



THE GAMBIA MILLENNIUM DEVELOPMENT GOALS REPORT 2003

December 2003

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FOREWORD

In September 2000, 147 heads of state and government – and 191 nations in total, including The Gambia – convened at the United Nations in New York to examine the steps required to achieve a more equitable and rapid path to sustainable development for all the world's people. As the new millennium arrived, it was clear that the benefits of peace and development had barely touched the lives of hundreds of millions of people around the globe, and that the growing disparities between rich and poor nations represented a looming threat to all nations. The representatives of these 191 nations unanimously adopted the Millennium Declaration, which called for the international community to undertake a number of actions necessary to achieve certain fundamental goals with respect to global peace, security and sustainable human development for all peoples, including environment, human rights and governance.

One of the direct outcomes of the Millennium Summit was the realisation that simple pronouncements about what steps are needed to achieve the Millennium Declaration would not be enough. While overall objectives are laudable, monitorable goals and targets were needed to track progress not only at the global level, but more importantly, at the national level, where the real battle for sustainable human development would be fought.

Using earlier work done in monitoring human development, a new set of goals was drawn up – the Millennium Development Goals (MDGs) – that synthesise and simply set the goals and targets for monitoring human development and allow for comparisons over time and across countries and regions. It was agreed that special attention was required to track the MDGs at the national level.

In fulfilment of the requirement for reporting on progress on the MDGs at the country level, I am therefore pleased to submit The Gambia's first Millennium Development Goals Report (2003) to the United Nations Secretary General. The Report maps out a number of different aspects about each MDG goal and target in the Gambian context. More specifically, the report:

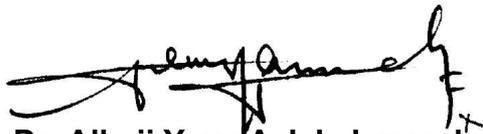
- Offers an assessment, using available data, of the state of progress and changing trends in achieving each MDG;
- Describes the challenges that The Gambia faces in attaining each goal and the supporting enabling environment that is required; and
- Provides a summary of the priority areas needing support by The Gambia's development partners if each goal is to be reached by 2015.

This first MDG Report is closely linked to my Government's other major development policy documents. In the first instance, this MDG Report is consistent with Gambia's Poverty Reduction Strategy Paper (PRSP), which lays out a series of short and medium term programmes of intervention prepared and presented to the donor community in 2002. The MDGs are also in line with Vision 2020, our underlying national strategy document that sets out the country's long-term development priorities and constitutes the framework for all national development efforts. Thus, this MDG Report, the PRSP and Vision 2020 are complementary to each other; and all three are based on the shared concern to bring sustainable development to, and for, all Gambians.

My government views this report as the first in a series of bi-annual publications on progress in achieving the MDGs. Its preparation has been a consultative process, involving a representative technical committee of stakeholders in Government and the non-governmental sectors, as well as the UN Country Team in The Gambia. The UN Team, and in particular the UNDP and UNFPA, has been a tremendous source of support to the entire process, not only for its support to fully institutionalise and mainstream the MDGs, but also for pioneering efforts to create much needed awareness at the community level about the significance of the MDGs to their lives. By all accounts, awareness is critical as a means of enhancing and sustaining national ownership of development programmes and projects.

Finally, in launching this Report, I wish to express my appreciation for the ongoing support to The Gambia from the international donor community. Like many developing countries, we are extremely grateful for the support we receive from our development partners as we seek to improve the lives of our citizens, including even the unborn generation for whom we must lay a solid foundation for posterity.

Significant challenges remain for us in The Gambia, and it is the hope of my Government and the Gambian people that the dialogue begun at the Millennium Summit will result in practical, sustained and mutually beneficial partnerships between nations of the North and those of the South. We hope that the MDGs put forward in the Millennium Declaration will usher in an era of alliance and co-operation, serving as the global agenda for meeting the challenge of sustainable development and improving the lives of not only all Gambians, but all people around the globe.



Dr. Alhaji Yaya A.J.J. Jammeh
President
Republic of The Gambia

LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community-Based Organisation
CDR	Case Detection Rate
CSD	Central Statistics Department
DFID	Department for International Development (United Kingdom)
DOSFEA	Department of State for Finance and Economic Affairs
DOSH	Department of State for Health and Social Welfare
DOSLG&L	Department of State for Local Government and Lands
DOTS	Directly Observable Therapy
FAO	Food and Agriculture Organisation of the United Nations
GDP	Gross Domestic Product
GEAP	Gambia Environmental Action Plan
GHG	Green House Gases
HARRP	HIV/AIDS Rapid Response Project
HLEC	High Level Economic Committee
ICPD	International Conference on Population and Development
IMF	International Monetary Fund
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Rate
MRC	Medical Research Council
NaNA	National Nutrition Agency
NAS	National AIDS Secretariat
NGO	Non-Governmental Organisation
PAU	Policy Analysis Unit
PER	Public Expenditure Review
PHC	Primary Health Care
PLWHAs	People Living With HIV/AIDS
PRSP	Poverty Reduction Strategy Paper
SPA	Strategy for Poverty Alleviation
SPACO	Strategy for Poverty Alleviation Co-ordinating Office
STI	Sexually Transmitted Infections
U5MR	Under-Five Mortality Rate
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organisation

THE GAMBIA'S MDG STATUS AT A GLANCE

Figure 1: Summary of MDG Status in The Gambia

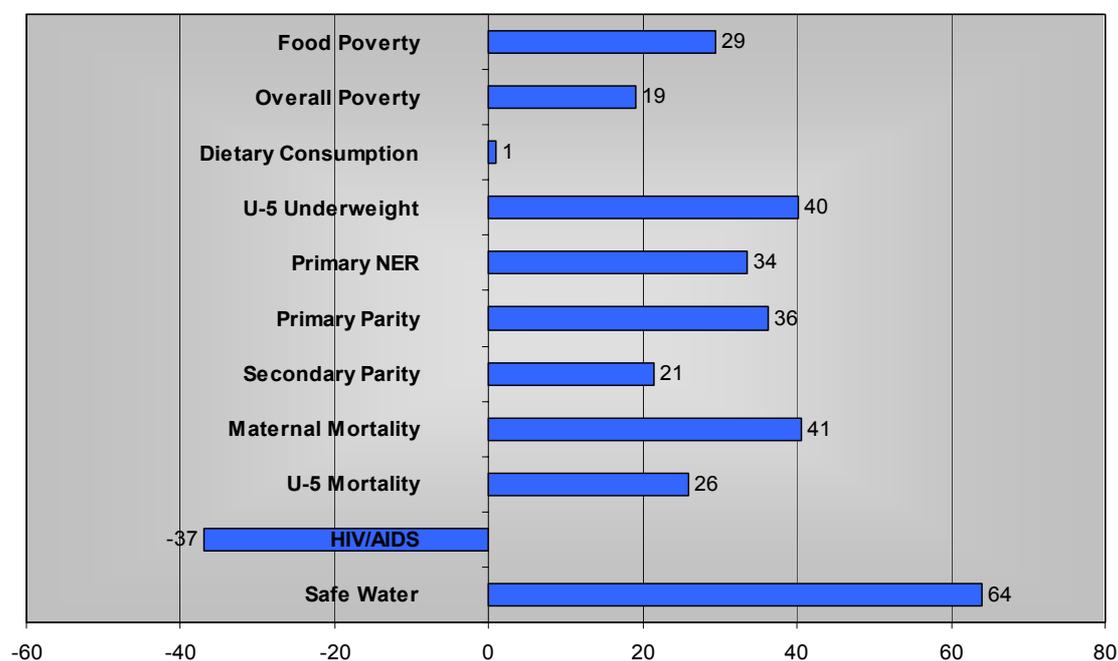


Table 1: Summary of MDG Status in The Gambia

PROSPECTS OF ACHIEVING GOAL/TARGET ON CURRENT TRENDS	SUPPORTIVE NATIONAL ENVIRONMENT			
	Strong	Fair	Weak, but Improving	Weak
EXTREME POVERTY <i>Halve the proportion of people living below the national poverty line by 2015</i>		✓		
HUNGER <i>Halve the proportion of underweight among under-five year olds by 2015</i>	✓			
BASIC AMENITIES <i>Halve the proportion of people without access to safe drinking water</i>	✓			
UNIVERSAL PRIMARY EDUCATION <i>Achieve universal primary education by 2015</i>	✓			
GENDER EQUALITY <i>Achieve equal access for boys and girls to primary and secondary schooling by 2005</i>		✓		
CHILD MORTALITY <i>Reduce under-five mortality by two-thirds by 2015</i>		✓		
MATERNAL HEALTH <i>Reduce maternal mortality ratio by three-quarters by 2015</i>		✓		
HIV/AIDS <i>Halt and reverse the spread of HIV/AIDS by 2015</i>	✓			
ENVIRONMENTAL SUSTAINABILITY <i>Reverse the loss of environmental resources by 2015</i>		✓		

Key: Green – Likely /or already met (under current trend)
 Yellow – Potentially (under current trend)
 Red – Unlikely (under current trend)

Table 2: Assessment and Monitoring Indicators: Statistics at a Glance

Indicators	Data Source	Latest Year	Periodicity	Data Gathering Capacity	Data Analysis System	Quality of Data	Use of Data in Policy Making
Poverty	CSD/ SPACO	1998	5 Years	Strong	Strong	Strong	Fair
Hunger	CSD/ SPACO	1998	5 Years	Strong	Strong	Strong	Fair
	MICS	2000	4 Years	Fair	Fair	Fair	Fair
Gender Equality	CSD/ SPACO,	1998	5 Years	Strong	Strong	Strong	Fair
	MICS	2000	4 Years	Fair	Fair	Fair	Fair
Child Mortality	DOSH	N/A	Weak	Weak	Weak	Weak	Fair
	MICS	2000	4 Years	Fair	Fair	Strong	Fair
Maternal Mor- tality	DOSH	N/A	N/A	Weak	Weak	Weak	Fair
	MICS	2000	4 Years	Fair	Fair	Strong	Fair
HIV/AIDS	DOSH	2001		Strong	Strong	Strong	Fair
Malaria & Other Diseases	DOSH	N/A	N/A	Weak	Weak	Weak	Fair
	MICS	2000	4 Years	Strong	Strong	Strong	Fair
Environmental Resources	Dept. of Forestry	1999		Fair	Weak	Fair	Fair
	Dept. of Parks	N/A		Weak	Weak	Fair	Weak
Drinking Water and Sanitation	MICS	2000	4 Years	Fair	Strong	Strong	Fair
Partnership for Development	DCR/ UNDP	1999	Annual until recently, now discontinued	Fair	Fair	Strong	Weak
	DOSFEA	2003	Annual estimate	Fair	Fair	Fair	Strong

The qualitative assessments used in Table 1: Summary of MDG Status in The Gambia and Table 2: Assessment and Monitoring Indicators: Statistics at a Glance are similar to those adopted in other country reports.

