UNITED NATIONS POPULATION FUND & GOVERNMENT OF THE GAMBIA

COUNTRY PROGRAMME

OF

ASSISTANCE 2002 – 2006

END OF PROGRAMME EVALUATION

FINAL REPORT

By

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<tr>
<th>A SP</th>
<th>Advocacy Sub-Programme</th>
<th>EOC</th>
<th>Emergency Obstetric Care</th>
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<td>Acquired Immune Deficiency Syndrome</td>
<td>FAWEGAM</td>
<td>Federation of Women Educators/The Gambia</td>
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<td>ARVs</td>
<td>Anti Retro Viral</td>
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<td>AU</td>
<td>African Union</td>
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<td>Behavioral Change Communication</td>
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<td>African Family Studies</td>
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<td>Greater Banjul Area</td>
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<td>Community-Based Organizations</td>
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<td>Gambia Bureau of Statistics</td>
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<td>CCA</td>
<td>Common Country Assessment</td>
<td>GER</td>
<td>Gross Enrollment Rate</td>
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<td>Convention on the Elimination of All forms of Discrimination Against Women</td>
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<td>Community Home Based Care</td>
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<td>Gender Parity Index</td>
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<td>Community Health Workers</td>
<td>GTTI</td>
<td>Gambia Technical Training Institute</td>
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<td>Country Office</td>
<td>HARRP</td>
<td>HIV/AIDS Rapid Response Project</td>
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<td>CP</td>
<td>Country Programme</td>
<td>HDI</td>
<td>Human Development Index</td>
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<td>Country Programme Assessment</td>
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<td>Highly Indebted Poor Countries</td>
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<td>Country Programme Evaluation</td>
<td>HIV</td>
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<td>Contraceptive Prevalence Rate</td>
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<td>International Conference on Population and Development</td>
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<td>Convention on the Rights of the Child</td>
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<td>Information Education and Communication</td>
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<td>International Monetary Fund</td>
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<td>LMIS</td>
<td>Logistics Management Information System</td>
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<td>CST</td>
<td>Country Support Team</td>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>DDF</td>
<td>Divisional Development Funds</td>
<td>MDFTs</td>
<td>Multi-Disciplinary Facilitation Teams</td>
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<td>Department for International Development</td>
<td>MDGs</td>
<td>Millennium Development Goal</td>
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<td>Department of State for Communication Information and Technology</td>
<td>MDI</td>
<td>Management Development Institute</td>
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<td>DOSE</td>
<td>Department of State for Education</td>
<td>MIS</td>
<td>Management Information System</td>
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<td>Department of State for Health</td>
<td>MMR</td>
<td>Maternal Mortality Ratio</td>
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<td>DoSYS</td>
<td>Department of State for Youth and Sport</td>
<td>MTP</td>
<td>Five-Year Medium-Term Plan</td>
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<td>MTR</td>
<td>Medium Term Review</td>
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<td>NEX</td>
<td>National Execution</td>
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<td></td>
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<td>NGOs</td>
<td>Non-Governmental Organizations</td>
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<tr>
<td>Abbreviation</td>
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<td>NHPS</td>
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<td>NSSS</td>
<td>National Sentinel Surveillance System</td>
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<td>OVI</td>
<td>Objectively Verifiable Indicator</td>
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<td>PDS</td>
<td>Population and Development Strategies</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<td>PHPNP</td>
<td>Participatory Health, Population and Nutrition Project</td>
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<td>PLWHA</td>
<td>People Living With HIV/AIDS</td>
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<td>PoA</td>
<td>Plan of Action</td>
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<td>POP/FLE</td>
<td>Population and Family Life Education</td>
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<td>PRGF</td>
<td>Poverty Reduction and Growth Facility</td>
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<td>PRSP</td>
<td>Poverty Reduction Strategy Paper</td>
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<td>PTAs</td>
<td>Parent Teacher Associations</td>
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<td>Population Task Force</td>
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<td>RAID</td>
<td>African Network for Information and Action Against Drugs</td>
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<td>RBM</td>
<td>Results Based Management</td>
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<td>RCH</td>
<td>Reproductive and Child Health</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>SWAP</td>
<td>Sector Wide Approach</td>
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<td>TBA</td>
<td>Traditional Birth Attendants</td>
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<td>Traditional Communicators</td>
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<td>TFR</td>
<td>Total Fertility Rate</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNCT</td>
<td>UN Country Team</td>
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<td>UNDAF</td>
<td>UN Development Assistance Framework</td>
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<td>United Nations Development Programme</td>
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<td>United Nations Population Fund</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>VDCs</td>
<td>Village Development Committees</td>
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<td>WB</td>
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<td>WHO</td>
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EXECUTIVE SUMMARY

Introduction

1. The United Nations Population Fund (UNFPA) has, under the 5th UNFPA-Supported Country Programme (CP) 2002-2006, made resources available to the Government of The Gambia to address pressing population issues. Overall US$2.96 million of regular resources were allocated for the program during 5-year cycle.

2. The 5th CP was implemented countrywide and has three sub-programme components, namely: Reproductive Health (RH), Population and Development Strategies (PDS), and Advocacy. The Goal of the CP is to contribute to the improvement of the quality of life and standard of living of the Gambian population. The intervention of 5th CP included such areas as availability of quality and gender sensitive RH information and services, youth-friendly RH information and services, RH monitoring and evaluation system. The CP also included helping the implementation of the National Population Policy, coordination of interventions on population matters, gender disparities and insufficient mainstreaming of gender in development programs, as well as promotion of human rights including reproductive rights, gender equity and equality. Other key components of the CP were reinforcement of capacity of institutions, and civil society organizations working on RH rights, enrolment and retention of pupils especially girls in secondary schools and creation of enabling environment for RH rights.

Scope, Methodology and Approach

3. The aim of the CPE was to evaluate CP performance in terms of relevance, effectiveness and sustainability; its achievement of goals, objectives, and outputs. The CPE included desk review of documents, key informant interviews, and site visits. Information and data gathered was analyzed on the basis of the CP’s Logical Framework. The evaluation findings were analyzed and synthesized into a number of statements, and detailed evaluation conclusions. Based on the evaluations, conclusions were drawn, and recommendations formulated to help improve the UNFPA supported CP 6 focus and strategies and serve as reference material for the next CP, and to account for results achieved.

Key findings and recommendations

4. Major partnerships: The Gambia has long valued partnerships with multilateral and bilateral donors, local and international development partners. Among international donors are UN agencies, The World Bank (WB) and its related agencies such as the (IMF), the Department for International Development (DFID) of the UK, the government of Republic of China (Taiwan), AWARE-RH, based in Ghana, and United States Agency for International Development (USAID). Though UNFPA developed a resource mobilization plan late into CP 5, it is yet to become functional, thus creating the need for additional efforts to develop an effective resource mobilization strategic plan.

5. Government counterpart contribution: The Gambia government demonstrated its strong and continued commitment to the partnership with UNFPA and other development partners, and has made significant contributions to various population projects, including resource mobilization, constantly increasing government financial contribution to UNFPA resources, as well as providing support for project staff and offices.
6. **UNFPA/NGO and Civil Society Partnership:** The UNFPA has built fruitful partnerships with non-governmental organizations (NGOs), and civil society organizations (CSOs) during CP 5. This partnership contributed to NGOs and CSOs capacity-building and resulted in reaching through their networks beneficiaries at various levels. Such collaboration and partnership with NGOs, CSOs and faith-based organizations should be continued and enhanced. However, assessment of NGOs in terms their capacity and efficiency must be undertaken and evaluation of the impact of their activities must be conducted in order to ensure involvement or the most effective NGOs in the Programme.

7. **UNFPA/UN Country Team Partnership:** The UNFPA is an important member of the UN Country Team in The Gambia, and within the framework of the UNDAF, is a member of the Resident Coordinator System in the country. The UN system is contributing to the national response through the UNAIDS Theme Group and technical working group. However, more active coordination and cooperation within UNDAF is required for more effective interventions.

8. **The 5th CP** has achieved overall satisfactory results in achieving most of its objectives during the period under review, although there were some shortfalls in targets and indicators established in the CP’s Logical Framework.

9. **Strategies:** Most of the strategies to achieve the results identified under the CP were appropriate and adequate, but some were not really realistic and/or not revised to keep up with changes that occurred during the implementation of the CP.

10. **Political and legislative environment:** UNFPA has achieved significant advances in support to the Government in enhancing the political and legislative environment, with numerous programs aiming to improve reproductive health, family planning, and the overall demographic situation of The Gambia. However high attrition rate and insecure situation within the Government contribute negatively to the sustainability of efforts. Measures to decrease level of attrition should be implemented.

11. **The National Execution (NEX) modalities** were used to implement the program in collaboration with relevant Departments of State, local NGOs, research institutions and civil society organizations. This has helped increase national capacity, as well as national ownership and sustainability of the CP. However, NEX modality should be revised with a view to increasing the motivation project staff.

12. **The Integrated Reproductive Health** approach contributed to increasing the number of service delivery points, expanded services countrywide, and enhanced RH commodity security. In addition, the shift toward health services at the community level, the on-going training and providing essential equipment/supplies significantly helped increase the number of qualified and skilled personnel at the health centers.

13. **Maternal Mortality** remains one of the biggest concerns in The Gambia. Focusing on constant upgrading of skills of health service providers at community level as well as improving services in existing health centers are among major components reducing maternal mortality and must be recognized as one of the priority for future interventions. Decreasing the high maternal mortality ratio should be given the priority in the next CP and holistic approach must be developed.

14. **The contraceptive commodity security** was ensured through UNFPA procurement of contraceptives. Thematic Trust Fund, created within the CP has mobilized some resources from Government for procurement of contraceptives, but the government is still highly dependent on UNFPA in this aspect.
15. The reproductive health database has been considerably improved, but is not functional nationwide. In the same vein, Health Information System remains weak and its improvement will require a coordinated effort by several agencies.

16. There is no youth-friendly reproductive health service available in the country in the governmental health centers. Support for creating and developing of Youth Centers proved to be an effective way of involving youth in RH, gender IEC and advocacy activities, and peer education. The Youth Centers should therefore be prioritized and scaled up. In addition, a consistent and comprehensive plan to introduce youth-friendly RH service should be developed and implemented.

17. National Population and Housing Census (NPHC) was successfully conducted in 2003. Thus, the availability and accessibility at all levels (national, sub-national) of sex-disaggregated data derived from NPHC promotes integration of gender concerns in the formulation of development programs. However the results of Census are yet to be published and disseminated.

18. The institutionalization of population and family life education (POP/FLE) in the formal and non-formal education systems was achieved nationwide, although POP/FLE is yet to be examinable as a subject.

19. Advocacy/IEC: Lack of an overall coordinating strategy in national Advocacy/IEC efforts resulted in duplication of efforts and fragmentation of activities. A challenge is to design approaches that are easy to implement and monitor. Research on the impact of IEC/advocacy activities must be strengthened.

20. Violence against women and elimination of harmful traditional practices as well as male involvement requires better, wider and more strategic coverage. There is a strong focus on gender issues in several of the evaluated programs. However, there is a need to expand gender interventions at all levels.

21. Sustainability: There is a general lack of strategic, long-term sustainability. Only a few programs have been successful in securing short-term sustainability by institutionalizing their program output, providing effective feedback to national policy-makers or elaborating on exit and mainstream strategies.

22. Management, monitoring and evaluation of country projects need to be improved. A challenge is to develop simple, practical training that will actually improve RH, PDS and advocacy management. Monitoring and evaluation of interventions should be supported by a comprehensive database of relevant indicators. Coordination and communication within the CP should be reviewed and strengthened.

23. Logframe: Lack of adequately defined aims, questionable logic of chain results, lack of attention to risks and assumptions, as well as not measurable, collectable and practical OVI's resulted in difficulties of effective utilization of the CP Logframe during planning and implementation.

24. Synergy: UNFPA has been effective in addressing RH, being a leading agency, as RH is a key area not really addressed by other agencies. Significant efforts were undertaken to build synergies between PDS and RH in the CP5, but there is a need to strengthen the synergy in the next programme.

25. Resource management: From the allocated US$2.96 million of regular resources approved for the 5th CP US$2.95 million of funds were utilized, where US$1.20 million utilized by PDS, US$1.20 million by RH and US$ 0.3 million by Advocacy Sub-Programme. The utilization of the CP resources was quite effective according to progress/achievements made.
1. INTRODUCTION

1.1. Background and Context of the End of Programme Evaluation

1. In response to the challenges posed by population issues to the socio-economic development of The Gambia, the United Nations Population Fund (UNFPA) has, under the 5th UNFPA Supported Country Programme (CP) 2002-2006, made resources available to the Government of The Gambia to address pressing population-related issues. The design of the Country Programme was based on the Common Country Assessment (CCA) exercise, United Nations Development Assistance Framework (UNDAF), the Second Strategy for Poverty Alleviation/Poverty Reduction Strategy Paper (SPA-II/PRSP), and recommendations contained in February 2000 Country Population Assessment (CPA), the national population policy, and the International Conference on Population and Development (ICPD) Plan of Action (PoA). The CP is countrywide and has three sub-programme components, namely: Reproductive Health (RH), Population and Development Strategies (PDS), and Advocacy. The Goal of the CP is to contribute to the improvement of the quality of life and standard of living of the Gambian population.

2. Implementation of the 5th CP started in August, instead of January, 2002, and is ending in December 2006. As part of the implementation arrangements, the requirements of the Results Based Management (RBM) approach to programming, and request of the Government of The Gambia and UNFPA, a Country Programme Evaluation (CPE) was carried out in August - September 2006. A Steering Committee was formed to oversee the evaluation process, and identify the main aspects of CPE. The Steering Committee developed the Terms of Reference (TOR) for the CPE, and oversaw and monitored the progress of the evaluation. Toward this end, the Steering Committee held meetings, and a validation workshop to assess progress of the CPE report and to finalize the document.

3. The aim of the CPE was to evaluate CP performance in terms of relevance, effectiveness and sustainability; as well as the achievement of its goals, objectives, and outputs. The CPE was to use baseline and end line data, wherever available. The CPE also evaluated the validity of the design of the CP with reference to the logical framework, the internal/external factors that affected implementation of the CP, efficiency of resource use, synergies within the CP, as well as constraints and challenges that affected the performance, appropriateness and adequacy of execution modalities. Finally, the CPE aimed at identifying any lessons learned with a view to helping improve the next and subsequent CPs.

4. The three areas of CP, namely, Reproductive Health/Sexual Health/Family Planning, Population and Development Strategies and Advocacy were assessed through an in-depth evaluation. In addition, assessment of The Gambia national situation (particularly those aspects relevant to the CP implementation), collaboration with major partners (donors, United Nations (UN) organizations, Non-governmental Organizations (NGOs), civil society, private sector, evaluation of the performance of CP (including management issues and resource mobilization and utilization) was undertaken. Based on it’s findings and conclusions, recommendations are generated, aiming primarily to help improve the UNFPA supported CP 6 focus and strategies and serve as reference material for the next CP, and to account for results achieved.

5. The CPE findings can serve the needs of different end-users. For example, findings related to the delivery process and progress towards achieving aims will help Government of The Gambia and UNFPA, as well as other implementing agencies, to choose more effective implementation strategies. On the other hand, findings related to
effectiveness, impact and sustainability will enable decision-makers who oversee programmes such as policy makers, senior managers and donors to decide whether to continue, modify, or discontinue some components of the CP. Good practices and lessons learned, highlighted in the CPE, will be helpful for those engaged in overall policy and programme design, as well as other relevant organization, such as NGOs, civil society, and donors working in the similar areas.

2. METHODOLOGY AND APPROACH

6. The CPE was conducted by a two-person team of consultants consisting of an international consultant, and a national consultant. Earlier in the evaluation, the first national consultant resigned from the assignment, and was replaced by a second national consultant who worked with the international consultant to complete the evaluation.

7. The tasks conducted during the evaluation can be broadly classified into three: desk review of documents, key informant interviews, and site visits. The desk review of relevant documents was the first part of the exercises, following consultations with the Steering Committee, and finalization of the TOR of the consultancy. Information and data was obtained through detailed review and content analysis of available relevant documentation provided by UNFPA and implementing partners. The analysis included overview of objectives, design and logistics, as well an assessment of whether sufficient data is available on outputs and outcomes to ascertain effectiveness and sustainability of programme interventions.

8. The second step in the CPE was the interview of key informants at the UNFPA Country Office (CO), as well as programme and project staff. In addition, donors, government officials and NGOs from executing institutions/agencies, main stakeholders and beneficiaries at different levels were interviewed. An evaluation framework (Annex 2) was developed for use as a guide for the meetings and interviews.

9. Site visits were also a key activity of the CPE. Thus, the consultants embarked on field visits to the provinces to meet with Divisional Health Teams (DHTs), Population Task Force Teams (PTFs), community groups, staff of Health Centers, and managers of Youth Centers. A list of sites visited and people met is shown Annex 3.

