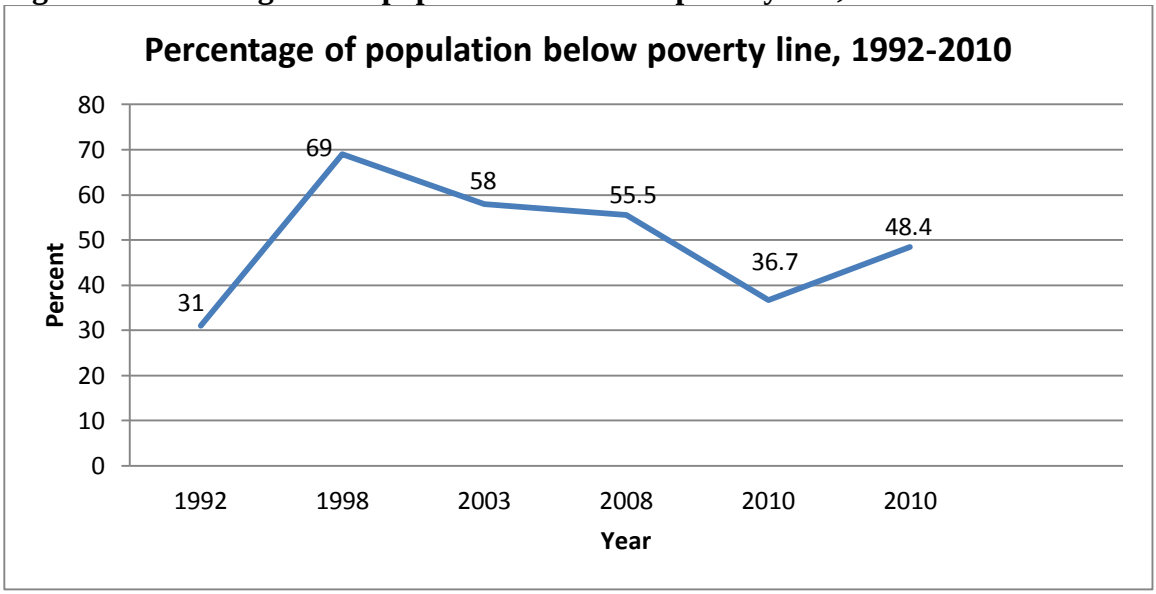
In the Gambia, four poverty studies have been conducted, that is in 1992, 1998, 2003 and 2010. It is important to note that the 2008 study was a simulation exercise using the 2003 poverty profile taking into account the impact of growth, remittances and internal migration since 2003. Findings from these poverty studies have shown that poverty is highest in the rural areas compared to the urban areas but more so in 2003 and 2010 when rural poverty wasat least two times higher than urban poverty. This rural – urban differential is attributable to better employment opportunities both informal and informal sectors in the urban areas than in the rural areas. Household heads employed in the agricultural sector continue to be hardest hit by poverty and the majority is found in the rural areas. In 2003 and 2010, it is observed that Central River Region North and South had the highest poverty rates

Generally, Banjul, Kanifing and the West Coast Region which are predominantly urban settlements have lower poverty rates compared to the other regions which are predominantly rural. Poverty in The Gambia as in many developing countries remains predominantly a rural phenomenon.

Presented in figure 1 are the overall poverty rates from 1992 – 2010 and the MDG target by 2015 (15%). It is observed that from 2003 poverty has been decreasing in The Gambia. Overall poverty has decreased from 69 per cent in 1998 to 58 per cent in 2003. The poverty assessmentsshow poverty dropped from 58 per cent in 2003 to 55.5 per cent in 2008. Using the less than one dollar per person as the discriminant, poverty dropped from 58 per cent in 2003 to 36.7 per cent in 2010. In comparison, using the less than 1.25 dollar per person per day threshold poverty decreased to 48.4 per cent in 2010.
Results of the 2010 Integrated Household Survey showed that the incidence of poverty was much higher in rural areas than urban areas with 73.9 per cent of the rural population compared to 32.7

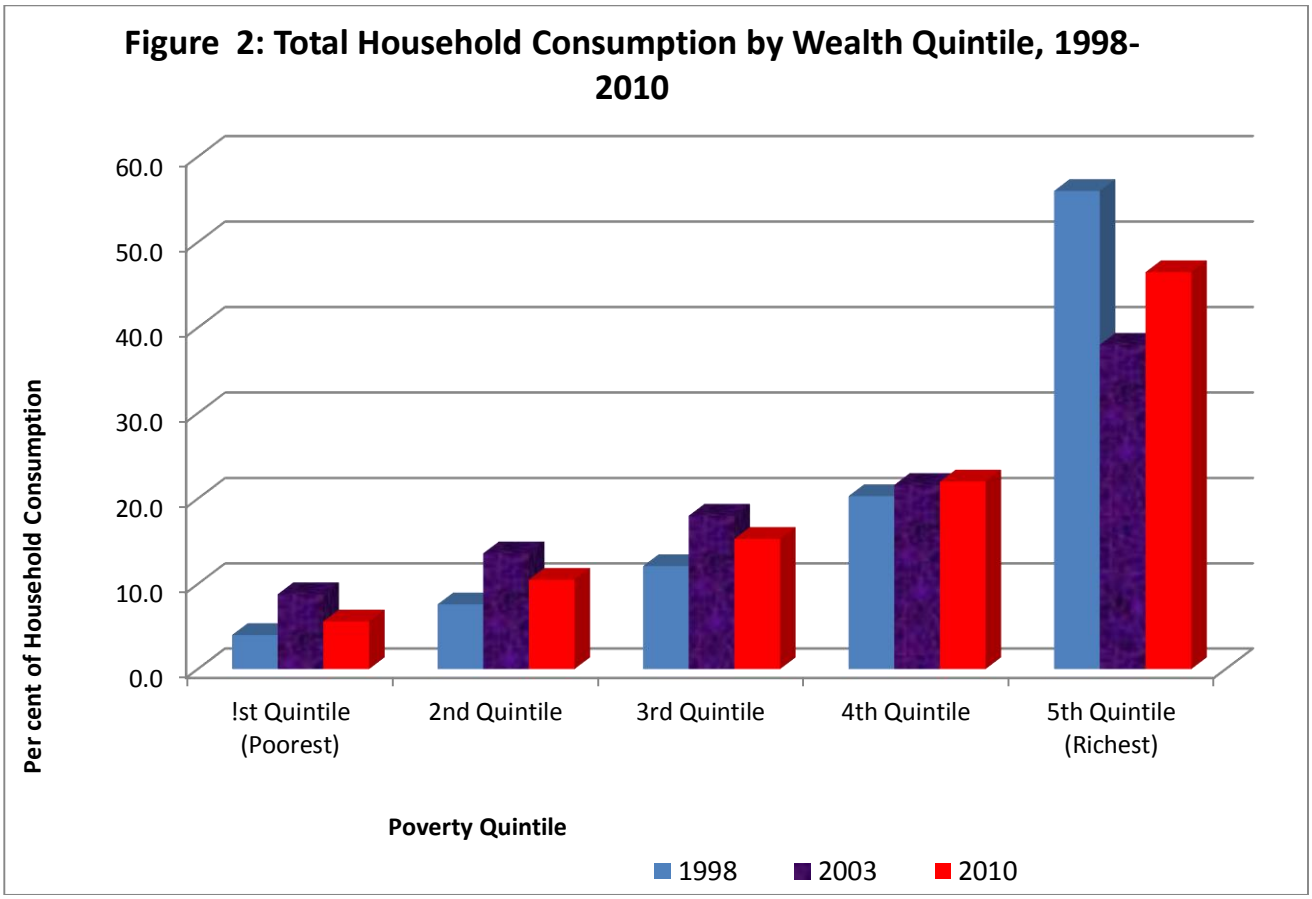
per cent of the urban living on less than $1.25 per person per day. Overall however 48.4 per cent of the population was living on less than $1.25 per person per day. It is worth noting that although poverty continues to be a rural phenomenon in The Gambia, findings of the 2010 IHS point to an unprecedented increase in urban poverty over the years. This development can be partly attributed to the effect of rural to urban migration which has triggered an increase in urban unemployment and consequently poverty.

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



Presented in the figure below is the distribution of household consumption by quintiles. According to the wealth index quintiles, the first quintile is the poorest and the fifth the richest. Households in the richest quintile accounted for the largest proportion of total household consumption in 1998, 2003 and 2010, respectively. Between the periods of 1998 and 2003 the share of total household consumption for the first to the fourth quintiles increased whilst the share of the fifth quintile decreased pointing to a reduction in the household consumption gap between the quintiles over the period under review. However, over the period 2003 to 2010, the share of total household consumption of the first, second and third poverty quintiles decreased whilst that of fourth and fifth increased. This indicates a widening of the household consumption gap between the rich and the poor households with the total household expenditure for the poor declining in relative terms whilst that of the rich increasing.

Figure 2: Total Household Consumption by Wealth Quintile, 1998 - 2010



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 especially groundnut. The high unemployment/under-employment of youths and 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. 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 a central strategy of the PAGE. Other policies put in place by government to reduce poverty includeVision 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. All these programmes and policies directly or indirectly have strategies that facilitate the attainment of target 1A.

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) 0.46 (2010)
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 (2010)

Source: 1993 population and Housing Census & the 2010 Integrated Household Survey

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%) but below the population living below 1.25 USD per day. The vulnerable employed i.e. the proportion of own account and contributing family workers in total employment was 79 per cent in 2010 showing a slight increase from the 2003 level (77%). 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	2013
National Average	20.9	17.1	20.3	17.4	16.2
MDG Target	10.4				

Source - 1996 MICS, 2000 MICS II, 2005 MICS III, MICS IV, 2010, DHS 2013

Status and Trends

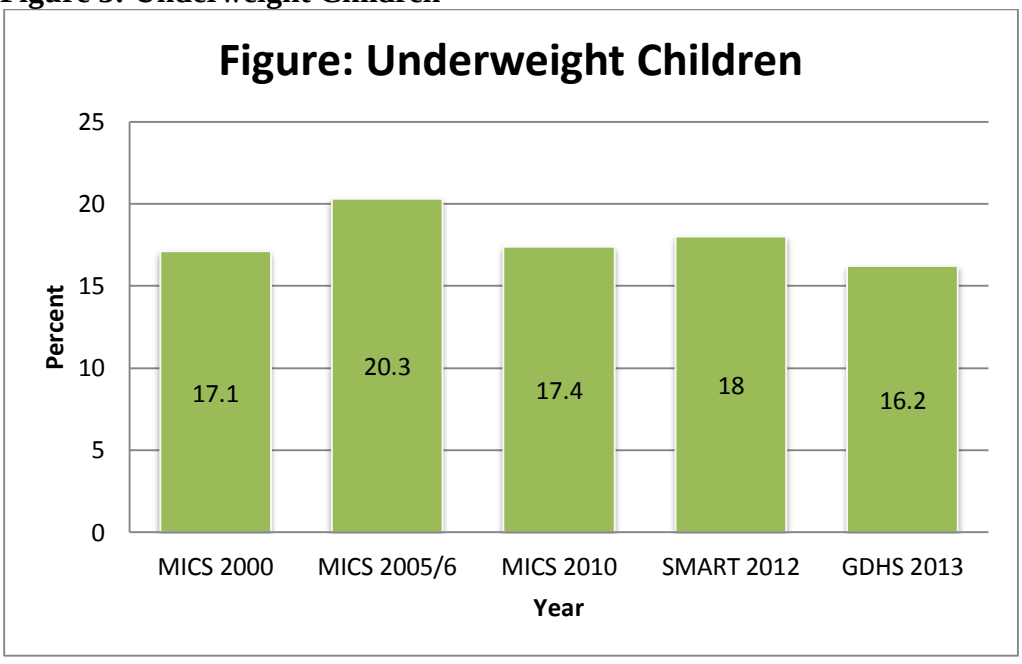
Target 1C of Goal 1 is to reduce by half, between 1990 and 2015 the proportion of people who suffer from hunger. Two indicators for measuring hunger are the prevalence of underweight children aged under-five years and the proportion of the population living below the minimum level of dietary energy consumption.