“Strong” indicates:

- Capacity exists for regular, indigenous collection of national representative data;
- Existence of a fairly long-term mechanism, previously used on at least 2 occasions, to collect relevant information and to process it in a preliminary and descriptive manner;
- Data generated is evaluated as valid, reliable and replicable, and consonant with other recent allied data sets and trends;
- Systematic integration of new statistical data into policy making, planning and resource allocation.

“Fair” and “weak” reflect lower levels of capacity for data collection, analysis and use in policy formulation.

THE GAMBIA'S PROGRESS TOWARDS ACHIEVING THE MDG GOALS

Development Context and Poverty Situation

Country and Economy

With a per capita Gross Domestic Product (GDP) of US\$ 350 (2001), The Gambia is amongst the poorest countries in the world, ranked 151st out of 175, in UNDP's Human Development Index for 2003. It has a human population of some 1.4 million (2003 census preliminary results), with an annual growth rate of 2.8 percent and density of 128 per square kilometre, one of the highest in Africa. Three-quarters of the population is rural. Agriculture is the mainstay of the economy, accounting for 27 percent of GDP in real terms (2001), followed by tourism, 12 percent. The Gambia gained political independence in 1965, and is divided into seven administrative regions.

Progress in Economic Development

In 1985, The Gambia embarked on an Economic Recovery Programme (ERP), with the aim of correcting macro-economic and structural imbalances. Economic performance has improved since then: inflation has been contained within single digit levels; and economic growth has been positive in real terms, averaging more than 5 percent per annum since 1998. Per capita GDP growth has been positive since 1998, derived in relative order of importance from agriculture, tourism and transit trade.

Progress in Human Development: The Characteristics of Poverty

Poverty in The Gambia manifests itself in the form of multiple deprivations. The latest Household Poverty Survey in 1998 revealed a high incidence of poverty in the country, with an increasing proportion of the population living below the poverty over the past decade: food poverty increasing from 33 to 37 percent; and overall poverty increasing from 60 to 69 percent. Though poverty is predominantly a rural phenomenon, urban poverty is rising fast. Women are particularly disadvantaged, while regional disparities are also evident.

Income inequality, as measured by the Gini coefficient, is high and increased from 0.180 in 1993 to 0.466 in 1998, indicating that the benefits of increased economic growth have not been distributed evenly, but have gone disproportionately to a small segment of the population. In other words, the growth process has not been all-inclusive and pro-poor; and that good macro-economic performance has not been translated into improved welfare for the majority of the population who remain poor.

Table 3: Key Development Indicators

Indicator	Value	Year
Demographic		
Population size (million)	1.4	2003
Population growth rate (%)	2.8	2003
Life expectancy at birth (years)	53.0	1993
Economic		
Real GDP per capita (US\$)	350	2002
Per capita GDP growth (%)	1.91	2001
Inflation rate(%)	13	2002
Net Present Value of total debt (US\$ million)	276.6	2002
Total external debt/GDP (%)	108.9	2000
Total debt service (US\$ million)	42.0	2000
NPV of debt/exports (%)	224.7	2001
Poverty and Social Indicators		
Poverty head count ratio (% of population)	69.0	1998
Gini Coefficient	0.466	1998
Overall poverty (% of population)	60.0	1998
Food poor (% of population)	37.0	1998
Adult illiteracy rate (%)	37.0	2000
Net primary enrolment rate	60.0	2000
Ratio of girls to boys in primary education (%)	65.0	2000
Under-five mortality rate/1,000	75.0	2000
Maternal mortality rate/100,000 live births	730.0	2001
Population without access to safe water (%)	16.0	2000
HIV-1 adult prevalence (15-49 yr) (%)	1.2	2001

Poverty has persisted despite concerted government efforts to fight it. The stubbornness and inequality of poverty is linked to: low agricultural productivity; high unemployment and/or under-employment; weak re-distributive policies, especially in public social services; and weak support mechanisms for the poorest households, including the absence of focused social programmes to address extreme poverty.

The challenges of improving economic and human development and reducing poverty are **not** insurmountable and include: strengthening economic reforms; addressing inequities (gender and inter-regional) and the high population growth rate; limiting household vulnerability

(food insecurity, diseases, including HIV/AIDS etc.); and strengthening local government structures, grassroots organisations and community-based organisations. The latter being the main vehicles for localising MDGs activities, targeted by poverty monitoring throughout the country.

Policy Frameworks Targeting Poverty Eradication

Vision 2020 provides the national context for poverty eradication and seeks to transform The Gambia into a dynamic middle-income country. Realisation of the Vision is being brought about through various mechanisms:

- The second Strategy for Poverty Alleviation (SPA II), which is a "home grown" version of a Poverty Reduction Strategy Paper (PRSP) spanning 2003-05, is based on five pillars: promotion of economic growth and poverty reduction; enhancement of productive capacity and social protection of the poor and vulnerable; improved coverage of basic social service needs of the poor and vulnerable; building capacity of local communities and civil society organisations to play an active role in poverty reduction; and, mainstreaming poverty-related issues into SPA II;
- The Local Government Act 2002, which provides for transfer of authority and responsibilities to elected representatives of communities in councils; and
- A well-executed decentralisation programme to ensure appropriate local actions towards achieving the MDGs. Such a programme also localises monitoring, since provincial as well as district/local level data can be collected, and programmes and resource allocations targeted. For this to be achieved, however, substantial capacity building is required at local level in record keeping, financial planning, management and accounting.

Link between MDGs and National Policy Documents

Overall, there are consistencies and complementarities between the MDGs and national policy frameworks in terms of context, objectives, goals, targets and indicators. The MDGs do not in any way undermine or replace these frameworks.

MDGs and Long-Term Policy Framework - Vision 2020

Vision 2020 identifies The Gambia's long-term aspirations, spanning a 25-year period (1996-2020), with a baseline in 1996. It embraces a much broader spectrum of socio-economic development than the MDGs and is articulated in the broad context of human development and poverty reduction. In contrast, the MDGs are more specific, with targets set for 2015, taking 1990 as their baseline.

Both Vision 2020 and the MDGs advocate: eradication of extreme poverty (MDG 1); universal primary education (MDG 2); empowerment of women (MDG 3); reduction of child and maternal mortality (MDG 4 and MDG 5); combating diseases (MDG 6); environmental sustainability (MDG7); and expanded partnerships (MDG 8).

MDGs and Short-Medium Term Policy Framework - SPAII/PRSP

There have been substantial efforts to integrate the MDGs into the current planning process. Budget allocations, particularly from 2003, reflect a trend for increasing social sector spending. The Public Expenditure Reviews of these sectors also devote sufficient attention to the MDGs, most of which are also HIPC triggers. Finally, the PRSP makes explicit reference to MDGs, as the framework for poverty reduction in the long-term.

Development Partners

Both bilateral and multilateral donors have worked closely with government efforts in support of a wide range of programmes. This commonality of effort is reflected in a number of agreements: the UN Country Co-operation Framework (CCF), 2002-2006; UN Development Assistance Framework (UNDAF), World Bank Group Country Assistance Strategy (CAS): I in 1998 and CAS II, 2003-2005, etc.. Bilateral donors have also targeted various sectoral programmes. In accordance with the recommendations emanating from the Round Table Conference on the PRSP, held in September 2002, UNDP is assisting Government in establishing a central aid co-ordination mechanism.

GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day.

Indicators	1990	2000	2015
Proportion of population below overall poverty line ¹ (%)	60 (1992)	69 (1998)	[30]
Proportion of population below food poverty line ² (%)	33	37 (1998)	[16.5]

Sources: CSD/SPA II; [...] = MDG targets.

Status and Trends

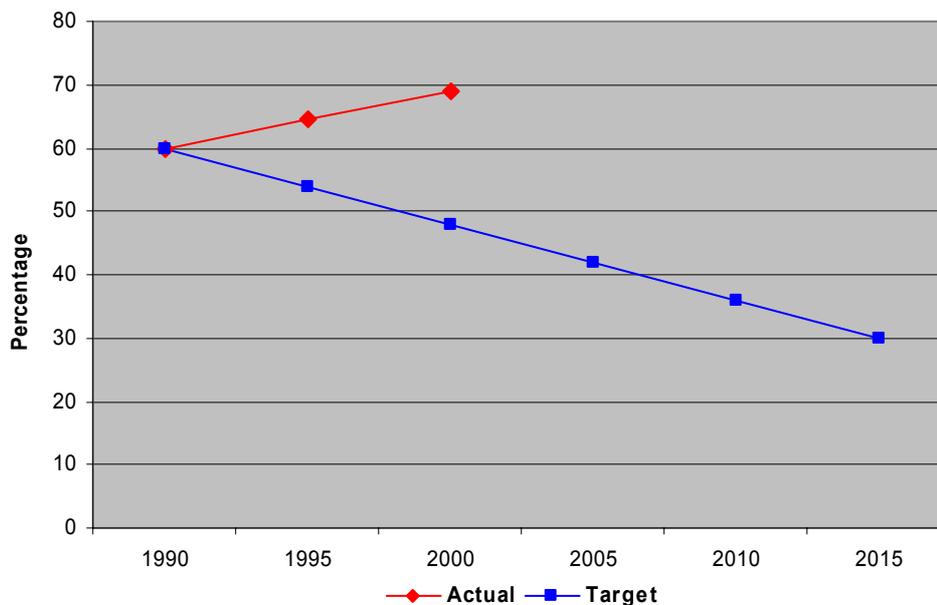
The main source of data on poverty in The Gambia is the National Household Poverty Survey. Three such surveys have been conducted over the past decade, in 1992, 1995 and 1998. During that period, overall poverty increased from 60 percent in 1992 to 69 percent in 1998, whilst food poverty increased from 33 to 37 percent.

To achieve the poverty goal, The Gambia needs an annual reduction of 2 percent in overall poverty and 1.1 percent reduction in the proportion of food poor between 2000 and 2015.

Figure 2 and Figure 3 show the actual and target trajectories for changes in overall poverty and food poverty. Clearly, on past trends, The Gambia faces a major challenge in meeting these targets.

Given the high inequality of income, the economy needs to grow faster than the projected 6 percent up to 2005 (SPA II/PRSP) and 10 percent in the longer term, and sustain such a growth for an extended period; as well as minimising vulnerability to external shocks. The ongoing Integrated Household Survey will provide a better indication of the severity and extent of poverty and recent trends.