10. Information and data gathered was analyzed on the basis of the CP’s Logical Framework (logframe). After that, the consultants prepared report, which includes an analysis of the chain of intervention results, as well as an assessment of the effectiveness and relevance of strategies employed. The whole CP was then assessed to identify synergies in strategies to achieve the same purposes and outputs. The analysis considered effectiveness/impact, capacity building and sustainability, purposes achieved, what strategies lead to what outputs, as well as risks to achieving results, how they were addressed, and the likelihood of results leading to expected outcomes. The assessment of whether interventions implemented are likely to have developed national capacities was also undertaken. The evaluation findings were analyzed and synthesized into a number of statements, and detailed evaluation conclusions. Based on the evaluations, conclusion were drawn, and recommendations formulated for Government, UNFPA; and for both of them.

3. NATIONAL CONTEXT

11. The Gambia is the smallest country in Africa with an area of about 11,000 Km². It is located in West Africa, and bordered by Senegal on all sides, except the Atlantic coast.
on the West. The Gambia river, which runs through the middle and entire length of the country, drains the entire country, and significant parts of Senegal, Guinea Bissau, and the Republic of Guinea. According to the 2003 National Population Census the population of the country has significantly increased over the last ten years from 1.0 million in 1993 to 1.3 million in 2003, even though the annual population growth rate fell from 4.2% to 2.8% during the same period. Notwithstanding the decline in the annual population growth rate, national socio-economic development plans could be jeopardized by the increase in the population density, from 97 to 128 persons per square kilometer during the same period, and hence the potential for pressure on existing social services. Demographic changes and urbanization have resulted in approximately 55% of the Gambian population residing in the Greater Banjul Area (GBA), which comprises 17% of the national territory.

12. The NHPS was conducted by the Central Statistics Department (now called the Gambia Bureau of Statistics – GBOS) in 2003, and preliminary results have been released. In addition, the Summary of Population Census (Atlas) has been produced, and it provides important population data.

13. The economic situation during the period of 2002-2006 was quite unstable, and was significantly affected by drought in 2002, resulting in poor agricultural performance and lower government revenues. Preliminary results from the 2003 NHPS show an increase in poverty. However Government has, between 2003 and now, reduced the proportion of recurrent budget spending on basic social services (including education and the health sectors), thus adversely affecting the poor. According to the NHPS, the proportion of the poor has declined from 69% in 1998 to 62% in 2003. Although the Poverty Reduction Strategy Paper (PRSP), commonly called the second Strategy for Poverty Alleviation (SPA II), was finalized and implemented between 2003 and 2005, many of the outcomes envisaged have not been accomplished. The slow implementation of the PRSP can be attributed to a variety of factors, including low absorptive capacity of government, suspension of the Poverty Reduction and Growth Facility (PRGF), and Highly Indebted Poor Countries (HIPC) agreements by the International Monetary Fund (IMF) in 2003, and high levels of domestic debt.

14. The second PRSP (SPA III) is in the final stage of formulation, and is supposed to be implemented between 2007 and 2011. SPA III is oriented towards attainment of the MDGs, while focusing on emerging issues noted during the implementation of its predecessor (SPA II). Among these issues are the declining purchasing power of the poor, rising urban poverty, and high rates of youth unemployment. In the 2005 Human Development Report, the Human Development Index (HDI) of The Gambia was ranked 155 out of 177 (in 2000 the rank was 161 out of 174, and it further declined in 2003 to 151 out of 177).

15. Government has committed to reporting on progress in attaining the Millennium Development Goal (MDGs) at both national and Divisional levels. The Gambia submitted its first Millennium Development Report to the United Nations in 2003. According to the 2003 MDG Report, Government expects to reduce the maternal mortality ratio from 730 in 2001 to 262 per 100,000 live births by 2015 and to increase the proportion of births attended by skilled health personnel from 55% to 90% during the same period. Based on the MDG Report, Goals 2 (achieve universal primary education), 6 (combat HIV/AIDS, malaria and other diseases), and 7 (ensure environmental sustainability) have already been met, or are likely to be met. On the other hand, Goals 1 (eradicate extreme poverty and hunger), 4 (reduce child mortality), 5 (improve maternal health), and 8 (develop a global partnership for development) are unlikely to be met under current trends. These trends are disturbing, given the statement by President of The Republic of The Gambia at the high-level Plenary Meeting of the General Assembly of United Nations in New York in September 2005, which
emphasized that government of The Gambia “recognizes that universal access to sexual and reproductive health and the protection of reproductive rights are critical in achieving the MDGs.”

16. In the administrative area the Local Government Act was enacted in 2002 providing the legal and administrative framework needed to support Area Councils and Municipalities in responding to the needs of their respective communities as part of the ongoing decentralization process. In addition, the Local Government Finance and Audit Bill opens the way for Local Councils to acquire greater autonomy in decision-making, management of human resources, and financing and delivery of public services in the areas of Health, Population and Social Welfare. A sub-national Sector Wide Approach (SWAP), in the form of Divisional Development Funds (DDF), serve as repository for resources from donors, Central Government and locally generated revenues. These developments can facilitate the effective coordination and management of population-related activities at the Divisional and municipal levels.

17. In response to new and emerging issues of concern to Government such as HIV/AIDS, ageing, food security, poverty alleviation, environmental degradation, avian flu, adolescent reproductive health, disability, population and the law, the 1996 National Population Policy was revised in 2006 to address these issues. In addition, the Gambia’s development blueprint, Vision 2020, is being operationalized through the formulation of a Five-Year Medium-Term Plan (MTP) that would coincide with the implementation of the Five-Year (2002-2006) Reproductive Health Policy and Strategic Plan.

18. The MTP includes key elements of reproductive health: the need to increase access to RH services, particularly for poorly served communities; ensuring an effective and efficient referral system; and putting in place of a system of standards and norms for health facilities. The revised National Population Policy could inform the preparation of the next Country Programme and it is expected that resources mobilized for the implementation of the MTP could complement UNFPA’s efforts to close future funding gaps.

19. According to the 2001 National Survey on Maternal, Perinatal, Neonatal, Infant and Child Mortality and Contraceptive Prevalence (NSMPNICMCP) over 260 maternal deaths were recorded in the report. Half of the maternal deaths occurred between the ages of 20 and 34 years, although a significant 30% were below 20 years of age. The maternal mortality ratio (MMR) was found to be 730 maternal deaths per 100,000 live births. This varied from 980 per 100,000 in Primary Health Care (PHC) villages to 871 per 100,000 in non-PHC villages and 495 per 100,000 in urban areas. This indicates that the MMR in rural areas is nearly twice as high as the already high ratios in urban areas.

20. There is no up-to-date data on MMR, although factors contributing to this indicator are alarming. Among these are a high fertility rate of 5.4 per woman of childbearing age (according to the 2003 Census), early age (17 years) at first pregnancy, frequent pregnancies and poor quality of antenatal and comprehensive Emergency Obstetric Care (EOC) services, poor referral systems, low female literacy level, low status of women, and attitudinal barriers to health care services.

21. The poor quality of obstetric care is one of the major causes of maternal deaths, and is manifested by inadequate number of appropriately trained doctors and midwives in health facilities (skilled personnel attend to only 54 per cent of women during delivery (CCF 2005)), inadequate essential obstetric equipment, chronic shortage of basic supplies, and the non-functioning of some operating theatres in major health centres. The high unmet need for Emergency Obstetric Services of 79% (CCA 2005) and access
to these services especially at the community level are constrained by poor functioning EOC system, both basic and comprehensive, but especially comprehensive, including ill-equipped and inadequately staffed facilities.

22. Harmful traditional practices such as Female Genital Cutting (FGC), and early marriages are still prevalent and can contribute to the poor health of women and children. There have been attempts to operationalize major health centers to provide emergency obstetric care, but according to the recent *EOC study (2004)*, only a few are presently operational. The recently adopted *National Road Map For The Reduction of Maternal and Neonatal Mortality* addresses some aspects of maternal and new born care.

23. The *contraceptive prevalence rate (CPR)* is still very low in spite of the relatively widespread knowledge about family planning methods. According to the *2001 NSMPNICMCP* the percentage of married women who are currently using a method of family planning is estimated at 17.5%. Three quarters of the current users are using a modern method. There is clearly an unmet need for family planning, with contraceptive uptake estimated at 30%. The low contraceptive uptake is mainly attributed to inadequate access to quality services and socio-cultural-religious barriers. However, a national study in 2001/02 indicated that 21.4% of young people aged 15-19 are currently using condoms.

24. The *National Youth Policy* was adopted in 1999 and reviewed recently, but it does not adequately address the reproductive health needs of adolescent and youth. There is no available data on condom use among young people, but an adolescent study indicated high cost and non-youth friendly environment of services as factors limiting access of young people to condoms. The low awareness among young people about Reproductive Health (RH) issues coupled with their limited access to youth friendly RH services expose them, especially young girls, to Sexually Transmitted Infections (STIs) including HIV/AIDS and unwanted pregnancy.

25. According to National Sentinel Surveillance System 2005 (NSSS) *HIV-1 prevalence* decreased from 1.2% in 2000/01 to 1.1% in 2005, and *HIV-2 prevalence* rates have essentially stabilized at 0.7% during the same period. Government plans to reduce the HIV-1 prevalence rate from 1.2% in 2000 to <1% in 2015 and its future development assistance priority requirement consist in supporting provision of Anti-Retroviral for people living with HIV/AIDS; strengthening the monitoring and evaluation of HIV/AIDS programmes and activities; and capacity-building to enhance the multi-sectoral approach to combating HIV/AIDS, including prevention and control. There is concern that youth unemployment and migration could lead to an increase in the epidemic.

26. A national HIV/AIDS Strategic Framework for the period 2003 to 2008 has been finalized. The overall goal of the plan is to stabilize and reduce the prevalence of HIV/AIDS, and provide treatment, care and support to people living with HIV/AIDS (PLWHA). In addition, there is a policy framework for the prevention of mother to child transmission of HIV/AIDS. Various guidelines and protocols have also been developed such as national guidelines for Community Home Based Care (CHBC). The National AIDS Council, and National AIDS Secretariat were established under the office of the President. They are responsible for planning, coordinating and monitoring the national response to HIV/AIDS. The 3 by 5 Initiative to accelerate access to Anti retroviral therapy (ARVs) by the year 2005 is also currently being implemented.

27. According to the 2003 Census, women constitute 51% of the population. In spite of their significant contributions to the national economy, women constitute the majority of the poor and extremely poor in the country, and their status remains generally low, compared to men, as they face large family size, high dependency and limited access to resources and social services. Significant efforts have been made over the last decade to create an enabling legal and institutional environment for women. Thus, a National...
Policy for the Advancement of Women was formulated in 1999. and the publication of the combined Initial, Second and Third Progress Report of The Gambia on the Convention for the Elimination of Discrimination Against Women (CEDAW) revealed progress made to empower Gambian women. The comments emanating from the review of the document by the Committee on CEDAW in Geneva could prove useful for programme purposes and therefore needs to be closely monitored. At the same time, the enactment of the 2003 Children’s Bill aimed at harmonizing domestic laws with the provisions of the Convention on the Rights of the Child (CRC) provides a unique opportunity to intensify policy dialogue that could accelerate a similar process with respect to the CEDAW.

28. The government has also initiated gender sensitive policies supported by important institutional developments such as Women’s Legislator Caucus, National Women’s Bureau and Council, and has promoted the development of women’s facilities. However, structures (such as gender focal points) for monitoring implementation of the relevant gender policies are still weak. The recent ratification of African Union (AU) Protocol on Women rights contributes to the developing towards government resolve to uplift the status of Gambian women.

29. There has been a most encouraging trend in girl’s education, and The Gambia has reached the gender parity index (GPI) target at primary level in 2005 with a GPI of 0.99; up from 0.74 in 1996. Nevertheless, although the enrolment of girls in primary education has increased, most do not move up the ladder to obtain secondary education. The female literacy rate amongst 15-24 year olds nationally stands at 37.1% compared to 58.4% for males, with wider disparities at divisional level. Although the enrolment ratio of girls is increasing at all levels of the education delivery system and is supported by pro-gender equity programmes from Government and development partners, the gender disparity in access to socio-economic participation and access to opportunities still remains significant. However, some substantial improvements have been achieved in the public sector in the form of the appointment of women to high profile jobs, such as the position of the Vice President, Secretaries of State, Heads of Department and Heads of Public Corporations. In the private sector however, there are very few women with high profile positions except in the banking sector, although several are found at the top and middle management levels.

30. Though The Gambia has achieved significant improvements in gross enrollment rate (GER) over the past decade (1994 – 2004), particularly girls’ enrolment in primary education, the sector’s capacity to achieve PRSP targets is severely restricted by, poor delivery of quality education, management, high attrition rates of personnel and mounting costs of education for the poor. Expenditures on education relative to the GDP declined from 4.3% of the GDP to less than 3%. Because of rising debt commitments, the share of the budget for education as a percentage of total recurrent funds has fallen from 17.1% in 1999 to 9.7% in 2004. However access to basic social services such as health and education has improved considerably (70% for primary health care and 73% for basic education), although the quality of these services has been undermined by insufficient allocation of resources to these sectors. The vulnerable and the underserved, notably the rural women and youth, the urban poor and refugees are primarily affected.

31. The National Information Education and Communication/Behavioural Change Communication (IEC/BCC) Strategic Framework was developed in 2004, but due to inadequate capacity and, partially, shift in governmental priorities, it was not finalized by the time of CPE. However, the process of finalization was re-activated in August 2006, and it is expected that the final stage will be completed by the end of the year.
4. MAJOR PARTNERSHIPS

4.1. Donor Assistance to Government

32. As a poor developing country, The Gambia has long valued initiating and developing partnerships with multilateral and bilateral donors, as well as with development partners - both local and international. Thus, a Donor Roundtable conference in 2002 to raise funds for the PRSP resulted in a commitment of $115 million, even though not all that was pledged has been disbursed.

33. In the same vein, the UN Country Team (UNCT) has just concluded a UN Development Assistance Framework (UNDAF) for the period 2002-2006, which will be followed by the 2007-2011 UNDAF budgeted at $48 million. While the 2002-2006 UNDAF focused on four areas (governance, poverty, economic management, and environment and natural resources), the 2007-2011 UNDAF will have three priority areas:
   i) Poverty reduction and social protection
   ii) Basic social services, and
   iii) Governance and human rights

34. The World Bank (WB) and its related agencies such as the International Monetary Fund (IMF), have all provided significant development assistance to The Gambia. The World Bank, for example, funded the $15 million HIV/AIDS Rapid Response Project (HARRP), and the $18m million Participatory Health, Population and Nutrition Project (PHPNP), to name a few. The HARRP is being implemented in the context of the World Bank Multi-Country HIV/AIDs Program for the Africa, and is aimed at helping The Gambia Government stem the rapid growth of HIV/AIDs. The PHPNP, on the other hand was aimed at improving the quality of reproductive health services, infant and child health services, as well as nutrition services for infants, children, and women of childbearing age. In addition, the PHPNP was intended to improve the management and implementation of a family health program.

35. To increase the sources of data collection, the Central Statistics Department (CSD) created its own Website with UNICEF support and all research work carried out in the country since the 90s was catalogued. To strengthen the capacity of the CSD to generate gender-sensitive data and information, a Gender Unit also funded by UNICEF has been created and data are being systematically disaggregated by sex. Also with UNICEF support, the 1972 Statistical Act has been revised to facilitate the coordination of research and other population-related activities in the country.

36. The Gambia has also benefited from assistance from bilateral donor agencies such as the Department for International Development (DFID) of the UK, and from Taiwan. Another partner AWARE-RH, based in Ghana, and United States Assistance for International Development (USAID) provided assistance in the area of contraceptives logistics and management. Despite this assistance, there are a number of problems such as the lack of a resource mobilization plan by the government, even though UNFPA developed one late into CP 5.

37. In the same vein, UN agencies in The Gambia have also strongly supported the development agenda of The Gambia, especially in the health sector. Thus, both the United Nations Development Programme (UNDP) and UNFPA have provided assistance in the fight against HIV/AIDS, in reproductive health services, and in building capacity for health care delivery. In this regard, mention must be made of the various UNFPA
interventions during CP 5, which had a budget of $4.3 million. As detailed in this review, these interventions have greatly helped improve the quality of reproductive health services, increase national capacity in population and development, reduce gender disparities, and generally, improved the quality of life in The Gambia.

38. As part of South-South cooperation UNFPA supports government membership to PRTNER – an inter-governmental organization formed after the ICPD conference in Cairo to whose objectives is to collaborate in the implementation of the ICPD Plan of Action through experience/knowledge-sharing and capacity-building for its members. UNFPA funded a study tour for the Director of Population affairs to Ghana and Kenya in 2005 with the objective to share experiences in implementing post ICPD policies and programmes and to acquire skills and techniques of implementing, monitoring and coordinating population activities.

39. There is no doubt these and other interventions by the World Bank and other development agencies have had significant impact on reproductive health and other issues under the mandate of UNFPA in The Gambia, and in particular, the thrust of its CP 5. This has certainly created a lot of synergies, helped strengthen the spirit of partnership not only between UNFPA and other development agencies, but also between UNFPA and the Government of The Gambia.

