
by

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In the course of this mission, our families were deprived of our presence and attention. We appreciate their understanding, patience and moral support. Finally, we give the glory to God Almighty who gave us the knowledge, wisdom and strength that propelled us to success.
List of Abbreviations and Acronyms

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<td>AC</td>
<td>Accounts Clerk</td>
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<td>ADB</td>
<td>African Development Bank</td>
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<td>AIDS</td>
<td>Acquired Immuno-Deficiency Syndrome</td>
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<td>ANC</td>
<td>Ante Natal care</td>
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<tr>
<td>AWP</td>
<td>Annual Work Plan</td>
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<tr>
<td>ARR</td>
<td>Assistant Resident Representative</td>
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<td>ASRH</td>
<td>Adolescent Sexual Reproductive Health</td>
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<td>BAFROW</td>
<td>Foundation for Women’s Research and the Environment</td>
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<td>BCC</td>
<td>Behaviour Change Communication</td>
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<td>BEmOC</td>
<td>Basic Emergency Obstetric Care</td>
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<td>BPIA</td>
<td>Beijing Platform for Action</td>
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<td>CAI</td>
<td>Child Advancement International</td>
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<td>CBO</td>
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<tr>
<td>CBR</td>
<td>Crude Birth Rate</td>
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<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
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<td>CEmOC</td>
<td>Comprehensive Emergency Obstetric Care</td>
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<td>CO</td>
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<td>COAR</td>
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<td>Country Programme Action Plan</td>
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<td>Central River Region</td>
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<td>Civil Society Organization</td>
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<td>Direct Execution</td>
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<td>Department of Health Services</td>
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<td>ECTH</td>
<td>Emergency Child Trauma &amp; Health</td>
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<td>EMIS</td>
<td>Education Management Information System</td>
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<td>EMNCH</td>
<td>Emergency Maternal and Neo-natal Child Health</td>
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<td>FA</td>
<td>Finance Assistant</td>
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<td>Financial Authority and Certificate Expenditure</td>
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<td>FANC</td>
<td>Focused Ante Natal Care</td>
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<td>FAWEGAM</td>
<td>Forum for African Women Educationist-The Gambia Chapter</td>
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<td>FBO</td>
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<td>FGM/C</td>
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<td>GAMCOTRAP</td>
<td>Gambia Committee on Traditional Practices</td>
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<td>GamNIOPD</td>
<td>The Gambia Network of Islamic Organizations on Population and Development</td>
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<td>GBoS</td>
<td>The Gambia Bureau of Statistics</td>
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<td>GBV</td>
<td>Gender Based Violence</td>
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<td>GFN</td>
<td>Gender Focal Network</td>
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<td>GoTG</td>
<td>Government of The Gambia</td>
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<td>HMIS</td>
<td>Health Management Information System</td>
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<td>ICPD</td>
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<td>IEC/BCC</td>
<td>Information Education Communication/Behaviour Change Communication</td>
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<td>MDA</td>
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<td>Millennium Development Goal</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MoBSE</td>
<td>Ministry of Basic and Secondary Education</td>
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<td>MoHSW</td>
<td>Ministry of Health and Social Welfare</td>
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<td>MTR</td>
<td>Mid Term Review</td>
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<td>National Nutrition Agency</td>
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<td>NBER</td>
<td>North Bank East Region</td>
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<td>National Committee on Christianity, Population and Development</td>
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<td>NGO</td>
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<td>NSDS</td>
<td>National Strategy for the Development of Statistics</td>
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<td>NWM</td>
<td>National Women’s Machinery</td>
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<td>OVP</td>
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<td>PCM</td>
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<td>PIH</td>
<td>Pregnancy Induced Hypertension</td>
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<td>PM</td>
<td>Programme Manager</td>
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<td>PoA</td>
<td>Plan of Action</td>
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<td>PRGS</td>
<td>Poverty Reduction Growth Strategy</td>
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<td>Poverty Reduction Strategy Paper</td>
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<td>PTCT</td>
<td>Parent to Child Transmission</td>
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<td>TECH/VOC</td>
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<td>United Nations Children’s Fund</td>
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<td>Upper River Region</td>
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<td>UTG</td>
<td>University of The Gambia</td>
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<td>Village Development Committee</td>
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<td>WCR</td>
<td>West Coast Region</td>
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<td>WDC</td>
<td>Ward Development Committee</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Executive Summary

The Sixth Country Programme (CP) of UNFPA assistance to the Government of The Gambia (2007-2011) focuses on maternal health, reproductive health information and services and the collection and utilization of gender disaggregated data for development, planning and poverty reduction. It is informed by national development goals and is fully aligned with international development frameworks like the MDGs, UNDAF, ICPD PoA and UNFPA Strategic Plan (2008-2011). An evaluation was conducted between November and December 2010 (the penultimate year of the CP) by a team of one International and two National Consultants to assess the achievements of the programme, the factors that facilitated or hindered those achievements and to document lessons learnt to inform the programming phase of the Seventh Country Programme (2012-2016). The methodology employed desk reviews of project documents, meetings with relevant Government and UNFPA officials, interviews of key programme persons and focus group discussions with Implementing Partners (IPs) and beneficiaries. Measurement of programme performance was based on the CP outputs, indicators, baselines and targets as in the “Results and Resources Framework” of the Country Programme Action Plan (CPAP). The major limitations of the assignment were insufficient time for data collection and CP design and measurement problems due to a general dearth of data emanating from poor recordkeeping, uncoordinated databases and incomplete baselines and targets of the CPAP Results and Resources Framework.

Country Programme Implementation

The CP employs the national execution (NEX) modality. Funds disbursed passed through a government project basket fund in a two-cycle process that slowed down project implementation due to institutional bottlenecks and delays associated with improper documentation by the IPs. Currently, a new single-cycle arrangement that significantly shortens transaction time has been put in place. The IFMIS guarantees a 48 hour turn over period if all documents are in place. The system of checks and balances that were put in place by the CO to ensure proper financial reporting and transparent and accountable financial systems resulted in an unqualified audit report for 2009 which was a huge improvement on the 2007-2008 qualified audits. It is expected that this system will be sustained through building capacity of recipients of UNFPA funds. The only Direct Agency Execution (DEX) activities that UNFPA is involved in are the payment of salaries of programme staff and international procurement of RH commodities, cartography equipment and vehicles through Copenhagen; for which UNFPA has a comparative advantage.

The Reproductive Health and Rights Component

The RH component of the Sixth Country Programme improved access to integrated quality RH information and services, including family planning at all levels, improved access to HIV prevention and youth-friendly information and services. It also increased awareness and behavioural change of the population regarding gender, RH and rights. In 2008, UNFPA in collaboration with CAI-UK and MoH&SW trained 48 doctors, nurses and midwives in emergency maternal and newborn child health (EMNCH) care nationwide. In 2009, UNFPA and WHO supported EMNCH services in Basse Major Health Centre in URR. UNFPA also procured medical equipment to replicate EMNCH intervention at the centre and provided the referral system with guidelines and manuals and the provision of Emergency Obstetric services commenced in March 2010. As a result, there has been no incidence of a maternal death in this facility since August 2010, referrals to Bansang Hospital have dropped from 125 in 2007 to 59 in 2010 and 50 Caesarean sections have been performed.
UNFPA has also been the sole provider of contraceptives for the MoH&SW including condoms. Almost all the service delivery points in the country are offering at least four RH services and none of the five (out of the six) Regional Health Teams visited reported stock-outs of family planning commodities over three months prior to the survey.

UNFPA is supporting four of the five youth-friendly centres operating in The Gambia. Two of the UNFPA supported centres – New World for Youths (NEWFOY) in Bundung, West Coast Region and Farafenni Youth Centre located in the North-Bank-East Region – were evaluated. Both facilities were found to be fairly well-equipped with ICT, audio visual equipment and recreational facilities. The centres address RH issues such as teenage and unwanted pregnancies, early and forced marriages and life skills education through intensified IEC messages on STIs and HIV/AIDS prevention. Young people are empowered to make decisions that affect their RH and rights and this has led to reduced incidences in the prevalence rate of STIs, unwanted pregnancies and baby dumping among youths. NEWFOY also provides VCT screening and management of STIs.

The use of the national IEC/BCC Strategic Guidelines is facilitating sensitization campaigns targeting community members (male and Female) who are now gradually appreciating the effects that GBV, FGM/C and early marriages have on the health of women and girls. This has been made possible through the sensitization and awareness creation activities of religious leaders, Parliamentarians, Law Enforcement Agents and the media. At the grassroots level, structures such as the Traditional Communicators and community radios are used to sensitize the population on gender and SRH and a wide range of population-related issues. These have all resulted in a high level of male involvement in SRH to the extent that some men now accompany their wives to the health facility in the case of an emergency.

**Population and Development (PD) Component**

In PD, the programme developed the *Gambia* (a customized version of *DevInfo* for The Gambia) with development indicators relating to planning instruments and frameworks like the PRSP, MDGs, ICPD PoA, UNDAF, VISION 2020, etc. The National Databank and National Population Policy were produced by the NPCS in 2007 and 2009 respectively, validated and disseminated. This created awareness on the principles of the policy and galvanized grassroots support among stakeholders for the smooth implementation of the policy.