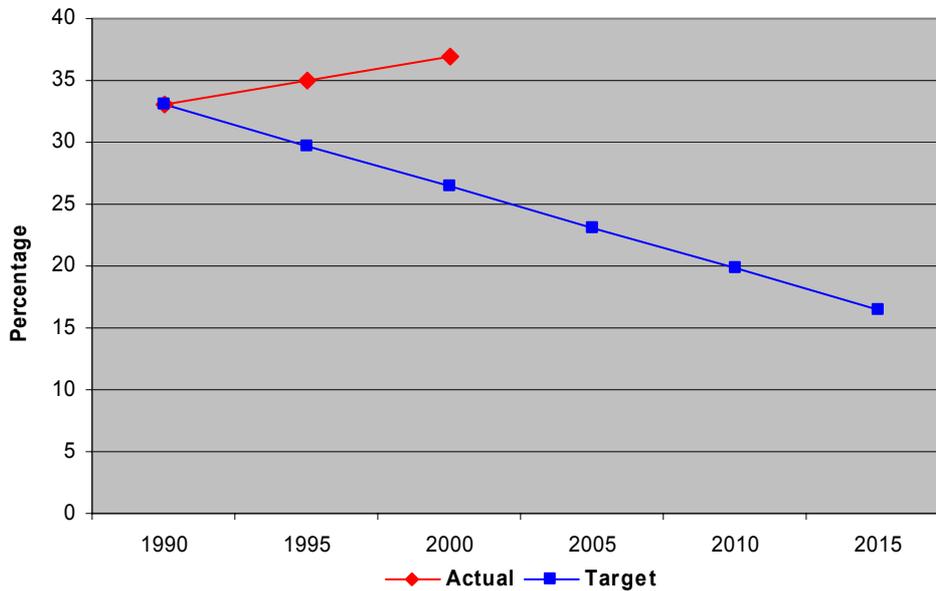
Figure 2: Proportion of Population Below Overall Poverty Line



¹ Overall poverty is when the average annual household consumption per adult equivalent is less than the value of the overall poverty line.

² Food poverty is when the average annual household consumption per adult equivalent is less than the value of the food poverty line.

Figure 3: Proportion of Population Below Food Poverty Line



Challenges to Reducing Extreme Poverty

The potential for improved economic growth in The Gambia exists. The major task ahead is to ensure that macro-economic achievements translate into positive micro-economic benefits at the household level based on a pro-poor growth strategy. The major challenges include:

- Maintaining macro-economic stability;
- Enhancing the investment climate;
- Accelerating growth in the agricultural sector and rural areas, through such interventions as increasing access to key resources and services; and
- Promoting popular participation.

Supportive Environment (Policies and Programmes)

One of the prime objectives of Vision 2020 is to increase agricultural production. At the sectoral level, as in the Department of State for Agriculture (DOSA), various reforms are being imple-

mented in the delivery of agricultural inputs, research and extension services. These and other reforms targeting livestock, fisheries and horticulture should help to improve agricultural outputs.

Priorities for Development Assistance

The main priority areas for assistance are:

- Support in maintaining macro-economic stability;
- Support to agriculture and rural development programmes, including: research, marketing, finance and entrepreneurship development schemes and improved technology;
- Ensuring sufficient resources to support SPA II/PRSP implementation; and
- Supporting regular Household Surveys for more frequent monitoring of poverty.

GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Indicators	1990	2000	2015
Percentage of population below minimum level of dietary energy consumption	15% (1993)	21% (1998)	[7.5%]
Percentage of underweight under 5 children	21% (1996)	17%	[10.5%]

Sources: CSD/SPA II; MICS I & II; [...] = MDG targets.

Status and Trends

Within the general population, food insecurity is caused largely by the high dependence on rain-fed subsistence agriculture and limited off-farm income. The long years of drought and resulting crop failures have given rise to a high dependence on external food aid. In addition, the use of outmoded technologies has meant only limited increases in production, when the human population is growing at 2.8 percent per annum. Food insecurity is more serious during the wet season, when the previous year's harvest is exhausted and new crops have yet to mature.

There has been a steady decline in under-nutrition amongst children under five years of

age over the past few years. The level of stunting, an indication of chronic hunger, has also declined from 23 percent in 1996 to 19 percent in 2000. Geographical disparities exist, with rural children being more susceptible to malnutrition, especially during the rainy season. Malnutrition has very serious implications for child survival and development, and for the general socio-economic development of the country.

It is estimated that 56 percent of the food consumed in the country is imported, which raises the question of long-term affordability. There are limited income generating opportunities outside agriculture, which restricts food security. The collapse of the groundnut market in recent years has drastically increased rural food insecurity.

Figure 4: Proportion of Population Below Minimum Daily Energy Consumption

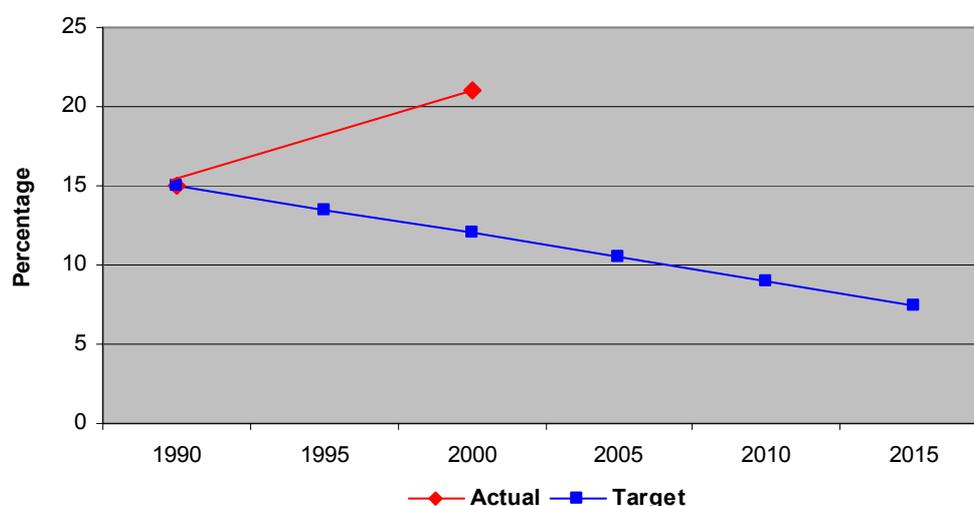
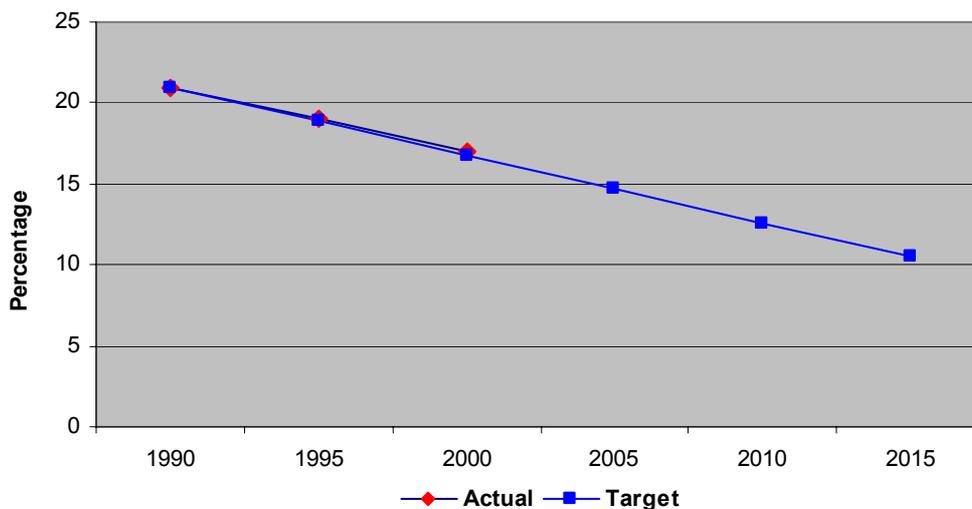


Figure 5: Proportion of Underweight Under-5s



Challenges

The main factors impinging on success towards improving nutritional status are:

- The continued high risk of natural disasters, in particular drought;
- General poverty level; and
- Low agriculture production and productivity.

The main challenges to ensuring food security are:

- Increasing agricultural output, particularly of food crops;
- Provision of adequate infrastructure for storage, processing and marketing of agricultural produce;
- Creating off farm income generating opportunities to supplement agricultural incomes; and
- Improving nutrition related awareness.

Supportive Environment

The Government of The Gambia is strongly committed to improving the nutritional status of its citizens, articulated in the National Nutrition Policy: 2000-2004. The institutional framework has been strengthened through the establishment of the National Nutrition Agency (NaNA) and an inter-sectoral National Nutrition Council. NaNA has been mandated to co-ordinate all nutrition activities in the country, including implementation of the National Nutrition Policy.

NaNA's programmes include:

- Micro-nutrient deficiency control;
- Food safety and quality;
- School-based nutrition education;
- Baby-friendly hospital initiative;
- Nutrition surveillance; and
- Baby-friendly community initiative.

The Department of State for Agriculture (DOSA) has taken a number of initiatives that seek to address input delivery, linking research and extension services, as well as specific actions in livestock, fisheries and horticulture. These and other programmes should help improve food production.

Priorities for Development Assistance

- Promotion of food-based approaches to improving nutrition;
- Supporting greater backward and forward linkages in agriculture;
- Strengthening the national food control system to improve food quality and safety;
- Expanding community-based interventions to improve maternal and child nutrition; and
- Strengthening of the micro-nutrient deficiency control programme.

GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Target 3: Ensure that, by 2015, children everywhere boys and girls alike, will be able to complete a full course of primary schooling

Indicators	1990	2000	2015
Net enrolment ratio in primary education (%)	44%	60%	[100%]
Proportion of pupils starting grade 1 who reach grade 5	88% (1991/92)	90% (1998)	[100%]

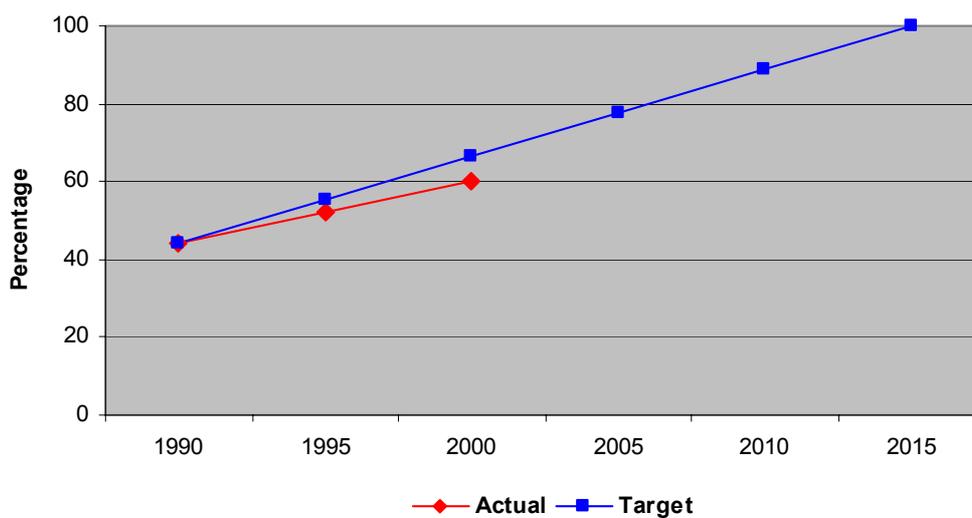
Sources: CSD/SPA II; DOSE, MICS I & II; [...] = MDG targets.