4.2. Government Counterpart Contribution

40. The Gambia government has also made significant contributions to various population projects. Thus, government pooled funds from various sources such as the Government Local Fund, Highly Indebted Poor Countries (HIPIC) funds, and other projects to raise $0.56 million contributed to the cost of organizing the 2003 Population and Housing Census, according to the NPCS. Government counterpart contributions to CP 5 also included the salaries and benefits for project support staff, as well as providing them office space and furniture.

41. Furthermore, the NPCS through its advocacy activities succeeded in having 5-fold increase in the government contribution to UNFPA resources in the last 2 years (2005-2006) with a multi-year funding commitment up to 2011. NPCS has also successfully advocated for a budget line on Reproductive Health Commodity and for contraceptives to be part of the essential drug list. The NPCS has also advocated for extra budgetary support outside the CP5 for RH commodities, particularly contraceptives.

42. Another important example of government counterpart contribution is the support provided to the 2003 National Population and Housing Census. Thus, the NPCS established a resource mobilization committee for the 2003 Census, and the committee was able to mobilize 80% of the Census resources. Furthermore, a significant proportion of the resources mobilized was contributed by the private sector, and very much in line with the recommendations of the ICPD/IPOA.

43. The NPCS is also involved in not only implementing the Programme Management Project of CP5, but also in the coordination, facilitation, monitoring, evaluation, and advocacy aspects of the programme. Thus, the NPCS provides day to day advice and direction to programme implementation, including working closely, and on a daily basis with UNFPA and other donors. In addition, the NPCS coordinates and facilitates in collaboration with UNFPA, such annual events as the World Population Day Celebration, launching of the State of the World Population Report, as well as Joint monitoring treks, and planning meetings.

44. Other coordination activities of the NPCS include the coordination and facilitation of the operationalisation of the Sub-programme Coordinating Committee Meetings, conducting
meetings of Project Directors and Managers Forum to discuss project implementation, and revision of the National Population policy. The NPCS also helped the formulation of the IEC/BCC/Advocacy strategic framework in collaboration with the advocacy project, and supported the meetings of the National Planning Commission. Finally, the NPCS provided technical assistance and support to all research undertakings during CP5.

45. The above examples of government counterpart contributions are indicative of the strong and continued commitment of the Gambia government to the partnership with UNFPA and other development partners. In addition, the examples can certainly serve as best practices for implementing development partnerships for effective population policy development and implementation.

46. However making the population programme more sustainable would require going beyond the commitment to include significant government financial contribution for programme sustainability, i.e. such steps as creating a budget line in the National Expenditure Estimates and linking them to the NPCS annual budgeting.

4.3. UNFPA/NGO and Civil Society Partnerships

47. The UNFPA has also built partnerships with non-governmental organizations (NGOs), and civil society organizations (CSOs) during CP 5, in line with ICPD/POA in the area of reproductive health and advocacy. In particular, the UNFPA has partnered with the Gambia Family Planning Association (GFPA) in the implementation of the AYRH component projects of CP 5. Other NGOs that UNFPA partnered with include the Gambian Committee on Traditional Practices (GAMCOTRAP), African Network for Information and Action Against Drugs (RAID-The Gambia), the Federation of Women Educators/The Gambia (FAWEGAM), as well as Worldview International.

48. UNFPA has developed an effective partnership with NGOs and CBOs, contributing to their capacity building and reaching through their networks beneficiaries at very different levels. The partnership with NGOs and CBOs in The Gambia is based on a recognition by Government and Communities a vital role of these stakeholders in promoting RH issues using IEC, BCC and public information strategies that promote community mobilization and participation. NGOs and CBOs facilitated the institutionalisation of the reproductive health concept, especially reproductive rights and gender and were able to reach remote populations through community networks.

49. The UNFPA partnership with civil society included helping the establishment of a Network of Parliamentarians on Population and Development (with a secretariat at the National Assembly), the Network of Youth, and supporting the Network of Traditional Communicators. Faith-based organizations also play a crucial role in Gambian communities, and the importance of the involvement of the Committee on Islam, Population and Development, and the Committee on Christianity, Population and Development, and their sensitization cannot be underestimated. Support from faith-based organizations was achieved through a number of sensitization activities and by their involvement in the Programme implementation.

50. The substantial efforts to strengthen the capacity of national NGOs, CBOs, by training, involving them in the planning activities, provision of necessary tools and equipments, was jeopardized by insufficient monitoring and evaluation capacity. Also, while these partnership yielded valuable fruit (e.g. an awareness in the domain of population and the interrelationship between development and population dynamics), the funding constraints meant that only a few NGOs were funded from CP resources. Very limited efforts were made towards strengthening capacity of national institutions in the area of developing and assessment of IEC/BCC activities, especially in the area of researches,
pre-testing and post-evaluation of the impact. That hampering the assessment of their performance and impact.

4.4. UNFPA/UN Country Team Partnerships

51. The UNFPA is an important member of the UN Country Team in The Gambia, and within the framework of the UNDAF, is a member of the Resident Coordinator System in the country. The agency thus actively participates in UN Day Celebrations and Annual Retreats, and is adequately represented in meetings of heads of agencies, and other joint UN activities.

52. The UN system is contributing to the national response through the UNAIDS Theme Group and technical working group, and a partnership forum on HIV/AIDS has been established to foster collaboration among all stakeholders. Some UN agencies support agency specific programmes, where they have comparative advantage. People living with HIV/AIDS have established support groups and are being supported by government and UN. However, services to prevent mother to child transmission are limited, and even though the number of facilities providing anti-retroviral treatment has increased from three to six. The 3 by 5 Initiative, which is aimed at accelerating access to ARVs by the year 2005, is currently being implemented.

53. Though there was no proper coordination between agencies, especially within the 2002-2006 UNDAF during the period of CP5, it should be noted that interventions in the health area undertaken by various donors through such projects as HARRP and PHPNP by WB, training midwives on EOC, various WHO interventions (such as study on obstetric fistula, supporting developing of Road Map, strengthening EOC system) were still complementing each other and altogether contributed to the development process.

54. UNFPA also participates in all meetings of Thematic Groups on HIV/AIDS, health, gender, governance, and education. Furthermore, the agency is poised to take on important roles in the implementation of the 2007-2011 UNDAF, especially in the areas of reproductive health, and gender.

5. COUNTRY PROGRAMME PERFORMANCE

5.1. Relevance and Validity of Programme Design and Strategies

55. The 5th Country Programme was designed based on the CCA exercise, UNDAF strategic orientation, 2000 Country Programme Assessment (CPA) and 2000 Poverty Reduction Strategy Paper. The lessons learned from the Fourth Country Programme were also taken into consideration in the design of CP5. Representatives from key government institutions, NGOs, UN system, other donors and networks of legislators, youth and religious organizations networks were involved in drafting the Programme within Government-led workshop in order to ensure that the priorities of country needs, country policies and programmes are addressed adequately in the 5th CP. As a result, the CP was consistent with the Government’s overall objectives on population and development and the strategies implemented addressed the country’s priorities.

56. The Programme results were affected by the lack of multi-bilateral resources due to the limited number of funding institutions supporting population activities in The Gambia, as well as The Gambia’s economic difficulties and the decline in social spending, and on health in particular. Though Government set up an Aid Coordination Committee to provide opportunities for effective resource mobilization, the process of resource mobilization is not yet fully effective. Another negatively contributing factor was the lack of participation of key decision-makers and qualified personnel in the area of RH,
PDS and advocacy representatives from the Government during the process of CP5 formulation and design.

57. The National Execution (NEX) modalities were used to implement the programme in collaboration with relevant Departments of State, local NGOs, research institutions and civil society organizations. The modality succeeded in inculcating a sense of ownership of the Country Programme itself and was contributing to national capacity building efforts. However, the modality presented major constraints of limited capacity in project execution, implementation and management; difficult financial transactions due to structural and procedural problems of Government; and inadequate human resources in government counterpart and implementing agencies.

58. The UNDAF started its cycle in 2001 and though coordination and harmonization between UN agencies was not practically in place, UNFPA CP by implementing its 3 sub-programmes (Reproductive Health, Population and Development Strategies and Advocacy) contributed to some certain extent to the achievements of such goals/objectives of UNDAF 2002-2006, as reducing poverty, mainstreaming gender in all economic activities, ensuring that 65% of girls complete 9 Years Basic Education, increasing GER for girls from 65% to 80%, improving access to quality health care, reducing MMR by 10%, reducing population growth rate from 4.2% per annum to 3% per annum, increasing employment opportunities for women and youth, controlling the spread of HIV/AIDS and providing care for those affected, protecting children and adolescent in special needs, and protecting women against violence and discrimination.

59. The Reproductive Health Sub-Programme (RH SP) was aimed to help to increase availability of quality and gender sensitive RH information and services by improving RH/FP/SH information and services for men and women, enhancing Youth-Friendly RH information and Services and improving RH monitoring and evaluation system. In comparison with the previous, 4th CP, strategies identified under the Reproductive Health sub-programme shifted considerably from the maternal child health to the promotion of the reproductive health approach and strengthened the capacity of national institutions for the provision of reproductive health information, services and commodities.

60. The strategy also included strengthening capacity of the Department of State for Youth and Sport (DoSYS) and relevant NGOs to implement RH information and counselling programmes for youth with the component of promotion of male responsibility in sexual and reproductive health. Such strategies have facilitated the integration of adolescent reproductive health services into existing health centers and NGO health facilities though addressed needs of the country but were designed with underestimation of insufficient collaboration and weak coordination between DoSYS and Department of State for Health, which unfavorably affected achievement of these components. It should be noted that although strategies to achieve the results identified under RH SP were appropriate and adequate, they were sometimes not realistic, and were not revised to reflect the changes in the country and, in particular, the Programme situation. As a result, the relevance and validity of strategies identified in the beginning of the Programme were partially compromised by the end of Programme implementation. The strategies most affected were the “Integrating adolescent sexual and reproductive health services into existing health facilities” and “Strengthening existing HMIS” strategies

61. Overall, the strategies of the RH Sub-Programme were consistent with the ICPD+5; ICPD+10; SPA-II/PRSP; National Youth Policy and Plan; the Essential Health Care Package approach of the 2001 Health Policy Framework (Changing for Good). The strategies of the Sub-Programme address MDG 5 (Improve maternal health) and MDG 6
(Combat HIV/AIDS, malaria and other diseases as well as the UN Declaration and Plan of Action on ‘A World Fit for Children’.

62. The **Population and Development Strategies (PDS)** sub-programme of the CP was aimed at helping the implementation of the national Population Policy by addressing a number of issues such as the lack of reliable and current data that is gender- and locality-disaggregated. Other issues that were to be addressed include the inadequate coordination of interventions on population matters, the persistence of gender disparities, and insufficient mainstreaming of gender in development programs.

63. The PDS sub-programme had four outputs, including increased availability of gender-disaggregated data at national and district levels, strengthening of the management of the population program, and institutionalization of population and family life education (POP/FLE) in the formal and non-formal education systems. The fourth output of the PDS sub-programme was the mainstreaming of gender issues in programme formulation and management.

64. The strategies to achieve CP 5 goal of improving the quality of life, and raising the standard of living of Gambians through the PDS sub-programme included conducting a country-wide population and housing census in 2003, inclusion of POP/FLE in schools, mainstreaming of gender in development programs, and a decentralization of population management.

65. Based on the outcomes of the implementation of the PDS sub-program, the above strategies were by and large successful. Thus, the national census was successfully conducted in 2003, and POP/FLE was mainstreamed nationwide in the Gambian educational system. However, the results of the census are yet to be published and disseminated, the POP/FLE subject is still to become examinable. The coordination and monitoring of interventions within PDS SP remains weak, partially due to the fact, that decentralization of population management to Division and Municipality levels is yet to be full and effective, mainly because of resource constraints.

66. The purpose identified under the **Advocacy Sub-Programme** (A SP) was "To contribute to the promotion of human rights including reproductive rights taking into account gender equity and equality". It was designed to be achieved through 3 outputs, such as 1) reinforced capacity of Institutions, NGOs, civil society working in the field of RH rights including violence against women and FGC; 2) increased enrolment and retention of pupils especially girls in secondary schools and 3) create an enabling environment for RH rights.

67. The main strategies of the sub-programme included: (a) the systematic and widespread use of modern and traditional media; and (b) the continuous involvement of key opinion leaders, such as political, religious and community leaders, in promoting reproductive rights and the education of girls. The strategies are in effect consistent with the ICPD+5; ICPD+10; SPA-II/PRSP; the Essential Health Care Package approach of the 2001 Health Policy Framework (Changing for Good) relating to community participation, and address as well the UN Declaration and Plan of Action on ‘A World Fit for Children’.

68. The strategies to achieve the purpose of the Advocacy SP addressed needs of the country, but did not address the main difficulty in National Advocacy/ IEC efforts such as lack of an overall coordinating strategy resulting in duplication of efforts and fragmentation of activities by different sectors. Attempts were made to address these through the formulation of a National IEC/BCC Strategic Framework but due to inadequate capacity, it came to the finalization stage only at the end of CP5. The strategies of the SP also did not address such aspect as male involvement in RH issues, early marriage, violence against women, and Female Genital Cutting (FGC) adequately
to the importance of those issues. Though these aspects were mentioned as outputs of the SP and some interventions were implemented, the design of the activities strategies implemented did not address those issues specifically enough.

69. The advocacy strategies underestimated the effects of such factors as non-enforcement of laws on RH rights, legality of customary laws, which are not clearly defined and are not in line with international laws on human rights. With the recently allocated additional funds, an inventory of all laws that mitigate RH rights is planned, with a view to advocating harmonization. The level and sustainability of achievements of the SP were significantly influenced and impeded by those factors. Given that a very small proportion of the population have access to modern media resources, such strategies as wide use and involvement of community based communicators were very successful. Continuous involvement of key opinion leaders, such as political, religious and community leaders in promoting reproductive rights and education of girls, had a huge impact in terms of getting support from their sides and, therefore, were indeed relevant and consistent with the country cultural and traditional peculiarities.

5.2. Progress towards Project Objectives and Programme Outcomes:

70. As it was mentioned before, the trends in indicators related to ICPD goals and indicated as Objectively Verified Indicators (OVIs) for the 5th CP Goal have been mixed: proportion of the poor has risen from 69 per cent in 1998 to 62% per cent in 2003; access to basic social services such as Health and Education has improved considerably (70% for primary health care and 83% for basic education); Maternal Mortality Ratio has been on the decline in the past, though recent data indicate that it is now on the rise. As the last Survey on maternal mortality was conducted in 2001, it is difficult to assess the progress of this indicator. The 2003 Census revealed a significant increase in the country’s population over the last ten years from 1.0 million in 1993 to 1.4 million in 2003, although the annual population growth rate fell from 4.2% to 2.8% during the same period.

5.3. Reproductive Health:

71. The activities identified to achieve output 1 and output 3 were executed by Department of State for Health (DoSH) and implemented by RCH Unit of the Medical and Health Department with UNFPA as a co-executing agency. Activities identified to achieve output 2 were executed by DoSYS and implemented by National Youth Council.

National Capacity Building and Gender Mainstreaming Efforts

72. National capacity building was achieved through different mechanisms under RH SP. The capacity was strengthened by the support, provided to formulation and operationalization of a National Reproductive Health Policy and a Reproductive Health IEC Strategy and Plan targeting the entire population (the Policy together with Service Guidelines was operationalized through a Five-Year Strategic Plan), developing Maternal Death Review Tools and Guidelines, revision of RCH Training Manual, developing Training Manual on Contraceptive Logistic Management, though there is still need to strengthen capacity in terms of budgeting, implementing, monitoring and evaluating of the above-listed.

73. Implementation of the RH SP was done in close co-operation with the Country Office with technical backstopping by Country Support Team (CST) advisers located in Dakar, Senegal. According to the technical backstopping plans CST specialists periodically visited The Gambia to support the RH SP. Timely technical backstopping is of critical importance for successful implementation of the Country Programme, and the level of programme technical backstopping was acceptable but uneven and often delayed. As a
result, inadequate coverage provided in some areas, such as utilizing RH database, including contraceptives logistic management, was not done to the degree needed by the Government. A situational analysis was conducted on contraceptive logistics, and a protocols and a manual were developed, but due to high turnover of programme staff the effectiveness of technical assistance has reduced, as training had to be repeated for new staff recruited to replace the departed, which was not done. The concern of insufficient number of English-speaking CST consultants was also raised during the Evaluation which is seen as one of the constraints in getting technical backstopping timely and efficiently.

74. Implementing agencies’ capacity was strengthened by providing short-term training for project support staff and technical assistance, by involving national stakeholders in the design of RH SP components and work plans, by training of project managers on project management, M&E, training on the integration of Islam in reproductive Health and Population and HIV/AIDS in the development process. However the capacity gap at the managerial level was not addressed by the adequate training. Consistent with the ongoing process of government decentralization and the healthcare reform shift towards health services at the community level, UNFPA also contributes to strengthening capacity building through the on-going quarterly in-service training and Safe Motherhood Training at the Divisional level for service providers and at the community levels through a number of training and sensitization campaigns for different groups of population, providing essential equipment and supplies, strengthening capacity and sustainability of NGOs, Community-based Organizations, skills and capacity building in Youth and creating two Youth Centres. UNFPA also assisted in scaling-up successful interventions such as creating and strengthening Youth Network and Youth Parliament. However stakeholders at divisional level were not adequately involved in the process of design of the Programme intervention, which could play an important role in strengthening a sense of ownership, capacity in planning and addressing the needs at decentralized level. Though the demand for Youth-Friendly RH Services for was generated, contribution towards capacity building in the area of providing such services has not addressed the existing gap.