The CP recorded very impressive results in institutional capacity building as many key IPs were given training in various aspects of programme implementation. Yearly training in results based management in M&E, human resource management, NEX modality, HACT and FACE have been done. Seminars, symposia and workshops on the Population Policy and Population Databank have been undertaken in all regions. The M&E training of the PTFs in URR, LRR, NBR and CRR were accomplished in 2008-2010 and that for PTFs in the rest of the regions is planned for 2011. In 2007, three officials from UNFPA, UNDP and UNICEF participated in DevInfo training in India. In 2010, the development of new curricula for courses in PD at UTG was completed and validated by key stakeholders in the education sector. NPCS and Department of Information Services benefited from short term fellowships to train in M&E in Swaziland.

The building of capacities in the various institutions has enabled a smooth programme implementation and supported efforts at sustaining the programme results beyond the current CP. These institutions are supporting ongoing development efforts in other sectors.
The UNFPA is actively supporting preparations for the 2013 PHC and a number of results have been recorded. The road map for the census, advocacy document for a good round table for resource mobilization and a mapping manual have been prepared. In addition, the existing mapping resources have been reviewed, a comprehensive census mapping methodology and a three year work plan developed. Preparations for the census will take onboard preparations for the holding of the first ever Demographic and Health Survey in 2012. The strategy will minimize the real cost of either activity.

The CP has engendered a growing capability to generate, process and disseminate data. Population is increasingly being integrated into development plans and programmes. In addition, UNFPA is fully funding the Higher National Diploma in Population and Development at UTG. The course strengthens capacity in population programming by acquainting students with the principles and relationships between population and development, and equips students with a critical mindset on the application of population variables in development work.

The Population/Life Skills Education (POP/LSE) programme in schools has been extremely well-received by teachers, parents, pupils and education authorities. Its integration into the school system has created awareness among pupils about how to tackle the social problems that result from biological/physiological changes to their bodies. Attitudinal change due to weakening cultural beliefs has made parents to discuss how to avoid the dangers of sexual and RH issues with their wards and children. Anecdotal evidence suggests that the incidence of early sexual activity, early marriages and teenage pregnancies in schools and school drop-outs among girls have reduced considerably due to school teaching on these matters.

**Gender Mainstreaming**

Significant achievements have been recorded under the two outputs of the Gender Component of the 6th CP, when measured against the indicators. A strengthened National Women’s Machinery backed by strong political will at the highest level with a solid legal status and policy - National Gender and Women’s Empowerment Policy 2010-2020 – specifies goals and clear lines of organizational responsibility and accountability. This has contributed to the incorporation of gender perspectives into policies and programmes, decision-making in planning and monitoring of gender activities at all levels.

The Women’s Bureau and its contractees (GAMCOTRAP, BAFROW and FAWEGAM) have successfully conducted gender awareness training for all sectors of government including the National Assembly, the judiciary, local government officials, statisticians, the private for profit sector and CSO at the national and local levels, resulting in increased gender sensitivity and awareness and desired attitudinal and behavioural changes. This achievement is strengthened in organizations by inter-sectoral linkages through committees and gender focal points.

To accelerate the reduction of FGM/C and other harmful practices, the main perpetrators (the circumcisers) participated in the “Dropping of the Knife Ceremonies”. They were given financial resources as alternative sources of income to ensure that they do not revert to the practice. Establishment of the National Steering Committee on GBV provided the necessary forum for dialogue among all stakeholders and facilitated harmonization of interventions and approaches.

Access to time-saving technologies has helped women increase their productivity as well as launch income-generating pursuits and entrepreneurial ventures. These kinds of outcomes empower women to become stronger leaders and to more effectively contribute financially to their families and communities and this in turn helps to reduce their vulnerability to domestic violence and HIV infection. An unexpected outcome from these garden schemes is the linkage
with maternal health. The women farmers are able to link the eating of green vegetables with the reduction of anaemia in pregnancy and healthy newborns with good birth weights.

The engagement of religious, opinion, traditional and youth leaders has greatly contributed to increasing male involvement and participation in birth and childcare in all regions. Their involvement in advocacy against SGBV is a transformational change agenda that reflects a better understanding of gender relations and related structural inequalities. This means that a wind of change in cultural norms on masculinity and sexuality.
PART A: INTRODUCTION

1.0 Background

1.1 Brief Description of the Sixth Country Programme (2007-2011)

The Gambia has a population of about 1,640,000 with a phenomenal rate of growth of about 2.7 percent per annum. The growth rate is due to a youthful age structure (about 45 percent of persons are less than 15 years of age); a high fertility regime (total fertility rate is 5.4); rapidly declining but high (41 per thousand) crude death rate and a relatively high net international migration (about nine percent lifetime international migrants) making for a population doubling time of only 26 years.

Entrenched socio-cultural stereotypes and the low status of women undermine efforts at attaining gender equity, equality and empowerment. Over 60 percent of the people live below the poverty line and poverty is increasingly a rural phenomenon that disproportionately and adversely affects females. Age at first marriage is typically less than 18 years for females and they experience higher school drop-out rates due to teenage and unwanted pregnancies. With a contraceptive prevalence rate of about 13 percent, high unmet family planning needs and a maternal mortality rate of 730 per 100,000 live births, there is an increasing problem of adolescent sexuality with far-reaching social and economic consequences. Yet, there is a critical dearth of reliable, sufficient, high quality and timely data that are disaggregated by gender and lower level geographical reference for planning, implementation, monitoring and evaluation of development interventions.

Government of The Gambia (GoTG) has been receiving assistance from United Nations Population Fund (UNFPA) since 1972. On 6th June 2007, a Sixth Country Programme (6th CP) (2007-2011) was signed with the overall goal of contributing to the improvement of the quality of life and standard of living of the people of The Gambia. The programme focuses on: (a) maternal health; (b) reproductive health information and services, with a focus on young people and HIV prevention; and (c) the collection and utilization of gender-disaggregated data for development, planning and poverty reduction. The programme is supporting policy dialogue and advocacy on population, gender and reproductive health (RH), and adopts a rights-based approach to programming at national and decentralized levels. The total budget is US$ 5.5 million; of which four million would come from regular resources and 1.5 million provided through co-financing modalities and other sources.

1.2 Purpose of the Evaluation

In 2010, the penultimate year of the current programme, it is required that an end of programme cycle evaluation should assess the extent to which the substantive content and implementation strategy of the Country Programme (CP) corresponds to the country needs. The evaluation assessed the achievements of the programme, the factors that facilitated or hindered those achievements and documented lessons learnt to inform the programming phase of the Seventh Country Programme (2012-2016) (7CP) of UNFPA assistance to The Gambia.

1.3 Main Issues Addressed in the Evaluation

The evaluation focused on the outputs of the interventions programmed under the 6th CP. In this connection, issues of CP relevance and adequacy to national and international goals and targets, assessment of programme design, contribution to national capacity building and programme sustainability were investigated. The implementation, monitoring and evaluation mechanisms as well as coordination approaches were also assessed. The evaluation
further examined issues of impact and sustainability, the efficiency of programme inputs through the effectiveness of fund disbursement and related implementation modalities.

1.4 Methodology

The evaluation adopted a mixed approach to assess the specific objectives of the exercise. These included a review of relevant documents, collection of quantitative data from extant documentation and fieldwork, conduction of key informant interviews, focus group discussions and participatory and non-participatory observations.

1.4.1 Review of Documents

The evaluation benefited from a copious of programme related documents including the Country Programme Document (CPD) for The Gambia and the associated CPAP; the Mid-Term Review (MTR) of the CPAP; quarterly and annual reports; Annual Work Plans (AWPs) for implementing partners (IPs); policy publications and implementation strategies of line Ministries, Departments and Agencies (MDAs) of government related to gender, population and development (PD) and Reproductive Health (RH), and as well as those produced by Implementing Partners (IPs) and the UN Group. Document reviews (Annex C) provided background information on various aspects of the 6TH CP, including the implementation set-ups and strategies, funding levels, details of IPs and execution arrangements, partnerships or collaboration, institutional and technical capacity related issues, status of implementation and challenges. The information was triangulated in an inductive-deductive framework based on the nature and level of reliability of the data, the experiences of the country situation and similitude of scenarios elsewhere in the sub-region.

1.4.2 Quantitative- Qualitative Approach

The measurement of programme performance was based on the CP outputs, indicators, baselines and targets as indicated in the “Results and Resources Framework” of the Country Programme Action Plan (CPAP). Quantitative and qualitative data generated by the projects were gathered during the evaluation exercise. Specific questionnaires were developed for various target groups (Annex D) but a flexible guide that could be adjusted to suit several categories and projects was adopted for the Focus Group Discussions. The advantages of these strategies are enumerated in sub-Sections 1.43-1.45 below.