Status and Trends

There has been substantial progress in expanding access to primary (referred to as lower basic in The Gambia) education throughout the 1990s. Between 1991 and 1997, enrolment grew at 8 percent annually against a target of 5 percent. However, between 1997 and 2001 enrolment dropped to 4 percent annually, against a target of 7 percent. There are also significant disparities in enrolment rates relating to geographical location, income and gender. In urban areas, for instance, enrolment is around 64 percent compared with 45 percent in rural areas.

Achievements in education have been due largely to increased investment. On average, between 1994/95 and 1998 about 15.6 percent of Government expenditure went to education, with primary education receiving 46.6 percent of the total education spending between 1990 and 1996. Expenditure on basic education (comprising primary, junior and secondary) increased at 11 percent per annum in real terms.

Figure 6: Net Enrolment Rate



Challenges to Achieving Universal Primary Education

The major challenges to achieving universal primary education include:

- Reducing overall income poverty in a significant proportion of households, since the burden of paying for education weighs more heavily on poor families;
- Expanding the provision of schools to improve access, without sacrificing the quality and relevance of curricula. Amongst other things, this calls for: the provision of adequate text books; an increase in the number of qualified teachers and classrooms; and improved efficiency of classroom use;
- Increasing public expenditure targeted at the poor; and
- Casting wider the net of partnership in primary education provision to entice greater participation of the private sector, communities, civil society, parents, etc..

Supportive Environment

In keeping with the broader framework of Vision 2020, the Government reaffirmed its strong commitment in the last Education Plan (1988–2003) to improving education in the

country as part of the overall development of human resource potential. The policy placed special emphasis on the provision of quality basic education for the school age population between 7-15. Special emphasis was also given to promoting equal opportunities, especially for girls and children with disabilities.

SPA II also provides a framework for improving access to basic education, particularly for the poor. Sectoral programmes identified under SPA II include increased classroom construction, teacher training, etc..

Priorities for Development Assistance

Priorities for further development assistance include:

- Increased financial support to basic education for construction of classrooms and the provision of learning materials to improve the quality of basic education;
- Increased support for teacher training and supervision of teachers at divisional and school levels; and
- Further debt relief to free up government resources for primary education spending.

GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005 and to all levels of education no later than 2015

Indicators	1990	2000	2015
Ratio of girls to boys in primary education (gross enrolment) (%)	47.9% (1993)	65% (1998)	[100%]
Ratio of girls to boys in lower secondary education (%)	26%	37% (1996)	[100%]

Sources: CSD/SPA II; MICS I & II; [...] = MDG targets.

Status and Trends

Although considerable progress has been made towards increasing girls' enrolment between 1990 and 2000, the current rate of in-

crease will not lead to gender parity in either primary and secondary education by 2015, as indicated in Figure 7 and Figure 8. An accelerated enrolment programme is, therefore, required.

Figure 7: Ratio of Boys to Girls in Primary Education

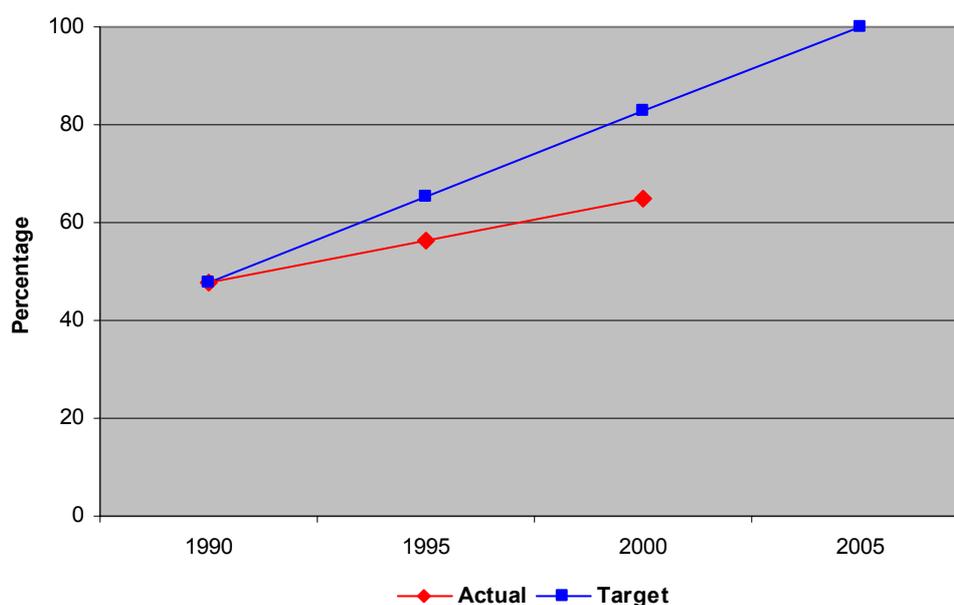
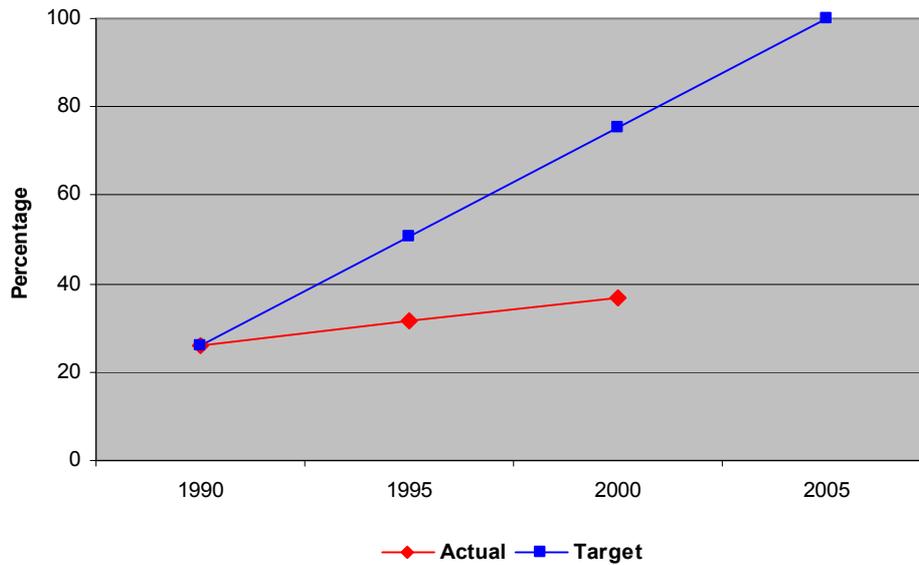


Figure 8: Ratio of Boys to Girls in Lower Secondary Education



Challenges

There are a number of challenges, both socio-cultural and economic, which act to limit girl's access to education, including:

- Changing the socio-cultural attitude, which attaches less value to the education of the girl child;
- Addressing socio-cultural values and practices, such as early marriage, especially for rural girls, and the belief that school girls tend to become sexually active whilst in school and remain unmarried thereafter;
- Reducing the cost of schooling to reduce the financial burden on parents, especially the poor who, when faced with limited financial resources, prefer to invest in educating the male child; and
- Making the learning and school environment friendlier and more supportive, especially for girls.

Supportive Environment

In the education sector, policy measures aimed at bringing about gender parity include the establishment of a Scholarship Trust Fund for girls, which helps to reduce the financial burden of educating girls at primary level. There is also an active interest, both in civil society and the media, in creating greater awareness about gender issues.

Priorities for Development Assistance

- Support government efforts to improve access and quality in education delivery, with special emphasis on girls educational achievements;
- Providing additional support to the Girls Scholarship Trust Fund to ensure nationwide coverage; and
- Capacity building for implementing reforms in the education sector.

GOAL 4: REDUCE CHILD MORTALITY

Target 5: Reduce by two-thirds, between 1990 and 2015, the Under-Five Mortality Rate

Indicators	1990	2000	2015
Under-5 mortality rate (per thousand live births)	137 (1993)	135 (2001)	[45]

Sources: DOSH; [...] = MDG target.

Status and Trends

The Gambia is not on track in reducing infant mortality. The decline in Under-5 mortality has only been marginal Figure 1. However, there are promising signs that mortality will be reduced through the current drive to expand immunisation coverage, especially through the Expanded Programme on Immunisation (EPI).

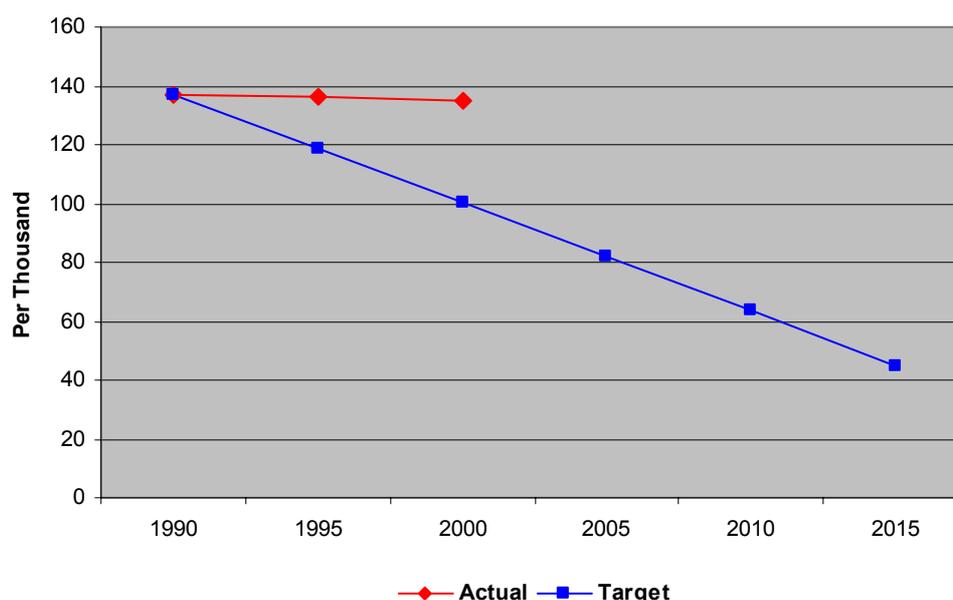
According to UNICEF (2003), overall immunisation in The Gambia has dropped from 87 percent in 1996 to 62 percent to 2000. Coverage is higher in rural areas (64.7 percent) than the urban areas (57.4 percent). Vaccination rates against measles were highest in rural Janjanbureh, with 92.9 percent coverage

Factors that influence child mortality are malnutrition and the general poverty level, all of

which have shown substantial increases in recent years. Some 56 percent of Gambian children live in extremely poor households, which has serious implications for their nutritional status and their access to social services, such as health care. The 1998 National Household Poverty Survey Report indicates that 50 percent of children had no health consultation and that the major reason for this was its prohibitive cost.