75. Despite many efforts towards national capacity building, some aspects negatively affected the overall impact. These are short duration of training and absence of adequate monitoring or evaluation of their outcomes, the lack of a training strategy and plan, very high attrition rate among the staff at all levels. There is a strong need to develop a well-defined training strategy to include in-country training by an experienced, possibly international, expert. That would benefit a larger number of staff and ensure more effective way of utilizing resources towards strengthening national capacity on a long-term basis.

76. Considering insufficient number of doctors, midwives, and nurses at health centre level, and number of births, attended by skilled health providers, there is an obvious gap in training of those, who attend majority of births, such as traditional birth attendants and community health workers. Majority of births are happening outside of health facilities and attended by community health nurses and Traditional Birth Attendants (TBA). But training of TBA and Community Health Workers (CHW) to recognize complications during delivery, as well as ante and postnatal periods, and refer timely will not be successful if other problems, such as logistical problems and availability of facilities offering EOC will not be solved. The delay in obtaining care once present at the health facility happens unacceptably often, as there is currently insufficient number of facilities offering EOC.

77. Implementation of the RH SP has addressed some aspects of gender issues in terms of developing database with gender disaggregated data, creating opportunities for better dialog between couples, involvement of girls in youth related activities. However, no
specific interventions were undertaken to promote and empower women, and issues like domestic violence, and female genital cutting were not addressed under the RH SP.

Efficiency, Effectiveness and Timeliness

78. There was a mixed progress towards achieving OVI's of the Purpose of the RH SP. Total Fertility Rate (TFR) declined from 6 per women to 5.4 per woman, according to the 2003 Census, but the decline was not enough to reach the 5 per women at fertile age as was planned under the OVI's. The contraceptive commodity security was ensured during the implementation of CP, and HIV-1 prevalence decreased from 1.2 per cent in 2000/01 to 1.1 per cent in 2005, while HIV-2 prevalence rates have essentially stabilized at 0.7%. UNFPA historically held the leading role in the area of Reproductive Health and continued to do so throughout the period of 5th CP. It has achieved significant advances in support to the Government in the formulation and developing of major important policy documents, protocols, standards and manuals, as it was listed under the evaluation of national capacity building. This has created a solid enabling policy environment for increasing availability of quality RH information and service. Though it will take time to make them fully operational, it is still a considerable achievement and will certainly help to make implementation of the next CP more effective.

79. The approach to enhance service delivery points through integrating RH service, training personnel at the divisional level and providing contraceptives for distribution was very successful, as now there are, by estimation of DoHS, about 80% of them offer at least three quality RH services. The contraceptive commodity security was ensured through UNFPA procurement of contraceptives and support to complete refurbishment of the central contraceptive store. A Training Manual on Contraceptive Logistic Management was also developed and used to train all Divisional Health Teams. The intervention helped to reduce past commodity shortages and stock outs such that 75% of the contraceptives required by the programme were procured and distributed by the RCH Unit of the DoSH, resulting in a significant increase in the number of service delivery points offering condoms and other family planning methods. However, the high turnover of the personnel negatively affected the result of these efforts and, in fact, almost the same activities in the area Contraceptive Logistic Management of establishment of Contraceptive Logistic Management System were repeated by other donors at a later stage.

80. Such innovations, as conducting Open Field Days to sensitize community and raise awareness on RH issues, and in-service training of health providers, as well as quarterly in-service meetings proved to be very successful and contributed very positively to the achievement of outputs. NGOs and Community-Based Organizations (CBOs) facilitated the institutionalization of the reproductive health concept, especially reproductive rights and gender and were able to reach remote populations through community networks. Evidence of geographical and income disparities reinforce the argument for developing community based service and therefore stresses the importance of systematic approach to capacity building and involvement at community level.

81. The establishment of a reproductive health database was achieved through improving project reporting and documentation systems, but at the moment the system of receiving of the necessary information nationwide on a regular basis has not been established and monitoring of the most important RH indicators is not possible. As a result of training in Safe Motherhood and developing Maternal Death Review Tools and Guidelines, routine maternal death auditing is ready to be institutionalized at both central and divisional levels to include provision of complete set of tools for auditing maternal deaths, establishment of Maternal Death Audit Committees at divisional level, and development of reporting mechanisms. The assessment of availability and
accessibility of EOC replaced EOC Situational Analysis, but overall RH Situational Analysis could not materialize due to reprioritizing among activities of the Sub-Programme and that has jeopardized achievement of the major outputs of the Reproductive Health Sub-programme. As a result, for example, the sub-programme priority area of intervention such as the equipment and training needs assessment as well as development of the Human Resource Development Plan could not be carried out.

82. The approach to enhance youth-friendly information on Reproductive Health/Family Planning/Sexual Health (RH/FP/SH) through supporting Youth Centers, Youth Network, National Youth Parliamentarians, close collaboration with NGOs, such as RAID-Gambia and GFPA, has been very successful and addressed quite well young people's reproductive health and rights issues in terms of IEC/BCC and awareness creating. Though it is difficult to assess the impact using OVI, it was demonstrated through proxy indicators (obtained from GFPA) such as distributing of contraception among young people, number of youths visiting RH centers, and decreased number of teenage pregnancies.

83. Enhancing RH information for youths was not supported by providing RH service. It could be done through integrating youth-friendly service into existing adult clinics as it was planned, but was not implemented. As a result, demand for RH services was created among the youth through a number of successful activities, but it is yet to be satisfied. Maintaining privacy and confidentiality are key to the effectiveness of the provision of youth-friendly RH services and at the moment non of the existing health centers can provide it. In addition, there was no special training conducted for health personnel on this subject. Significant efforts will therefore be required to reorient existing clinical staff and service delivery facilities to meet the requirements. Though a lot of resources were invested to support developing of Youth Centers, due to managerial problems and weak cooperation between Youth Centers and other youth-oriented organizations, the Centers are underutilized and the invested resources are yet to be justified in terms of their efficiency.

84. In general, the achievements of Outputs of the SP are difficult to assess using OVI, as some of them not measurable or do not contain base lines and end-lines. Not all of the activities were fully implemented and therefore about 30% of OVI were not achieved. Among them such important indicators as number of health centers offering comprehensive EOC, number of youth centers offering RH information and services, number of government divisional health facilities offering adolescent and youth friendly RH services and quality reporting of RH activities. Many different factors have contributed to that, such as budgetary constraints, insufficient technical backstopping, availability of human resources, inadequate planning and unrealistic design of some activities, underestimating of impossibility of sufficient governmental contribution, lack of cooperation and synergy between implementing and executing agencies. These factors could be either more broadly reflected under the “Risks and Assumptions” of the RH SP Log Frame or taken into closer consideration while designing activities and setting up OVI.

Constraints and Challenges

85. Lack of commitment and motivation of public servants as a result of instability in tenure of office, frequent dismissals and retirements, poor incentives, low remuneration and lack of the tools to work with significantly affect the success of implementation of SP, especially at managerial level. The situation is aggravated by high attrition rate, particularly at the professional and management levels, necessitated by the pursuit of better jobs elsewhere, lack of resources and expertise dwindling budgetary resources and lack of opportunities for training.
86. Quantitative lack of qualified staff at all levels results in overburdening personalities with too many duties and responsibilities, what makes implementation of these activities quite difficult in terms of efficiency and productivity. These factors altogether pose a serious challenge to national programme execution, taking into consideration that terms and conditions of the National Execution modality may also not be motivating enough for programme personnel. The UNFPA CO staff is responsible for performing of too many (in compare to number of personnel) duties and responsibilities, which lead to difficulties in providing sufficient backstopping and necessary support to their national partners.

87. Though the main beneficiaries of the CP are at the community level, the slow pace of the decentralization process and insufficient involvement of stakeholders from the divisional and community levels into the planning and implementation of programme limits capacity building at local levels, and negatively affected the achievement of results. Inadequacy in assessing community perception and cultural sensitivity, as well as lack of providing necessary information, resulted in failing of introducing such innovation as female condoms.

88. The SP Logframe was designed using OVIs, which are not all measurable, collectable and practical. This, together with the lack of adequately defined aims, questionable logic of chain results, lack of attention to risks and assumptions, makes it difficult to follow the Logframe during the planning and implementation, which was also affected by difficulties programme staff experienced in understanding and applying the Logframe. The components of the Logframe were not adjusted timely, if at all, the changing national context, that resulted in reducing the level of achievements of main purposes and made it difficult to implement activities not as project fragments, but as part of national RH Programme.

89. Despite the designed synergy among components of the project within RH SP, lack of coordination and communication within the SP executing and implementing agencies as well as between the centre and the divisions and among donor agencies, lead to under implementation of those synergies, compromised the achievements and synchronization of efforts, resulted in overlapping of some activities by different donors.

**Sustainability of Results**

90. As the Country Programme and therefore RH SP highly depend on donor support and in the Reproductive Health Area the major donor is UNFPA, most of the programme achievements still require further support to become sustainable. Government has contributed a lot in terms of human resources and its readiness to continue supporting and carrying out RH SP activities is undoubted, but it will require the availability of adequate and skilled manpower and though a lot of health providers and policy makers, as well as project managers, received significant amount of training and can function further in a more effective way, due to high attrition rate the continuing training and provision of technical assistance is an ultimate requirement and can not be delivered without external assistance.

91. It should be noted that Population Secretariat through its advocacy activities succeeded in having 5-fold increase in the government contribution to UNFPA resources in the last 2 years (2005-2006) with a multi-year funding commitment up to 2011. Population Secretariat gas also advocated for a budget line on Reproductive Health Commodity and for contraceptives to be part of the essential drug list, both of which were successful. The NPCS has also advocated for extra budgetary support outside the CP5 for RH commodities, particularly contraceptives. These achievements are significantly contributing to the sustainability of the CP results.
92. Throughout this CP and in the past Government has demonstrated remarkable commitment to the population programme in terms of creating an enabling policy environment, increase financial contribution to the RH area development, and a lot has been achieved in this area at the national level. However, enforcement of the adopted new and revised policies and protocols will, again, require additional support from the donors and significant government financial contribution. The Gambia is still highly dependent on the UNFPA in providing contraceptives to the country. Creating a Thematic Trust Fund was a step forward, but government’s financial contribution will be required to start process of gradual integrating of provision of contraceptives into the National budget. In the area of RH/FP/SH providing information to youth the strategies of the SP were replicated nationwide through expansion of Network of Youth and Youth Parliamentarians. Efforts were also made to provide established Youth Centers with managers and administrative staff from the government’s budget. However, because of financial constraints, it will be almost impossible to replicate the creation of Youth Centers nationwide without external assistance. Integration of issues of reproductive health and right of youth must be incorporated in the existing Youth Policy to make RH youth related activities more sustainable.

5.4. Population and Development Strategies

93. The PDS sub-programme outputs aimed at contributing to the attainment of the CP5 objectives include increasing the availability of gender disaggregated data at national and Divisional levels, the strengthened management of the population program, as well as the institutionalization of the POP/FLE and non-formal educational systems and the mainstreaming of gender issues into programme formulation and implementation. Other problems addressed by the PDS sub-programme include persistence of gender disparities, as well as inadequate mainstreaming of gender in development programs.

National Capacity Building and Gender Mainstreaming Efforts

94. The PDS sub-programme has helped build national capacity in data collection and management, as well as in mainstreaming gender in national development programs. On the policy front, population variables relating to fertility, mortality, migration, gender, and nutrition are now fully integrated into the PRSP. In the same vein, the National Population Policy has been revised to take on board such issues as HIV/AIDS, ageing, poverty, young people, children and women. These issues have become important since ICPD Plus 10. In addition, the recommendations of the CCA, UNDAF, PRSP, and the MDGs, in addition to others are reflected in the revised policy.

95. In the area of training and capacity-building, PDS sub-programme supported study tours of project staff and collaborators to Ghana. The tours covered various issues such as implementing the ICPD POA, and enabled participants learn from similar projects in these countries. The PDS sub-programme also supported training of staff as well as the multi-disciplinary facilitation teams (MDFTs) on population and development, and demography. Population Task Forces (PTF) members were also trained in basic demography, IEC, basic research methods, and Population research, monitoring and evaluation techniques. Unfortunately, due to high turnover of programme staff the effectiveness of training has reduced, as training had to be repeated for new staff recruited to replace the departed, which was not always done.

96. The PDS sub-programme also facilitated the coordination of population policy programme implementation. In this regard, support was provided to the National Population Commission (NPC) and its Secretariat by providing office equipment and furniture. In addition, the National Population Commission Secretariat (NPCS) office was refurbished, and technical support provided to Project Managers by a National
Expert. In the same vein, 2 PTFs were provided with office equipment such as photocopiers.

97. The component objective of providing POP/FLE in and out of school to all Gambians has largely been achieved, and in the process, a lot of capacity has been built. Thus, teachers guides have been printed, teachers trained on POP/FLE methodologies, and peer-health educators have also received training in POP/FLE.

98. POP/FLE has also been integrated into 50 Madrassahs, and strengthened at the Basic Cycle, and institutionalized in senior secondary, tertiary, and non-formal education systems. In the same vein, the POP/FLE has been integrated into the examination system, as well as 7 communities and youth centers that are targeting out of school youth. This has been achieved in large measure by sensitizing opinion leaders such as National Assembly Members, and traditional communicators. These, and other gains clearly demonstrate that the POP/FLE component of the PDS sub-programme built individual, institutional, and system-wide capacity to deliver POP/FLE to all Gambians in and out of school. POP/FLE instructional materials at Gambia College School of Education has been revised.

99. The Data Collection and Analysis project, aimed at increasing the availability of quality population and development data that is gender- and locality-disaggregated also helped build capacity during CP5. The project had two main activities, namely, conducting the 2003 Population and Housing Census, and creating a mechanism for regularly updating national socio-economic data.

100. The 2003 national population and housing census was successfully completed, and the data collected analyzed with assistance from UNFPA. Toward this end, support was provided to the Central Statistics Department (CSD), now the Gambia Bureau of Statistics (GBOS) to enable it conduct the 2003 Census. In particular, the UNFPA helped build CSD capacity by funding study tours to Ghana, and procuring computers and related equipment for the Department. The UNFPA also funded the training of CSD staff in data entry and digitization. Other human resource development programs funded by UNFPA include training workshops, and an orientation visit to Mali.

101. Many planners and programme implementing agencies in The Gambia suffer from a lack of data for use in project planning and implementation. For this reason, the other component of the Data Collection and Analysis Project was to establish a mechanism for regular updating the national socio-economic dataset. Toward this end, it was planned that a catalog of all demographic surveys will be carried out periodically, and a population data bank prepared. In addition, an in-depth analysis of data from the maternal and adolescent health survey and other demographic studies was to be undertaken periodically. An interactive database accessible to all stakeholders was planned but was not materialized due to capacity and resource constraints.

102. In the area of planning, gender and development, a number of capacity-building programs were executed. In the area of policy-making and gender-mainstreaming, the UNFPA funded a national study on gender and women empowerment. The study was aimed at helping gender policy formulation, and evaluating the level of women's involvement in decision-making in the country.

103. To help mainstream gender into sectoral policies and programs, about 50 gender focal points have been trained by the Gender and development project. Other interventions that have increased capacity in the area of gender and development include the training of traditional communicators (TCs), and a workshop on the development of gender-sensitive teaching aids, and increase the gender sensitivity of teachers.
104. The gender and development project also increased institutional capacity by procuring a vehicle for the Women's Bureau, and funding training for the Project Administrative Secretary at the Bureau. In addition, the project funded a study tour to Ghana thus enabling participants learn about mainstreaming gender into policies and programs, and share experiences with their Ghanaian counterparts.

**Efficiency, Effectiveness and Timeliness**

105. The efficiency, effectiveness and timeliness of the various activities and interventions of the PDS sub-programme are at best difficult, and often impossible to measure. This is for a variety of reasons, which include lack of data. In addition, there is the problem of lack of baseline data, as well as difficulties in measuring indicators that were to be used in assessing progress toward the objectives. Despite these limitations, a number of general remarks can be made in regards the efficiency, effectiveness, and timeliness of the various interventions.

106. First, it can be noted that in general, administrative and resource constraints adversely affected the efficiency, effectiveness and timeliness of programme delivery. Delays in disbursement of funds (from both UNFPA and Governmental structures) frequently compromised the timeliness of activities and interventions, thus reducing their effectiveness, and overall efficiency. Furthermore, given that many activities implemented were often interdependent, any delay in one programme can have adverse consequences for the implementation of other programs.

107. Another important factor that reduced effectiveness and efficiency is the high staff turnover and attrition rate. Many staff are frequently rotated from location to location, and some even leave public service. The next effect of these movements is that programme activities are often executed slowly, ineffectively, and with a lot of waste of resources.