1.4.3 Key Informant Interviews

Interviews were based on semi-structured questionnaires (Annex D) and the framework for the review questions was based on the key issues to be addressed as in Section 1.3. The targeted stakeholders that were interviewed included functionaries in government MDAs; Heads and Staffs of respective United Nations Agencies and Programmes, and relevant Civil Society Organizations (CSOs). Particular attention was paid to women and youth groups, religious and opinion leaders and chiefs, and institutions serving in their interests in all regions of The Gambia. Information gathered from key informants proved very valuable in documenting implementation experiences and recommendations for the future.

1.4.4 Focus Group Discussions (FGDs)

Pre-arranged and impromptu FGDs were held in some of the project sites visited. The groups included Regional Health Teams, individual project management teams and grassroots programme beneficiaries. These group discussions gave deeper insights into the status of programme implementation and impact from various perspectives.

1.4.5 Participant Observations

During field work, both participatory and non-participatory techniques were used to obtain information. At each project site, the Evaluation Team members observed on-going operational dynamics. This provided a much clearer picture of real situations regarding the implementation of the CP activities.
1.5 Structure of the Evaluation Report

The evaluation report is presented in four parts. Part A is the introduction that describes the programme. It summarizes the evaluation purpose, objectives and key questions, details the methodology employed in the conduct of the exercise and describes the structure of the evaluation report. In Part B, the main findings are discussed. It lays out the programme design and implementation within the framework of programme delivery. The achievement of results, as measured against the output indicators, is presented as per the main programme areas of RH, PD and Gender. It concludes by analyzing the facilitating and constraining factors that attended the achievement of the results and the prospects for sustaining programme results from a country ownership perspective. The lessons learned from the implementation and performances of the programme are enumerated in PART C. Best practices are highlighted to inform the programming of the next CP (2012-2016). On the basis of the findings and lessons learnt, the report wraps up in Part D by itemizing recommendations for further implementation of the CP.

1.6 Limitations of the Study

The study was beset with certain limitations. The amount of time available for data collection was grossly inadequate. There is a general paucity of data due to poor recordkeeping and uncoordinated databases. The absence of baseline data and targets affected the design of the CPAP to the extent that there were insufficient output indicators. This gap was confirmed in the Mid Term Review of the CP. These posed measurement problems for the evaluation exercise and recourse had to be made to using reports and situational, anecdotal pieces of evidence to substantiate some of the findings.

PART B: FINDINGS AND CONCLUSIONS

2.0 Country Programme Design and Implementation Issues

2.1 Programme Relevance and Design

2.1.1 Contribution of Programme to National Goals

The CP is generally aligned to the Poverty Reduction Strategy Paper (PRSP II: 2007-2011), the MDGs and Vision 2020. The RH component supports the goals of the National Health Policy, RH Policy, The Gambia Road Map to Accelerate the Reduction of Maternal and Newborn Morbidity and Mortality, and other programmes in the health sector. The PD component supports the implementation of the Population Policy, National Youth Policy and Education Policy. The Gender component is strongly aligned with the Gender and Women’s Empowerment Policy and the programmes of the Women’s Bureau.

2.1.2 Contribution to Goals of UNDAF, UNFPA Strategic Plan and ICPD Programme of Action

The CP contributes to three UNDAF areas of cooperation, namely: (1) poverty reduction and social protection; (2) basic social services; and (3) governance and human rights. In line with the UNDAF outcomes, five UNFPA CP outcomes were identified:

1. Increased use of integrated high quality sexual and RH services;
2. Young people practice safer behavior to reduce STIs, HIV and unwanted pregnancies;
3. Increased availability of population, reproductive and gender information for planning, monitoring and evaluation;
4. Strengthened national capacity to integrate population, RH and gender concerns into policies and programmes, and
5. Gender equality and equity, and the empowerment of women and girls promoted through a culturally sensitive, rights-based approach.
2.2 Implementation Modalities

2.2.1 National Execution (NEX)

In line with UNFPA global policy of fully operationalizing the Paris Declaration, programme implementation is progressively being handed over to the Government of The Gambia (national execution of programme deliverables or NEX). Responsibility for the formulation, management and implementation of projects by the host government has its own set of challenges. NEX has the potential to greatly improve the capacity of institutions to manage projects and programmes under the right conditions. This has been amply demonstrated in The Gambia where learning by doing experience of actively executing and implementing projects and programmes has strengthened capacity of the counterparts and recipients of funds to manage and report in a manner that is of international standard.

For example NEX in The Gambia is practicalized through two of the four Cash Transfer Modalities as follows: Direct Cash Transfer which has been used mainly since 2007 and Direct Payment to Vendors. A micro assessment of Implementing Partners (IPs) was carried out to assess the level of risks and kind of financial assurance associated with the inclusion of each IP. This determined the type of cash transfer modality used in dealing with the IPs. Delays in disbursing funds to the implementing partners which were partly attributable to the factors that were intrinsic to the organisations themselves such as inadequate supporting documentation due to poor record keeping and others to slowness of the processing the request at the Treasury (bureaucracy). Workable solutions to this problem were found at a tripartite meeting between UNFPA and the Directors of NPCS and National Treasury in June 2010. Since then the Integrated Financial Management Information System (IFMIS) has been rolled out thus allowing the Project Accountant to process all payment vouchers within 48 hours whilst printing and signing of cheque functions still lie with Treasury. Hence, with the new, single-system processing, the turnaround time, barring all other problems, is shortened. The quarterly monitoring and system of checks and balances that have been put in place facilitates identification of weaknesses and serves as an early warning system for remedial actions thus mitigating most of the risks. The steps taken by the CO to put in place transparent and accountable system of financial management and reporting is highly commendable and should be sustained.

2.2.2 Direct Agency Execution (DEX)

The only DEX activities that UNFPA is involved in are the payment of salaries of programme staff and international procurement of RH commodities, cartography equipment and vehicles through Copenhagen; for which UNFPA has a comparative advantage.

2.2.3 Linkages

The CP is national in scope and includes joint programmes with UNICEF, the World Health Organization (WHO) and the United Nations Development Programme (UNDP) on HIV/AIDS, safe motherhood, data collection and management, and human rights. It also has built-in linkages among the CP components and is compatible with GoTG, CSOs and NGO programmes in the sectors of RH, education, youth and gender; including the creation of livelihood possibilities for poverty reduction especially among rural women’s groups.

2.3 Coordination and Partnerships

The CP is under the overall coordination of the National Population Commission (NPC) at the Office of The Vice President (OVP) with technical support from the NPCS. At the policy level, the NPC chaired by Her Excellency the Vice President and Minister of Women’s Affairs, convenes bi-annual meetings to address policy-related matters in the CP. This
arrangement gives political clout and visibility to the implementation of the CP. The efficiency of this mechanism is seen in its facilitation role in helping to address bottlenecks. For example, it was easy to take remedial actions to put in place a fast tracked payment system for CP implementation.

In addition, a Technical Working Group (TWG) composed of programme Directors and Managers (including representatives of NGOs and other implementing institutions) meet quarterly to provide technical guidance on programme implementation. At the decentralized level, the PTFs facilitate and monitor implementation. The PTFs are an important platform on which many development initiatives can thrive. They are well placed at the grassroots level to function as decentralized agents in the development of a value addition chain but need to be supported with adequate resources for better performance.

The Ministry of Health and Social Welfare (MoH&SW), the NPCS and the Women’s Bureau are the key government institutions responsible for the coordination of the RH, P&D and Gender programme components respectively. The Reproductive and Child Health (RCH) Unit of MoH&SW, the Gambia Family Planning Association (GFPA), the Department of Information Services (DoIS) and the Department of Youth and Sports, through the National Youth Council (NYC), implement the integrated RH component. At sub-national level, integrated RH activities are implemented through Regional Health Teams (RHTs). DoIS coordinates the awareness activities of the three components. These activities are implemented by Faith Based Organizations (FBOs), Networks of Parliamentarians, Journalists, Traditional Communicators (TCs) and the Committees on Islam and Christianity. The NPCS, GBoS, UTG, and the POP/FLE unit of MoBSE implement the activities under the P&D component. MoBSE also coordinates the implementation of UNFPA activities in the UTG and other educational institutions. The Women’s Bureau, GAMCOTRAP, BAFROW and FAWEGAM implement the activities under the Gender component. By the elaborate partnership and networking with state and non-state actors, the CP finds itself compatible with all of them; engendering sustainability through complimentarily and supplementarity.

2.4 Monitoring and Evaluation (M&E)

2.4.1 Mode of Assessment
The effectiveness of monitoring, evaluation and reporting was assessed through a document evaluation and interviews with the National Programme Officer PD at the CO and the NPCS officials. The evaluation focused on assessing:
- Existence of a clear framework for M&E;
- Partnerships and linkages with national M&E institutions and frameworks;
- Extent to which performance monitoring was undertaken;
- Extent of utilization of results from the M&E system for programme and project management,
- Existence of capacity enhancement measures for results based monitoring, and
- Some key informant interviews.

The documents evaluated were CPAP (2007-2011) and progress reports. The CPAP Results and Resources Framework and CPAP Planning and Tracking Tool were assessed for adequacy of measuring programme results and for completeness. Their efficacy is discussed under the section on output indicators.