In rural areas, high rates of infant and under-5 mortality are due to infectious diseases, notably malaria, diarrhoea and acute respiratory infections, exacerbated by malnutrition. Other factors include: low female literacy and communication difficulties between village clinics and the basic health service provider.

Figure 9: Under-Five Mortality Rate



Challenges

There are a number of challenges to reducing child mortality, including:

- Improving the nutrition level of children by improving household income;
- Investing a higher proportion of public expenditure on health, particularly in areas with above average rates of child mortality;
- Increasing per capita and recurrent expenditure on health;
- Improving co-ordination between various sectoral interventions in drinking water supply, sanitation and hygiene;
- Promoting greater awareness, through IEC, on IMR and U-5 MR, on the need for vaccination and its role in protecting the child;
- Improving the linkages between Village Health Services (VHS) and Basic Health Services (BHS); and
- Maintaining an effective system for the acquisition, storage and distribution of drugs, vaccines and other essential supplies.

Supportive Environment

Vision 2020 places strong emphasis on promoting a healthy workforce, which requires an effective health delivery system. The current health policy aims at improving access to, and

ensuring provision of, essential care packages at all levels of the healthcare delivery system. As a component of the new policy there are programmes currently being implemented, such as the Integrated Management of Childhood Illnesses (IMCI), the Roll Back Malaria Initiative and the Baby Friendly Community Initiative, which, together, can significantly reduce further infant and child mortality rates

The National Population Policy adopted in 1992 aims to improve the quality of life and raise the standard of living of all Gambians. Specific targets had been set for 2000 and 2004, for reducing infant and maternal mortality, increasing immunisation coverage, extending primary health care services, etc..

Priorities for Development Assistance

- Supporting government efforts in strengthening Preventive Health Services, particularly in areas with high rates of infant and child mortality;
- Provision of basic supplies and equipment for all levels of the health delivery system, including both minor and major health centres to make them fully functional;
- Financial assistance for the procurement and storage of drugs and vaccines; and
- Improving the supply and retention of healthcare personnel.

GOAL 5: IMPROVE MATERNAL HEALTH

Target 6: Reduce by three-quarters between 1990 and 2015, the Maternal Mortality Ratio

Indicators	1990	2000	2015
Maternal mortality ratio (per 100,000 live birth)	1050	730	[262]
Proportion of births attended by skilled health personnel	42%	55%	[90%]

Sources: DOSH, MICS II; [...] = MDG targets.

Status and Trends

The Gambia is on track in reducing maternal mortality (MMR) consistent with the International Conference on Population and Development (ICPD) goal on maternal mortality reduction. However, the MMR shows significant regional variation, attributed primarily to problems of access to good antenatal care and specialised health facilities, coupled with poor infrastructure and communication facilities.

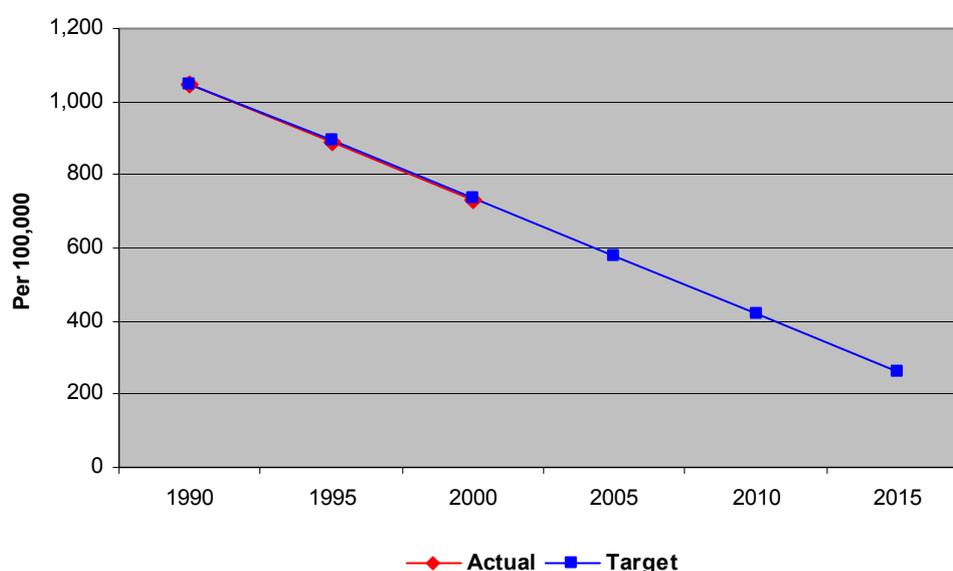
Between 1990 and 2000, the percentage of deliveries attended by skilled health personnel increased from 42 to 54.6 percent. Urban areas have the highest proportion of deliveries attended by skilled health personnel, with the lowest in Kuntaur, at 29 percent (UNICEF, 2002). Assisted delivery by skilled health personnel is most common amongst educated and wealthy women. The Traditional Birth Attendants (TBA), who are not included in the skilled medical personnel category, provide

delivery assistance to about 25 percent of births (MICS, 2000). This proportion reaches 42 percent in some rural areas, compared to only 4 percent in urban areas.

The main causes of maternal deaths are: eclampsia (18 percent); sepsis (12 percent); anti-partum haemorrhage (10 percent); and post-partum haemorrhage (10 percent). Most of these are preventable by improved prenatal care.

Maternal deaths are preventable and can be reduced by improving access to MCH service for pregnant women, appropriate and timely referrals, as well as adequate and appropriate treatment of obstetric complications. The national population programme, assisted by UNFPA, supports interventions such as Emergency Obstetric Care (EOC) and Reproductive Health (RH), which aim to address outstanding problems of morbidity and mortality.

Figure 10: Maternal Mortality Rate



Challenges

The main challenges remaining to the further reduction of maternal mortality include:

- Improving the educational, socio-economic and nutritional conditions of women;
- Improving and expanding PHC services, particularly in rural areas;
- Expanding and strengthening MCH services, particularly in rural areas;
- Improving the quality of manpower and equipment at MCH centres; and
- Improving supply and retention of health-care personnel.

Supportive Environment

Existing Health Policy, with the strategic goal of providing essential healthcare services countrywide, provides an important framework to address maternal and other health issues. The national population policy also provides the policy environment for addressing improved maternal health.

Priorities for Development Assistance

The following priorities for further development assistance to reduce maternal mortality have been identified:

- Technical support to strengthen health planning and management, both at central and decentralised levels, and to improve statistical and analytical skills;
- Financial and technical support to train and retain nurses, radiographers, surgeons, etc. to staff referral centres, and to provide equipment to these centres;
- Financial support to conduct IEC campaigns for community awareness of sanitation, infectious diseases, and preventive services; and
- Support to integration of the Sector-Wide Approach (SWAP).

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

Target 7: Have halted by 2015, and begun to reverse the spread of HIV/AIDS

Indicators	1990	2000	2015
HIV-1 prevalence rate among 15-49 year old pregnant women	0.7% (1995)	1.2% (2001)	[< 1%]

Sources: DOSH, *Sentinel Bulletin*; [...] = MDG target.

Status and Trends

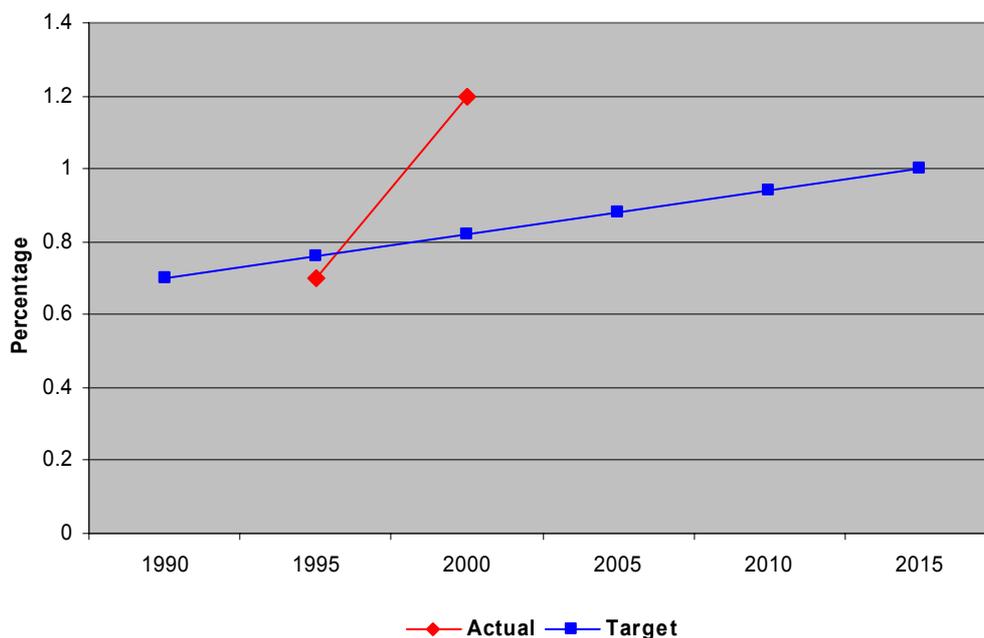
The prevalence rate for HIV-1 has almost doubled from 0.7 in 1995 to 1.2 in 2001.

One of the main strategies to contain and reduce the spread of HIV/AIDS infections is through promotion of accurate knowledge of how HIV/AIDS is transmitted and how to prevent transmission. A UNICEF (2002) survey found that only 58.5 percent of women aged 15–49 know at least one way of preventing

transmission and that the proportion of women with adequate knowledge of HIV transmission increases dramatically with educational level.

Educational attainment also has an important impact on contraceptive use. The percentage of women using contraception rises from 8 percent among those with no education to 13 percent among women with primary education, and 18 percent among women with secondary and higher education.

Figure 11: HIV-1 Prevalence in 15-49 Year-Old Pregnant Women



Challenges

The challenges ahead in combating HIV/AIDS include:

- Sustaining an effective, well co-ordinated, multi-sectoral, national response to HIV/AIDS at all levels;
- Facilitating the translation of knowledge and awareness into sustained behavioural changes for the prevention of HIV/AIDS; and
- Ensuring an adequate level of resource allocations for programme activities.