Over the period 1996 – 2010, the proportion of underweight children has been fluctuating. In 1996 the proportion of children who were severely underweight was about 21 per cent which decreases to 17.1 per cent in 2000 but increase to 20.3 per cent in 2005. In 2010, the proportion decrease to

17.4 per cent with wide geographic disparities. Other than Banjul, Kanifing and Western Region, all the other regions have averages higher than the national average. The proportion of underweight children has increased in all the regions except in Upper River Region where it dropped from 26.4 per cent to 23.5 per cent. It also reduced slightly in CentralRiver – North from 28.0 to 27.3 per cent. Rural households had highest prevalence of underweight children compared to urban dwellers (23.4% compared to 14.7%). In Banjul, which is entirely an urban settlement, the proportion of under-weight children has increased by almost three folds (from 6.2% to 17.5%). There is no significant difference in the prevalence of underweight children by sex. In 2013, results of the DHS shows a slight drop in the proportion of children who are underweight to 16.2 per cent with huge disparity by region and place of residence. The proportion of children underweight was highest in the two poorest regions of the country, Kuntaur and Janjanbureh with 25.6 and 26.9 per cent respectively.

Presented in the figure below is the proportion of underweight children at the national level from 2000 – 2013 and it shows that the on average the proportion of underweight children has been between 20 – 16 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%). In 2013, the proportion of children underweight in the rural areas were almost double than of those children in the urban areas (20.6% vs 10.6%).

Figure 3: Underweight Children



Challenges

Although The Gambia Government has formulated policies aim to address health, nutrition and demographic needs of the population, the country continues to face challenges in the fight against malnutrition. These challenges include: 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; vulnerability of children under-five due to poor feeding and hygiene practices; food bacterial contamination due to poor sanitary conditions; poor agricultural 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. In the recent past, there has been a noticeable surge in the incidence of non – communicable diseases such as diabetes, high blood pressure which are greatly influenced by eating habits, attitudes and behaviour of people.

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 chaired by the Vice President with a council membership that includes Ministers.

The first Nutrition Policy for The Gambia which 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 and successor programmes develop to cover the period 2010 – 2020.Under this programme,NaNA was established and has been implementing community based nutritional programmes to protect, promote and improve the nutritional status of the people. Theprogrammeincluded the promotion of salt iodization, vitamin A supplementation and included the baby friendly hospital initiative, the integrated anemia pilot programme, and the baby friendly community initiative.

For continuous monitoring and evaluation of the above interventions, the government established The Gambia Nutrition Surveillance Program. The aim of the program is to determine the prevalence and distribution pattern of malnutrition (wasting) for the under-five children living in primary health care villages.

To further enhance efforts in addressing malnutrition and food safety, a national Food Act was passed to deal with overall food safety, food fortication, salt iodization, development of national code of conduct for marketing breast milk substitutes and the importation and exportation of food items. The co-ordination of the enforcement of the Food Act is also vested in the National Nutrition Agency.

The creation of Food Safety and Quality Authority by The Gambia government in 2013 is a manifestation government's commitment to improve the nutritional status of the population.

The new US$3.68 million IDA grant support to the Maternal and Child Nutrition and Health Results Project is also another testimony of the government efforts to improve maternal and child health in The Gambia. The project will be implemented in the three poorest regions of the country

namely: the Upper River, the Central River and in the west of North Bank West Regions. The project is to increase the utilization of community nutrition and primary maternal and child health services in the three regions.

Recommendation

- There should be inclusive growth and development
- Capacity building through TVET to alleviate poverty

1IMPROVED CHILD NUTRITION AND BABY FRIENDLY INITIATIVES

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

Introduction

Goal 2 has one target and three indicators to measure progress towards the achievement of universal primary education. These indicators are; net enrolment ratio in primary education, proportion of pupils starting grade 1 who reach last grade of primary education and literacy rate of 15-24 year-olds, women and men. The Gambia is on-track on all targets and therefore on the goal.

Table 2.0: Summary Status of Indicators

Target	Indicators	1990	Current status	MDG Target
Target 2.A: 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	46.3% (1991)	73.4% (2013)	100%
	2.2 Proportion of pupils starting grade 1 who reach last grade of primary	88.1% (1992)	96.6% (2006) 95.3% (2010)	100%
	2.3 Literacy rate of 15-24 year-olds, women and men	48% (1991)	62.9% (2003) 69.7% (2013)	72%

Source:MoBSE, MICS 2010 and GDHS 2013

Status:

The global quest for universal education has been recognized and supported at all levels by The Government of The Gambia. This is evident by the country's subscription to and implementation of the activities of the EFA initiatives and FTI goals. The Government's efforts in providing access to education to all children of school-going age is laudable. The various reform policies and programs within the education sector are manifestationsof the government's commitment to provide accessible and quality education at all levels

It is evident that the key indicators measuring access, enrolment, retention and completion have all registered remarkable improvement over the years at almost all levels of education. Gender parity at primary school has long been achieved and there is a significant gain towards achieving the same target at the secondary level. Although the proportion of children starting grade who reach grade 5 dropped from 97 percent as at 2005 to 95.3 percent as at 2010, there is not much information to show what the current level is as this indicator has been collected from the Multiple Cluster Indicator Survey rounds.

NetEnrolment Ratio (NER) at primary level has also registered remarkable improvements. There has been a steady increment at national level since 2010 with only a slight drop in 2013 from 2012 by about one percentage point. Although the NER for both males and females have had this steady improvement, that of females has been more marked between 2012 and 2013 (See table below).The literacy of women aged 15-24 is estimated to be 69.7per cent from the 2013 GDHS and the set target by 2015 is 72 per cent.

NB: Care should be taken in DHS figures and the 2003 census figures because of the statistical differences of the two series

Table 2.1: Net enrolment rate in Lower Basic Education

	Male	Female	Total	MDG TARGET
2010	70.9	72.4	71.7	
2011	71.0	73.2	72.1	
2012	72.9	76.1	74.5	
2013	71.6	75.2	73.4	
2015				100

Source: Ministry of Basic and Secondary Education (MoBSE)

Table 6: Evolution of Education MDG Indicators

Indicators	1990	2000	2005	2010	2014	2015
Proportion of pupils starting grade 1 who reach Grade 5	88% (1991/92)	90% (1998)	96.6%	95.3%	NA	100%

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

Challenges to Achieving Universal Primary Education

The associated non fee cost of education such as fares to school, uniforms and some other school material continue to pose challenges to many families in sending their children to school. Low incomes, cultural and other domestic factors continue to influence decision of parents not to send their children to school. The domestic factors include the need for children to support in farming activities, household chores and household based industries and services. These factors affect the girl child more that the boy child especially in relation to retention at the secondary level of education.

Enrolment at age 7 continue to be evasive due to factors like preference in sending children to Islamic schools (Daras or Karantas) in particular before formal education. Late birth registration of children is also another factor that negatively influences enrolment at age 7.

Supportive Policy Environment

At the primary level, the Ministry of Basic and Secondary Education (MoBSE) seeks to provide schools such that no one will have to work more than 2km to get to school. If this is accomplished with the subsidized education cost for female students at the secondary school level equitableaccess to basic, senior secondary, tertiary and higher education will be increased.

The policy also targets to make available in schools better trained teachers in a manner that will be both cost-effective and sustainable. The training of teachers under such policy framework will be in the form of both pre-service and in-service teacher training programmes.

Improvement on the curricula for both basic and secondary level, whenever is required will also be done for both the lower basic and secondary education curricula.

The education policy has the following broad targets:

I. Increase the basic education GER to 100 per centby 2015, taking into account enrolment in Madrassas
II. Increasethecompletionratesinbasiceducationto100 per centby 2015
III. Increase the supply of trained teachers and make more efficient use of the teaching force by maintaining the pupil/teacher ratio at 45 at the basic level
IV. Increasetheshareofenrolmentofgirlsto50 per cent oftotalenrolmentatthelevels ofbasicandsecondaryeducationby2005
V. Improve the quality of teaching and learning at all levels.

GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Target 3A: Eliminate gender disparity in primary and secondary education, preferably by2005 and to all levels of education no later than 2015

Table 7: Gender and Women Empowerment

Indicators	1990	2005	2010	2014	2015 target
Ratios of girls to boys in primary, secondary and tertiary education	Primary 0.74 Secondary0.72 Tertiary0.44	Primary 1.03 Secondary 0.83 Tertiary	Primary 1.05 Secondary 1.00 Tertiary 0.86 (Ministry of Higher Education)	Primary 1.01 (GDHS 2013) Secondary 0.96 (GDHS 2013) Tertiary 0.84 (Ministry of Higher Education)	1.00 1.00
Share of women in wage employment in the nonagricultural sector	NA	NA	77% (2010)		
Proportion of seats held by women in national parliament		6.25% (Parliament) 13.91% (Local Council)	7.5% (2012) (Parliament) 9.4% (2013) (Parliament) 13.91 (2011)		33% 33%

Source: MoBSE, Independent Electoral Commission (IEC), 2012 MICS 2005, 2010,IHS 2010 and GDHS 2013

Status

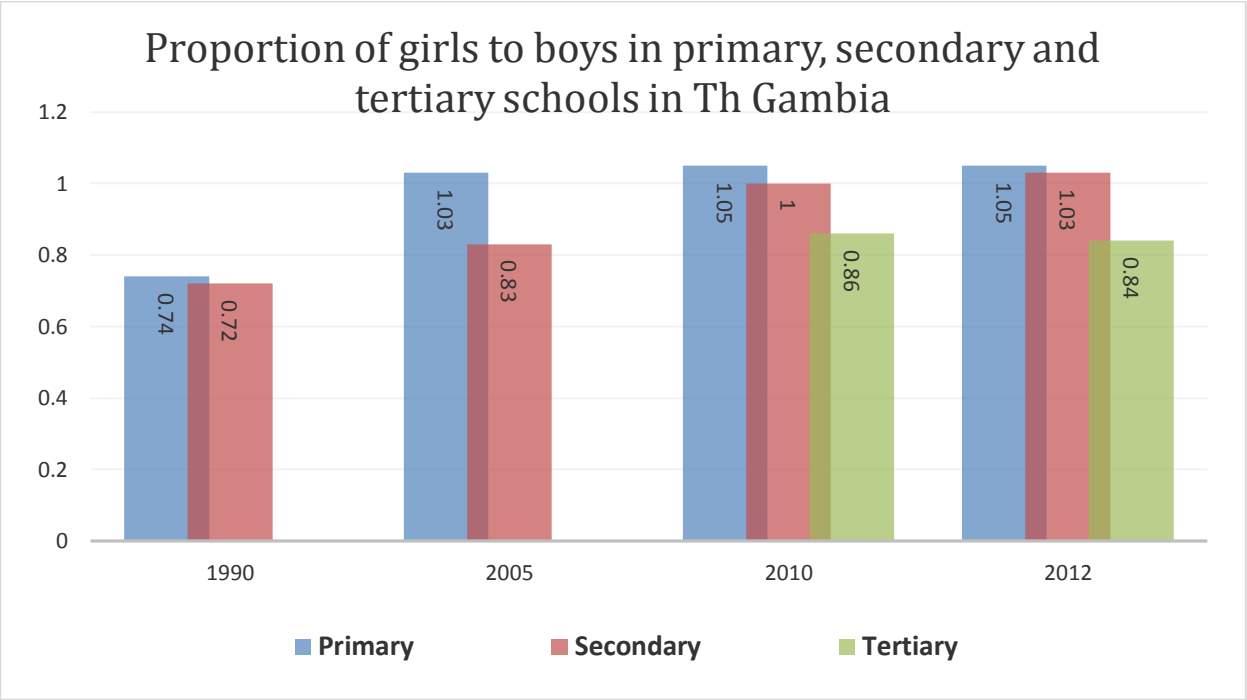
Gender equality and women empowerment have been integral in the Government's development programs and continue to be central in all policy decisions taken by government geared towards national development. Gender mainstreaming has gained great focus and attention over years as evident in the level participation of both men and women alongside each other in all spheres of development.