2.4.2 Framework for Monitoring and Evaluation

It was difficult to measure progress in this area due to an absence of baseline indicators and targets. An M & E Framework requires the development of an objective set of indicators at
the beginning that can be used to measure progress at the end of the programme. This gap in the Results and Resources Framework was identified in the Mid Term Review of the CP. Effectiveness of reporting was assessed by examining a number of Quarterly Reports that were submitted in 2007 to 2010. The CP has a guiding M&E Plan which was presented and formally adopted at the Mid Year Review held in September 2010 for ownership by partners.

2.4.3 Extent of Country Programme Performance Monitoring

In a bid to strengthen M & E of the CP, the UNFPA CO has recently supported the NPCS with an M&E Officer who is responsible for coordinating, monitoring and evaluation. This inter alia will help build RBM capacity and provide an opportunity to revise the indicators and ensure that the reporting focuses on the monitoring of fewer, more relevant indicators. These efforts will strengthen programme and results-based management and should help to mitigate the risks related to these areas identified in the MTR.

A number of M&E coordination related meetings/activities were undertaken by the Population Task Forces between 2007 and 2010 and reports submitted to the NPC. An M&E tool has been developed for use during the joint monitoring visits. The effectiveness of the tool is limited as most IPs are not familiar with it.

The CO also conducts quarterly evaluations based on quarterly reports from IPs. These reports need to be synthesized into CO Quarterly Reports for monitoring purposes. The CO produces the mandatory Country Office Annual Report (COAR) which informs CP implementation in the succeeding year.

3.0 Achievement of Programme Results

3.1 Reproductive Health

3.1.1 Output One: Improved Access to Integrated Quality Reproductive Health Information and Services, including Family Planning at All Levels.

The achievement of programme results is done with regards to the Output Indicators and Strategy that were itemized in the results and resources framework of the CPAP (Annex F). At the end of the fourth year of CP implementation, the results are:

a) Provision of Basic and Comprehensive Emergency Obstetric Care

In 2008, UNFPA in collaboration with CAI-UK, and MoH&SW trained 48 doctors, nurses and midwives in emergency maternal and newborn child health (EMNCH) care nationwide. In 2009, UNFPA and WHO supported EMNCH services in Basse Health Centre in URR. UNFPA also procured medical equipment to replicate EMNCH intervention at the centre. Since March 2010, this facility has been providing basic and comprehensive emergency obstetric care (BEmOC and CEmOC) on a 24 hour basis.

Facility records show that there has been no incidence of maternal death since August 2010 and referrals due to maternal and RH emergencies to Bansang Hospital dropped from 125 in 2007 to 59 in 2010. In addition, a total of 50 caesarean sections have been performed since the centre commenced services for CEmOC. Good maternal health outcomes, e.g., safe delivery of a healthy baby and mother, have been attributed to the provision of both BEmOC and CEmOC services on a 24 hour a day basis. This indicates that almost all maternal
deaths can be prevented through ensuring access to skilled attendance at birth; with timely access to effective emergency obstetric care in the event of a complication.

UNFPA supported capacity building by providing medical equipments worth over $50,000.00 to enhance better delivery of reproductive services and the agency has also been the sole provider of contraceptives for the MoH&SW; including condoms (which account for 24.5 percent by value of all contraceptives) for HIV/AIDS prevention. Since 2007, UNFPA has spent US$680,578 on contraceptive procurement. In addition, it enhanced skills of health workers by funding a series of training on contraceptive technology for different cadres of health care providers from MoH&SW and other partners. In 2009, training was also provided for service providers, traditional birth attendants (TBAs) and village health workers on EMNCH/Emergency Child Trauma & Health (ECTH). Moreover, reported cases of incidences of malaria in pregnancy have reduced through focused ante natal care (FANC). UNFPA has also supported the revision of The National RH Policy 2007-2014 to incorporate emerging issues.

b) Improvement in Reproductive Health Commodity Security
Almost all the service delivery points are now offering at least four RH services. This result meets the target set in the CPAP. UNFPA funded a situational analysis on RH Commodity Security (RHCS) that helped to provide basic information on RHCS. The RHCS logistics management tools were reviewed and updated in order to improve the Logistics Management Information System (LMIS); thereby ensuring RH commodity security by building the capacity of health personnel to do forecasting of RH commodities.

Of the five out of six Regional Health Teams visited for this evaluation, none of them reported stock-outs of FP commodities for more than three months (83%). (Only one of the five visited, reported stock-outs of FP commodities for a duration of only one month). Family planning (FP), and adolescents/youth Sexual and RH issues are being addressed both at the levels of the institution and the communities bringing about an unexpected uptake of FP services resulting in safe motherhood outcomes; e.g., reduced numbers of abortions and unplanned pregnancies in the North Bank East and West Coast Regions). Reaching out to women with a range of family planning methods, particularly during the post-natal period, can assist women in spacing births at healthy intervals. Family planning services and prevention of parent to child transmission (PPTCT) are well-integrated into RCH services; and capacities have been built in these areas accordingly.

c) Increased Institutional Deliveries by Skilled Birth Attendants
Service delivery has been enhanced by regular availability of drugs, supplies of delivery kits and equipment as well as supportive supervision and monitoring through UNFPA funding. Health facilities are also supplied with laminated referral protocols, referral in-registers and referral-out registers. UNFPA supported training of staffs in the use of the protocols and guidelines. In addition, early detection and management of pregnancy induced hypertension (PIH) during the antenatal period, has led to reduced incidences of pre-eclampsia and eclampsia; a major cause of maternal morbidity and death.

Increased institutional deliveries were made possible by capacity building of medical personnel (doctors, midwives and nurses). This has been aided by timely referrals of cases by TBAs and community based health workers, who, through training, are now able to detect danger signs in pregnancy and childbirth. The referral system was also improved by the injection of new ambulances into the system; provided by Riders for Health (RFH), an NGO.

d) Fistula Management now Available
UNFPA in partnership with WHO supported GoTG to conduct a Situation Analysis of Obstetric Fistula in 2006. The findings from this study have helped to highlight the problem and women are now being treated for this condition. The Evaluation Mission saw patients
undergoing treatment for fistula at the Royal Victoria Teaching Hospital and the BAFROW health facility which is supported by UNFPA. Given the high level of stigma and ostracism associated with the condition, the provision of treatment and care is a major milestone in RH care provision in The Gambia.

3.1.2 Output Two: Improved access to HIV Prevention and Youth-Friendly Information and Services at All Levels

a) Creation of Youth-Friendly Centres
UNFPA is supporting four of the five youth-friendly centres operating in The Gambia. The Evaluation Team visited two of the UNFPA supported centres – New World for Youths (NEWFOY) at Bundung and Farafenni Youth Centre. The latter, the Farafenni Youth Centre, located in the North-Bank-East region, was found to be very lively and fairly well-equipped with ICT, audio visual equipment and materials, and catering and recreational facilities.

The NEWFOY centre, operated by GFPA provides a comprehensive one-stop-shop for youth-friendly services by offering a range of activities for youths; e.g., RH services, VCT and screening and management of STIs in addition to recreational and other facilities in a youth-friendly atmosphere. Both of these youth facilities address RH issues (such as Teenage and unwanted pregnancies, early and forced marriages) and life skills education through intensified IEC messages on STIs & HIV/AIDS prevention, access to information and services on SRH issues have all contributed to a high demand and uptake of FP commodities (e.g., the condom). Young people are empowered to make informed decisions on matters that affect their RH and Rights; and this has led to reduced incidences in the prevalence rate of STIs, unwanted pregnancies and baby abandonment among youths.

b) Increase Uptake of VCT Services
The number of RH facilities that have integrated VCT into their service provision is currently 30. This has surpassed the target of 20 set for 2011 in the CPAP. The availability of this service has enabled couples to know their HIV status and get timely treatment for other STIs. As a result of increased awareness in SRH and the uptake for VCT services, women in Bajakunda in the URR are now insisting on VCT for would-be inherited wives before joining their families (in a polygamous union).

The measurement of results under the above output was impaired by lack of adequate data relating to the proportion of adolescents using youth friendly services.

3.1.3 Output Three: Improved Awareness and Behavioural Change of the Population regarding Gender, Reproductive Health and Rights

Operationalizing the National IEC/BCC Campaign
The CP has already achieved the target of operationalising the National IEC/BCC Strategy and Guidelines. Through sensitization campaigns, community members (male and female) are gradually appreciating the effects that GBV, FGM/C and early marriages have on the health of women and girls. This has been made possible through the sensitization and awareness creation activities of religious leaders through institutions such as The Gambia Network of Islamic Organizations on Population and Development (GamNIOPD), the National Committee on Christianity, Population and Development (NCCPD), the Parliamentarians and the media (radio). GamNIOPD, for example, has trained over 100 religious leaders on RH and rights, thus increasing the number of persons with the knowledge and skills to deliver appropriate messages on Islam and population and development. At the grassroots level, structures such as the TCs and community radios are used to sensitize the population on gender and SRH and a wide range of population-related issues. These radios also present a platform on which people participate in debates on
these issues. This has addressed some of the prevailing misconceptions that had earlier acted as barriers to behaviour change in the population.