Supportive Environment

Government is committed to the fight against HIV/AIDS. The National AIDS Council, chaired by the President, has been established and is supported by a National AIDS Secretariat.

A multi-sectoral approach has been adopted to address the spread of HIV/AIDS and other sexually transmissible infections (STIs), with action programmes at six Departments of State: Agriculture; Defence; Education; Health; Interior and Religious Affairs; and Tourism and Culture. HIV/AIDS interventions have been mainstreamed in sectoral budgets and HIV/AIDS committees have been established at divisional level to co-ordinate local activities.

Various strategies for HIV/AIDS prevention and control are being implemented under the auspices of the National Council, including:

- Intensification of IEC on HIV/AIDS/STIs;
- Implementation of the National HIV sentinel surveillance programme;
- Wider promotion and distribution of condoms;
- Provision of safe blood at divisional and central levels;

- Mobilisation of specific groups, such as youths, commercial sex workers and their clients;
- More active advocacy through leaders; and
- Extensive media coverage at national level.

At the global level, the general awareness and commitment to combating the HIV/AIDS pandemic has resulted in the creation of a global fund from which resources can be mobilised to implement national programmes. The Gambia has received US\$ 15 million through the HIV/AIDS Rapid Response Project (HARRP).

Priorities for Development Assistance

Priorities for future development assistance include:

- Provision of support to provide Anti-Retrovirals for People Living with HIV/AIDS (PLWHAs);
- Strengthening the monitoring and evaluation of HIV/AIDS programmes and activities; and
- Capacity building to enhance the multi-sectoral approach to fight the HIV/AIDS pandemic.

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

Target 8: Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases

Indicators	1990	2000	2015
Prevalence & death rates associated with Tuberculosis	1,212 cases 31 deaths	1,561 cases 49 deaths	
Proportion of TB cases detected and cured under DOTS	70	72 (2001)	
Prevalence of malaria among children under five	N/A	15%	

Source: DOSH, MICS II.

Status and Trends

Malaria continues to be a leading cause of illness among the Gambian population. It is estimated that it accounts for nearly 25 percent of deaths in children aged 1 to 4 years. It is also a major contributor to the high maternal mortality rate. The high death rates caused by malaria are partly due to the increased resistance to the anti-malaria drug, chloroquine.

Using fever as a proxy indicator of malaria, the overall prevalence rate among children under five years is 15 percent (2000), with a slightly higher figure for girls (15.5 percent) as opposed to boys (14.4 percent). The risk of contracting malaria is present throughout the year, but peaks during the rainy season.

Tuberculosis, like malaria, has become a major public health problem. The disease, which was in decline in the early nineties, is now on the increase, with 1,561 cases of TB recorded in 2000, 42 percent more than in 1989. Smear positive cases have also increased by 20 percent.

The Case Detection Rate (CDR) of all forms of tuberculosis rose from 95 to 122/100,000 of population in 1997 and has remained stable since then. The CDR of direct smear positive cases has also stabilised in the last five years at an average of 66/100,000 of population.

Treatment results with DOTS reflect only a modest increase from 70 percent cure rate in 1990, 80 percent in 1996, and 72 percent in 2001. Strains of TB resistant to the multi-drug therapy have been reported recently. This is of major concern to the Government, as the new drugs required to treat such cases are very expensive. TB drugs are administered free of charge to Gambians. TB diagnostic facilities are available.

Challenges

- Increasing usage of impregnated bed nets;
- Developing capacity for proper diagnosis, case management and prescription practices;
- Improving environmental sanitation;
- Improving the logistic and other related supplies to ensure wider national coverage;
- Reduce the number of defaulters; and
- Extended enforcement of health regulations.

Supportive Environment

The general awareness and commitment of the Government to address these diseases is translated into specific programmes. The Malaria Control Programme, established to reduce morbidity and mortality due to malaria, is involved in preventive, promotional and curative, as well as operational, services.

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

Priorities for Development Assistance

- Financial assistance for insecticides, drugs and human resource development;
- Financial assistance to expand DOTS coverage to the whole country;
- Financial and technical support to address drug resistant strains of TB and malaria;
- Financial support for improved community sensitisation through IEC campaigns; and
- Development, elaboration, technical and financial assistance for the SWAP initiative.

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Indicators	1990	2000	2015
Proportion of land area covered by forests	40.7% (1993)	41.5% (1999)	40%
Land area protected to maintain biological diversity	3.7%	3.7%	5% (2020)
Carbon dioxide emissions (Metric tons CO ₂ per capita)	0.18 (1993)		

Sources: Department of Forestry; Department of Parks and Wildlife; and FAO.

Status and Trends

Vegetation in The Gambia is mainly savanna woodland, with stretches of shrub and grassland. State Forest Reserves are managed by the Department of Forestry, while Community Forests are managed by local communities with technical and material support from the Department. Forest cover has increased slightly in recent years, but is projected to decline by 2015. The area protected for biodiversity conservation managed by the Department of Parks and Wildlife is projected to rise from 3.7 to 5 percent by 2015.

Studies on green house gas emissions in The Gambia in 1993 indicated that about 60 percent of total emissions of CO₂ were from transport. The Gambia is, however, classified as a carbon sink. With regard to ozone depleting substances (ODS) including chlorofluorocarbons (CFCs), The Gambia began in 1994 to phase out the use of CFC-11 by 1997 and CFC-12 and CFC-115 by 2002. ODS regulations (2000) ban the importation of all controlled substances with effect from 1st January 2002. Although use of these substances has been greatly reduced, enforcement problems have made it difficult to meet the target dates.

Challenges

- Reducing rural poverty through improved environmental management;
- Expanding community's management of natural resources;
- Implementing environmental regulations, particularly those relating to the importation and use of prohibited substances; and
- Expanding and strengthening environmental education.

Supportive Environment

Since the beginning of the nineties, the Government has shown a strong commitment to environmental issues, which is reflected in Vision 2020 through the reaffirmation of the Government's commitment to the rational use of natural resources and the environment on a sustainable basis. The development of the Gambia Environment Action Plan (GEAP) in 1992 provided a policy and operational framework to address issues relating to the environment and led to the establishment of the National Environment Agency (NEA), as the Secretariat of the National Environment Management Council.

The ratification of international environmental conventions and formulation of national action plans for their implementation provide a basis of action at the national level. At the international level, the Global Environment Facility (GEF) provides an opportunity to mobilise resources for the implementation of these national plans. The strong global commitment to environmental issues provides a supportive environment for action.

Priorities for Development Assistance

- Financial and technical assistance to support the implementation of GEAP II;
- Technical assistance to assess and develop national capacity for the implementation of relevant international environmental conventions; and
- Financial support to promote community sensitisation and participation in environmental and natural resource management.

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Target 10: Halve by 2015 the proportion of people without sustainable access to safe drinking water

Indicators	1990	2000	2015
Percentage of population without sustainable access to improved water sources	48%	16% (1996)	[24%]

Sources: Department of Water Resources; MICS I & II: [...] = MDG target.

Status and Trends

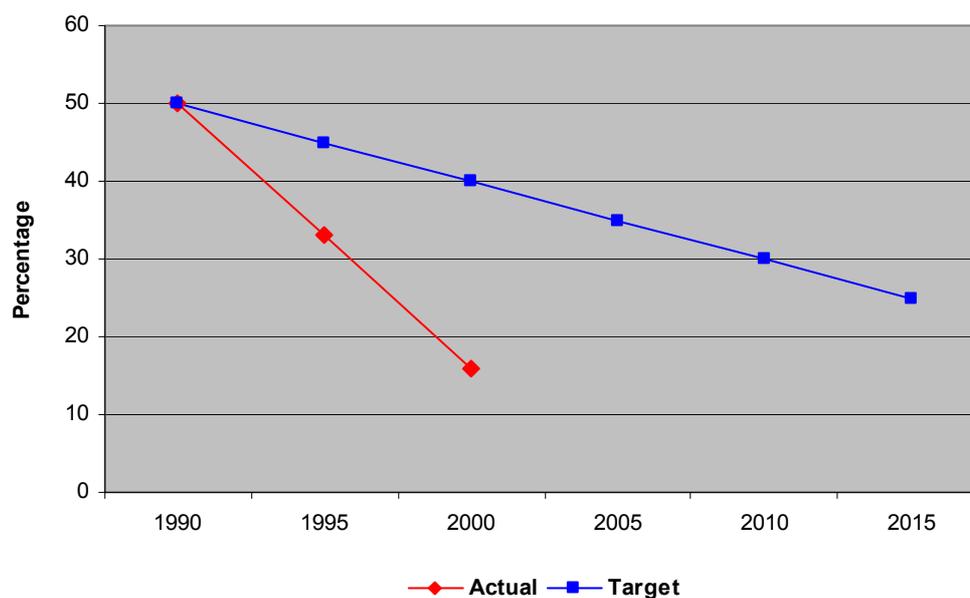
Access to improved water supply has increased rapidly over the past two decades, and national coverage is estimated to be 84 percent of the total population. This indicates that The Gambia has already reached the target ahead of schedule. There are, however, wide disparities between urban and rural areas in terms of coverage. In urban areas, the figure is 94.6 percent, whilst in rural areas it is 77.1 percent. The lowest coverage is registered in the central part of the country (Janjanbureh), where coverage is 70.9 percent. There are, nevertheless, programmes in place to address these critical areas.

Although coverage is impressive, there are still some outstanding issues that need to be addressed. There are, for example a few major

settlements of over 5,000 people, which do not have access to safe drinking water because they are too big for small-scale reticulation systems and have not been linked to the commercial distribution network. Human population growth has also resulted in increasing demand, which has outstripped supply in some villages with improved water systems. There is also increasing risk of contamination from livestock using the same water source, especially during the dry season.

Another aspect of improved water supply which deserves attention is water quality. Although water quality is good at source, it deteriorates at the point of consumption. The high level of contamination between the source and point of consumption is due in part to poor handling, which requires sensitisation and greater awareness amongst users.

Figure 12: Proportion of Population with Access to Improved Water Sources



Challenges

There are a number of challenges that still need to be addressed:

- Improving the management capacity of local communities, with the active involvement of women to ensure sustainability of the water supply infrastructure;
- Providing access to improved water supply systems (reticulation) for large villages, where the output from hand pumps can no longer meet demand;
- Changing the custom and personal hygiene habits communities, particularly in rural areas to ensure safe handling of water from source to point of consumption;
- Developing the necessary policy, legal and institutional framework to address the competing water demands for human consumption, irrigation, livestock use, etc.; and
- Promoting greater awareness of the linkages between safe drinking water and human health.

Supportive Environment

Persistent droughts and water shortages have drawn both national and international attention to the need to provide adequate supplies of safe drinking water. This has generated considerable donor interest and support, which has facilitated the attainment of this MDG.