The efforts employed by government have had major impact, whichtranslates to the gains registered towards achieving the goal of promoting gender equality and empowering women. Improvements have been made in both enrolment and retention girls in schools over the years The ratio of girls to boys in primary, secondary and tertiary schools have steadily improved. The ratio of girls to boys in primary school in 1990 was 0.74. This improved remarkably to 1.03 in 2005 and to 1.05 in 2010; surpassing the 2015 target. The corresponding figures for secondary education as at 1990, 2005 and 2010 were 0.72, 0.83 and 1.0 respectively; again surpassing the 2015 target.

For the 2013, there is a slight drop in the ratio of girls to boys in both primary and secondary schools as revealed by the GDHS 2013 survey. The ratio of girls to boy in primary school dropped from 1.05 in 2010 (MICS 2010) to 1.01 as at 2013 (GDHS 2013). The same is true for the ratio of girls to boys in secondary school which also dropped from 1.00 in 2010 (MICS 2010) to 0.96 as at 2013 (GDHS 2013).
These slight drops in enrolment are mostly attributable to the statistical differences of the instruments used in the study of these variables (i.e. the first GDHS used in The Gambia for the

2013 indicators and the previous Multiple Indicator Cluster Surveys). Despite these slight differences The Gambia can be classified to have achieved the 2015 targets of gender parity at both primary and secondary levels.

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



While the MDG targets for all primary and secondary education had long been achieved, there has been a recent drop in the ratio of girls to boys in the secondary school category as at 2013. There is therefore a need for moreconcerted efforts to be employed in order to address this as well as improve on the enrolment of female students into tertiary institutions. Retention of the girl child in school beyond the lower secondary cycle is still a major challenge to meeting the set targets. Often, girls are withdrawn from school to be given into marriage and/or the male child given preference to continue schooling at the expense of the girl child under tight financial constraints of the family.

The education ministries therefore have to either formulate other strategies and/or reinforce the current strategies to ensure retention of students especially for girls in schools beyond the lower secondary level. As cost of post-secondary education is another challenge to continuing beyond the secondary education level therefore there is the need for more subsidized programs especially for girls beyond the secondary education level.

Although the MDG target off 33 per cent for female representation in the parliament is far from being achieved, there has been some improvement in the proportion of female parliamentarians over the tears. In 2006, the proportion of female parliamentarians was 6.5 per cent; however this rose by one percentage point to 7.5 per cent in 2011. Again, there is a further improvement of 1.9 percentage points to 9.4 per cent as at 2013.

While all the opportunities exist for the full and supportive participation of females in politics, there is still a very low representation by females in the political platforms to compete for seats at all levels of politics. As the next parliamentary election for The Gambia is 2017 and MDG countdown ends in 2015, it is evident that the country cannot meet the set target for this indicator.

The proportion of females in top level of governance has increased slightly although still far away from the MDG target of 33 per cent. Despite the reduction in the number of deputy permanent secretaries from 19 to 10, the number of female ministers is 4 however the number of female permanent secretaries increased 5 to 6. Key positions such as the positions of Vice President, Deputy Speaker of the National Assembly, the Basic Education Minister, as well as the Minister of Energy, Tourism and Environment are held by females.

Challenges

- Although the environment exist for women's participation in politics, there is a still a huge gap in the number of women coming forth to contest for seats in both the national assembly and the local councils.
- The quality of data on the participation women in the labour is poor which makes it difficult to compute the correct proportions of females and males in such positions.
- Access to basic education has improved markedly over the years. However, retention of female students beyond lower secondary is still a major challenge. This poses a long term threat to bridging the gap that currently exists in terms of female representation in senior and managerial positions.

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 in 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 – 2020, the Women's Act 2010, Domestic Violence and sexual offenses Act 2013 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 (CRC) (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.

Recommendations

- Personnel Management Office (PMO) should lead the development of comprehensive data base of the civil service. This instrument will enhance management of government departments as well as improve the development of disaggregated data by gender.

- Data management at the level of government department need improvement with special attention to disaggregate data by gender. Where necessary, statistical clerks could be trained and attached at every government department who will be responsible for the day-to-day data management.
- Retention of the girl child in school beyond the secondary level should be advocated for and the necessary resources made available to support their advanced education.
- More advocacy and encouragement needed to get more women to contest elections.
- The Women's Bureau in collaboration with The Gambia Bureau of Statistics and Office of the Vice President with the support of partners should ensure the development of comprehensive data base on gender issues.

GOAL 4: REDUCE CHILD MORTALITY

Status and trend

As is the case in most developing countries, notably in Africa, The Gambia continues to experience high levels of childhood mortality. The main causes of under-five mortality have largely been

attributed to malaria, diarrhoea and respiratory tract infections. Cognisant of the need for concerted efforts to reduce the mortality rates, Government commitment in improving childhood survival is evident in the numerous policy statements articulated in documents to address this national priority. In the National Health Policy 'Health is Wealth'), one of the major goals is to reduce the infant mortality rate from 75 per 1,000 (2003) to 28 per 1,000 by 2015. To attain this goal major strides have been taken by Government to improve access to health services, clean portable water and nutritional uptakes.

The combined effect of improved access to health services, particularly antenatal and post-natal services and immunization, access to clean water supply and improved nutrition have resulted to significant reductions in childhood mortality over the past two or more decades. Under-five and infant mortality rates has been consistently declining from 2000 to 2013. In 2000 Under-five mortality was estimated at 141 deaths per 1,000 live births which declined to 131 deaths in 2005, to 109 deaths in 2010 and 54 in 2013. Similarly infant mortality declined from 98 deaths per 1,000 live births in 2000 to 34 in 2013. Whereas the most recent under-five estimates (GDHS 2013) showed that the 2015 target of 67.5 deaths per 1,000 live births has already been reached, the 2015 infant mortality target of 42 is met.

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

Table 4.0: Under-Five and Infant Mortality, 2000-2013

Indicator	2000	2005	2010	2013	MDG Target (2015)
Under-five Mortality Rate	141	131	109	54	67.5
Infant Mortality Rate	98	93	81	34	42

Source: MICS Reports 2000, 2005/06, 2010, GDHS 2013

Presented in Table 4.1 below are mortality estimates from successive MICS surveys and the GDHS. The results show that infant and under-five mortality rates are lowest in Banjul and Kanifing and highest in Kuntaur, Basse and Janjanbureh Local Government Areas, the poorest regions according to the results of the 2010 Integrated Household Survey. It is however worth noting that observed levels of mortality continue to be high. Nonetheless, the results show that across all Local Government Areas both infant and under-five mortality rates have been declining. If the momentum is maintained significant gains would be made in improving childhood survival.

Table 4.1: Infant and Under 5 Mortality Rate, 2000- 2013

	Infant mortality rate				Under 5 mortality rate			
LGA	**2000**	**2005/06**	**2010**	**2013**	**2000**	**2005/06**	**2010**	**2013**
Banjul		88	51			122	62	
Kanifing			76				102	
Brikama		76	74			100	99	

Mansakonko		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**	**34**	**141**	**131**	**109**	**54**
NB: Banjul and Kanifing have a combined mortality figure for 2005/2006								

Source: MICS Reports 2000, 2005/06, 2010, GDHS 2013

Compared to other countries in the sub-region, The Gambia has made significant gains in immunization against measles and other pathogens. Presented in the table below are figures on immunization coverage over the period 2005 to 2013. It is however worrying that measles immunization coverage from 2005 (92.4%) has been declining. Measles immunization coverage in 2010 was estimated at 87.6 per cent and 88 per cent in 2013. With concerted efforts the country can meet the 2015 MDG target of 100 per cent.

Table 4.2: Percent of One Year Old Children Immunized Against Measles

Year	2005	2010	2013	MDG Target (2015)
Percentage	92.4	87.6	88	100%

Source: MICS 2005 &2010, GDHS, 2013

Challenges

Notwithstanding gains made in improving child survival, a number of challenges continue to impede progress towards the attainment of set development goals.

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, particularly in the rural areas
- Maintenance of an efficient cold chain for the storage and transportation of drugs and vaccines for immunization
- Weaknesses in the Primary Health Care (PHC) system at village and community levels
- High poverty rates in the predominantly rural areas

Supportive Policy Environment

The National Health Policy (2012-2020) is the current policy framework that seeks to address the health needs of the country. The policy 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 Gambia is one of the countries with the highest maternal mortality rates in the sub-region. Despite the prevailing high levels of maternal mortality, a downward trend has been observed in

rates over the years. In 1990, maternal mortality was estimated at 1,050 deaths/100,000 live births. In 2001 the MMR dropped to 730/100,000 live births, 690/100,000 live birth in 2008 and further dropping to 360/100,000 live births in 2010. The 2013 MMR estimate stood at 433 deaths per 100,000 live births. On the percentage of births attended by a skilled health personnel, in 1990 42 per cent of births were attended by a skilled attendant. In general, the proportion of births attended by skilled health personnel increased gradually from 54.6 per cent in 2000, to 56.8 per cent in 2006, 56.6 per cent in 2010 to 64.0 per cent in 2013. The apparent low levels of births attended by skilled health personnel, partly, explains the observed high maternal mortality rates. It is observed that the contraceptive prevalence rate has decreased from 13.3 per cent in 2010 to 9 per cent in 2013. The target for antenatal care coverage has been met in 2013. The unmet need for family planning has increased from 21.5 per cent in 2010 to about 25 per cent in 2013.

Improvements in maternal mortality can be attributed to improvements in access to health services, in particular maternal and child health services. It is worth noting that major strides have been made towards improving emergency obstetric care services which could have immensely contributed in improving maternal survival.

Table 5.0 Summary Status of Indicators

Targets	Indicators	1990	2000	Current Status 2013	MDG Target 2015
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal Mortality Ratio per 100,000 Live birth	1050	730 (2001)	690 (2008)* 360 (2010)* 433 (2013	263
	5.2 Proportion of births attended by skilled health personnel	42	56.8% (2006)	56.6% (2010) 64% (2013)	63 %
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive Prevalence Rate	6.7%	NA	13.4% (2001) 13.3%(2010) 9%(2010)	NA
	Adolescent (15-19 years) Birth Rate per 1,000	167 (1993)	103 (2003)	NA	NA
	Antenatal care coverage (at least one visit to four visits)		90.7% (2000)	97.8% (2006) 98.1 % (2010) 98.9% (2013)	100 %
	5.4 Unmet need for Family Planning	30%	NA	21.5%(2010) 24.9% (2013)	NA

Source - GFDCPS 1990, MICS II, 2000, MICS III, 2005/6, MICS 2010, 1993 & 2003 census and GDHS, 2013

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

The Gambia is not on track to attain the set MDG target of 263 maternal deaths per 100,000 live births by 2015. On the other hand the 63 per cent MDG target set for coverage of skilled birth attendance was achieved in 2013. Consolidation of gains made in this area and intensification of efforts madealready by 2013made to improve on the gains has to continue.

From the evidence presented above it is glaring that efforts towards the attainment of MDG targets need to be intensified if the country is to achieve significant gains in these indicators particularly on maternal mortality.

Challenges

Notwithstanding the identified gains made in the health sector, progress towards the attainment of set targets continue to be impeded by a number of factors related to both the health services and non-health related factors. Among these factors are:

- Unmet need for emergency obstetric care services due mainly to inadequate basic reproductive health equipment, supplies and qualified personnel
- Inadequate coverage of blood transfusion services
- Inadequate laboratory services for diagnostic testing
- Shortage of skilled health professionals in rural health facilities
- Weak referral system from communities to health facilities
- Inadequate budgetary allocation for maternal and reproductive health services
- Low contraceptive use mainly due to socio-cultural believes and practices that do not promote contraception
- Inadequate life-saving essential medicines and medical supplies
- Early marriage and childbearing
- High fertility rates
- Poor nutrition among pregnant and lactating mothers
- Late registration of pregnant women in ante natal clinics

Policy Environment

In recognition of the need to improve both preventive and curative health services, a number of policies and programme have been put in place. One of such policies is the National Health Policy, 2012 -2020. In this policy a number of strategies have been outlined with the aim of strengthening and promoting 24/7 Emergency Obstetric Care concept, Emergency neonatal care, advocating and ensuring the Emergency neonatal care, introducing and institutionalizing peri-natal reviews and audits and maintaining and promoting the cost-free MCH services. Other strategies identified under this policy are the establishment of a minimum RCH package, increasing awareness on sexual, reproductive and child health issues and creating opportunities for the improvement of the nutritional status of the vulnerable groups.