The provision of the national PPTCT (preventing parent to child transmission) programme, training of peer health educators in and out of schools, and the provision of life skills education have contributed to the reduction in anti-social behaviours such as substance abuse and baby dumping. Anecdotal evidence in the field also points to a reduction in teenage pregnancy and early marriages due to increased sensitization and BCC.

3.2 Population and Development

3.2.1 Output One: Increased availability of reliable and timely gender–disaggregated population and RH data at national and sub-national levels

(a) Generation of Development Databases
In terms of the output indicators, the main achievement was the development of GamInfo (a customized version of DevInfo for The Gambia) with development indicators relating to planning instruments and frameworks like the PRSP, MDGs, ICPD PoA, UNDAF, VISION 2020, etc. This result was achieved in collaboration with UNICEF and UNDP. GamInfo enables development planning, implementation, monitoring and evaluation. To make the GamInfo an operational data repository for all development partners, conscious efforts will have to be made to collect quality data in all sectors. A user-friendly retrieval system should be devised and managed from GBoS, and an Integrated Management Information System (IMIS) developed as the platform for all users. To this end, the training of staff at all levels in the use of IMIS will be kept in abeyance. However, a number of training programmes have been organized targeting stakeholder institutions in Government and NGOs in the use of GamInfo for 2011. In the interest of building capacity for the sustenance of the database, two GBoS officials were trained in India at the DevInfo headquarters in 2010.

With respect to the second indicator, the National Databank and National Population Policy were produced by the NPCS in 2007 and 2009 respectively, validated and disseminated. This created awareness on the principles of the National Population Policy and galvanized grassroots support among stakeholders across the country for the smooth implementation of the policy. However, the data used in those documents related to the period before 2007, the start of the current CP, and are therefore out of date for evaluation.

Moreover, field data collection of the Migration Survey has been completed and the data have been keyed. Data processing, management, analysis and dissemination of results have been held up due to some logistical and technical difficulties. The lack of adequate resources did not allow plans for other studies on the linkages between population and RH, gender and poverty to be undertaken. But since the CP is in its penultimate year, it will be possible to achieve some of these plans if other resources become available in 2011.

(b) Institutional Capacity Building
The evaluation determined the effectiveness of the implementation modalities for this output at the level of the activities that were to be undertaken as strategies for the attainment of the expected output. In terms of institutional capacity-building, the CP recorded very impressive results as many key IPs were given training in various aspects of programme implementation as follows:

(a) GBoS and the Planning Unit of MoBSE benefited from a south-south cooperation postgraduate training initiative from Partners in Population and Development (of which UNFPA is a partner) in Cairo (Cairo Demography Centre);

(b) In addition, yearly results based management training of IPs in M&E, human resource management, NEX modality, HACT and FACE have been done. Seminars,
symposia and workshops on the Population Policy and Population Databank have been undertaken in all regions;
(c) The M&E training of the PTFs in URR, LRR, NBR and CRR were accomplished in 2008-2010 and that for PTFs in the rest of the regions is planned for 2011;
(d) In 2007 three officials from UNFPA, UNDP and UNICEF participated in a DevInfo training in India;
(e) In 2010, the development of new curricula for courses in population and development at UTG was completed and validated by key stakeholders in the education sector, and
(f) The NPCS and Department of Information benefited from short term fellowships to train in M&E in Swaziland.

The building of capacities in the various institutions has not only enabled a smooth programme implementation, it has also supported efforts at sustaining the programme results beyond the current CP. Moreover, these institutions are supporting ongoing development efforts in other sectors of the economy and in the realization of the goals of other development frameworks such as PRSP II, UNDAF, VISION 2020, etc.

(c) Conduct of a Demographic and Health Survey (DHS)
The CP envisaged the holding of the first ever DHS which has been kept in abeyance due to low donor interest in the activity. A development of a resource mobilization strategy is planned for 2011 for the exercise to be held in 2012. Technical and logistical arrangements for the DHS project will piggy-back on similar processes ongoing for the 2013 census. Thus, the real cost of both activities will be greatly minimized.

(d) Support to the 2010 Round of Population and Housing Census (PHC)
The UNFPA is actively supporting preparations for the 2013 PHC and a number of results have been recorded. The road map for the census, advocacy document for a good round table for resource mobilization and a mapping manual have been prepared. In addition, the existing mapping resources have been reviewed, a comprehensive census mapping methodology and a three year work plan developed. Three vehicles and some cartography equipments have been procured in preparation for the census mapping scheduled to commence in early 2011.

3.2.2 Output Two: Strengthened Institutional and Technical Capacity to Integrate Population and Gender Concerns into National Plans and Programme

(a) Support to Selected National Institutions for Data Capabilities
The implementation of activities of the CP fully achieved the output level target for supporting selected national institutions to have reliable methods of data collection, analysis and information dissemination. These are:
(a) University of The Gambia;
(b) Gambia Bureau of Statistics;
(c) Directorate of Planning, Ministry of Basic and Secondary Education (EMIS);
(d) Directorate of Planning, Ministry of Health (HMIS);
(e) Medical Research Council (a research institution that UNFPA does not work with);
(f) Department of Planning, Ministry of Agriculture, and
(g) National Nutrition Agency (NaNA).
With the growing capability to generate process and disseminate data, the problem of data availability for development planning and programming would be solved.

(b) Integration of Population Issues into Development Planning
As regards the target for the second programme output, it is encouraging to note that all the eight IPs have been trained to integrate population issues into development planning processes. All sectoral MDAs collaborate with NPCS to mainstream population concerns
into policies, plans and programmes. Monitoring the implementation of the Poverty Reduction and Growth Strategy (PRGS) in relation to population issues is ongoing. During the yearly PRGS review meetings, population is incorporated as a crosscutting issue and yearly progress reports are prepared, printed and disseminated to all sectors and stakeholders.

UNFPA is wholly funding (tuition, student research work, payment for lectures delivered on the course, provision of teaching aids like computers and laptops, stationery, photocopiers and fuel for supervision of field research) the Higher National Diploma in Population and Development at UTG. The course strengthens students’ capacity in population programming by acquainting them with the principles and relationships between population and development, and equips students with a critical mindset on the application of population variables in development work. This is increasing the critical mass of expertise needed to service the development process.

(c) Enhancement of Coordination of Programme Implementation
A Technical Working Group (TWG), consisting of Programme Component Managers (PCMs), IPs, Contractees and UNFPA CO staff, assists in the coordination of programme implementation. The TWG meets once at the NPCS every quarter. Project reports are tabled and emerging issues discussed. On a quarterly basis, the NPCS goes on monitoring trips with the PTFs. The PTFs also monitor with the Population Field Officers. The reports of these trips are not standalones but are subsumed under the TWG reports as minutes to the CO. However, with a National Professional Programme Personnel (NPPP) in post as M&E Officer, the reports are now rolling out and are being used for further programme planning, implementation and M&E.

In addition, the NPCS, UNFPA CO staff, IPs, Contractees and programme staff at all levels organize annual joint visits to project sites. A formal report, the “Annual Joint Monitoring Report”, is sent to UNFPA. The 2010 Annual Joint Monitoring visits were conducted in selected project sites across the country in December followed by an Annual Review and Planning Meeting at Tendaba Camp in Kiang District, LRR. In developing the 2010 AWPs, the meeting took onboard the recommendations from the Mid Term Review of the CPAP and the joint annual monitoring.

3.2.3 Output Three: Relevant Quality Population/Family Life Education Reinforced in Formal and Non-formal Education.

(a) Support to Population/Life Skills Education (POP/LSE) in Primary and Secondary Schools and ‘Madrasas’
This project has been extremely well-received by teachers, parents, pupils and education authorities. POP/LSE is taught in all formal schools and most of the ‘madrasas’ across the country. The POP/LSE programme was evaluated and the report disseminated to various stakeholders. The curriculum has been updated at all educational levels and to facilitate the programme implementation, the curriculum is well-resourced with teaching and learning materials. At Gambia College, teachers must take POP/LSE as part of their training every year. More teacher counsellors are being trained to attain a national coverage of the service. In addition to courses offered by the Gambia College in POP/LSE, the programme has funded in-service training courses for serving teachers in all regions for more effective delivery of the teaching of POP/LSE in schools and madrasas.

(b) Changing Attitudes and Behavioural Patterns
To influence positive changes in attitudes and behaviours, the programme has employed a complex of electronic and print media approaches. The printing of messages on population issues on banners, T-shirts and handbills, newspaper messages, television and community focused phone-in and panel discussion radio programmes are outlets through which
sensitization and awareness on population and development are anchored. This has contributed towards increases in school enrolment and retention among girls, reduction of infant and maternal mortality, and increase in male involvement in RH issues in UNFPA supported project areas.