108. There is also the problem of institutional failures. For example, the fact that many Divisional PTFs are not active, and starved of resources means that they often are not able to discharge their responsibilities effectively, and on time. Thus, although the institutional arrangements are in place, these often are not sufficient to ensure effective programme delivery.

**Constraints and Challenges**

109. The implementation of the PDS sub-programme faced numerous constraints and challenges, ranging from administrative problems, to inadequate resources and cultural barriers. In the first place, many sub-programme activities suffered delays in the disbursement of funds by the government, and the granting of duty waivers. These are all administrative problems that are generally beyond the control of project managers, and more a matter of national realities.

110. Another constraint faced during the implementation of the PDS sub-programme is the general lack resources, including material, human, and financial resources. Thus, many implementing agencies and institutions are shackled by a lack of material resources such as vehicles, and fuel, as well as office equipment and space. In the same vein, there is widespread shortage of trained and motivated personnel, thus resulting in significant reductions in programme delivery and effectiveness.

111. Besides shortage of human resources, there is also the problem of the fact that many staff are not highly motivated. Indeed, many staff at all levels are de-motivated by the low pay, and lack of resources they endure. This significantly and negatively impacts their effectiveness on the job, fuels staff attrition.
112. The impact of resource constraints on the PDS programme is also manifested in regards to the institutions and organs such as the NPCS, and the PTFs. As the central organ for the implementation of the PDS program, the NPCS has suffered from lack of enough staff, inadequate office conditions, and lack of equipment. In the same vein, many PTFs are constrained by lack of resources such as office equipment, and transportation.

113. Religious and cultural constraints also have hampered the implementation of the PDS program. Many religious and traditional leaders oppose some aspects of the population programme such as family planning, and condom distribution. For this reason, it has been difficult to get the active participation of these vital and influential members of society in the PDS programme delivery.

114. Other important constraints faced by the PDS programme are the over-dependence on UNFPA funding, and the fact that too many NGOs are involved in programme delivery. The over-dependence on UNFPA funding increases the risk of failure (especially of the long term), while the involvement of too many NGOs in the programme makes it difficult to coordinate their activities and reduce waste and the duplication of efforts. In light of prevailing resource constraints, the maximization of resource utilization, and reduction of waste should be accorded high priority.

**Sustainability of Results**

115. There is no doubt that many of the successes and gains of the PDS sub-programme will be sustainable over the medium- and even long-term. Examples of achievements with great prospects for their sustainability are the POP/FLE program, and the census and population data program. The POP/FLE programme is expected to be highly sustainable because it is presently integrated into all levels of the education system, and has been successfully introduced into some Madrassahs. In addition, teacher guides have been prepared, and POP/FLE incorporated into the curriculum of the Gambia College, thus ensuring that subsequent crops of teachers will have POP/FLE training.

116. The national census and population data collection exercise is another important activity that will most likely be sustained. This is for simple reason that government now understands the importance of data in planning, and will hence endeavor to sustain the data analysis and collection. In addition, the census only held once every 10 years, thus providing enough time for planning and resource mobilization. Population Secretariat through the National Population Commission established a resource mobilization committee for the 2003 Population and Housing Census. The Committee was able to mobilize 80% of the Census recourses and a significant amount of resources was contributed by the private sector, which is in line with the recommendations of the ICPD/IPoA.

117. Despite the above examples of sustainable activities, there are some issues that reduce the sustainability of various interventions. For a start, the lack of human and financial resources is perhaps the greatest threat to the sustainability of various interventions. In addition, the fact that the expected links between projects are not present means that a lot has been implemented in isolation, thus reducing various synergies that could have enhanced the sustainability of the interventions.

118. On the institutional front, it should be noted that the constraints facing NPCS (which was to provide umbrella functions and ensure synergy) threaten the sustainability of interventions. The sustainability of programme interventions also threatened by virtue of the inadequate coordination of population management programs. Furthermore, infrequent meeting of the NPC also adversely affects program coordination. In the same vein, the inadequate capacity of the PTFs, as well as over dependence on UNFPA funding means that many programs are dependent on continued funding from UNFPA.
119. As problematic as many of these issues are, there are some options for increasing the sustainability of various PDS sub-programme interventions. First, it will help to build the capacity of more people in population issues because of the high attrition rate. Some degree of staff attrition is unavoidable, even in the best of times, and for this reason, the human resources plan should provide for replacing, as much as possible, those that are lost to attrition. Other means to increasing the sustainability of PDS programme outputs include providing more incentives and motivation for project and programme staff, and having Divisional focal points to help the implementation of projects (e.g. POP/FLE).

120. As pointed out earlier, it should be noted that Population Secretariat through its advocacy activities succeeded in having a 5-fold increase in the government contribution to UNFPA resources in the last 2 years (2005-2006) with a multi-year funding commitment up to 2011. Population Secretariat gas also advocated for a budget line on Reproductive Health Commodity and for contraceptives to be part of the essential drug list, both of which were successful. The NPCS has also advocated for extra budgetary support outside the CP5 for RH commodities, particularly contraceptives. These achievements are significantly contributing to the sustainability of the CP results.

5.5. Advocacy

121. The purpose of the Advocacy Sub-programme is to contribute to the promotion of human rights including reproductive rights taking into account gender equity and equality through the achievement of three outputs:

1. reinforced capacity of Institutions, NGOs, civil society working in the field of RH rights including violence against women and FGC;

2. increased enrolment and retention of pupils especially girls in secondary schools and

3. creating an enabling environment for RH rights.

122. The ASP aimed to address such key issues as lack of coherent advocacy strategy, low level of retention rates of pupils in the secondary school and low status of women. Activities identified to achieve all three outputs were designed as one project and included rallying support from political, religious, and traditional leaders to speak out on reproductive rights and violence against women; increasing media coverage of reproductive rights and gender equity and equality; promoting school enrolment and retention of girls in secondary schools; and building technical capacity within NGOs and civil society to adequately address reproductive rights issues. The execution of the project was done mainly by Department of State for Communication Information and Technology (DOSCIT), though procurement of non-expendable equipment and fellowships were executed by UNFPA. Several NGOs and CBO were identified for implementation of activities.

National Capacity Building and Gender Mainstreaming Efforts

123. Building and strengthening of national capacity have influenced several levels. At the level of policy making the National IEC/BCC Strategic Framework was drafted in 2004 and finalization is planned for 2006. Implementing the strategy will ensure that IEC messages and activities are properly developed to promote greater understanding of population and development issues among policy makers, and religious and traditional leaders. The executing agency was strengthened by trained supporting personnel and training of national project manager, however turnover of the staff members to some
extent limited the impact of training and as it was not done on the continued manner the new personnel received insufficient support in terms of managerial skills building.

124. Advocacy is a crosscutting area and supposed to be a supporting tool for RH and PDS Sub-Programmes which requires an effective partnership between central and local governments, civil society, donors, private sector and regional institutions. The issue of lack of effective coordination and monitoring of advocacy efforts was not addressed adequately at the central and national levels in terms of strengthening capacity and therefore still hinder national IEC/BCC efforts. Involvement of national stakeholders in the designing of the Advocacy SP efforts was accentuated mainly on central level whilst neglecting stakeholders at decentralized level, such as Divisional Health Teams, which could be an important exercise to strengthen both planning and monitoring skills of national institutions and to ensure that efforts adequately address priority needs and implemented using effective approach.

125. A lot of effort has been made on capacity building of NGOs, CBOs and faith-based organizations by training, involving them in the planning activities, strengthening their capacity with the necessary tools and equipment, though monitoring and evaluation capacity were not addressed adequately. The Networks of Traditional Communicators, Parliamentarians, Youth became effective as a result of support received from UNFPA, a number of local NGOs were involved and managed to expand their activities and strengthen capacity. These stakeholders play vital role in promoting RH issues using IEC, BCC and public information strategies that promote community mobilization and participation. Support from faith-based organizations is crucial in countries such as The Gambia and can be an important approach to sensitize and involve the Committee on Islam, Population and Development and Committee on Christianity, Population and Development in the implementation of the advocacy activities. Such stakeholders, as disabled, displaced and refugees were not really covered by the SP activities which leaves room for improvement of such efforts in the future. Minimum effort was made towards strengthening capacity of national institutions in the area of developing and assessment of IEC/BCC activities, especially in the area of researches, pre-testing and post-evaluation of the impact. As a result, the advocacy efforts are lacking in evidence-based approach.

126. Advocacy SP has given a high priority to such issues as gender roles in family well-being, creating enabling environment for the attainment of women’s reproductive health and rights, increasing enrolment and retention of girls in schools, which is seen as an entry point in addressing many gender based problems. However, very little and nothing specific was implemented towards violence against women and elimination of harmful traditional practices. Attempts were done to address some of this issues through advocacy in delaying childbearing through retention of girls in school and advocacy on early and forced marriages, but it was quite limited compared to the importance of the issues.

127. Male involvement was addressed through RH field days through periodic social mobilizations including men by creating awareness of the importance of their participation in RH issues. Male Community Based Agents were also trained in the previous CP and were reactivated in the current CP mainly to sensitize men on RH issues. However, male involvement in supporting women role in decision on RH and reproductive rights decisions is not addressed adequately given the fact that their decision on such issues as birth spacing, antenatal care and access of health facilities during labour, access to education still remain dominating.
Efficiency, Effectiveness and Timeliness

128. As there were no base-line surveys and no base-line data for OVIs, it was very difficult to accurately assess the effectiveness of the Advocacy SP, especially achievements of such outputs as reinforced capacity of Institutions, NGOs, civil society working in the field of RH rights including violence against women and FGC and creating an enabling environment for RH right. Implementation of SP activities was greatly jeopardized by the fact, that two thirds of the resources planned to be allocated for the Advocacy SP were planned to be mobilized from multi-bilateral sources and as a result of failed mobilization of resources many activities could not be fully implemented. Among the achievements of the SP are the formulation of National IEC/BCC Strategic Framework, enhancing capacity and involvement of local NGOs, reinforcement of traditional communicators, network of parliamentarians, creating of networks of Youth and Youth Parliamentarians, Network of Journalists, involvement of faith-based organizations, supporting mothers’ clubs and Parent Teacher Associations (PTAs) as well as creating positive attitude at community level towards importance of school education. The achievement of the output on increased enrolment of pupils especially girls in secondary schools is the most obvious with the country’s strong commitment to provide universal access to education, but the retention level is still low, most girls do not move up the ladder to obtain secondary education. Furthermore, female literacy rate amongst 15-24 year olds nationally stands at 37.1% compared to 58.3% for males, with wider disparities at divisional level, according to the 2005 Localized MDG Report for The Gambia. There was no survey to assess behavioral changes as a result of advocacy efforts in RH rights, and though the number of people participated in sensitizations and training workshops and campaigns are recorded in the reports, the impact of these activities is hardly possible to assess.

129. The efficiency of the advocacy component activities is highly compromised by the absence of a systematic and planned approach. Poor coordination and monitoring of advocacy efforts led to disjoined actions, duplication of activities, underutilization of available resources, un-coordinated activities of organizations working in the similar areas. As the IEC/BCC materials and media were not appropriately pre-tested and post-evaluated, there was no clear evidence of the effectiveness and efficiency of the component activities (probably, operationalization of National IEC/BCC Strategic Framework will improve that situation). By the intentions to involve many NGOs and strengthen their capacity the number of strengthened NGOs has increased, but there was no assessment of their activities and therefore the quality and impact of their interventions as well as justification of the investments in their activities remain in majority of cases questionable. There are certain NGOs, however, who have well-organized structures, human resources, data base and strong capacity and expertise in the area of reproductive health and rights and gender and proved to be effective during the implementation of CP, capacity of such NGOs, as well as effectively working networks, supported by UNFPA, should be utilized more broadly in the future.

Constraints and Challenges

130. In terms of human resources, the Advocacy SP was affected mainly by the same challenges and constraints, as other sub-programmes, i.e.: lack of motivation of public servants as a result of instability in tenure of office, frequent dismissals and retirements, poor incentives, low remuneration and lack of tools to work with; high attrition rate, lack of resources and expertise, insufficient resources and opportunities for training, director and manager of the project are overburdened with other duties and responsibilities, what makes implementation of UNFPA funded activities quite difficult in terms of efficiency and productivity (given the fact that terms and conditions of the National Execution modality may also not be motivating enough for programme
personnel). The Program Director and Manager are carrying so many different activities and responsible for so many areas, that it leaves insufficient time for UNFPA project.

131. As majority of beneficiaries of the advocacy efforts are at community levels, insufficient involvement of decentralized and community level staff in the design and annual planning of activities, as well as insufficient feedback from the community level resulted not only reduced possible capacity building impact, but also compromised relevance of the strategies.

132. Lack of national capacity in conducting base-line survey, post-evaluation studies, collecting and analyzing data cause almost “blind” approach in terms of development of IEC/BCC materials, monitoring and evaluation of the results. Another contributing factor is the fact that the SP Logframe was hardly used during the implementation, monitoring and evaluation of activities. Inadequate training of project personnel in understanding and applying the LogFrame resulted in activities, which were not fully connected to the achievements of purpose and outputs stated in the Advocacy SP Log Frame.

133. Each of the activities under Advocacy SP was designed to support other components of the CP, but due to poor communication and coordination between executing and implementing bodies the possible impact of synergized efforts was decreased and, moreover, resulted in duplication of efforts and inefficient resource management.

134. Failing in resource mobilization affected most of others implementation of Advocacy SP. Almost two thirds of planned resources were not allocated for the activities and therefore significantly affected implementation level and achievements.

Sustainability of Results

135. There are several factors influencing sustainability of the advocacy efforts under the Advocacy SP. Lack of enforcement of laws on RH rights, legality of customary laws, which are not clearly defined and are not in line with international laws on human rights, pose a great threat on the sustainability of results. Funds to conduct an inventory of laws in order to harmonize them to positively impact on RH rights were not enough, however with allocation of additional funds the inventory is due to be conducted by the end of CP5. Very limited financial input of the government into advocacy on reproductive rights and reproductive health make the SP almost highly dependent on UNFPA assistance. Willingness to continue supporting and carrying out advocacy activities by governmental bodies, availability of capable NGOs, CBOs and civil society are essential to increase sustainability and effectiveness of advocacy efforts. Operationalization of National IEC/BCC Strategic Framework will also contribute to sustainability in terms of ensuring that IEC messages and activities are properly developed to promote greater understanding of population and development issues among policy makers, and religious and traditional leaders.

6. PROGRAMME MANAGEMENT

6.1. Institutional Arrangements and Programme Implementation

136. The overall coordination at the national level of the CP implementation is the responsibility of the National Population Commission (NPC), and its technical arm, the National Population Commission Secretariat (NPCS). The NPC, chaired by the Vice President of the Republic, was created by the Government under the National Population Policy, and represents the political commitment and will of the government to accord population issues the greatest attention.
The NPCS is the technical arm of the NPC and facilitates, coordinates, and helps the integration of the national population policy into all national development planning and policy decisions. However, the capacity of the NPCS to coordinate is limited for various reasons: 1) the CP started with the attrition of two of its most senior staff (the director and the Principal Planner) to UNFPA which compromised the CP start up, 2) there seem to be a confusion in the role of the NPCS in that they are seen to be implementing activities instead of coordinating them e.g. they actually implemented activities relating to the development of the IEC/BCC strategy; 3) over 50% of the positions at the NPCS vacant when the CP started.

At the Divisional and municipal levels, the monitoring and coordination of the implementation of the CP and related activities is the responsibility of Population Task Forces, and Village Development Committees (VDCs), respectively.

6.2. National Execution Modalities

The implementation of the programme was based on National Execution (NEX) modalities and collaboration with various Departments of State, as well as civil society organizations (CSOs), and research institutions. The POP/FLE program, for example, was largely executed by the Department of State for Education (DOSE), through its implementation agency/unit, the Directorate of Basic Education (BED). The BED Director serves as the Project Director, and an advisory committee assists in the implementation and coordination of project activities. In addition, other institutions such as the Gambia College School of Education, the Management Development Institute (MDI), the Gambia Technical Training Institute (GTTI), and Madrassah's collaborate in the implementation of the project.

Other aspects of the National Execution (NEX) modality include the allocation of specific responsibilities to the Secretary General, the Permanent Secretaries, and the NPCS. Thus, the Secretary General signs all component project documents on behalf of The Gambia Government, Permanent Secretaries sign on behalf of the executing agencies, and the NPCS ensures the signing of these documents. There also are financial procedures for the disbursement of funds for project activities.

The NEX modality has helped increase the sense of ownership of the Country Program, and contributed to capacity-building efforts. On the other hand, the modality has provided some bottlenecks in programme implementation, thus increasing inefficiency and frustration. For example, the slowness in disbursement of funds from government accounts has hindered programme implementation, and exposed capacity deficiencies counterpart and implementing government agencies.