The National Health Policy 2012-2020 is yet a renewal of government commitment to improving health services. A National Reproductive Health Commodity Security Strategy (RHCS), 2014-2018 has also been developed with the following Vision; 'A Gambia in which every pregnancy is wanted, every childbirth safe, and every young person's potential fulfilled'. The RHCS strategy has the goal of achieving universal access to reproductive health, promote reproductive rights and reduce maternal mortality by 50 per cent of 2013 levels (DHS 2013) by 2018. All these policies and strategies seek to address the inadequacies in the reproductive and child health services.

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

Status and trends:

It has been established in recent research that couples who space their births 3 to 5 years apart increase their children's chances of survival, and mothers are more likely to survive, too. This intricate relation between birth spacing and maternal and child survival is probably one of the motivations for the promotion of contraception worldwide. Countries have over the years embarked on massive campaigns to promote family planning methods. A lot of the gains made in improving maternal and child survival has partly been attributed to gains made in this area. This has also contributed to the decline in population growth rates of many countries. In the Gambia the population growth rate has been a bit erratic over the period 1993 to 2013. In 1993 the average annual growth rate was estimated at 4.2 per cent compared to a rate of 2.7 per cent 2003 and then 3.3 per cent in 2013. Over the same period, the total fertility rate was estimated at 6.4 in 1993 dropping to 5.6 in 2013.

The marginal decline in fertility over the period under review can be partly attributed to the low levels of contraceptive use in the country. Results of a 2001 survey showed a contraceptive prevalence rate (CPR) ranging from 6.7 per cent to 13.4 per cent across the country. Results of the recent DHS (2013) showed a contraceptive prevalence of about 9 per cent. The current CPR is a pointer to the fact that the set 2015 target of target of 30 per cent is highly likely to elude the country.

UNICEF and WHO recommend a minimum of at least four antenatal care visits during a pregnancy. In the Gambia antenatal care coverage is very high even in rural areas. According to the results of MICS II (2000) 90.7 per cent of women aged 15-49 years who had a birth in the two years preceding the survey made at least one antenatal visit. The comparative figures from MICS III (2005/2006) is 99.3 per cent and that of MICS IV (2010) is 98 per cent. For Women aged 15-49 years with a birth in the two years preceding the survey who made at least four ANC visits according to the MICS IV (2010) results is 72 per cent and the 2013 DHS shows slight increase to 77.6 per cent. The national MDG target of 100 per cent by 2015 is unlikely to be met.

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

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

The table below show the targets of the HIV/IDS from the 2013 Demographic and Health Survey. The data shows the HIV prevalence rate for the population age 15 -24 years is 1.0 percent, condom use at last high risk sex is estimated at 43.3 percent and the percentage of the population age 15 - 24 years with comprehensive correct knowledge of HIV/AIDS is 29.1 per cent.

Table 6.0: Key HIV/AIDS Indicators from the 2013 GDHS

Indicator	Percent
HIV prevalence among the population aged 15-24 years	1.0%
Condom use at last high-risk sex	43.3%
Percentage of the population age 15-24 years with comprehensive correct knowledge of HIV/AIDS	29.1%

Source: GDHS, 2013

HIV/AIDS in The Gambia

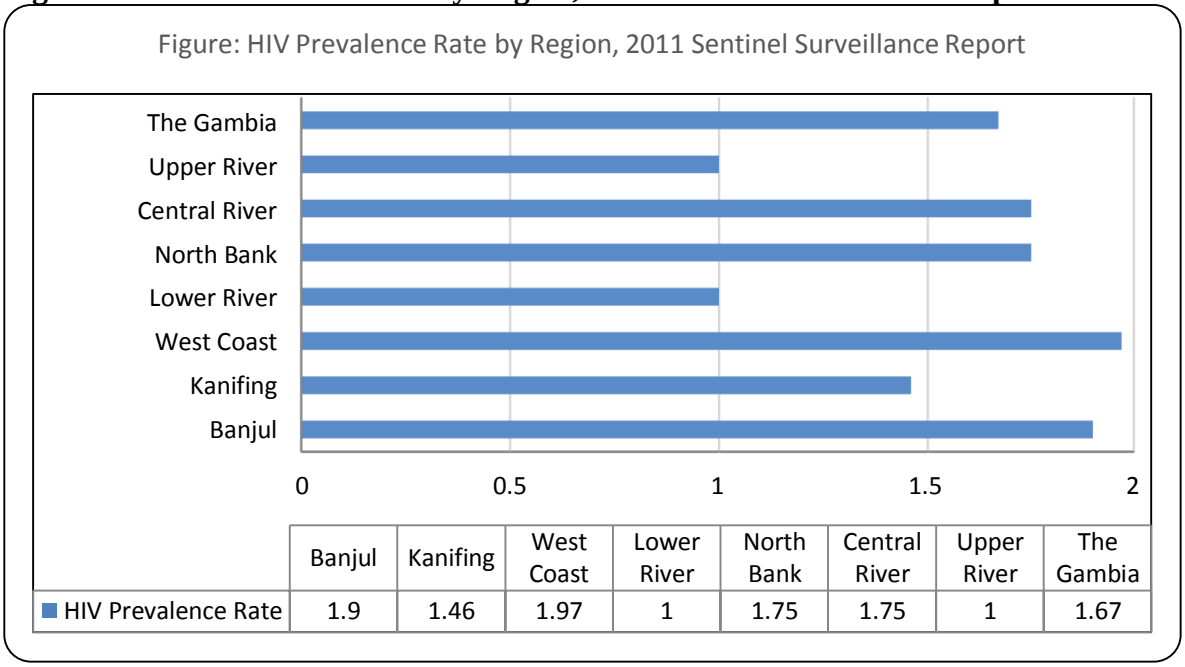
Since the first case of HIV was diagnosed in The Gambia in May 1986 the prevalence levels observed in the country have been relatively stable with higher rates observed for HIV1 than HIV2. Overall the prevalence rates observed over the years have in general been below two per cent. Results of the 2000-2001 sentinel surveillance survey showed a prevalence rate of 1.2 per cent for HIV 1 and 0.9 per cent for HIV 2. Subsequent survey results showed a slight steady increase in the overall prevalence rate of HIV with some fluctuations in the prevalence of HIV 1 and 2. A review of HIV prevalence over the period 2000 and 2003 showed that whilst HIV 1 seemed to indicate some slight increase, HIV 2 showed a declining trend. A time series of HIV 1 prevalence showed that whereas the observed rate was 2.1 per cent in 2004, the rate for 2005 was 1.1 per cent which increased to 2.8 per cent in 2006. The prevalence and trends of HIV 2 has shown an overall decline from 1.1 per cent in 2000 to 0.08 per cent in 2011.

The most recent figures on HIV prevalence presented in the graph below shows a slight increase in the prevalence of HIV 1 and HIV over the period 2011 to 2013. For HIV 1 prevalence rates observed for period have been 1.65 per cent, 1.57 per cent and 1.9 per cent for 2011, 2012 and 2013 respectively. Overall HIV prevalence increased from 1.72 per cent in 2011 to 1.83 per cent in 2012 further increasing to 1.9 per cent in 2013. In contrast the prevalence of HIV 1 remained within 0.07-0.26 per cent over the period under review.

Results of successive sentinel surveillance surveys have shown differential in HIV prevalence across regions with fluctuation in prevalence rates across regions. An upward HIV prevalence trend was observed in 4 sentinel sites (Essau, Kuntaur, Serrekunda Health Centre's & Banjul Polyclinic), whilst a declining trend was observed in the remaining sites according to results of the 2008 and 2011 sentinels surveillance surveys. According to survey results, in 2007 Sibanor clinic and Serrekunda Health Centre recorded the highest and lowest prevalence of 2.7 per cent and 0.3% respectively whilst in 2008, Serrekunda and Essau Health Centres recorded the highest and lowest prevalence rates of 3.6 per cent and 0.8 per cent respectively. However, in 2011 Fajikunda Health Centre recorded the highest prevalence of 2.7 per cent, whilst the lowest prevalence was recorded in Soma Health Centre (0.6%). It is worth noting that the prevalence for Essau Health Centre has almost doubled within the last two sentinel surveys increasing from 1.2 per cent in 2008 to 2.1 per

cent in 2011. The 2011 Sentinel Surveillance Survey results showed a national prevalence rate of 1.67 per cent and across Regions the prevalence rates ranged between 1 per cent (Lower River and Upper River Regions) and 1.97 per cent (West Coast Region).

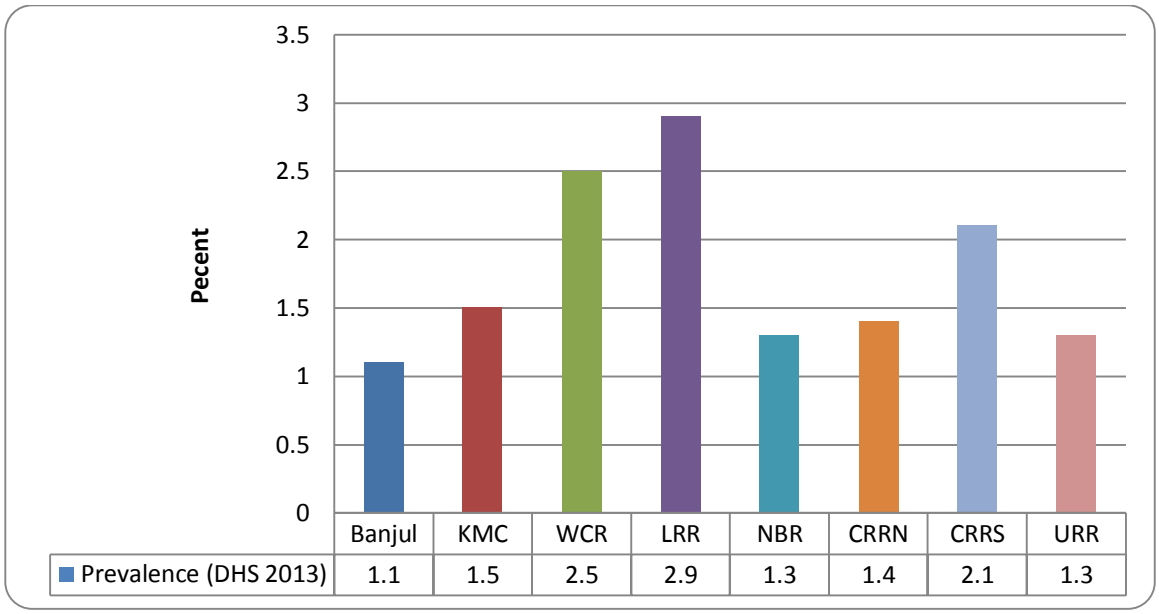
Figure 5: HIV Prevalence Rate by Region, 2011 Sentinel Surveillance Report



	Banjul	Kanifing	West Coast	Lower River	North Bank	Central River	Upper River	The Gambia
HIV Prevalence Rate	1.9	1.46	1.97	1	1.75	1.75	1	1.67

For the first time in The Gambia, HIV prevalence estimates have been derived from a household survey; The Gambia DHS 2013. This is an important milestone in research on HIV prevalence in this country. Results of this survey showed a national HIV prevalence of 1.9 per cent. Across regions, the prevalence ranged from 1.1 per cent in Banjul to 2.9 per cent in Lower River Region. Only Central River, West Coast and Lower River Regions had prevalence rates that exceeded two per cent. For the rest of the regions the HIV prevalence rate was below two per cent.

Figure 6: HIV Prevalence Rates by Region (DHS 2013)



In terms of numbers it has been estimated that 28,268 people are living with the HIV virus. According to these estimates West Coast Region has the largest number of people living with the virus (11,621) and Banjul the smallest number of PLHIV. The observed increases in HIV prevalence over the years is indeed worrying considering the fact that this translates into an increase in the population of people living with the virus. The ramifications of such an increase in terms of the burden of diseases and the pressure on available resources for the health sector could be dire. This calls for concerted efforts to stem the spread of the disease and provide effective treatment for opportunistic infections among PLHIV.