The integration of LSE into the school system has created awareness among pupils about how to tackle the social problems that result from biological/physiological changes to their bodies through confidential counselling. Attitudinal change due to weakening cultural beliefs has made parents to discuss how to avoid the dangers of sexual and RH issues with their wards and children. Anecdotal evidence suggests that the incidence of early sexual activity, early marriages and teenage pregnancies in schools and school drop-outs among girls have reduced considerably due to school teaching on these matters.

The programme also uses POP/FLE as an entry point for teaching other life skills. The benefits of TECH/VOC education are strongly emphasized through practical demonstrations by the use of school gardening and role modelling by teachers. The number of students and community members willing to undertake TECH/VOC trades in life skills is increasingly leading to self-employment. This has resulted from the teaching of life skills to community leaders, women’s groups, youths, CBOs and TCs. Major achievements made by the programme during the current cycle have been the revision of the POP/FLE textbooks and in-service training in the teaching of POP/FLE provided to teachers across the country.

### 3.3 Gender

#### 3.3.1 Output One: Strengthened technical capacity of national and local institutions to mainstream gender into national and sectoral policies programmes.

**(a) Gender Mainstreaming**

In the implementation of the programme activities, the capacity of national and local institutions was built through training and provision of financial and capital resources for gender mainstreaming. Institutionalization of gender into all sectors was given a huge boost by strengthening the National Women’s Machinery (NWM), strong political will at the highest level with a solid legal status and policy which specifies goals and clear lines of organizational responsibility and accountability.

The Women’s Bureau spearheaded a strongly coordinated process, based on the building of alliances both within and outside government, towards the development and implementation of gender policies. This has led to the inclusion of gender into national development plans and the development of a National Gender and Women’s Empowerment Policy 2010-2020.

Guidelines and checklists for planning and evaluation of gender-sensitive programmes were developed based on the results of the study on gender and women’s empowerment conducted by the Women’s Bureau. This study provided sex-disaggregated data and gender information at the household level that informs decision-making in planning and monitoring of gender activities at all levels.

Awareness creation and sensitization on gender issues eliminate deeply rooted gender discrimination and harmful practices. Attitudinal and behavioural changes are critical if effective and meaningful development is to take place in overcoming bureaucratic and social resistance to female empowerment. The Women’s Bureau and its Contractees have successfully conducted gender awareness training for all sectors of GoTG, including the National Assembly, the judiciary, the security, local government officials, statisticians, the private-for-profit sector and CSOs at the national and local levels, resulting in increased
gender sensitivity among the trainees. This is also crucial in mainstreaming gender in policies and programmes.

Inter-sector linkages through committees and gender focal points serve to strengthen the capacity and change attitudes and values within the organizations and communities. To accelerate the reduction of FGM/C, GAMCOTRAP with UNFPA support, on 5th December 2009 mobilized 351 communities in CRR and URR to have 60 circumcisers publicly declare the abandonment of FGM/C. UNFPA has also facilitated the Annual Congress of Ex-circumcisers through BAFROW during which experiences and knowledge were shared. These ex-circumcisers have also been provided with alternative income-generating ventures to ensure that they do not revert to the practice. The establishment of the National Steering Committee on GBV provided the necessary forum for dialogue among all stakeholders and also facilitated harmonization of interventions and approaches.

(b) Economic Empowerment of Women in UNFPA Supported Project Sites

As can be seen in Annex E, all of the targets set for this output (except one) have already been met or surpassed in the penultimate year of the CP implementation. In addition, the CP has lifted hundreds of women out of poverty. The two milling machines provided to two women’s groups have helped women increase their productivity as well as launch income-generating pursuits and entrepreneurial ventures. These kinds of outcomes empower women to become stronger leaders and to more effectively contribute financially to their families and communities and this in turn helps to reduce their vulnerability to domestic violence and HIV infection. When women farmers like those in Kumbijja and Janjanbureh in the Central River Region, Kaba Kama in the Upper River Region and in Karantaba in the Lower River Region can access the resources they need and earn income from their productive activities, they contribute to household food security. This makes it less likely for their families to go hungry and malnourished and they, in addition, contribute to the education and healthcare of their children. An unexpected outcome from these garden schemes was the linkage that the women identified with maternal health. They were able to link vegetable eating (especially green leaves) with the reduction of anaemia in pregnancy and in giving birth to healthy babies with good birth weights. These findings are too significant to be ignored for if the women themselves can link RH information to their gardening outputs, then it must be emphasized that economic empowerment brings positive benefits not only to the women but to their households, communities and the country as a whole.

3.3.2 Output Two: Enhanced Capacity of National Institutions to Promote Gender Equality, Equity and Empowerment

a) Review of Policies and Curricula for Gender Sensitivity

A gender assessment of laws and sectoral policies of eight line Ministries and the National Assembly in 2010 highlighted that there are points of convergence with the Gender and Women’s Empowerment Policy (GEWEP) 2010-2020. While some of the policies such as the Education and Fisheries Policies have clear gender mainstreaming strategies, the others are less clear on how gender is to be mainstreamed in their sectors. As most of these policies are still in draft form, there is an opportunity to integrate clear strategies to mainstream gender before finalization. There are several important entry points in the various policies that can facilitate the gender mainstreaming process.

b) Education and Advocacy in Support of the Prevention and Management of GBV

Education and advocacy efforts are effective to the extent that they have mobilized men and boys as partners and advocates in fighting GBV. Men play an important role in safeguarding the SRH health of the women in their lives. They also have RH needs of their own that
should be met. Achieving men and boys’ support and participation is a transformational change agenda that was reported throughout the country. The ICPD PoA identifies “Male Responsibilities and Participation” as a key strategy for promoting gender equality in all spheres of life thus involving men and boys in SRH issues reflects a better understanding of gender relations and related structural inequalities. There is, greater recognition that gender inequality is not only a women’s problem, but is an issue of social relations in the family and wider society. Anecdotal evidence was given that there is an emerging trend of greater male involvement and responsibility in birth and childcare in all regions.

Physical evidence of male involvement was found at the BAFROW Health Centre in Mandinaba in the West Coast Region where the Men’s Support Group were having their monthly planning and review meetings to address those issues in their communities that were causing harm to women and girls. The motivation for the men coming on board is the understanding that cultural change must be one of relationships based on respect and cooperation rather than on fear, violence and subservience. This demonstrates a change in cultural norms on masculinity and sexuality and is especially important for preventing HIV transmission and SGBV. Women are empowered to the extent that they are able to negotiate safe sex with their husbands as reported in 3.1.2 (b) above.

c) Dissemination of Gender-Related Policies, Laws, Conventions and Protocols
The enactment of the Women’s Act 2010 provides an impetus for gender mainstreaming. The Act has far reaching consequences for all other sectoral policies and laws as government, public institutions and the private sector are obliged to take note of all of the provisions of the Act, and to ensure incorporation in all public documents and instruments, and the internal regulations and policy guidelines of all institutions. Non-compliance may attract criminal penalty. A draft GBV Bill is in the process of becoming legislated. These legislations are important outcomes of the advocacy efforts of the Women’s Bureau and its partners.

d) Strengthening of the Gender Focal Network (GFN)
Members of this network have been identified and trained in all the sectors and they occupy senior management positions and can advocate for and influence or take decisions that are binding. They have a high level of commitment to gender and development issues within their institutions. It is evident that there is a great demand from government and partner organizations for the technical services of the GFP as entry point for programming within institutions. This was evident in the preparation of the Gambia report for the Beijing Plus 15 Meeting held in Banjul in November 2009 and the preparation of the CEDAW 4th and 5th Reports in the early part of 2010.

e) Harmonized Communication Strategy in Partnership with National and Local Institutions
The multi-media approach using all forms of media – interpersonal (TCs, outreach programmes, talks and so on); the print media (leaflets, pamphlets, simple readers) and electronic (community radios) – to inform, educate and communicate with the target populations has brought about a heightened awareness of the CP and given it visibility. Access to information on human rights issues such as the promotion, participation and protection of girls and women, equality and equity issues has enabled young persons, men and women and communities to take informed decisions on matters affecting their lives. It has helped to break the culture of silence, stigma and discrimination in SR health issues such as Fistula. The Fistula patients who are undergoing treatment at the BAFROW Centre

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1 Budget Speech 2010, Ministry of Finance, The Gambia, December 2010
in Mandinaba had regained their confidence and self-esteem and are willing to be advocates to encourage more people to come out and get treated.

The use of area languages (by the community radios) and the TCs has contributed to the success of the CP as they are community-based; they have expanded outreach to communities which would not normally have had access to this information due to language barriers. Translation of the Simple Readers and other BCC materials into the national languages in addition to improving access to information has helped to sustain literacy.