The main effect of limited capacity is a delay in execution and management of planned activities. For this reason, CP 5 itself started late, and many project annual reports and work plans are filled with activities that could not be implemented as scheduled. Although all Project Managers and Directors (with the exception of those of the Advocacy sub-program) received a two-week training in programme management in 2003 by African Family Studies (CAFS). However, other capacity deficiencies frequently limit the utility of these training programs. Furthermore, the fact that many of these Managers, Directors, and other project employees are frequently over-burdened with work, and poorly remunerated means that they are often not motivated enough, and have little time to devote to project work. Clearly, this situation compromises the efficacy of the NEX modality, and reduces prospects for the success and sustainability of projects.
6.3. Coordination and Communication

143. Given the disparities in resources available to various agencies, it is not surprising that there are differences in the level of programme coordination and management. Although resource constraints are a problem for all organizations and agencies, and all branches of government, it is generally more severe in rural areas than in the Greater Banjul Area (GBA). For this reason, programme coordination and monitoring is much more difficult, and of less quality at the Divisional level than in the GBA. Discussions with PTFs around the country indicate that their work is frequently hampered by lack of resources, thus making it difficult, and often impossible for them to coordinate and monitor various project activities.

144. Another important factor that affects programme coordination is the relatively high staff attrition rates. The frequent turnover of staff, especially at the Divisional level, makes it difficult to monitor projects because staff are not very familiar with project activities. Similarly, frequent turnover of Project Coordinators adversely affects the implementation of various project phases.

145. Many of these coordination problems have reduced the effectiveness of collaboration between various agencies and agencies in rural areas and the GBA. Thus, many PTFs interviewed lamented the lack of collaboration and coordination of their efforts with those of the NPCS and other stakeholders. There is no doubt that this lack of coordination has increased the divide between PTFs and the NPCS. In this regard, it is important to review existing structures to ensure that efforts are not being duplicated. For example, each Division has a Divisional Coordinating Committee chaired by the Governor. All agencies and institutions are represented in the DCC, which coordinates all development activities in the Division. Frequently, the PTFs members also serve on the DCC, thus resulting in un-necessary duplication.

146. It must be noted, however, that all is not lost. Thus, many organizations and agencies have mentioned the close collaboration they have had with the NPCS in organizing commemorations of World Population Day. In the same vein, the decentralization programme has facilitated and increased collaboration with local government agencies.

6.4. Monitoring and Evaluation

147. As envisaged in the CP, UNFPA guidelines were to be used to manage, monitor, and evaluate programs. Furthermore, indicators were to be included in the design of the sub-programs to help assess progress achieved. Baseline data was to be collected, and monitoring plans were to be developed to promote coordination, as well as sharing of experience, and problems.

148. Other aspects of the Monitoring and Evaluation (M&E) programme were the institutional mechanisms that were to be set up during programme implementation. Examples of organs formed include the Committee on Monitoring of Indicators, Managers and Directors Forum, and Sub-Programme Committees, planning of Quarterly Monitoring Visits, Annual Joint Monitoring Tracks. Despite this institutional framework for the M&E system, there were a number of operational problems. Thus, the Project Managers and Directors Forum held in the initial years to review programme implementation, but the meetings were not sustained in subsequent years. The meetings helped identify implementation problems, and recommended solutions to these problems, thus enhancing project implementation. No M&E Plan was developed during the CP5 implementation.

149. In the same vein, the Sub-Programme Committees formed for PDS, RH, and Advocacy, although supposed to meet quarterly, were unable to achieve this frequency of
meetings. Other entities that could not meet as frequently as intended include the NPC, the RH Sub-programme committee and the PTFs. There is no doubt that the failure of various organs to meet regularly and/or monitor various activities has had some adverse effects on the CP implementation. Also, there was no mechanism developed to monitor and evaluate performances of Project Directors and Managers, which made this intervention almost impossible.

150. The NEX Audit was used as additional tools of M&E, though NEX Audit reports were often delayed and their recommendations were not properly followed up, what made its effectiveness questionable.

151. Another factor that has adversely affected the quality of the M&E of the CP implementation is the fact that the quality of data used in design of CP reduced the effectiveness of the assessment of progress. Planning, monitoring and evaluation of the sub-programs activities were limited by insufficient availability, inconsistency and reliability of data, especially at decentralized levels. Such factors as weak data collection system, absence of Management Information System (MIS) and weak data sharing, limited research capacity and lack of qualified specialists in demography all contribute to these challenges. The data factor constraints greatly affect the evaluation and monitoring of the CP achievements in relation to the Logframe OVIs. The Logframe was designed using OVIs, where not all of them are measurable, collectable and practical. This, together with the lack of adequately defined aims, questionable logic of chain results, lack of attention to risks and assumptions, makes it difficult to follow the Logframe during the planning and implementation, which was also affected by difficulties programme staff experienced in understanding and applying the Logframe. This situation was aggravated by the lack of baseline data for the OVI indicators, and difficulties in obtaining data on these indicators. This situation is especially unfortunate, in light of the fact that although data collection and analysis was a major programme output, there was no M&E strategy developed at the programme design stage.

152. Although the medium term review (MTR) of the CP recommended that indicators collected at programme development stage should be reviewed to ensure availability of reliable data, it is not clear whether or not this suggestion was heeded (as well as other recommendations of MTR). In light of this, and the obvious problems in getting a proper M&E of the CP, it would have helped to spent more resources and effort in developing and implementing a realistic M&E system for the CP.

6.5. **Data Management**

153. The availability of reliable, current, and complete data is imperative if there is going to be an effective implementation, as well as M&E of the CP. It is for this reason that it is unfortunate that the implementation of CP 5 was plagued by lack of data, and an effective management information system. Although major activities such as the 2003 National Census was successfully completed, there have been delays, interruptions, and hence, a paucity of quality data.

154. Again, shortage of personnel and resources has been the main reason behind many problems with data management. Thus, the shortage of cartographic skills hampered the 2003 census, and resulted in the contracting out of various sectoral reports on the 2003 census data. Fortunately, although these problems were varied, and often severe, they were not serious enough to jeopardize effective programme implementation, and/or whittle down the benefits of the various interventions. However, it must be said that proper data management could have helped increase the benefits of CP 5 by increasing efficiency, reducing waste, and providing an accurate picture of progress made, or lack thereof.
6.6. RESOURCE MANAGEMENT

155. The amount of US$4.3 million was approved for the implementation of the Country Programme of which US$2.75 million were leveraged from UNFPA regular resources as available. The balance of US$1.55 million supposed to be mobilized through co-financing arrangements and/or other, including regular resources, to the extent possible.

156. Out of the total approved amount US$2.00 million was allocated for RH SP, US$1.35 million for PDS SP and US$0.65 million for Advocacy Sub-Programme. Remaining US$0.30 million was allocated for programme coordination and assistance. However, since 2003 the ceiling has been increased throughout subsequent years and overall US$2.96 million was allocated for the programme during 5 years cycles. From this US$2.95 million of funds were utilized, which is more than 99%. The absorption rate and utilisation of funds were quite high, almost 100%, by all Sub-Programmes, i.e. Population and Development Strategies US$1.20 million, Reproductive Health US$1.20 million, Advocacy US$ 0.3 million, and Programme Coordination US$ 0.26 million.

157. Effective implementation of the Country programme did not start until August 2002. The introduction of new United Nations accounting software, ATLAS, also affected the timely disbursement of project funds during the first year of the introduction of ATLAS. Later, delays of disbursement of project funds were caused by insufficiently effective finance system within the Treasury and in some cases absent of trained accountants in the project. Without the delays, the rate of absorption of the resources by the various expenditure components would have been much higher. The bulk of the resources went to capacity building, service delivery, awareness creation, and purchase of equipment all of which contributed to the achievement of the outputs described under the various sub-programmes.

158. In general, the utilization of the resources was quite effective according to progress/achievements made, the challenges and constraints, affected the overall impact of the programme, were not related to the resource utilization. Such components, however, as enhancing youth-friendly RH service and strengthening comprehensive EOC in health centers were not implemented effectively despite the resources allocated to these interventions.

159. The most successful resource mobilization was done for the conducting Census in 2003. About US$ 30,000 were mobilized within the country from different partners including government. The government contribution to UNFPA resources has increased by 5 folds in the last 2 years (2005-2006) with a multi-year funding commitment up to 2011. The newly created Thematic Trust fund for the procurement of contraceptives has mobilized US$150,000. However, for other programme interventions non of the multi-bilateral resources were mobilized and it most of all affected the achievements of Advocacy SP. It was severely limited by the small size of its approved budget for the entire programme period. Irregularity of allocation for PTF and Village Development Committees has also negatively affected their effectiveness.

7. CONCLUSIONS, LESSONS LEARNED & RECOMMENDATIONS

7.1. Conclusions

160. The 5th UNFPA Supported Country Programme 2002-2006 has responded to pressing population-related issues in The Gambia. Close collaboration between UNFPA and national key stakeholders while formulating the Programme ensured that the priorities of country needs, country policies and programmes are addressed and the Programme is consistent with the Government’s overall objectives on population and development.
161. Despite the current evaluation constraints, the Country Programme has achieved overall satisfactory results in achieving most of the purposes during the period under evaluation, though mixed trends have been recorded in targets and indicators established in the Country Program’s Logical Framework. The proportion of the poor has risen; the annual population growth rate fell; MMR according to 2005 CCA, whilst has been on the decline in the past, recent data indicate that it is now on the rise; fertility rate declined; percentage of married women who are currently using a method of family planning has increased, HIV-1 prevalence has increased, although HIV-2 prevalence rates have essentially declined. Significant improvements was achieved in expanded school enrolment over the past decade (1994 – 2004) and there has been a most encouraging trend in girl’s education, and The Gambia almost reached the GPI target at primary level. Access to basic social services such as Health and Education has improved considerably, though the quality of these services has been undermined by insufficient allocation of resources to these sectors.

162. During the Programme implementation period new issues have emerged in the national and international environment which were relevant to the Programme. A paradigm shift has taken place from maternal child health and family planning to the integrated reproductive health approach that has been backed up by a Reproductive Health Policy and a Five-Year Strategic Plan to operationalize the approach. The decentralization process continued and The Gambia endorsed and submitted its first report on progress towards achievement of the MDGs. New IEC/BCC strategic Framework was adopted but yet to become functional. Government’s major Development Partners contributions funded population-related activities thereby contributing to UNFPA population programme efforts and Government set up an Aid Coordination Committee to provide opportunities for effective resource mobilization, though the process of resource mobilization has not yet become fully effective.

163. UNFPA has achieved significant advances in support to the Government in enhancing the political and legislative environment, with numerous programs aiming to improve reproductive health, family planning, and the overall demographic situation of The Gambia. Though many of developed and adopted policies and programmes are yet to be enforced and operationalized, it has created a solid enabling policy environment for increasing availability of quality RH information and service. National capacity and ownership have increased in comparison with the 1996-1999, but high attrition rate and insecure situation within the Government contribute negatively to the sustainability of efforts.

164. While most of the strategies to achieve the results identified under the CP were appropriate and adequate, some of them were not really realistic and were not revised to be adjusted to the changes occurred in the country and, in particular, the Programme situation and therefore as a result relevance and validity of strategies identified in the beginning of the Programme have been partially compromised by the end of Programme implementation.

165. Evidence of geographical and income disparities reinforce the argument for developing community based service and therefore stress out the importance of systematic approach of capacity building and involvement at community level. UNFPA has developed an effective partnership with NGOs and CBOs, contributing to their capacity building and reaching through their networks beneficiaries at very different levels. NGOs and CBOs facilitated the institutionalization of the reproductive health concept, especially reproductive rights and gender and were able to reach remote populations through community networks. Network of Traditional Communicators, Parliamentarians, Youth are now very active and play important role in promoting RH issues using IEC, BCC and public information strategies that promote community mobilization and participation. Support from faith-based organizations, which is crucial in such countries
like The Gambia, was achieved through a number of sensitization activities and by their involvement in the Programme implementation. However, there was very little done in terms of assessment of activities implemented by NGOs and CBOs and therefore their credibility was not evaluated for future implementation of similar activities.

166. Despite the growing demand for providing youth with quality reproductive health service, there is no youth-friendly reproductive health service available in the country in the government health centers. The low awareness among young people about Reproductive Health issues coupled with their limited access to youth friendly RH services expose especially young girls to STIs including HIV/AIDS and unwanted pregnancy. Lack of communication between executing and implementing agencies has compromised implementation of activities aiming to enhance reproductive service delivery for youth and adolescents. Support of creating and developing of Youth Centers proved to be an effective way of involving youth in RH and gender IEC and advocacy activities and peer education and scaling up of this initiative is in high demand in all divisions.

167. The Integrated Reproductive Health approach contributed to increasing of the number of service delivery points and expanded services countrywide and enhanced reproductive health commodity security. The approach to enhance service delivery points through integrating RH service, training personnel at the divisional level and providing contraceptives for distribution was very successful, as now there are, by estimation of DoSH, about 80% of them offer at least three quality RH services. Consistent with the ongoing process of government decentralization and the healthcare reform shift toward health services at the community level the on-going quarterly in-service training and Safe Motherhood Training at the Divisional level for service providers and providing essential equipment and supplies contributed significantly in the increased number of qualified and skilled personnel at the health centers. However, training outcomes have been compromised by short duration of training and absence of adequate monitoring or evaluation of their outcomes, the lack of a training strategy and plan, very high attrition rate among the staff at all levels. With the lack of motivation for the employees within government health sector, well-defined training strategy to include in-country training by experienced experts to provide a continuing, on-going training, preferably with TOT system, is necessary to ensure that health centers are staffed by skilled and trained personnel.

168. Maternal Mortality remains one of the biggest concern in The Gambia. Majority of birth are happening outside of health facilities and attended by community nurses and TBA. The attempt to train TBA and CHW to recognize complications during delivery and refer timely failed due to the many reasons. Among them logistical problems, fear of the hospital or of the costs that will be incurred there, and the delay in obtaining care once present at the facility, as there is currently insufficient number of facilities offering EOC. Focusing on constant upgrading of skills of health service providers at community level by providing a special training and supervision by well trained midwives may significantly increase quality of maternal care. It is also important in light of the fact, that number of qualified midwives and doctors is clearly inadequate compared with total population and majority of them are working in the Great Banjul Area or in the non-governmental health facilities. Improving services in existing health centers is another component which did get adequate attention during the last years and as it is a major component in promoting access to EOC it must be recognized as one of the priority for future interventions.

169. Contraceptives logistic management was supported by UNFPA and other donors and functional at the moment. The contraceptive commodity security was ensured through UNFPA procurement of contraceptives and UNFPA interventions helped to reduce past commodity shortages and stock outs such that 75% of the contraceptives required by
the programme were procured and distributed by the RCH Unit of the Department of State for Health (DoSH), resulting in a significant increase in the number of service delivery points offering condoms and other family planning methods. Thematic Trust Fund, created within the Programme, has mobilized some resources from Government for procurement of contraceptives, but The government is still highly dependent on UNFPA for the procurement of contraceptives.

170. The reproductive health database has been considerably improved, but at the moment the system of receiving of the necessary information nationwide on a regular basis has not been established and monitoring of the most important RH indicators is not possible. The Unit of Health MIS of Directorate of Planning and Information has not received adequate support to strengthen its capacity and to contribute to the improved RH database.

171. Lack of an overall coordinating strategy in national Advocacy/IEC efforts resulted in duplication of efforts and fragmentation of activities by different sectors. Attempts were made to address these through the formulation of a National IEC/BCC Strategic Framework but due to inadequate capacity, it came to the finalization stage only at the end of CP5. Such aspect as male involvement in RH issues, early marriage, violence against women and FGM were not addressed sufficiently and though some interventions were done, it was not adequately compared to the importance of these issues.

172. Inadequate enforcement of laws on RH rights, legality of customary laws, which are not clearly defined and are not in line with international laws on human rights significantly compromised sustainability of achievements of advocacy efforts. With the recently allocated additional funds it is only recently an efforts were done to conduct an inventory of all laws the mitigate RH rights with a view to advocating harmonization. Very little efforts are done to develop strengthening capacity of national institutions in the area of developing and assessment of IEC/BCC activities, especially in the area of researches, pre-testing and post-evaluation of the impact, which result in lacking of evidence-based approach.

7.2. Lessons Learned

173. UNFPA has been effective in addressing RH, being a leading agency, as RH is a key area not really addressed by other agencies. Significant efforts were undertaken to build synergies between Population Development and Reproductive Health in the CP5, but there is a need to strengthen the synergy in the next programme.

174. Involvement of key counterparts in the CP design and planning activities is beneficial both for the UNFPA and for counterparts in terms of capacity building. The increased participation of key decision-makers and qualified in the area of RH, PDS and advocacy representatives from the Government during the process of CP5 formulation and design would ensure more sustainability in CP implementation.

175. Insufficient involvement of decentralized and community level staff in the design and annual planning of advocacy activities, as well as insufficient feedback from the community level reduce possible capacity building impact and compromised relevance of the strategies.

176. Support to the Government in enhancing the political and legislative environment ensures supportive political background for improvement of reproductive health, family planning, and the overall demographic situation of The Gambia.

177. Appropriate and adequate strategies to achieve the results identified under the CP lead to higher level of overall achievement. In the case, when some strategies appeared to
be not really realistic and not revised to be adjusted to the changes occurred in the

country and, in particular, the Programme situation, it result in minimizing the impact of
planned interventions.