The Government continues to accord high priority to the provision of water supply, and is currently developing a new policy to address constraints in the sector.

Priorities for Development Assistance

The following priorities for future development assistance have been identified:

- Supporting government efforts in programmes aimed at expanding improved water supply systems (reticulation) in large rural communities, unable to access the commercial distribution network;
- Complementing government efforts in conducting IEC campaigns on improved personal hygiene and safe handling of water from source to point of consumption;
- Financial and technical assistance to assess groundwater and surface resources, in terms of quantity and quality, to meet rising water demand for drinking, irrigation, livestock, etc.;
- Strengthening institutional and human capacity of the agencies responsible for water resources management; and
- Strengthen the management capacity of local communities to maintain and sustain water supply systems, and improve community awareness of the general benefits of sanitation.

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Target 11: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

Indicators	1990	2000	2015
Percentage of people having access to improved sanitation	84%	88%	
Percentage of people with access to secure tenure ship of accommodation	n.a.	65% (1998)	

Sources: CSD/SPA II; MICS I & II.

Status and Trends

Overall, 84 percent of Gambians live in households with sanitary means of excreta disposal (including pit latrines). In urban areas, access is 96 percent, whilst in rural areas it is 83 percent. Across wealth categories, 98.5 percent of the richest category have sanitation, compared with 71.5 percent for the poorest category.

The international definition of proper sanitary facilities includes pit latrines, which in The Gambian context are not regarded as deal. If this category is excluded, the proportion with sanitation declines to 23 percent, with less than 10 percent in central parts of the country, such as Kuntaur. In these areas, 43.5 percent of the population are without toilet facilities. Much, thus, remains to be done to improve sanitation in The Gambia.

With regard to secure tenure of accommodation, the percentage is highest in rural areas where it ranges between 70-89 percent. In Banjul and Kanifing Municipal Area, secure tenure is 27 and 42 percent, respectively. Most of the people in urban areas live in rented premises. High rental rates reflect the fact that the procedure for accessing and owning land is relatively easier in the rural areas.

Challenges

- Changing the customs and habits of communities with regard to waste disposal and personal hygiene;
- Improving access to land and credit for increased home ownership;
- Implementing low cost housing schemes to address housing needs of the poor; and
- Strict enforcement of waste disposal regulations.

Supportive Environment

Sanitation issues emerged late as a national priority. However, this situation has changed positively with increased awareness and appreciation of the need for waste management and improved water supply. This has led to the establishment of the Water and Sanitation Working Group (WATSAN), which provides a forum for closer consultation and co-operation between the two sub-sectors.

The Government, with donor support, has embarked upon a programme of constructing improved pit latrines in rural areas. Special radio programmes, as well as field days, are organised to generate increased awareness of environmental health and sanitation issues.

With respect to land ownership, the Government promulgated the State Lands Act 1991, which designated all land in the GBA, Kombo Central, North and South, where demand is highest, as state land. The Act should, in principle, facilitate better physical planning and improved access to land, particularly for low-income groups and the poor.

Priorities for Development Assistance

- Supporting government efforts in its programmes of improved waste management, particularly safe excreta disposal systems for poor households;
- Complementing government initiatives to improve co-ordination in water and sanitation; and
- Financial and technical assistance to support the development and use of local construction materials to reduce costs and make improved housing more affordable for the poor.

GOAL 8: GLOBAL PARTNERSHIPS FOR DEVELOPMENT

Status

Increased international support would help The Gambia achieve its MDGs. The volume of ODA received in 1999 is estimated at US\$92.3 million, although much lower figures were registered in the mid-nineties (Figure 13). The monitoring and tracking of aid flows, however, is hindered by the absence of a centralised aid co-ordination mechanism. The proportion of ODA allocated to basic services (education and health sectors) is high at 56% in 1999, although much lower proportions were budgeted in previous years, 18% in 1994 and 1998.

The Gambia's foreign debt is currently estimated at 105% of GDP (1999), which is high for a poor country with limited resources. There has not been any significant debt relief under the HIPC Initiative, although a decision is due soon. Gross domestic savings are low at an estimated at 8.9 percent.

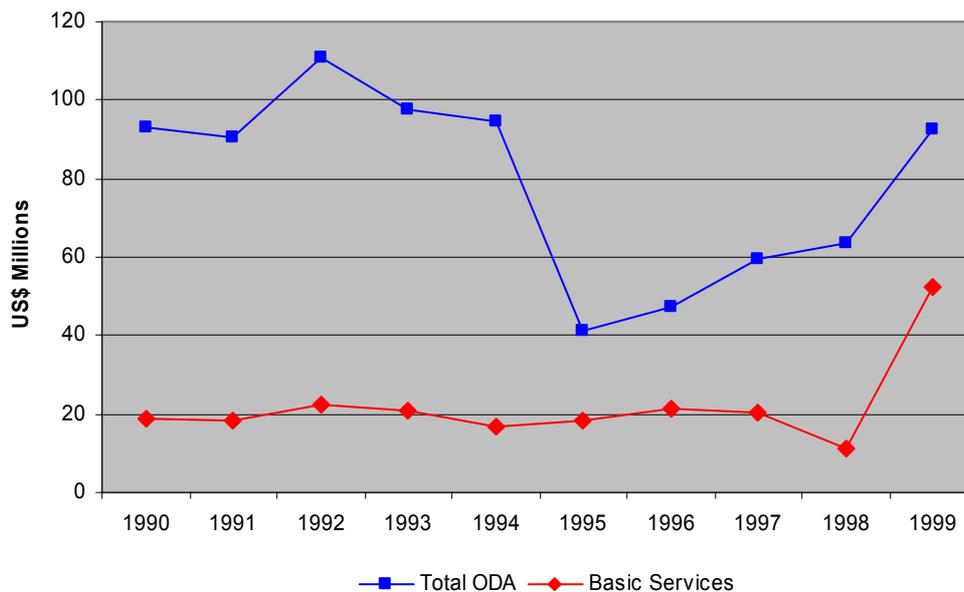
As part of the HIPC initiative, The Gambia received budgetary support of some D80 million in 2002, 64 percent of which went to sectors involved directly with MDGs (education, health, employment and agriculture).

Similar support was received under STABEX, a price stabilisation fund established by the European Union to compensate developing countries for losses in export earnings. In 2002, some D10 million were provided, which was allocated to increase agricultural production through the provision of improved seed varieties, fertilizer and insecticides.

Creating an Enabling Environment for Development

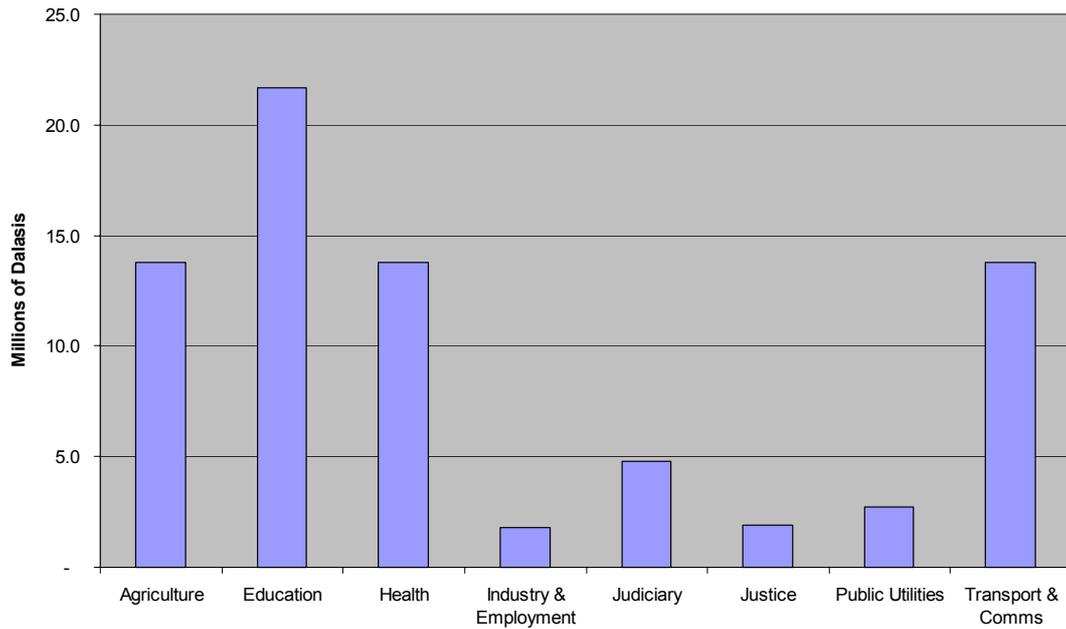
In response to structural and human resource constraints, the Government of The Gambia has embarked on reforms designed to create a more conducive environment for development. As a first step to combating poverty, a Poverty Reduction Strategy Paper (PRSP) has been prepared, which was endorsed by development partners at a Round Table Conference in September 2002. A Poverty Reporting mechanism is also now in place. It is hoped that these, together with other reforms, will facilitate access to HIPC funds.

Figure 13: Official Development Assistance and Basic Service Expenditure: 1990-99



Sources: Development Co-operation Reports 1990-1999, UNDP/Government of The Gambia.

Figure 14: Allocation of HIPC Funds by Sector in Financial Year 2002/03



Source: Estimates of Revenue and Expenditure for Financial Year 2002/03.

The Gambia has also embarked on structural reforms aimed at improving governance in the public sector. The National Governance Policy Framework seeks to strengthen democratic and administrative institutions and processes. The Decentralisation and Local Government Reform Act seeks to expand the democratic space and development to the grassroots. It has also established the Office of the Ombudsman.

In the economic sphere, the government has embarked on a major capacity building programme in the management of public resources. The government has also introduced budgetary reforms with the objective of adopting a medium-term framework (MTEF). Donors and civil society, as well as other stakeholders concerned with poverty issues, are now associated with the budgetary process, through regular consultations during budget formulation. In addition, a Pro-poor Advocacy Group (PROPAG) has been established as a first step in enhancing dialogue on poverty issues between government and civil society.

To promote private sector development and encourage foreign direct investment (FDI), the government has undertaken legal reforms underpinned by capacity development to ensure that a conducive legal and regulatory environment exists for the private sector.

A new Divestiture Strategy has been developed and an Agency for Investment Promotion established, as a way of increasing greater private sector participation in the economy.

To improve aid co-ordination, the government has developed an Aid Co-ordination Policy. As part of this policy, the government is gradually moving towards the adoption of a Sector-Wide Approach (SWAP) with donors.

National Partnerships

The Government has developed some partnerships with civil society and the private sector through which significant contributions have been made to social development and improved environmental management. These contributions, in many respects, support the achievement of the MDGs. Partnerships include NGOs, citizen groups (friendship associations), financial institutions etc..