4.0 Analysis of Factors Affecting the Results

4.1 Facilitating Factors

The relatively high level of achievement of the CP has been conditioned by a host of factors that facilitated the successful implementation of the planned activities. Generally, the facilitating factors were:

(1) The effective role of the National Population Commission Secretariat as a coordinating office of the Country Programme.
(2) UNFPA financial and technical support to programme planning, implementation, monitoring and evaluation;
(3) High political will has provided an enabling legal and policy environment;
(4) High commitment of programme field staffs at all levels;
(5) The establishment of sound structures and mechanisms which have the capacity to deliver expected results;
(6) The culturally sensitive nature of the approaches employed in the RH and Gender components, including the involvement of opinion, traditional and religious leaders and the media have made the interventions more acceptable to the general citizenry;
(7) CP networking and partnerships among various stakeholders have helped to increase the level and effectiveness of services to the population;
(8) The establishment of the Population Task Forces (PTFs) as a platform for integrated population and development interventions in all the regions, and
(9) Empowerment of women and girls through high level awareness on issues of maternal health and gender has led to positive attitudinal changes in favour of the advancement of females.

4.2 Challenges and Constraining Factors

The impressive programme results achieved would have been better but for the following factors that acted in various ways to constrain the implementation process:

(1) Inadequacy of programme resources (financial, material and human) reduced the amount of programme inputs, geographical coverage and efficiency of service delivery. The little amounts of money that have been injected into these programmes are insufficient to make the kind of changes required. This was exacerbated by the late disbursement of project funds;
(2) Inadequate means of communication among programme staff due to inadequate logistics;
(3) Structural barriers (cultural denial and resistance) that still militate against gender mainstreaming due to negative societal stereotypes that still persist;
(4) Slow take-off of the decentralization process makes local structures on which the programme implementation depends to lack the wherewithal to function effectively;
(5) Low socio-economic and political status of females: women are inadequately represented in the decision-making structures due to their low level of education and related social and economic disadvantages. Women are also inadequately represented in decision-making structures at the decentralized level and this is a gap that should be urgently addressed;
(6) Poor road networks impact negatively on the hospital referral system leading to delays that are responsible for high maternal morbidity and mortality, and
High staff attrition rates due to low morale and poor remunerations.

The inadequacy of data has made it difficult to have baseline indicators and targets to measure results. For example, the evaluation team was unable to measure results under Output 2 of the RH and Rights Component of the CP in respect to improved access to HIV Prevention and Youth Friendly Information and Services at all levels due to the unavailability of data.

4.3 Sustainability of Results
Sustainability of CP interventions is an important aspect of the programme delivery system. Many of the factors that facilitated the achievement of programme results are likely to lead to sustainability of the results even if UNFPA should cease intervention. For examples, the establishment of sound structures and mechanisms which have the capacity to deliver expected results; CP networking and partnerships among various stakeholders that help to increase the level and effectiveness of services to the population; the existence of the Population Task Forces (PTFs) as a platform for integrated population and development interventions in all the regions; high political will with enabling policy and legal environment and commitment of programme staffs at all levels; culturally sensitive approaches employed and the involvement of opinion, traditional and religious leaders that have made the interventions more acceptable to the general citizenry.

This notwithstanding a minority of the key informants (35 percent of the respondents) believe that the project will not be sustainable after withdrawal of UNFPA assistance because the health budget is too small (that GoTG has limited funds) and UNFPA is the sole provider of contraceptives for the country and the main provider of funds for Sexual and RH information and services in the country (90 percent of funds is provided by UNFPA). The majority of respondents (64 percent) on the other hand believe that the programme results are sustainable. This belief is based on their assessment that communities have taken ownership of the project through fund raising activities and programme micro-finance savings are available; self-sustaining schemes are in place, there is a GoTG budget line in place for such activities and local human capacity has been built. The issues addressed in the CP are in line with government priorities and on this basis government should be able to invest in these priority areas. Groups and women that have benefitted from the economic activities have savings which can be reinvested into programme activities and into other initiatives.

PART C: LESSONS LEARNED

5.0 Best Practices and Lessons Learned

5.1 Best Practices
A series of best practices have been identified in the evaluation exercise and these are itemized by programme components as follows:

5.1.1 Reproductive Health
(1) Use of Traditional Communicators to disseminate messages on maternal and child health has resulted in early bookings for ANC and more women now know the danger signs during pregnancy.

(2) Increased male involvement in maternal and child health issues through IEC campaigns and Open Field Days has led to increased participation of men in RH related activities. For examples, in North Bank East Region and in Sare Samba in Kiang East District, men now accompany their spouses to the health facility so that they are available to donate blood where necessary. This has in turn led to a marked reduction of mothers dying of ante-partum or post-partum haemorrhage and early decision-making in seeking help when obstetrical problems emerge.
(3) The Confinement Leave Policy gives six months of maternity leave with pay or with comparable social benefits without loss of employment, seniority or similar benefits. To enhance male involvement, the spouses similarly get 10 days of maternity leave (Source: Circular 6/10 Confinement Leave, Ref. 14/450/01/Part 111/(159), October 18, 2010, Personnel Management Office, Banjul, The Gambia). The Confinement Leave Policy has two important benefits:
(a) It facilitates exclusive breast feeding which is important for child and maternal health. It is the consensus of breastfeeding professionals nationwide that the goal of optimal breastfeeding practices can be achieved by this important legislation, and
(b) It reinforces initiatives on male involvement in RCH care.

5.1.2 Population and Development
(1) The CO’s quarterly programme reporting is a best practice. This should be used as a basis for monitoring and evaluation but the report should focus on analysis of results and not activities completed. Programme Officers should share the report with all IPs as a tool for improving programme delivery.

(2) The financial control mechanisms instituted (assurance activities) put in place by the CO has resulted in unqualified audits in 2009. The practice should be continued and regularly reviewed to improve compliance with the policies and procedures.

(3) The New-Foy Youth friendly centre in Bundung is a ‘best practice’. RAID (African network for information and action against drugs) in Kerewan has taken ownership of the project by opening up community branches and members contribute monthly payments in their bank account. The integration of youth friendly services has helped to provide SRH education, FP services and recreational facilities at a ‘one-stop-shop’.

5.1.3 Gender
(1) The involvement of religious leaders in addressing GBV and HIV issues has proved to be very resourceful. As community spokespersons, they have been successful in mobilizing for positive social change and influential in shifting their communities’ beliefs, attitudes and behaviour related to GBV and in creating awareness about girls and women rights.

(2) Effective and intense IEC/BCC activities by GAMCOTRAP have resulted in a public declaration by circumcisers that they are eschewing the practice of FGM/C and other harmful traditional practices. As the circumcisers are influential and powerful members within their communities, this public declaration sends important messages to the hundreds of people who are witnessing the ceremony and it is hoped that it would also influence them to stop the practice. Following the first dropping of the knife ceremony by 18 circumcisers representing 63 communities in May 2007 an additional 60 circumcisers from 351 communities dropped the knife in November 2009. This is an indicator of the success of the fight against FGM/C.

(3) To facilitate early evacuation, the community of Sare Samba in the Kiang East District, Lower River Region (LRR), has identified two taxi drivers that could be called upon in case of an emergency. The telephone numbers of the drivers were given to the TBA. BAFROW donated a mobile phone to the TBA and the community contributes towards its upkeep. The driver is called upon in case of an emergency. This is a model that can be replicated in other areas as it has effectively used communication to support the reproductive role of women.

(4) An important output of the ongoing sensitization programme is that women have become more aware of SRH issues and men can accommodate women’s views in marital matters. This is a major achievement in a country where women previously did not have a say in sexual relations due to a number of religious and traditional constraints. The fact that wives
now have the confidence and courage to insist on VCT for potential co-wives to know their HIV status before joining the family is a major break through in breaking the culture of silence and noiselessness especially as regards HIV prevention.

5.2 Lessons Learned
In the course of CP implementation, a number of lessons have been learned that need to be enumerated below:

Labour-saving devices reduce the drudgery of domestic chores and the additional time gained by women is used to engage in gainful activities outside the home. In addition, when women farmers have access to the necessary resources, they earn income from their productive activities and contribute to the maintenance of the home. This enhances their participation in the decision-making processes in and outside the home.

Vegetable gardening, when integrated with health/nutrition education, reduces anaemia in pregnancy and leads to births of healthy babies.

The establishment of Youth Friendly Centres (well-equipped with trained staff and a laboratory back-up) are essential for reaching out to adolescents/youths for their sexual reproductive well-being. When youths are empowered with information and education, they can make meaningful decisions that affect their lives positively.

Stakeholder involvement in the design and implementation processes of the CPAP has greatly contributed to its successful outputs. In addition, the sensitization of Governors, Parliamentarians and Islamic Religious Leaders in SRH issues is yielding results.

Any one form of discrimination against women has deleterious effects in other areas of their lives; conversely, the elimination of any one form of discrimination can empower women to combat other forms. The welfare of women influences that of their families and communities. Investing in women helps speed up the development of local economies and creates more equitable societies. Women are better poised to improve their lives when they own land and other assets and when they have income of their own that they can control and live independent lives rather than be dependent, subservient and submissive.

Major inequalities still exist with respect to women’s participation in decision-making in governance structures, including the PTFs. The few women that were represented, however, were highly committed and demonstrated strong leadership skills and need to be recognized.

GFPs work with extremely scarce financial resources. Besides the small amounts that are usually allocated, most do not have earmarked funding. These GFPs have their normal schedule of duties and tracking the cumulative experience of gender mainstreaming, including distilling best practices, therefore, becomes very difficult.