Policy Environment and the Fight Against HIV/AIDS

Government of The Gambia continues to consider the health sector a top priority in national development efforts. One of the testimonies of this commitment is the intention of Government to focus its efforts within the PAGE period to ensuring accessibility and affordability of quality health services at the point of demand, particularly for women and children. In addition to this position, as enshrined in the PAGE, similar policy statements have been made in policy documents such as the National Health Policy and the Population Policy.

The national response to the HIV/AIDS pandemic has always been aligned to national policies and strategies. The initial policy guidelines developed in 1995 had two main goals; to prevent and control the spread of HIV/AIDS in The Gambia and reduce the social and personal consequences HIV infection both to persons already infected with the virus and to those who have developed AIDS. In a national development forum on HIV and AIDS held in November 2000 the urgency for a multi-sectoral and coordinated response to the pandemic was recognized which resulted in Government securing US $15 million credit agreement with the World Bank to implement an HIV/AIDS Rapid Response Project (HARRP). This project resulted in the establishment of a National AIDS Council and a National AIDS Secretariat. The secretariat was charged with the responsibility of coordinating the national response to the pandemic. The HARRP sought to stem the potential rapid growth of the HIV/AIDS epidemic through a multi-sectoral response. Through

the HARRP interventions in the fight against the pandemic were decentralized and structures created across the country.

In 2006, the HIV/AIDS policy guidelines were revised to cover the period 2007-2011 with the goal of providing a framework for action to stabilise and reduce the prevalence of HIV/AIDS in The Gambia. The revised Policy was also aimed at providing equitable treatment care and support to people infected and affected by HIV/AIDS in a conducive and favourable environment, that will mitigate the impact of the epidemic and ensure the achievement of the socioeconomic development of The Gambia. The Global Fund Against TB and Malaria (GFATM) round 8 funding for HIV and AIDS secured in 2008 was aimed at accelerating access to HIV/AIDS prevention, treatment, care and support services.

Currently, the national response to the HIV and AIDS epidemic is being guided by the National Strategic Framework (NSF) 2009-2014. This framework was developed in partnership with stakeholders including civil society, international and local NGOs, the UN system and Government.

The Programme for Accelerated Growth and Employment (PAGE, 2012-2015), the successor national development blueprint to PRSP II highlights 3 key HIV intervention areas which seek to contribute to the national crusade against HIV/AIDS. These interventions are:

- Build capacity of staff in HIV research, M&E and surveillance
- Conduct HIV population survey (male and female) aged 15-49 years
- Conduct gender analysis study of male and female vulnerability (children, adolescents, ad ults) to HIV and AIDS

Through the series of policies formulated and programmatic interventions, a host of interventions have been initiated which led to an intensification of sensitization on HIV/AIDS/STIs, research on the pandemic, the promotion of condom use for prevention of infection, improvements in blood transfusion and storage and targeting of vulnerable groups.

Challenges

Notwithstanding gains made in awareness creation towards the prevention and treatment of HV/AIDS the country continues to be faced with challenges in the fight against the pandemic. These challenges among others relate to the following;

Funding challenge: Dwindling resources from development partners coupled with the global economic crises which is also affecting the national economy is making it increasing difficult, if not impossible, for the country to meet the financial requirements for the national response to the HIV/AIDS pandemic.

Supply chain management: The main challenge has been getting timely data on supplies and consumption patterns. It is hoped that if HIV/AIDS related drugs are also entered in the CHANNEL, a software for tracking drug stock levels, it would greatly improve the monitoring of stock levels of such drugs across the country.

Nutrition Support for PLHIV: Limited availability of funds for the procurement of supplementary food for PLHIV and the increase in the number of people living with the disease has continued to be a challenge.

Support to Orphans and Vulnerable Children (OVC): Interventions aimed at providing support to orphans and vulnerable children (OVC) are increasingly finding it difficult to cope with the funding needs of these group.

Opportunistic Infections (OIs) and sexually transmitted Infections (STI) drugs: Due to increasing health budget and other pressing development needs, government despite the support from development partners, is not always able to provide adequate drugs for the treatment of OIs and STIs. Shortages of such essential supplies are not uncommon in health service delivery points.

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: Despite concerted national efforts aimed at increasing awareness on HIV/AIDS, there continues to exist gaps in levels of knowledge about the pandemic. These gaps continue to be evident in the persistence of stigma and discrimination against PLHIV. This could have negative consequences on interventions in the national response to the pandemic.

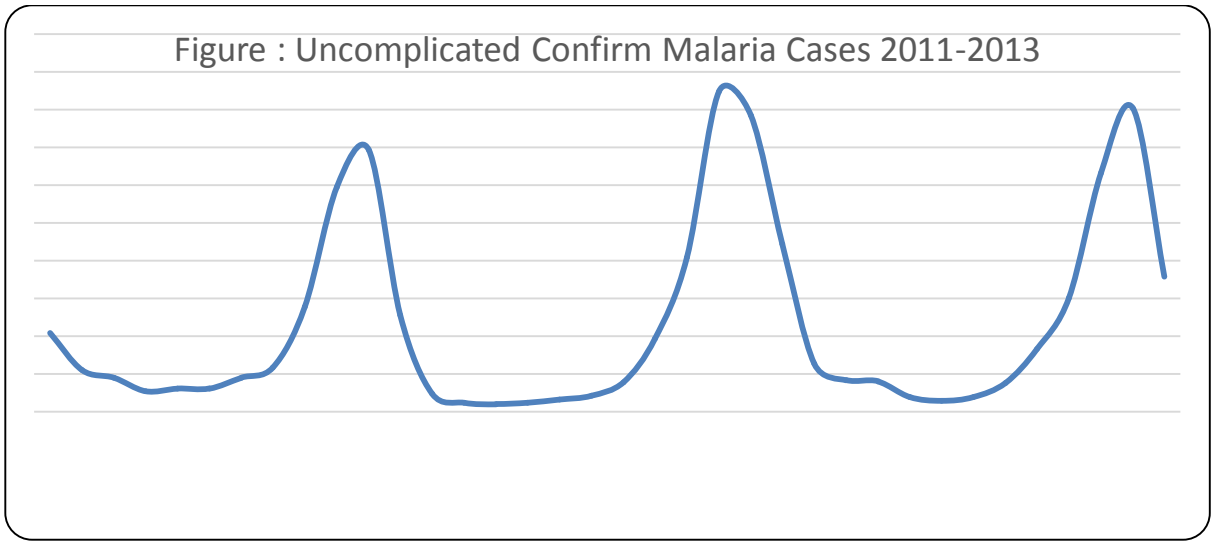
Malaria

Status and Trends

In The Gambia, malaria continues to be the leading cause of morbidity and mortality, especially among children less than five years. Despite the fact that the disease is still a public health burden, major gains have been made in the prevention and treatment of the disease over the years. These achievements can be attributed to the promotion of the use of Insecticide Treated Nets (ITNs), Intermittent Preventive Treatment (IPTp) among pregnant women and the implementation of new treatment guidelines that has led to more effective treatment of the disease.

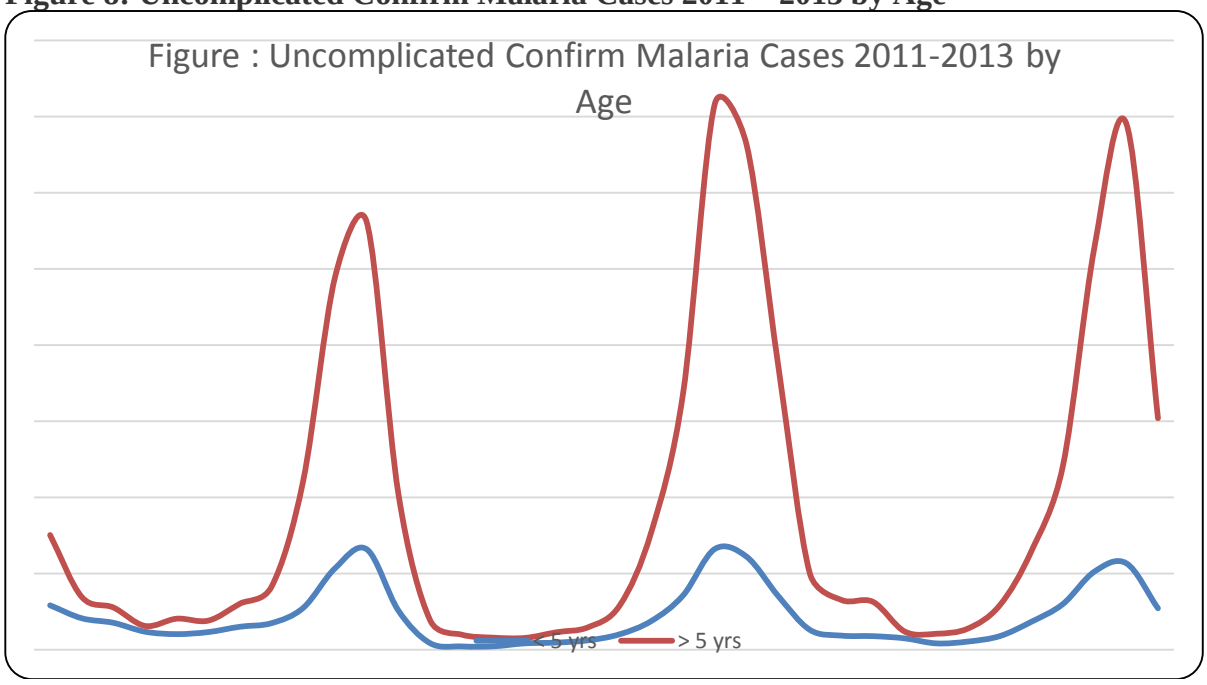
Presented in the figure below are the numbers of recorded uncomplicated confirmed malaria cases from 2011 to 2013. The results showed that between fewer than 10,000 to about 85,000 such cases were recorded over the period under review. Conspicuous in the results is the seasonal variation in the number of report cases. It shows that the peak malaria season is between September and November and the incidence is lowest between March and May each year.

Figure 7: Uncomplicated Confirm Malaria Cases 2011 - 2013



Presented in figure are the number of uncomplicated confirmed cases of malaria between 2011 and 2013. Seasonal variations in the number of cases across the ages are similar to what has been observed in the previous figure. It is however evident from the graph that the number of cases for the under-fives is much lower than those aged more than five years. Despite the fact that the population aged more than five years by far exceeds the under-five population, the older population are generally more susceptible to catching malaria than the under-fives. This is by virtue of their exposure for longer periods of time to mosquito bites than the under-fives.

Figure 8: Uncomplicated Confirm Malaria Cases 2011 – 2013 by Age



Evidence from successive Multiple Indicator Cluster Surveys shows some gains made in the prevention of malaria. Although evidence in table 6.1: presented below show some mix achievements, the data indicates widespread use of insecticide treated nets (ITNs) for the

prevention of malaria. Results of the 2005/2006 MICS showed that 49.5 per cent of households had ITNs. This proportion rose to 50.9 per cent in 2010 and further increase to about 69 per cent in 2013 (GDHS, 2013). The percentage of under-five children sleeping under an ITN was estimated at 35.1 in the year 2000, rising to 49.0 per cent in 2005/2006 and then dropping to 33.3 per cent in 2010 and rise again to 47 per cent in 2013. The percentage of under-five children sleeping under a mosquito net has increased from 63 per cent in 2005 to 41.1 per cent in 2010. In 2013, an increase of seven percentage points has been observed. It is observed from the table that only 7 per cent children have been treated withappropriate antimalarial drugs. This has been attributed to a significant decline in the prevalence of malaria among children under five and the general population as well.