Areas of intervention include: combating poverty and malnutrition (MDG 1); gender equality (MDG 3); education (MDG 2); maternal and child health (MDGs 4&5); HIV/AIDS, Malaria and TB (MDG 6); and environment (MDG 7).

The Government hopes to strengthen and expand these partnerships to support attainment of the MDGs. Table 4 presents some examples of current partnerships and their areas of intervention.

Table 4: Selected National Partnerships and Areas of Intervention

MDG	Government Agency	Partners	Agency/ Organisation	Nature/area of Intervention
1. Eradication of Extreme Poverty and Hunger	DOSA Dept of Social Welfare	NGOs	GAFNA NASACA Missionaries of Charity NaYAFS	Promote Food Security & Nutrition Provision of Micro Finance, Savings & Credit Assistance to Malnourished Children Support for increase Food Production
2. Achieve Universal Primary Education	DOSE	NGOs	FIOH GAMCARE KDG. Waltheinscheid KAW	Sponsorship of School Building Program for Primary Schools Sponsorship for Basic Education (primary) Sponsorship of Early Childhood Education
3. Promote Gender Equality & Empower Women	CBG DOSFEA DOSA	NGOs	GAWFA NAWFA GAMCOTRAP	Provision of Savings and Credit Schemes for Women Support for Women Groups in Agriculture and Marketing Advocacy for the rights of Children and Women, Empowerment of Women and Gender
4. Reduce Child Mortality	DOSH	NGOs Private Sector	SCB (G) Ltd. CCF Inc	Support to the Paediatric Unit of RVH Support to Health, Nutrition and Education for Children
5. Improve Maternal Health	DOSH	NGOs Private Sector	GFFA Trust Bank Ltd. TARUT	Health Education, Counselling & Promotion Family Planning Sponsorship of Maternal Wing at the Farafenni Hospital Health Education for Men, Women and Children
6. Combat HIV/AIDS, Malaria & Other Diseases	DOSH Nat. Aids Secretariat	NGOs Private Sector	GFFA / Shell Company Trust Bank Ltd. MRC	Sensitisation of the Public including employees of large Corporations on the dangers of HIV/AIDS Research, Sensitisation, and provision of Medical Assistance to Aids Patients.
7. Ensure Environmental Sustainability	Dept of Forestry Dept. W/Resources	NGOs	ADWAC Stay Green Foundation Inter. Islamic Relief Org.	Sponsorship of Community Forestry Management Environment Education, Environmental Health & Sanitation Provision of Wells for Water Supply
KEY				
ADWAC	Agency for the Development of Women and Children		GAWFA	Gambia Women's Finance Association
CBG	Central Bank of The Gambia		GFFA	Gambia Family Planning Association
CCF	Christian Children's Funds		TARUT	National Women Farmers Association
FIOH	Future In Our Hands		NaYAFS	National Youth Association For Food Security
GAMCOTRAP	The Gambia Committee on Traditional Practices		NAWFA	Trust Agency For Rural Development
GAMCARE	GAMCARE Gambia Ltd.		SCB (G) Ltd	Standard Chartered Bank (G) Ltd.

OVERALL ASSESSMENT AND CONCLUSIONS

Challenges to Attaining MDGs in The Gambia

The previous analysis of the eight MDGs reveals that The Gambia is currently on target to achieve three of the principal goals and targets, and potentially able to reach another two. More specifically, the country is on track to meet the targets set for hunger reduction, basic amenities and maternal health; and potentially able to meet the goals set for universal primary education and environmental sustainability. Despite these encouraging projections, The Gambia, under current trends, will not meet the goals and targets set for: reducing the incidence of extreme poverty, gender equality, child mortality and HIV/AIDS infections. Attaining the MDGs in The Gambia, therefore, requires urgent and sustained attention by Government, geared towards addressing a range of factors, constraints and risks in order to enhance and reinforce the Government's current national development efforts. Some of the most pressing challenges are summarised in the following paragraphs.

Resource Constraints

The Gambia is limited in its natural resource endowments, as evidenced by the absence of any known reserves of valuable minerals, oil or gas. The problem of resources also has to do with the extreme dependence on rain-fed mono-cultural agriculture, in which groundnuts are the only cash crop responsible for generating much of the country's export earnings. Due to these resource constraints, The Gambia will remain highly dependent on support from the international community until such time as the country is able to significantly diversify its export earnings.

Poor Agricultural Performance

Closely related to the issue of resource constraints, the agricultural sector's poor performance continues to limit the country's export earnings, as well as limit rural incomes. Low production levels in recent years can be attributed to low or erratic rainfall, but other long-term, systemic problems lie at the heart of the problem. These include low productivity associated with limited use of more efficient production, harvesting and post-harvest technologies, in addition to the risk aversion of many farmers to introduce new crops, either for export or for domestic markets.

Maintaining Monetary and Fiscal Discipline

Judicious monetary control and public finance management are crucial pre-requisites for The Gambia's socio-economic stability and growth. Sound monetary and fiscal policy are the *sine qua non* for maintaining donor confidence and attracting private investment, which in turn will allow the Gambian economy to achieve the levels of growth necessary for reaching the long-term development objectives.

Debt Relief

The Government's difficulties in meeting the "triggers" set for obtaining access to the Highly Indebted Poor Countries (HIPC) initiative is critically delaying the opportunity for securing much needed debt relief. Meeting these targets is critical for ensuring greater resource flows into the country, thereby increasing the levels of funding allocated for long-term social sector development and promoting progress in achieving the MDG targets.

Data Inadequacies

The lack of timely and high-quality socio-economic data is increasingly posing a significant risk to the effective formulation, implementation and monitoring of major programmes and projects, both at the national and regional levels.

Low Institutional Capacity

Many Gambian institutions are characterised by low institutional delivery capability, low absorptive capacity, and the general lack of trained manpower and expertise to execute their intended programmes and services. Many institutions also suffer from multiple and often competing demands on their limited resources, leading to organisational overload.

Expanding the Role of the Private Sector

Despite being the main engine of growth, the Gambian private sector is generally not competitive internationally, and is largely risk averse domestically. Access to external markets is often cited as a key constraint, combined with other internal and external conditions, which make local businesses hesitant to invest for the long-term, especially in the productive sectors. The Government has a key role in creating a more enabling environment

for the private sector. This begins with the adoption of sound macro-economic policies, along with programmes and projects that encourage the development of new markets, accelerate the use of new technologies, and improve the managerial skills for business men and women at all levels and all sizes of companies – particularly small and medium sized enterprises.

Facilitating Opportunities for Public-Private Partnerships

The discussion of MDG 8 showed that there are encouraging examples of public-private partnerships, linking national and local government, NGOs, religious organisations, private companies, and other civil society stakeholders. While these examples are to be applauded, a much more rigorous effort is needed to make public-private partnerships much more commonplace, indeed the rule rather than the exception. Public-private partnerships represent a win-win situation for both groups, by leveraging monetary resources, personnel and organisational capabilities for mutually beneficial objectives, many of which dovetail with achieving the whole range of MDGs.

Decentralisation

The timely implementation of the Government's decentralisation programme should continue to be near the top of the development agenda. With successful implementation of the programme, the Government would be fulfilling its objectives for stimulating greater grassroots and community participation, ownership and realisation of the country's development priorities in ways that are understood and adopted to match local conditions.

Next Steps in Facilitating the MDG Process in The Gambia

Whilst addressing the challenges cited above will require long-term commitment, four more immediate tasks are highlighted below as means of facilitating the MDG process in government decision-making and promoting the effective involvement of Gambian society.

- Determining the cost implications of achieving the MDGs, as part of more effective public expenditure planning and management;
- Dissemination of the MDG Report to the grassroots, for enhanced sensitisation and partnership building amongst all Gambians;
- Establishing a mechanism for MDG data collection, analysis and monitoring at divisional, district, and ward levels, to complement ongoing data collection efforts; and
- Focusing preparation of the next national MDG Report (in two years time) on performance at divisional, district, and ward levels.

ANNEX I: THE GAMBIA MACRO-ECONOMIC ASSUMPTIONS: 2003-05

	2003	2004	2005
Real GDP growth (%)	6.0	6.0	6.2
Inflation rate (%)	4.0	3.0	3.0
Growth of exports (%)	4.5	3.5	5.0
Growth of imports (%)	0.6	1.9	2.5
Domestic revenue/GDP (%)	12.9	11.2	9.1
Gross investments/GDP (%)	19.7	20.1	22.1
Gross domestic savings/GDP (%)	6.1	7.1	9.9
Fiscal deficit/GDP (%), excluding grants	2.7	2.3	1.9
Reserves, as months of imports	5.2	5.4	5.5

Source: Second Strategy for Poverty Alleviation (SPA II),
otherwise known as the Poverty Reduction Strategy Paper (PRSP).

ANNEX II: THE GAMBIA: LOCAL DISPARITIES IN MDG PROGRESS

		Least Deprived	Most Deprived
GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER			
Target 1:	Poverty incidence, food (%)	21 (GBA)	71 (LRD/URD)
	Poverty incidence, overall (%)	54 (GBA)	80 (LRD/URD)
Target 2:	Minimum dietary consumption (%)	(GBA)	(LRD/URD)
GOAL 2: UNIVERSAL PRIMARY EDUCATION			
Target 3:	Net enrolment rate (%)	64 (GBA)	29 (URD)
	Completion rate (100)	100 (Kerewan/NBD)	88 (Basse/URD)
	Adult literacy rate (15-25 yrs) (%)	59.7 (GBA)	24.1 (URD)
GOAL 3: GENDER EQUALITY			
Target 4:	Primary school parity	72 (GBA)	58 (URD)
GOAL 4: REDUCE CHILD MORTALITY			
Target 5:	Under-five mortality (per 1,000)	57.4 (GBA)	64.7 (CRD/URD)
GOAL 5: IMPROVE MATERNAL MORTALITY			
Target 6:	Maternal mortality (per 100,000 live births)	600 (GBA)	1,170 (CRD North)
	Births attended by skilled personnel (%)	91.3 (GBA)	28.7 (Kuntaur/CRD)
GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES			
Target 7:	HIV-1 prevalence (%)	1.2 (National)	3.0 (Sibanor/WD)
	Knowledge of prevention (% of women 15-49 yrs)	73.5 (GBA)	39.6 (Basse/URD)
	Contraceptives prevalence (%)	24 (GBA)	7 (Mansa-konko/LRD)
GOAL 7: ENVIRONMENTAL SUSTAINABILITY			
Target 10:	Access to drinking water (%)	100 (GBA)	71 (Janjanbureh/CRD)
Target 11:	Secure accommodation tenure (%)	89 (rural)	27 (GBA)
	Sanitary excreta disposal (%)	97.2 (GBA)	51.8 (Kuntaur/CRD)

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