178. The Integrated Reproductive Health approach contributes to increasing of the number of
service delivery points and expands services countrywide and enhances reproductive
health commodity security.

179. The use of national reproductive health service policies and standards, as the foundation
for undertaking planning of training needs assessment, ensures focused training and
ongoing performance assessment.

180. The approach to enhance health service delivery points through integrating RH service,
training personnel at the divisional level and providing contraceptives for distribution is
successful, as a result of it there are, by estimation of DoHS, about 80% of health
service delivery points offer at least three quality RH services.

181. Setting up of effective RH logistic systems within the country, can be effectively done by
working in partnership with other agencies that can complement UNFPA’s effort through
the provision of financial and human resources. This combined effort allowed the
training of more providers and thus ensured the increased number of skilled health
providers required for satisfactory provision of RH/FP/SH services particularly at the
community level.

182. In-service training that facilitates supportive supervision at worksite for trainees and
their supervisors resulting effective application of skills learned, joint trainer/supervisor
problem solving and healthier relationship between training institutions and service
delivery.

183. The on-going quarterly in-service training and Safe Motherhood Training at the
Divisional level for service providers and providing essential equipment and supplies
contribute significantly in the increased number of qualified and skilled personnel at the
health centers.

184. Short duration of training and absence of adequate monitoring or evaluation of their
outcomes, the lack of a training strategy and plan, very high attrition rate among the
staff at all levels have compromise the impact of training programmes.

185. Majority of births in the country are happening outside of health facilities. Constant
upgrading of skills of health service providers at community level by providing a special
training and supervision by well trained midwives would significantly increase quality of
maternal care.

186. Investments in increased number of skilled health providers at community level is not
effective in reducing MMR unless referral health centers can offer comprehensive EOC.

187. Forging partnerships with district management health teams, parent groups,
adolescents and community leaders during training needs assessment leads to creation
of a supportive environment for the establishment of adolescent friendly services and in
clients’ driven quality services.

188. The Reproductive Health of youths will not be improved unless Health Programmes for
adolescents incorporate access not only to information but to services on sexual and
reproductive health.
189. The approach to enhance youth-friendly information on Reproductive Health/Family Planning/Sexual Health (RH/FP/SH) through supporting Youth Centers, Youth Network, National Youth Parliamentarians, close collaboration with NGOs, such as RAID-Gambia and GFPA, has been very successful and addressed quite well young people’s reproductive health and rights issues in terms of IEC/BCC and awareness creating.

190. RH needs of refugees and displaced groups of populations are not addressed adequately.

191. Such innovations, as conducting Open Field Days to sensitize community and raise awareness on RH issues, and in-service training of health providers, as well as quarterly in-service meetings proved to be very successful and contribute very positively to the achievement of outputs.

192. Contraceptives logistic management, supported by UNFPA and other donors, is functional at the moment as a result of those interventions. There is a significant increase in the number of service delivery points offering condoms and other family planning methods.

193. Lack of governmental budget investments in the procurement of contraceptives reduce sustainability of the FP programmes.

194. Integrating contraceptive distribution and HIV education increases the relevance of Community Based Distribution Agents at community level.

195. The reproductive health database is considerably improved, but not functional nationwide.

196. Health Information Systems remain weak and their improvement will require a coordinated effort by several agencies.

197. Availability and accessibility at all levels (national, sub-national) of sex-disaggregated data derived from National Population and Housing Census promotes integration of gender concerns in the formulation of development programs.

198. Advocacy for RH/FP/SH issues needs to be a collaborative effort between a diverse range of partners including NGOs and civil society organizations; these often have greater leverage for addressing culturally and sometimes politically sensitive issues.

199. IEC and advocacy are not really considered among the high priorities of the country during the CP5 period, so UNFPA-funded efforts are often poorly supervised. A challenge is to design approaches that are easy to implement and monitor.

200. Lack of effective coordination and monitoring of advocacy efforts at the central and national levels as well as lack and by the absence of a systematic and planned approach had negative impact on Advocacy interventions.

201. The UNFPA’s successful partnerships with non-governmental organizations (NGOs), and civil society organizations (CSOs) during CP5 contribute to their capacity building and reaching through their networks beneficiaries. The partnership with NGOs, CBOs and faith-based organizations facilitate the institutionalization of the reproductive health concept, especially reproductive rights and gender and are able to reach remote populations through community networks, promote community mobilization and participation.
Programs designed to enhance partnerships between Government and civil society groups are most successful if they combine support to local government with support to civil society. This kind of “dual channel support” offers potential synergies because it simultaneously improves local governments’ democratic procedures and strengthens civil society groups’ capacity to take advantage of these improvements.

The collaborative interventions of donors in the RH and PDS areas have significant impact on reproductive health and other issues under the mandate of UNFPA in The Gambia, and in particular, the thrust of its CP 5. This has certainly create a lot of synergies, help strengthen the spirit of partnership not only between UNFPA and other development agencies, but also between UNFPA and the Government of The Gambia.

Faith-based organizations play a crucial role in Gambian community and involvement of the Committee on Islam, Population and Development and Committee on Christianity, Population and Development and their sensitization give a great support to UNFPA programme.

The most successful collaboration with CBOs is achieved through supporting Networks of Youth, Traditional Communicators, Parliamentarians.

Using culture as an entry point is effective in addressing RH/FP/SH gender concerns at the community level.

Involvement of religious and local community leaders is essential in promoting RH issues, gender concerns and male involvement.

Capacity building of NGOs, CBOs and faith-based organizations by training, involving them in the planning activities, strengthening their capacity with the necessary tools and equipments proved to be very successful and justified, though monitoring and evaluation capacity remain inadequate.

Insufficient efforts made towards strengthening capacity of national institutions in the area of developing and assessment of IEC/BCC activities, especially in the area of researches, pre-testing and post-evaluation of the impact result in the absence of evidence-based approach in the advocacy interventions.

Addressing male involvement through RH field days and periodic social mobilizations and training of Male Community Based Agents were successful but clearly not sufficient.

Insufficient overall coordinating strategy in national Advocacy/ IEC efforts results in duplication of efforts and fragmentation of activities by different sectors.

Non-operational laws on RH rights, legality of customary laws, which are not clearly defined and are not in line with international laws on human rights, significantly compromise sustainability of achievements of advocacy efforts.

Support to Youth Centers results in effective involvement of Youth in peer education, sensitization on RH/FP/SH issues.

Violence against women and elimination of harmful traditional practices as well as male involvement requires better, wider and more strategic coverage.

Well designed IEC programmes raise awareness and promote attitude change, but are not sufficient by themselves to change complex behavior and practices. There are other essential basic foundations that should be taken into consideration for successful interventions in the RH/FP/SH area.
216. There is a strong focus on gender issues in several of the evaluated programmes. However, it is difficult to see how these programmes have contributed to the empowerment of women in local decision-making and have helped gear decentralization programs towards improving local government services for women.

217. Lack of the capacity in gender analysis and gender budgeting, across sectors and at all levels, results that gender concerns are not always taken into account in the formulation and implementation of population and development policies and programmes that promote ending gender inequalities and poverty.

218. The NEX modalities, used to implement the programme, inculcate a sense of ownership of the Country Programme itself and contribute to national capacity building efforts.

219. Limited capacity in project execution, implementation and management; difficult financial transactions due to structural and procedural problems of Government; and inadequate human resources in government counterpart and implementing agencies pose constraints to the success of NEX.

220. Planning ahead, provision of appropriate technical assistance and involving key stakeholders in formulation processes ensure production of timely and quality documents at various stages of the CP implementation.

221. Management, monitoring and evaluation of country projects need to be improved. A challenge is to develop simple, practical training that will actually improve RH, PDS and Advocacy management, as well as M&E.

222. Planning, monitoring and evaluation of interventions is not effective unless supported adequately by developed Management Information System (MIS).

223. Lack of commitment and motivation of public servants as a result of instability in tenure of office, frequent dismissals and retirements, poor incentives, low remuneration and lack of the tools to work with significantly affect the success of implementation of SP, especially at managerial level.

224. The effective operation of UNFPA CO and collaboration with its national partners depend not only on quality of staff but on its quantity as well.

225. Developing OVIs within the CP Logframe as ensures more effective. Lack of adequately defined aims, questionable logic of chain results, lack of attention to risks and assumptions, as well as not measurable, collectable and practical OVIs result in difficulties of effective utilization of the CP Logframe and planning and implementation.

226. Training of project personnel in better understanding and utilization of Logframe ensures better implementation of the Programme.

227. Strategic partnerships can be used as entry-points for bringing population issues more effectively into policy dialogue.

228. In order to make the operationalization of collaboration agreements successful, it is essential/critical to translate the agreements into joint activities, and to continuously exchange/share available information.

229. The UNFPA plays an active role as a member of UN Family Team, actively participates in UN Day Celebrations and Annual Retreats, and is adequately represented in meetings of heads of agencies, and other joint UN activities. Among others UNFPA is contributing to the national response through the UNAIDS Theme Group and technical working group.
230. There harmonization of UN team efforts would benefit if proper coordination between UN agencies within the UNDAF is in place.

231. There are good examples of effective coordination between donors, but in general coordination is considered weak, both at national and local government levels. This is a result of many factors including a common belief that donor co-ordination should be the government’s responsibility rather than donors themselves; the need for agencies to deliver a readily identifiable product; and governments’ preference of dealing with donors on an individual basis.

232. A major challenge for the programmes evaluated is sustainability. There is a general lack of strategic, long-term sustainability. Moreover, only a few programmes have been successful in securing short-term sustainability by institutionalizing their programme output, providing effective feedback to national policy-makers or elaborating on exit and mainstream strategies.

233. Capacity building seems to be most successful when coupled with extra resources to the government investments, i.e. capacity building should not be initiated as a stand-alone activity.

234. The achievements in CP implementations benefit from strong commitment of the Government, which has contributed by the salaries and benefits for project support staff, as well as providing them office space and furniture. Population Secretariat through its advocacy activities succeeded in having 5-fold increase in the government contribution to UNFPA resources in the last 2 years (2005-2006) with a multi-year funding commitment up to 2011.

235. The Gambia government has made significant contributions to population projects by mobilizing finds from various sources such as, for instance, the Government Local Fund, Highly Indebted Poor Countries, and other projects to raise $0.56 million contributed to the cost of organizing the 2003 Population and Housing Census, 15,000 US$ for Thematic Trust Fund for contraceptives.

236. Population Secretariat has successfully advocated for a budget line on Reproductive Health Commodity and for contraceptives to be part of the essential drug list. The NPCS has also advocated for extra budgetary support outside the CP5 for RH commodities, particularly contraceptives.

237. The sustainability of population programmes requires including such steps as creating a budget line in the National Expenditure Estimates and linking them to the Population Secretariat’s annual budgeting.

238. Disbursement of funds within the CP projects often delayed resulting in delayed implementation of activities.

239. CST support was crucial for programme implementation, but their missions were often delayed.

240. Poor communication and coordination between executing and implementing bodies decreased effect of synergized efforts and resulted in duplication of efforts and inefficient resource management.

241. The utilization of the CP resources was quite effective according to progress/achievements made, the challenges and constraints, affected the overall impact of the programme, were not related to the resource utilization.
7.3. **Recommendations**

**To Government**

242. Coordination and communication should be strengthened through constant dialogue, more frequent communication and circulation of information between implementing and executing agencies and among stakeholders and formalization of communication channels between project participants should be provided through regular meetings to brief participants about activities, seminars, consultant visits, meetings and supervision findings.

243. Government should ensure participating of its key decision-makers and representatives qualified in the area of RH, PDS and advocacy during the Country Programme design. This will ensure that the strategies and activities planned do reflect the needs of the country and are the most effective to achieved desired results.

244. Interventions, like the introduction of a performance based remuneration and promotion scheme, the introduction of performance agreements contracts, the implementation of a career development programme, strict, systematic enforcement of bonding schemes can be implemented to decrease level of attrition. Without addressing such issues as commitment and motivation of public servants success of interventions of the Programme will be always at risk of insufficient efficiency and sustainability.

245. Support to creating and development of Youth Centers should be scaled up and used as best practice as an effective way of involving youth in RH and gender IEC and advocacy activities and peer education in all divisions.

246. Operationalization of National IEC/BCC Strategic Framework should be supported to ensure that IEC messages and activities are properly developed to promote greater understanding of population and development issues among policy makers, and religious and traditional leaders.

247. Gender interventions should be expanded to include the introduction of a gender course in the curriculum of schools and institutions of higher education, the provision of expertise in the development of gender-related legislation, and research on gender problems.

248. Conduct regular national research and surveys to generate more reliable data needed to guide policy formulation and programme development. Support to Logistics Management Information System (LMIS) throughout the country should be provided, including provision of constant electronic transfer of contraceptive distribution data. More attention should be paid to decentralization of National Statistic Department and reinforcement of regional statistical structures.

249. Reduce number of high-level meetings (e.g. NPC and Project Managers and Directors Forum) from Quarterly, to twice annually to increase attendance of meetings.

250. Coordination and monitoring of the Programme must be reviewed to be adjusted to the reality - availability of time of designated people, hierarchy within the government system, logistical arrangements. Population Secretariat should play mainly supervisory role rather than executing. Decentralization and giving more particular and independent role to PTF at divisional levels must be enhanced. Designating focal points within PTF in each division, who will be responsible for supervision of PTF functionality and monitoring and evaluation of population and RH related activities would help to strengthen role and capacity of PTF.
251. Ensure that Government’s financial counterpart contribution is linked to the Population Secretariat’s annual budgeting and such that the contribution has a budget line in Government’s Expenditure Estimates.

To Government and UNFPA

252. Planning, monitoring and evaluation of interventions should be supported by comprehensive database of relevant indicators. This will require strengthening data collection system, development of Management Information System (MIS), through strengthening Health Management Information System Unit under the Directorate of Planning and Information of DoSH, strengthening research capacity and availability of qualified personnel the area of demography.

253. Decreasing of high Maternal Mortality Ratio should be given the priority and holistic approach must be developed. Well-defined training strategy of health providers to include in-country training by an experienced, possibly international, experts should be developed and implemented in order to involve a larger number of staff and ensure more effective way of utilizing resources towards strengthening national capacity on a long-term basis. On-going training, preferably with TOT system, is necessary to ensure that health centers are staffed by skilled and trained personnel. Community nurses and TBA should be targeted more by focusing on constant upgrading of skills of health service providers at community level and by providing a special training and supervision by well trained midwives. This strategy will work successfully only if number of health facilities, offering comprehensive EOC, will be increased and located in every division and supported by a comprehensive referral system. As a major components in reducing maternal mortality, these issues should be recognised as one of the main priorities for future interventions.

254. Support to provide RH service to Youth should be prioritized and a consistent and comprehensive plan, including training and reorientation of existing health centres should be put at both National level and within UNFPA Programme. The focus should be made on reproductive health of young people with particular emphasis on adolescent girls.

255. Mechanisms should be developed to facilitate young people’s participation in the CP. This requires inter alia greater understanding among the CO staff and government partners of issues around young people’s participation.

256. Better coordination of strategies with national plans will ensure avoiding fragmentation in the overall approach.

257. Advocacy interventions should be more connected to and integrated in RH and PDS interventions. It would require better involvement of key implementer and executors of RH and PDS related activities in the advocacy activities. Separating Advocacy from RH and PDS projects does not help for comprehensive, holistic approach to achieve goals and purposes of the Programme

258. To increase sustainability of advocacy interventions non-operational laws on RH right and legality of customary laws, which are not clearly defined and are not in line with international laws on human rights, must be addressed at the policy development level.

259. To strengthen efficiency of advocacy interventions, capacity of national institutions in the area of developing and assessment of IEC/BCC activities, especially in the area of researches, pre-testing and post-evaluation of the impact must be strengthened.
260. Given the constantly increasing number of refugees and displaced groups of populations, certain interventions must be developed to target these groups with the RH and reproductive rights issues.

261. Violence against women and elimination of harmful traditional practices must be addressed at both policy and community levels. Male involvement in supporting women’s role in decision on RH and reproductive rights decisions should become one of the priorities among other advocacy issues given the fact that their decision on such issues as birth spacing, antenatal care and access of health facilities during labor, access to education still remain dominating.

262. Study on change of behavior in the area of reproductive health, reproductive rights and gender issues must be undertaken and appropriate strategies identified to adjust programme to address results of the study.

263. In the area of legislation, support should be expanded for the development of legislation that enhances gender equity, equality, and the empowerment of women, particularly legislation to prevent domestic violence and FGM, and for the implementation of laws aiming to ensure sustainability of ICPD-friendly policies.

264. Greater effort needs to be devoted to realizing synergies between the UNFPA Country Programme.

265. In view of the likelihood of increased non-UN donor assistance, efforts should be made to further expand co-operation and coordination, including programme harmonisation, with non-UN donors.

266. Effective resource mobilization strategic plan should be developed together with other donors to ensure the success of multi-bilateral resource mobilization. Analysis of the experience is indicative that provision of the regular resources has become by far more unpredictable and changes in ceiling are impacting both advance planning of the programs, and their implementation.