Table 6.1: Key Malaria Indicators

Indicator	MICSII (2000)	MICSIII (2005/2006)	MICSIV (2010)	GDHS 2013
Households with Insecticide Treated Nets (ITNs)		49.5	50.9	68.9
Under-Five Sleeping Under ITN	35.1	49.0	33.3	47
Under-Five Sleeping Under Mosquito Net	41.8	63.0	41.1	49.3
Antimalarial Treatment (Under-five)		52.4	30.2	6.7
Intermittent Preventive Malaria Treatment (Pregnant Women)		32.5	66.2	62.3

Source:MICS II, 2000, MICS III, 2005/6, MICS 2010 and GDHS, 2013

For the under-five children with malaria symptoms treated with an antimalarial drug, the percentage dropped from 52.4 per cent in 2005/2006 to 30.2 per cent in 2010. This drop could be attributed to the effect of the new treatment guideline which requires that the malaria is confirmed through a laboratory test before an antimalarial is prescribed. The evidence however shows intermittent preventive treatment of malaria amongst pregnant women increased from 32.5 per cent in 2005/2006 to 66.2 per cent in 2010 and drop slightly to 62.3 in 2013.

Supportive Policy Environment

Cognizant of the burden malaria places on the health budget of The Gambia and the strain on the economy in terms of loss days of productivity among the adult population and absenteeism from school and work places due to illness, government has put in place policy measure to reduce the burden of the disease. Key among these policies is the National Health Policy, 2012-2020. Among other things the policy seeks to empower communities on malaria prevention and control, strengthen malaria case management, strengthen integrated vector control interventions and strengthen collaboration with partners in research.

A Strategic Plan (2008-2015) has also been developed which is aimed at providing a framework for the reduction of the malaria burden by 50 per cent by 2015.The strategy also outlined how malaria control services will be integrated with other interventions in the health sector such as s Integrated Disease Surveillance (IDS), Integrated Management of Childhood Illnesses (IMCI), Reproductive Health (RH) and Health Management Information System (HMIS). The main strategic approaches include Case Management, Malaria in Pregnancy, Vector Control and Personal Protection, Management and Partnership, Information, Education and Communication (IEC) and Advocacy, and Surveillance and Research. Some of these strategic measures have resulted in government waiving taxes and tariffs on the importation of bed-nets and the

introduction of indoor residual insecticide spraying by the National Malaria Control Programme (NMCP).

Challenges

Despite the gains made in the reduction of malaria related morbidity and mortality, the disease continues to pose a number of challenges. The new malaria treatment guidelines require the confirmation of the presence of malaria parasites in the blood sample of patients before the prescription of Coartem. Although this measure has immensely improved treatment outcomes, the absence of laboratory services in remote parts of the country makes it difficult for patients from such areas to benefit from treatment of the disease using Coartem.

Use of bed nets has proven to be quite effective in the prevention of malaria. However, despite continuous sensitization on the need to use such nets, coverage continue to be below set targets, especially in urban areas where mosquitoes can be found throughout the year.

Over the years the Logistic Management Information System (LMIS) improved a lot with the introduction of the CHANNEL, software for the tracking of commodities. This initiative has contributed to better stock management but intermittent stock-outs of anti-malarial drugs continue to exist in some rural facilities.

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

Tuberculosis (TB)Status and Trends

Despite major gains made in the detection and treatment of new cases of tuberculosis in The Gambia, there continues to exist undetected cases of TB in the country. The disease continues to be predominantly urban-based where most of the populationresides. Prevalence rates are still higher amongst men according to results of previous surveys. Probably as a result of Government commitment to tackling the problem of TB through investment in preventive as well as curative measures, The Gambia attained the 70 per cent target for notification of new cases of the disease detected by the TB control services. Since 2009, treatment success rate exceeded 85 per cent.

According to Dr. Ifedayo Adetifa, Clinical Epidemiologist at the MRC Unit-Gambia the attainment of the aforementioned target coupled with high treatment success means that the country has met all Directly Observed Treatment Short-course (DOTS) targets. It is however worth noting that despite meeting all the DOTs targets for case detection and treatment success, the number of cases diagnosed annually remain stable. This state of affairs calls for the need to not just consolidate the gains made but also to explore new approaches to fighting the disease for the achievement of the set national goal of reducing the burden of TB to a point where it is no longer a public health problem in the country.

In The Gambia, tuberculosis disproportionately affects the most productive age group of society (15-59 years), males and urban residents. About 80 per cent of the TB cases notified in 2011 were from the Greater Banjul area. According to results of the 2013 Gambia Survey on Tuberculosis Prevalence, from a sample of 43,100 smears taken the results showed that 85/100,000 were smear-positive. The smear-positive results were higher for males (145/100,000) than females (43/100,000). In rural areas 79/100,000 were smear-positive compared to 92/100,000 in urban areas.

Evidence presented in the table below shows that the number of new smear-positive cases has been slightly increasing from 2008 to 2012. The number of cases per 100,000 population has however been declining from 124/100,000 population in 2008 to 112/100,000.

Table 6.2: Pattern of TB Notification in The Gambia from 2008-2012

Indicator	Year				
	2008	**2009**	**2010**	**2011**	**2012**
Total new smear positive cases notified	1,300	1,316	1,344	1,375	1,375
Number of cases per 100,000 population	124	124	117	115	112

Source: Survey on tuberculosis prevalence

Although the decline in smear-positive cases has been marginal, the decline is indicative of a decline in the prevalence of the disease in the country. It is however worrying that the total number of new smear positive cases notified has increased be since 2008. If this trends continues, it is highly likely that TB will continue to pose a public health challenge in the foreseeable future. This calls for concerted efforts to increase sensitization of the public on the disease, particularly on the availability of effective treatment and the need to ensure treatment circles are completed.

Supportive Policy Environment

The vision of The Gambia National Leprosy, Tuberculosis Programme (NLTP) is a TB-free Gambia with a declared mission to develop and implement TB control activities through effective, efficient and evidence based strategies that contribute to the attainment of national and global TB control targets as well as the MDGs. As enshrined in the strategic plan the programme's main goal is to reduce transmission, morbidity and mortality of tuberculosis so that it no longer becomes a public health problem in the country. Established in 1984 the NLTP adopted a Directly Observed Therapy Short (DOTS) course strategy in 1985 and again in 1993. Over time the DOTS geographic coverage steadily increased to 100 per cent.

The commitment of the Government of The Gambia to the fight against TB is further manifested in policy statements in the National Health Policy, 2012 – 2020. In this document amongst measures identified to intensify the fight against the disease are;

- Promote the expansion of high-quality Directly Observed Treatment Short-course (DOTS)
- Support the implementation of advocacy, communication and social mobilisation activities (ACSM)
- Inter-sectoral coordination to address the synergistic challenges posed byTB/HIV

It is expected that these measures would greatly reduce infection and improve treatment of TB patients.

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Target7A: 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	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%	48% (2010)	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% (2010) 4.8% (2012)	10%
	Proportion of species threatened with extinction	NA	NA	NA	NA	25% (2010)	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% (2010) 91.0% (2013)	85%
	Proportion of population using an improved sanitation facility	80%	NA	NA	84%	76.3% (2010) 60.8% (2013)	92%
7D: By 2020, to have Achieved a Significant Improvement in the Lives of at least 100 million Slum dwellers.	Proportion of urban population living in slums	NA	NA	NA	59.2%	45.8% (2010)	NA

Source: Sustainable Environment Indicators - Department ofForestry; Department of Parks andWildlife; and FAO/MDG Report 2012

Status and Trends:

The Government of The Gambia has ratified several International Conventions which are related to the rational management and utilization of the Forest resources such as The Convention on Biological Diversity, The United Nations Framework Convention, The United Nations Convention to Combat Desertification, The Convention on International Trade in Endangered Species of wild Fauna and Flora (CITES) and The Convention on Wetlands of International Importance (Ramsar).

In The Gambia, the Ministry of Forestry is responsible for promoting the rational management of the forest resources. Estimates in 2010 shows that the proportion of land areas covered by forest is 48 per cent and the set target is 50 per cent by 2015.

According to the findings of National Forestry Assessment (2008 – 2010), The Gambian forest is visibly degraded with the most severe effect on the livelihood of the rural population. This is attributable to rapid population growth and urbanisation, poverty and the prevailing climatic and weather conditions.

Charcoal was banned in The Gambia since in the 1980's but is one of the major energy sources in the Greater Banjul Area. The extensive production of charcoal to supply the urban need for domestic energy has caused a lot of forest depletion. In the absence of alternative sources of affordable energy, it is likely households would continue to look to the forests to provide their energy needs. On the other hand, the relevant agencies reportedly lack the funds and staff to enforce legislation and expand the coverage of programmes.

Tackling these environmental challenges have led to the formulation and implementation of national policies and legislation such as the Agriculture and Natural Resources policy and the Forest Act among others.

Challenges

The Gambia continues to face important challenges in its efforts to institutionalize and mainstream the principles of environmental sustainability in national development. 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 176 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
- 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 both the rural and urban areas for cooking fuel and wood for furniture poses a serious challenge to the country's forest resources
- Lack of enrichment of degraded land areas
- Lack of alternative sources of affordable energy by households
- High demand for timber for carpentry and construction purposes
- Inadequate funding to implement the National Forest Programme. In addition, there is inadequate capacity to monitor the environment
- Lack of adequate capacity to implement sector policies, plans and programmes
- The demand for agricultural production resulting the expansion of farming into forestland

Carbon Dioxide (CO_2) Emissions, Total per Capita

Status and Trends

Vision 2020 aims to concurrently guarantee a balanced ecosystem and a decent living standard for all by conserving the environment and promoting the rational use of the nation's natural resources. The Republic of The Gambia ratified the United Nations Framework Convention on Climate Change (UNFCCC) in 1994 committing the country to the adoption and implementation of policies and measures mitigating the causes of climate change and adapting to its adverse effects.

Solid waste and its management have become an increasing environmental problem especially in the major municipalities of Banjul, Kanifing and Brikama which have experienced large increase in urban population. 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.

The municipalities are responsible for collection and disposal of solid waste but have performed inadequately due to limited capacity, infrastructure and logistics. There are firms collecting waste from compounds but fees are attached to it and this deters some households from using this facility which leads to indiscriminate dumping, open incineration and inappropriate methods of burying waste. The environmental worthiness of most of the vehicles and refrigerators that are imported to the country considering their age of manufacturing are also one of the activities that contributes directly to emission of GHGs in The Gambia.

The Gambia Green House Gas (GHG) Inventory (2007) estimated the total emission of $CO_2$by vehicles into the atmosphere at 60 per cent of the total. According to a UNEP report (2004), The Gambia had reached CO_2 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 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
- 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

	1990				2014	Target
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% (2010) 4.8% (2012)	10%
Proportion of species threatened with extinction	NA	NA	NA	NA	25%	NA

Source: Department of Fisheries, Department of Parks and Wildlife

Status and Trends

Proportion of fish stock within safe biological limits

The Gambia's fisheries sector consists of two subsectors: the artisanal fisheries sub-sector and the industrial sub-sector. The artisanal fisheries consist of the relatively extensive, low-capital fishing practices. This sub-sector refers to those fishermen and women (both nationals and foreigners) operating in small units of a few fishermen - or on individual basis - employing little equipment and technology. Unlike the artisanal sector, industrial fisheries and fish processing activities involve use of high-cost fish-production systems (fish trawlers), as well as high-cost processing systems (fish factories), and are concentrated along the Atlantic coastline.

According to the report ' Fisheries sub sector in The Gambia, trade, value edition and social inclusiveness with a focus on women 2014' concerns have been expressed over the excessive exploitation of marine fish species. The results of limited surveys and assessments over recent years indicate that the major marine fish stocks are over-fished or fully-exploited. In particular, the most commercially important demersal species appear to be under threat from high levels of exploitation (Mendy, 2009; Tobey et al, 2009).' The most recent available data on status on main fish stocks was in 2007 and 2008. The data shows that for the small pelagic, Sardinellaaurita/NW Africa, Scomber japonicas, Caranxronchus are over exploited and Trachurustrecae is fully exploited. For the dimersal species, Pagellusbelottii, Arius spp and Epinephelusaeneus are over exploited and Pseudotolithusspp and Penaeusnotialis are fully exploited.

The 2012 MDG status report shows that 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. 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 signals the fact that the fish stock is no longer having safe biological limits. This is largely due to over fishing using unsuitable nets and other climatic conditions. It is important to note that The Gambia does not have the requisite financial, human and technical resources to conduct scientific surveys on its own, but relies on assistance provided by international institutions and organizations notably FAO. Due to lack of quality statistics on this indicator, it is difficult to measure progress made by The Gambia on the proportion fish stock within safe biological limit.