267. Establish/activate technical working groups and ensure meetings are held on time, and reporting done on time.

268. Increase resource-mobilization efforts to help reduce the funding gap. South-South cooperation should be encouraged in this regard.

269. National Execution Modality should be revised to address better motivation for project staff, especially at the managerial level and proportion of interventions executed nationally should be revised accordingly to capacity of executing agencies. Capacity of Project Directors/Managers and other counterparts should be strengthened to enable them monitor and evaluate their projects. More UNFPA resources needed to be devoted to developing the capacity of government implementing partners.

270. Financial management system should be strengthened to minimize delays in the disbursement of project funds. It can be done through orientation workshops on effective project accounting procedures for Accountant General’s Department, Project Managers, UNFPA Country Office staff, National Audit Office and other stakeholders.

To UNFPA

271. UNFPA should continue to work in close collaboration with national stakeholders while formulating its program’s activities to ensure that the priorities of country needs are addressed. But particular attention should be paid to the stakeholders at decentralized
level from both governmental and non-governmental structures, as they play a vital role in implementation of the programme activities. Involvement of stakeholders from the divisional and community levels into the planning and implementing of programme implementation will enhance capacity building at local levels and improve the achievement of results of implementation.

272. The UNFPA Country Office should increase and enhance its expertise in adolescent RH, reproductive rights and in advocacy. In addition to new appointments, training and awareness raising courses for existing staff and greater support from the CST (and/or international consultants) in adolescent RH, rights and advocacy should be considered as strategies for enhancing CO capacity and expertise.

273. Technical Support is crucial for programme implementation and consistent plan, reflecting needs and priorities of the Programme, ensuring availability of necessary consultants when they are needed, must be reflected in work plans well in advance.

274. Given the fact, that very limited number of population has access to the modern media recourses, such strategies as wide use and involvement of community based communicators must be scaled up and expanded. Continuous involvement of key opinion leaders, such as political, religious and community leaders in promoting reproductive rights and education of girls, should play an important role as relevant and consistent with the country cultural and traditional peculiarities.

275. Collaboration and partnership with NGOs, CBOs and faith-based organizations should be continued and enhanced given their vital role in promoting RH issues using IEC, BCC and public information strategies that promote community mobilization and participation. Existing partnerships and alliances should be expanded to include the private sector and strengthen existing partnerships and alliances whenever possible on the basis of complementarities and comparative advantage.

276. Carry best practices from CP5 to CP6, e.g. close collaboration with CSO networks

277. Assessment of NGOs in terms their capacity and efficiency must be undertaken and evaluation of the impact of their activities must be conducted in order to ensure involvement or the most effective NGOs in the Programme.

278. The global coordination of the Country Programme should be ensured by supporting milestone meetings, reinforcing links with PRSP implementation and strengthening partnerships within UNDAF.

279. The Cluster placement of The Gambia should be reconsidered to place The Gambia in the more suitable cluster to facilitate not only the provision of effective management and technical assistance to the country, but also its participation in all regional activities such as CST/Representatives annual planning meetings, information and training workshops and seminars.
8. REFERENCES


Adolescent Health Survey 2001


Evaluation of EOC 2003

GOTG, Policy Analysis Unit, Office of the President. 2005. Reaching Out to The People: Review of Progress towards Achieving the Millennium Development Goals at the Local Level in The Gambia

Government of Gambia, National AIDS Control Program (NACP) and Medical Research Council (MRC) HIV/AIDS Sentinel Survey Reports, 2001-2004.

Maternal mortality and contraceptive prevalence study 2001


UNFPA (The Gambia) CP5 Project annual reports

UNFPA (The Gambia) financial reports

UNFPA (The Gambia) Project and Programme Documents of 5th Country Programme


9. **ANNEXES**

**Annex 1 Terms of Reference for the CPE consultants**

1. Evaluate the performance of the CP5 in terms of relevance, effectiveness and sustainability and highlight the results achieved from 2002 - 2006;

2. Assess achievement of goals, objectives, outputs and sustainability using baseline and end line data, wherever available, and assess the validity of the design of the CP with reference to the logical framework (goal, objectives, outputs, OVI, inputs and strategies);

3. Identify the internal/external factors that have affected the implementation of the CP in relation to the context;

4. Assess the use of resources mobilized for the implementation of the CP and evaluate the efficiency of the CP with respect to mobilization and use of resources;

5. Detect synergies within the Programme in order to rationalise the use of resources and improve the efficiency of the CP’s implementation;

6. Identify the constraints/challenges that have affected the attainment of programme results;

7. Assess the appropriateness and adequacy of execution modalities;

8. Assess programme management mechanisms including coordination, monitoring and evaluation

9. Draw conclusions and recommendations for the improvement of future CP’s focus and strategies.

**Annex 2: List of People Interviewed and Sites Visited**

People Interviewed:

Absatou Saidy Khan (FAWEGAM)  
Adelaide Sosseh Gaye, Executive Director, Worldview International  
Aisha Davis-Ann, Project Manager, Department of Information Services  
Alh. Banding Drammeh (Committee on Islam, Population and Development)  
Aliu Ndow (Central Statistic Department)  
Aliu Sagnia, Director, Department of Information Services  
Aliu Sarr (Central Statistic Department)  
Arafang Dibba, Chairman, Farafenni Youth Center Management Committee  
Basse Mansajang Community representatives  
Bekai Camara (Network of Journalists)  
Bintou Suso, Program Analyst, UNFPA  
Birom Bah, SRN Mid-wife, OIC, Soma Health Center  
Bishop Tilewa Johnson (Committee on Christianity, Population and Development)  
Dodou Njie (Traditional Communicator)
Dr. Mariatou Jallow, Director, IRH Project, DOSH
Dr. Reuben Mboge, Assistant Representative, UNFPA
Fatou Bojang (National Youth Council, accountant)
Ibra Jagne, National Program Manager, PDS, UNFPA
Ida Fye-Hydara (Women’s Bureau, Director)
Ivan Coker, Divisional Public Health Nurse, Farafenni Health Center, NBD
Jean d’Arc Jarju, Mid-wife, OIC, Basse Health Center
Lamin Nyabally, Director, NPCS
Mamo Jatta, Divisional Public Health Administrator, Farafenni Health Center, NBD
Momodou Sanneh (DOSE, Basic Education Directorate, Director)
Ousman Jawo, Divisional Youth Chairman, URD
Ramatoulie Cole-Ceesay, Project Manager, IRH Project, DOSH
Saikou Drammeh, DHT, Basse Health Center
Sait Mbye (National Youth Council, Director)
Sambujang Conteh (RAID - The Gambia)
Tamsir Ann (Network of Parliamentarians)
Wally Lucar, CHN General, RCH, Basse Health Center
Yankuba Dibba, Executive Director, GFPA

Group Interviews with:
    Joliyeh Nget, Divisional Health Education and Promotion Officer
    Alpha Mbalo, Nutrition Field Officer, NaNA, CRD
    Baboucarr Joof, Divisional Public Health Officer, CRD
    Babagalleh Jallow, OIC, RCH Clinic, Bansang, CRD

PTF Members, Mansakonko, LRD

Sites Visited:
    Basse Health Centre
    Bansang Hospital
    Soma Health Center
    Pakalinding Youth Center
    Farafenni Youth Center
## Annex 3: Evaluation Framework

### Evaluation framework

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<th>Subject of assessment</th>
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| National context      | Has there been any changes in the national situation during CP implementation?  
Were there any changes in the national policies and programmes in the areas of population, reproductive health and gender?  
Were there changes in major key indicators as ICPD and MDG and other social indicators at the national level, relevant to CP design and strategies?  
Are there updated data available to assess changes in those key indicators?  
Are there any new national priorities and goals established, which are relevant to the current CP outputs and to the next CP design?  
If any new policies have been adopted such as PRS and SWAps that would influence UNFPA’s future programming? | CCA report  
The Population Policy the national population programme and the programme of actions and priority investments.  
Interviews/discussion with key governmental policy makers/stakeholders                                                                                           |
| Major partners        | Who are the major partners - organizations, civil society, etc. in the areas of population, reproductive health and gender that might affect UNFPA’s programme strategies and implementation in achieving identified goals, outcomes and outputs?  
Who are the major donors in the country?  
What was the role of UNFPA in donor assistance to the Government?  
What was the level of cooperation/coordination of UNFPA with other relevant donors?  
What was the Government counterpart contribution?  
What was the level of partnerships with NGOs and Civil societies?  
How did the above-mentioned issues influenced the CP progress and implementation?  
What was CP5 contribution to UNDAF outcomes? | UNDAF document  
Interviews/discussions with representatives from major partners and UNFPA staff.  
Report of CP Mid-term Review                                                                                                                                         |
<p>| Country Programme performance: | | |
| Relevance of strategies | What are the core CP objectives and strategic approach, and how do they relate to priority of country needs, Country Policies and Programmes? | Country Programme (2002-2006), Sub-programmes, and Component |</p>
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<th>Subject of assessment</th>
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<td></td>
<td>How were the CP's focus and priorities determined?</td>
<td>Project Documents</td>
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<td>Is there coherence in approach between UNFPA CP and National Programmes?</td>
<td>Report of the Mid-Term Review</td>
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<td>What is UNFPA’s strategic role in the national RH, PDS and Advocacy sectors?</td>
<td>The CCA report</td>
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<td>To what extent does the CP respond to the range and diversity of needs of Gambian people, eg needs of male and female, married and unmarried, sexually active and non-sexually active, in-school and out of school, rural/urban, religion?</td>
<td>The Annual Project Review Reports and the tripartite reviews of projects.</td>
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<td>To what extent does the UNFPA CP reflects and demonstrates an understanding of sociocultural and economic factors influencing population’s RH and rights (eg family structure, poverty and access to economic resources, gender relations and status of women, urbanisation and migration)?</td>
<td>The Population Policy, the national population programme and the programme of actions and priority investments.</td>
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**Analysis of Sub-Programmes:**

- Contributions to outcomes; Efficiency, Effectiveness and Timeliness;

  - Whether the strategies actually used took into account the key determinants of the problems that each sub-programme wanted to address?
  - Whether the strategies employed are likely to have been effective?

| Data sources                                                                                          | Project Documents (2002-2006), Sub-programmes, and Component Project Documents | Report of the Mid-Term Review                                               |
### Subject of assessment

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| **Constraints and Challenges** | Whether the outcomes achieved and activities fully implemented?  
To what extend end-lines of outcomes and outputs are achieved?  
What were constraints and obstacles to achieve it?  
How relevant and fulfilled contributions to outcomes?  
Are the strategies for each SP activities are addressing the outcomes?  
Was the approach for implementing of the component’s activities realistic and relevant?  
What are the risks and assumptions for this component?  
Where they reflected adequately in the CP logframe and how they were managed?  
What are strengths and weaknesses of the component’ strategy and design?  
What of the component activities/strategies can be replicated in the next CP?  
What are lessons learned?  
Were the Sub-Programmes efforts and strategies synergized? | The CCA report  
UNDAF document  
The Annual Project Review Reports and the tripartite reviews of projects.  
The Population Policy, the national population programme and the programme of actions and priority investments.  
Surveys and research reports in relevant areas  
Interviews with UNFPA Country Office Staff  
Interviews/ discussions with main implementing and executing partners, key national and sectoral stakeholders |
| **National Capacity** | a) Did the CP support to national implementing partners address capacity gaps found by the assessment?  
b) Did CP interventions meet the expressed needs of implementing partners/stakeholders?  
c) Were interventions developed together with stakeholders at central and decentralized levels?  
d) Were some stakeholders left out for example the most vulnerable groups such as the poorest, rural population, youth, poor women?  
a) Policy development: did the CP support the national capacity to formulate laws, policies and national/sub-national development frameworks (including PRSPs and SWAPs) that give due consideration to population, RH/RR and gender issues?  
b) Policy implementation: did the CP support national capacity to budget, implement, monitor and evaluate laws, policies and national/sub-national development frameworks, including | Country Programme (2002-2006), Sub-programmes, and Component Project Documents  
Report of the Mid-Term Review  
The Annual Project Review Reports and the tripartite reviews of projects.  
Interviews with UNFPA Country Office Staff |
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| decision-makers to mobilize their support to the formulation and implementation of population, RH and gender policies and programmes | PRSPs and SWAPs that aim to improve RHIRR, population and gender conditions?  
   c) Did the government budget for RH, population and gender, population education increase during the CP cycle?  
   a) Managing data for development: did the CP enhance national capacity to generate, analyse, disseminate and use population-related, social, political and economic disaggregated data for decision making?  
   b) Generating knowledge: did the CP support national/regional institutions to generate, gather, use and share knowledge and evidence drawing on sociocultural, behavioral and operational research results; lessons learned from evaluation; local, indigenous, community knowledge and experiences; south south solutions  
   c) Scaling up interventions: did the CP assist national partners in scaling up successful pilots or models; in formulating scaling-up strategies and costing tools to replicate interventions and leverage resources? Were pilot interventions evaluated to assess their viability in larger scale?  
   d) Demand generation: did the CP support the capacity of national partners to promote demand for RH using IEC, BCC and public information strategies that promote community mobilization and participation?  
   a) Service delivery support: did interventions increase the availability, access and quality of RH and sexual health services?  
   b) RBM systems and tools: did interventions increase national capacity for establishing and using systems and tools, including efficient logistics and procurement systems, HMIS, population data bases, programme databases, which are results- and process-oriented for participatory programme planning, implementation and M&E?  
   c) Human resources development: did interventions enhance the capacity of regional, national institutions to train, develop, motivate and retain highly skilled human resources?  
   d) Were essential equipment and supplies provided through programme interventions? Were strategies for equipment maintenance in place?  
   a) Multi-sector partnerships: did the intervention promote and facilitate partnerships involving central and local governments, civil society, donors, private sector, regional institutions to | Interviews/ discussions with main implementing and executing partners  
   Interviews/discussions with key national and sectoral stakeholders                                                                                                           |
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<tr>
<td>5. Strengthening and promoting partnerships and networking</td>
<td><strong>a)</strong> Strengthen national capacity to engage in policy dialogue, awareness creation, formulation and implementation of policies and programmes on RH/RR, population and gender? Did UNFPA partner with key players in RH, population and gender in the country (for example those involved in poverty reduction strategies, health sector reforms and sector wide approaches)?&lt;br&gt;&lt;br&gt;<strong>b)</strong> Did programme interventions promote coherence and coordination among donors in support of RH, population and gender?&lt;br&gt;&lt;br&gt;<strong>c)</strong> Capacity building of Community-based Organizations: did programme interventions increase the sustainability and absorptive capacity of CBOs at regional, national, sub-national levels to engage in policy and programme formulation, M&amp;E?</td>
<td>Country Programme (2002-2006), Sub-programs, and Component Project Documents&lt;br&gt;The Annual Project Review Reports and the tripartite reviews of projects.&lt;br&gt;Interviews with UNFPA Country Office Staff&lt;br&gt;Interviews/discussions with main implementing and executing partners&lt;br&gt;Interviews/discussions with key national and sectoral stakeholders</td>
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<td>Programme Management:</td>
<td><strong>Was the adequate training/ technical backstopping provided for the executing agencies?</strong>&lt;br&gt;<strong>What was the level of support of UNFPA office to the executing agencies?</strong>&lt;br&gt;<strong>Where all the relevant reports submitted timely and accurately?</strong>&lt;br&gt;<strong>What were the main obstacles/constraints affected the CP implementation?</strong>&lt;br&gt;<strong>What are weaknesses and strengths of the executing agencies and how they can be used/avoided during the next CP implementation?</strong>&lt;br&gt;<strong>What coordination and collaboration systems were put in place? What were their strengths and weaknesses?</strong>&lt;br&gt;<strong>What synergies were established among partner interventions? Were opportunities for synergies missed out?</strong>&lt;br&gt;<strong>Did the CO and national counterparts use the logical framework and indicators to monitor programme progress, for example during supervisory visits, in progress reporting and during annual progress meetings? What were constraints?</strong></td>
<td>Country Programme (2002-2006), Sub-programs, and Component Project Documents&lt;br&gt;The Annual Project Review Reports and the tripartite reviews of projects.&lt;br&gt;Interviews with UNFPA Country Office Staff&lt;br&gt;Interviews/discussions with main implementing and executing partners&lt;br&gt;Interviews/discussions with key national and sectoral stakeholders</td>
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<td>Recourses</td>
<td><strong>Were the resources allocated for the CP utilized according to the budget lines?</strong>&lt;br&gt;<strong>Was the utilization of the resources effective according to progress/achievements made?</strong>&lt;br&gt;<strong>Were the resources allocated utilized according to workplans?</strong>&lt;br&gt;<strong>What were the main constraints/obstacles for effective utilization of resources?</strong></td>
<td>Country Programme (2002-2006), Sub-programs, and Component Project Documents&lt;br&gt;The Annual Project Review Reports and the tripartite reviews of projects.&lt;br&gt;Interviews with UNFPA Country Office Staff</td>
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<td>Were alternative, less costly approaches considered to achieve expected results?</td>
<td>Interviews/discussions with key national and sectoral stakeholders&lt;br&gt;The budget sheets of Projects status, which reflects the situation of implementation by project and allows a comparison with initial plans.</td>
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