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
- Lack of periodic fish stock evaluation as the most comprehensive survey of the Gambian demersal fish resources was carried out by the Spanish Institute of Oceanography in 1986

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 eight wild life areas in The Gambia namely: Abuko Nature Reserve, River Gambia National Park, Niumi National Park, Kiang West National Park, Tanji River Bird Reserves, BaoBolong Wetland Reserves, Tanbi Wetland Complex and Belong FenyoCommunity Wildlife Reserve. According to the Department of Parks and Wildlife Management out of the 180 species of wild animals that existed in The Gambia, 13 species are extinct[1] and a similar number is threatened for extinction. The degradation of the ecosystem results in the degradation of species and genetic diversity. The current situation of biodiversity indicates the resources are declining and the situation is likely to worsen, unless appropriate regulatory and management measures are undertaken.

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 and according to World Bank the proportion has increased to 4.8 per cent in 2012. However, with a national target of 10 per cent protection of terrestrial and marine areas and given the countdown to 2015, it is not likely that the country will meet the set target by 2015.

Challenges

The challenges in meeting the national target of 10 per cent of terrestrial and marine areas protected are multidimensional. Key among them is the rapid population growth resulting to increased deforestation due to the expansion in human settlements.

Due to the fragmented nature of the habitat, it is not suitable to delineate animal track routes to protect forest against degradation by animals especially large animals. The demand for agricultural production is also another challenge and has resulted in the expansion of farming into forestland. The increase livestock population has also led to over grazing. The impact of all these is the reduction of forest cover and impoverishment of biodiversity.

Other challenges relate to inadequate enforcement of land laws governing land use and preservation of the flora and fauna, low awareness of the importance of biodiversity, uncoordinated policy response to environment issues and unmitigated socio-infrastructural 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 species[2].

[1] Source: National Biodiversity Strategy and Action Plan
[2]Source Department of Parks and Wildlife Management

This is attributed to loss of forest cover and environmental degradation resulting from 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 pproportion of species threatened with extinction had no baseline data in 1990 but as of 2010, 75 percent of the wild life species are either extinct or almost disappeared. This threaten our well acknowledged flora and fauna.

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

Scientific name	Common name	Status
Phacocherusaethiopicus	**Warthog**	**Common**
Potamocherusporcus	**Red-river**	**extinct**
Hippopotamusamphibious	**Hippopotamus**	**localized**
Girrafacamelopardalis	**Giraffe**	**extinct**
Ourebiaourebi	**Oribi**	**rare**
Tragelaphusscriptus	**Bushbuck**	**common**
Tragelaphusspekii	**Sitatunga**	**rare**
Hippotragus equines	**Roan**	**rare vagrant**
Kobusellipsiprymnus	**Waterbuck**	**rare (vagrant)**
Kobus kob	**Kob**	**extinct**
Damiliscuslunatusa	**Western korrigum**	**rare**
Tragelaphus oryx derbianus	**Derby eland**	**extinct**
Synceruscaffer	**Buffalo**	**extinct**
LoxodontaAfricana	**Elephant**	**extinct**
Trichechussenegalenis	**Manatee**	**common**
Lycanonpictus	**Wild dog**	**extinct**
Aonyxcapensis	**Cape clawless otter**	**rare**
Crocutacrocuata	**Spotted hyaena**	**common**
Hyaena hyaena	**Striped hyaena**	**extinct**
Panthera leo	**Lion**	**extinct**
Panthera pardus	**Leopard**	**rare**
Leptailurus serval	**Serval**	**rare**
Caracal caracal	**Caracal**	**rare**
Profelisaurata	**Golden cat**	**rare**
Gazelles thomsonii	**Thomson gazelles**	**extinct**
Equusgrevyi	**Zebra**	**extinct**
Damaliscuslunatus	**Topi**	**rare (vagrant)**
Damaliscuscorrigum	**Hartebeest**	**extinct**
Papio papio	**Baboons**	**locally common**
Cercopithecusaethiops	**Calithrax**	**locally common**
Colobusbadius	**Red Colobus**	**locally common**
Cercopithecusmitis	**Blue monkey**	**rare**
Galo senegalensis	**Bush baby**	**common**
Erthrocebuspatas	**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%) of these species are known to be extinct while 9 (25%) 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	2000	2005	2010	2013	2015
Percentage of Population with Sustainable access to improved Water Source	69%	84%	85.1%	85.8%	91.0%	85%

Source: MICS 2000, 20005/6, 2010, DHS 2013

Status and Trends

The Gambia like other countries has adopted amongst other Millennium Development Goals, the goal to increase access to improved drinking water (United Nations General Assembly 2001). The government's commitment to increase the proportion of population using an improved water source in accordance with the MDG target has been achieved since 2005.

Within the framework of the Strategy for Poverty Alleviation followed by the PRSPs and now the Programme for Accelerated Growth and Employment (PAGE), 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 The Gambia - UNICEF Country Programme, Saudi Sahelian Project, UNDP Cap 2015, CCF, CDDP and EDF- (NIP/RIP) registered great successes regarding access to clean water by replicating the construction of new water supplies systems in the rural areas where they are most 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 per cent of the country's population had

access to improved water sources, the Gambia can boast to have already reached the MDG target of 85 per cent as the 2013 DHS shows that 91 per cent of households in The Gambia have access to improved water source.

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. The 2013 Demographic and Health survey shows that 95.3 per cent of the urban dwellers have access to improved water source compared to 84.7 per cent of their counterparts in the rural areas.

It is evident from the table that the gains registered in the proportion of households with improved water have been maintained in the past thirteen years (2000 – 2013). The proportion of households with improved water source was 84 per cent in 2000, increasing slightly to 85.1 per cent in 2005 and further increased slightly in 2010 to 85.8 per cent. The 2013 Demographic and Health Survey has shown a further increase in the proportion of households with improved water source with 91 per cent surpassing the 2015 target by about 6 percentage points.

Despite these high figures showing access to improved water source, MICS 2010 shows that only 32 per cent of households have improved drinking water source on their premises, thus 68 per cent of the households spend significant parts of their productive time during the day collecting water from far distances. A significant number of these water sources have been constructed many years ago and have therefore served their lifespan with little or no maintenance. Such water points have long been dilapidated and therefore not serving the intended purpose.

The expansion of communities in which these water points are have also increased the burden of access on the people as the distance travelled and time taken to get water from such points are beyond the level regarded for easy access. In rural areas more households spend time in collecting water compared to those in urban areas. One striking finding of MICS 2010 is the high percentage of households spending 30 minutes or more to go to source of drinking water and return in Kuntaur and Basse LGAs with 60.5 and 48.1 per cent respectively. The use of unprotected wells for drinking water are more common in the predominantly rural areas (21.8%) and are highest in Janjanbureh with about 30 per cent.

In addition, in the absence of treating water at the household level; which is usually the case, water fetched from far-off facilities risk being contaminated thus making it unsafe for consumption?

Challenges

- Inadequate resources to strengthen the Department of Water Resources in their efforts to attain 100 per cent access to safe water supply facilities in the rural areas
- Maintaining adequate supply of safe drinking water to match growing population growth particularly in urban and peri- urban centres
- Formulation and implementation of legal and institutional framework that address the competing water demands for human, industrial and agricultural purposes

- Community participation and ownership of the water infrastructure and ensuring that water wastage is minimized

Table 14: Target 7D: By2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

	1990	2000	2005	2010	2013	2015
Percentage of people having access to improved sanitation (%)	84%	87.9%	84.2%	76.3%	37%	92%
Percentage of people with access to secure tenure of accommodation	NA	NA	65%	NA	NA	

Source: MICS 2000, 20005/6, 2010, DHS 2013

Proportion of Population using an Improved Sanitation Facility

Status and Trends

Ensuring adequate sanitation facilities is a Millennium Development Goal that The Gambia shares with other countries. An increase access to sanitation is a key component of development and poverty reduction, as it has major health benefits as well as associated social, economic and environmental benefits. Unlike the proportion of household with improved water source, for the proportion of households with improve sanitary facilities, the indicator has been declining over the period.

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, drop by four percentage points in 2005/6 (84.2%) and further drop 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 per cent whilst it is about 64 per cent in the rural areas.

Results of the 2013 Demographic and Health Survey show that 37 per cent of the population have access to improved sanitary facility. It is important to note for the DHS, only improved facilities not shared are regarded as improved sanitary facility. Findings of the DHS shows huge regional disparity of access to improved sanitation by place of residence as45.9 per cent of households in the urban areas have access to improved sanitary facilities compared to only 24.3per cent in the rural areas.

Table 15: Percentage of Household Members Using Sanitary Means of Excreta Disposal, The Gambia, 2000 - 2013

Place of Residence	2000	2005	2010	2013

Urban	95.5	93.3	91.1	45.9
Rural	83.0	78.4	63.6	24.3
Total	**87.9**	**84.2**	**76.3**	**37.00**

Source: MICS Reports 2000, 2005/06, 2010, GDHS 2013

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

Target 7.D of Goal 7 is by 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers. What constitutes a slum differs from one country to another but according to the definition in Goal 7, the proportion of urban population living in slums is defined as the proportion of the urban population that live in households lacking one or more of the following basic services: improved water, improved sanitation, durable housing, sufficient living area or security of tenure.
In The Gambia, it is observed that for the last three decades most of the population are living in Banjul, Kanifing and Brikama. This is evident from the results of the 1993 and 2003 Population and Housing Censuses and the provisional results of the 2013 Population and Housing Census shows that 59.2 per cent of the population lives in Banjul, Kanifing and Brikama. This has been attributable to migration in these areas because of the availability of employment opportunities both in the formal and informal sector.

The available data suggests that the proportion of slumps initially dropped from 65 per cent in 2003 to 59.2 per cent in 2006 and to 45.8 per cent in 2010[3]. Arguably, the figures for 2011 would have indicated a further drop given the different interventions to improve the living conditions of the general population.

There is paucity of data on the population living urban slums in The Gambia. The last time the information was available was from the Multiple Indicator Cluster Survey conducted in 2005/06. This makes it difficult to assess the proportion of the population living in slums for the period under review.

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

Challenges

The challenges to urban housing include:

- Lack of housing finance institutions that can provide low-cost housing accessible and affordable to the poor
- 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 and the social sectors.
- There is a limited capacity of implement housing regulations by the Department of Physical Planning
- The rapid pace of urbanization is severely constraining the utility service sector which is struggling to cope
- There is a need for government to further facilitate its effort in providing affordable housing to the lower income Gambians

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 per cent 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 tables below gives a summary trade statistics for The Gambia from 2010 – 2013. The first table gives a summary of external trade for the period 2010 - 2013 and the second table gives a summary of the direction of imports by region covering the period 2010 – 2013.

Table 8.0: Summary of The Gambia's External Trade in '000 (2010-2013)

Trade	2010	2011	2012	2013	%Change
Total Trade	9,839,357	12,841,084	15,951,109	16,201,935	1.57%
Imports	7,930,631	10,050,995	12,157,161	12,394,622	1.95%
Domestic export	954,321	331,852	594,716	426,688	-28.25%
Re-export	954,405	2,458,237	3,199,232	3,380,625	5.67%
Total exports	1,908,726	2,790,089	3,793,947	3,807,313	0.35%
Trade Balance	-6,021,905	-7,260,906	-8,363,214	-8,587,309	2.68%
Total Trade (US$'000*)	***336,916.40***	***442,796.00***	***346,768.50***	***459,284,***	***32.50%***

Source: The Gambia Bureau of Statistics

Total trade for The Gambia increase from 9.84 billion in 2010 to 16.20 billion in 2013 indicating a percentage increase of 64.7. In 2012, total trade was estimated at D15.95 billion which if compared to the same statistics for 2013 indicates an increase of 1.57 per cent. These values of total trade reflect both volume as well as depreciation of the dalasi against major trading currencies.

The Gambia's trade balance throughout the period 2010 2013 did not just remain negative but worsen. Domestic exports fluctuated between 2010 and 2013. The value of imports as well re-exports continue to increase during the period during the 2010 -2013 resulting in the continued disparity between imports and total exports

Table 8.1:Direction of imports by region 2012-2013

Regions	2012	2013	% CHANGE
EU	2,341,838	2,732,076	16.66%
Asia	3,847,534	3,862,574	0.39%
ECOWAS	4,009,959	3,666,376	-8.57%
Americas	1,297,445	1,667,909	28.55%
Sub-Total	11,496,776	11,928,935	3.76%
Others	658,069	465,686	-29.23%
Total Imports	**12,154,845**	**12,394,621**	**1.97%**

Source: The Gambia Bureau of Statistics

The country's trading partners remain the same through the period 2010 – 2013. The EU, ECOWAS and Asia continue to be the main origins of imports; with Asia leading followed by ECOWAS and then the EU. In 2013, imports from Asia as percentage of total imports was 32 per cent compared to the 29.6 per cent from ECOWAS and the 22.0 per cent from the EU. For the period 2010 – 2013, imports from Asia continue to increase, imports from ECOWAS for the same period show increase from 2010 to 2012 but declined in 2013 whilst imports from the EU though increased from 2010 to 2013 but showed a drop in 2012.

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 per cent of GDP) to US$299.4 million (41.7 per cent 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 needs 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.

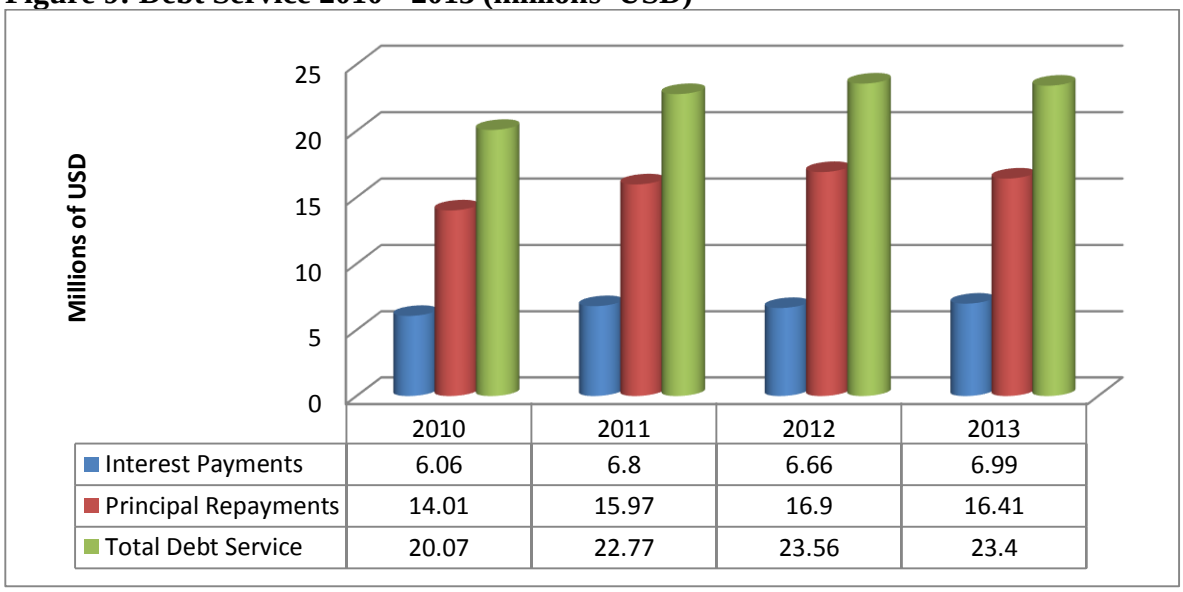
Presented in the table below is debt service from 2010 to 2013. The data shows that the interest payment for the period under review is hovering between 6 – 7 per cent. The principal repayments range from 14 per cent in 2010 to 16.4 per cent in 2013 but peaking at 16.9 per cent in 2012.

Table 8.2: Debt Service 2010 - 2013 millions' USD)

	2010	2011	2012	2013
Interest Payments	6.06	6.8	6.66	6.99
Principal Repayments	14.01	15.97	16.9	16.41
Total Debt Service	**20.07**	**22.77**	**23.56**	**23.4**

Source: MOFEA 2012

Figure 9: Debt Service 2010 - 2013 (millions' USD)



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

Development Aid:

Status and Trends:

Presented in the table below are donor pledges and disbursements in 2012. It is observed from the table that the total amount pledge was about 144 million USD and the amount disbursed was about 164 million dollars. The higher disbursement figure resulted from fulfilment of pledges that were made before 2012. Out of the 164 disbursed, the World Bank accounted for the highest proportion

with 45.6 per cent. This was followed by the EC, UNDP and the IMF with 12.4 per cent, 10.8 per cent and 8.7 per cent respectively

Table 8.3: Donor pledges and disbursements

Donor Partner	Pledges	Disbursements
ADB	2,071,694.02	2,955,323.46
EC	6,630,671.21	20,229,485.11
UNDP	18,298,111.55	17,656,537.80
UNICEF	1,221,547.50	1,221,547.50
WB	81,171,235.00	74,592,062.00
GF	8,695,680.00	8,695,680.00
IFAD	5,066,029.00	3,071,222.72
SIDA	-	626,998.00
FAO	13,994.00	-
GEF	508,266.00	500,488.00
KF	27,515.00	27,515.00
NTF	5,488,465.00	5,488,465.00
IDB	7,938,315.00	7,938,315.00
IMF		14,200,000.00
OFID	194,863.00	194,863.00
BADEA	949,401.00	949,401.00
Abu Dabi Fund	2,071,717.00	2,071,717.00
EXIM Bank	1,916,519.00	1,916,519.00
ECOWAS	1,400,847.00	1,400,847.00
Total	**143,664,870.27**	**163,736,986.59**

Source: MOFEA, 2012

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 partners in the health sector; the World Bank/IDA are the major partners for the education sector. ADB is the major partner in the agriculture sector while the UN System is in the agriculture, health, education and social/multi-sector areas.

The table below shows the sectoral disbursement of ODA in 2012. It is observed from the table that the transport sector accounted for the highest proportion of the 70 million USD disbursed in 2012 with 28.7 per cent followed by the health sector with 15.8 per cent. The communication sector received 8.7 per cent of total disbursements followed by agriculture and education sectors with 5.3 and 4.5 per cent respectively.

Table 8.4: Sectoral Disbursement (USD)

Sector	2012
Agriculture	3,737,424.81
Communications	6,193,850.55
Education	3,158,017.35
Energy	27,727.46
Environment	356,834.99
Governance	5,738,099.62
Health	11,212,664.66
Multi-sector	7,644,790.32
Other	8,752,151.37
Transport	20,374,070.70
Water	3,675,069.39
Total	**70,870,701.22**

Source: MOFEA, 2012

Total investments by Internet Service Providers (ISPs), 2011-2012

ISPsinvestments continue to be significant. In 2012, ISP investment total about 27.7 million dalasis compared to the higher figure of about 65.4 million dalasis for 2011. Investment in this two years included expansion of networks, improvement in services as well as introduction of new products like the 3Gs and the 4Gs. All these investments reflect the rapidly changing ICT domain at the national as well as the global level.

COMMUNICATION

The Gambia's communications industry comprises of one fixed line operator (Gamtel), four mobile network operators (Gamcel, Africell, Comium and QCELL) and five internet providers namely; Gamtel, Unique Solutions, Lanix, Netpage and Qcell. According to the 2012 annual report of PURA, Investments in the telecommunication sector was estimated at D521 million compared to D93 million in 2011.

GSM OPERATOR

Below is the table for telephone penetration for the period 2004 to 2013.Telephone penetration i.e. continuous usage, shows a positive trend. Total penetration rate rose from 15.5 per cent in 2004 to 99 per cent in 2011. This good performance in use of telephone is largely explained by ownership and active usage of mobile telephones which show an increase penetration rate of 12.4 per cent in 2004 to a rate of 96 per cent in 2011. In 2012 and 2013, the penetration rates for mobile phones increased to about 106 and 107 per cent respectively. Fixed telephone lines penetration hovered around 3 per cent for the period under review; although it peak to 4.7 per cent in 2006. From 2007 to 2013, it is observed that the fixed telephone lines penetration was three per cent.

Table 8.5: Telephone penetration for fixed telephone lines and mobile phones, 2000 - 2013

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Fixed	2.65	2.71	2.66	2.81	2.99	3.05	4.72	3.08	3.05	3.03	3.05	3.02	3.5	3.41
Mobile	0.45	4.26	7.53	7.33	12.47	15.4	16.87	51.4	72.91	85.08	92.4	96	105.8	108.9
Total	3.09	6.97	10.19	10.14	15.47	18.4	21.59	54.5	76	88.11	95.45	99.02	109.3	112.30

Source: PURA

In 2012, there were about 1.8 million mobile phone subscribers and of these 1.5 million were active mobile subscribers. This represents 80.7 per cent of the total number of subscribers.

Table 8.6: Total subscribers June 2012

	Total
Subscribers	1,805,791
Active	1,457,354

Source: PURA

Employment in the GSM sub sector grew from 2139 employees in 2009 to 2384 in 2010 and to 2428 in 2011. In percentage terms, growth in employment in the subsector from 2009 to 2011 is about 13.5 per cent. This increase in employment in the sub-sector couple with the fact that employees in this sub sector enjoy high remuneration underscores the importance of the telecommunication sub-sector in wealth creation at the national level thereby impacting on human development (Integrated Household Survey, 2010)

Table 8.7: Telecoms Sector Employment- 2009- 2012

	Total
2009	2139
2010	2384
2011	2428

Source: PURA

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 2012 mandatory SIM Card Registration with all phone operators in the country has now resolved that problem
- The cost of internet connection in The Gambia is reported 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

Conclusion and recommendations

The Gambia has made significant progress towards attaining some targets in all MDG's but significant efforts are required to achieve the MDG's in its entirety. Gains have been made in the area of poverty reduction, proportion of households with improved water source, childhood mortality, proportion of women attended by skilled personnel during delivery and gender parity in primary and secondary. Despite the reduction in poverty, still huge regional disparities and by place of residence exists which poses a formidable challenge. .

Central to the poverty reduction programme is the need to increase income and to minimize income disparities that exist. Such a policy trust will go a long way in addressing or help in the drive towards the attainment of the MDGs, particularly goal 1that calls for the eradication of extreme poverty and hunger whose targets are to decrease the proportion of the population whose income is less that 1.25 USD per day as well as to achieve full and productive employment and decent work for all including women and young people. Although the programme for Accelerated Growth and Employment (PAGE) recognises the importance of income and employment in the attainment

of the MDGs, funding of this programme is the main challenge facing the country. Resource mobilization has to be step up to fund this well thought out programme through partnership with multi and bilateral sources particularly after 2015.

Attainment or progress towards to goal 1 will facilitate the attainment of the other goals of the MDGs. Concerted effort to re-focus poverty reduction efforts to vulnerable regions and population groups is needed. Farmers deserve special in the drive to reduce poverty in the country.

There is the need for the targeting of programmes that have the greatest impact on the MDGs. Immunization, use of insecticide-treated bed-nets, universal access to essential obstetric care, condom use, and case management with oral rehydration therapy are examples of interventions that bear great results at low cost.

Challenges

- The main challenges to the attainment of the MDGs and the government's post MDG programmes include the following:

- Availability of resources for the funding of the PAGE which is MDG based as well as other sectoral policies and programmes

- Increase in GDP growth to the 7 per cent minimum threshold through sustain economic diversification especially within the most productive sectors

- Reduction in unemployment particularly youth unemployment. This calls for employment creation and appropriate skills development and relevant education outcomes

- Weak implementation capacity and climate variability that negatively affect the goals

- Policy weaknesses and implementation bottlenecks that still exist in important sectors the ANR

- Under funding of monitoring and evaluation systems as well as statistics

Way Forward

The way forward should focus on sustaining the gains that have been registered for the different targets to ensure that regression does not occur especially for the targets of the sensitive indicators e.g. childhood mortality and maternal mortality. Programmes and policies for goals that have been illusive have to be re-enforced, if necessary, and adequate resources mobilize for their implementation especially after 2015.