Legislation backed by strong political support can benefit women and men. Such legislations have contributed significantly to breaking down structural barriers in society that militated against the elimination of traditional practices that perpetuated gender inequities and inequalities.

There is some conflict between the technical advisory, advocacy and policy oversight and monitoring roles of the Women’s Bureau and its direct involvement in projects, each of which require different skills and institutional cultures. Direct involvement in project implementation is not a crucial part of the Women’s Bureau activity, in the current context. However, the successful implementation of innovative demonstration projects, by the Women’s Bureau
reinforces its advocacy efforts towards poverty alleviation and women’s economic empowerment and can be used to show case best practices in this domain.

PART D: RECOMMENDATIONS

6.1 Short Term Programme Implementation Proposals

6.1.1 Further Implementation of the Sixth Country Programme
In the last year of the CP, the implementation rate should be increased by operationalizing the new single-cycle payment system. The gains achieved so far should be consolidated and aspects of the programme that had fallen short of the output indicators should be given special attention.

6.1.2 Baselines and Targets in the Seventh Country Programme
To overcome the design problems of the current CP, the development of proper baselines, measurable indicators and realistic targets for the different outputs of the Seventh CP should be informed by sound data. The data collection exercise must, therefore, start early enough to avoid a situation where recourse has to be made to target setting using insufficient data. In addition, each activity must have annualized targets to guide the implementation of the programme.

6.1.3 Training of Programme Managers
The NPCS provides technical backstopping to the PRGS process. Given the demands on their offices and in order that they function properly, it is necessary for the NPCS officers to be sent on advanced training in a cascade fashion.

6.1.4 Establish a Comprehensive Programme of Data for Development
The databases in The Gambia are weak and inadequate. There is lack of a comprehensive data management system to serve the development process. It is recommended that a National Strategy for the Development of Statistics (NSDS) be developed to implement a Data for Development Programme (DDP). As part of the strategy, a Demographic and Health Survey (DHS) should be held in 2012, the next Population and Housing Census in 2013 and a programme of periodic thematic surveys instituted. Holding the census and the DHS back to back will allow the conduct of the second exercise to piggy-back on the first by re-using most of the resources used in the first exercise. For example, planning for the DHS should be part of the planning for the census: one cartographic framework, one publicity platform, same fund sourcing and unitary implementation framework and human capacity base. Vehicles and other logistical arrangements for the first activity can be re-used in the second with added values of experience and economy. The total cost of the two activities will, therefore, be very economical. In this connection, most of the planning activities should be done in 2011.

The ensuing data mass should be put on the Integrated Management Information System (IMIS) platform which is encrypted and compatible with any software and data system that runs on geo-referenced data, with real time response to data requests. In the absence of an IMIS platform, indicators generated from the census and the proposed periodic thematic surveys should be off-loaded to the GamInfo national database.

6.1.5 Recommendations on Monitoring and Evaluation
The rubrics of a sound M&E system should start with the availability of a sound data system as enumerated in Section 6.1.1 above. The GoTG and CO should develop clear indicators and feasible targets during the design stage of the 7th CP to guide the process of implementation. Resource allocation must be in accordance with need, and other objective
criteria; not based on arbitrary percentages, to ensure that programme delivery meets expected results.

The NPCS should carry out its role of coordinating M&E effectively by strengthening the unit to perform efficiently through funding to carry out their activities as required in the CP. M&E activities should have a separate Work Plan covering all the activities in the programme areas. This may mean pulling out and consolidating M&E activities from the three programme areas. This needs not be a project in ATLAS. Budgets would, however, still be held within the programme areas. This would enable the M&E team to be more focused in their support for M&E to NPOs and IPs.

Programme monitoring should include monitoring operations and financial compliance and accountability, including reporting. The M&E AWP should have specific budgeted items for capacity building in RBM. The M&E Calendar should be updated annually. The CPAP should have annualized targets for each year of the CP. The M&E Plan should have Key Performance Indicators that should be collated and monitored periodically (quarterly) for tracking progress towards outputs. This should also be shared with all IPs.

The highly successful Joint Monitoring visits are a best practice that needs to be replicated. The IPs and Contractees should be familiarised with the M & E tool. The M&E Officer at NPCS should also assist the CO with RBM and performance management related issues.

6.1.6 Deepen Gender Mainstreaming and Strengthen GFPs
To better respond to demands for gender mainstreaming, agencies should strengthen the GFP by providing them with resources to carry out their jobs effectively. It is vital that gender training and recruitment to ensure gender balances be located and institutionalized in the personnel, training or human resource units or divisions. These units/divisions should develop a cluster of core gender competencies and skills that should be acquired by staff at various levels, including gender focal points and senior managers. Staff induction should include gender-mainstreaming knowledge and promote peer support and team building.

6.1.7 Implement the CARMMA
The 7th CP should aim at comprehensively implementing the African Union’s Campaign for the Acceleration of the Reduction of Maternal Mortality in Africa (CARMMA) including newborn care and repositioning FP. The strategy should involve a review of needs assessment and a robust resource mobilization plan. UNFPA supported hospital facilities should be upgraded to deliver BEmOC and CEmOC services (with integrated FP services and commodities) with logistics in the form of referral vehicles; the provision of utilities like 24-hour water and electricity supplies; life-saving RH drugs, equipments and delivery and other related medical kits; adequate level of essential supplies at all times and sound recordkeeping and referral systems. The intervention should take onboard the provision of adequate incentives for medical staff (doctors, midwives and nurses) in remote locations.

6.1.8 Inclusion of New Areas of Intervention
Reproductive health cancers, e.g., cervical cancers in women and prostate cancers in men should be addressed in the next CP Cycle. These medical conditions are growing in the population and are not getting attention from other interventions ongoing in the country. In addition, UNFPA CPs elsewhere in the sub-region are known to include this item.

6.2 Long Term Programme Implementation Proposals

6.2.1 Implement a Comprehensive Programme of Economic and Social Empowerment of Women
Economic and social discrimination against women is one of the root causes of poverty; a contributing factor to women’s low contribution in decision-making at household and community levels especially as regards the number and spacing of children. This reinforces their lack of power and autonomy and makes them vulnerable to SGBV. The use of income-generating and skills development schemes such as the poultry rearing and management, garden schemes and labour-saving devices integrated with entrepreneurship and management of CBOs should be entry points for information and services on SRH. This will require closer collaboration between the Ministries of Women’s Affairs, Finance, Health and Agriculture; an opportunity for increased gender sensitivity in the line ministries especially at field level. If the NWM is directly involved in projects, it can ensure that it satisfies both the GAD/WAD dimensions of the Gender and Women’s Empowerment Policy. These integrated income generating, skills development and SRH activities will empower women and contribute towards the recommendations of the CARMMA.

6.2.2 Establishment of One-Stop Shop Youth Centres

With specific reference to the West Coast Region (WCR), results from the National Sentinel Survey (NSS) 2008 show an increase of HIV infection in the adolescent age bracket 15-24 years as that for especially older adults (30 and above) is reducing markedly. The next CPAP should strengthen all the existing youth centres by upgrading them to the status of one-stop shops for youth friendly-services. This could be done in partnership with other donors and UNCT.

Annex A: Terms of Reference for the Evaluation

Background for the evaluation
As part of the United Nations Reform agenda, the United Nations Assistance Framework (UNDAF) has been developed in the Gambia and covering the period of 2007 – 2011. The UNDAF emerged from the Country Common Assessment (CCA) offering a detailed multi-sectorial analysis of the major national challenges in achieving the Millennium Development Goals and national priorities. Through a consultative process with the Government of the Gambia and derived from the national priorities of the second Poverty Reduction Strategy Paper (PRSP II), three UNDAF outcomes were identified:

1. Poverty reduction and social protection strategies and systems established that enable the poor vulnerable, women and youth to increase their productive capacities and generate livelihoods while protecting the environment;
2. Improved access to quality basic social services with particular attention to the vulnerable and the marginalized; and
3. Economic and political systems that utilize transparent, accountable, participatory and inclusive decision-making processes at national and decentralized levels.

The 6th Country Programme (2007-2011) subscribed under this process and was elaborated under the leadership of the Government of the Gambia and UNFPA. The programme focuses on: (a) maternal health; (b) reproductive health information and services, with a focus on young people and HIV prevention; and (c) the collection and utilization of gender-disaggregated data for development, planning and poverty reduction. The programme supports policy dialogue and advocacy on population, gender, and reproductive health and adopts a rights-based approach to programming at national and decentralized levels.

In line with the UNDAF outcomes, five UNFPA country programme outcomes were identified:
1.Increased use of integrated high quality sexual and reproductive health services
2.Young people practice safer behaviour to reduce STIs, HIV and unwanted pregnancies
3.Increased availability of population, reproductive and gender information for planning, monitoring and evaluation
4.Strengthened national capacity to integrate population, reproductive health and gender concerns into policies and programmes
5.Gender equality and equity, and the empowerment of women and girls promoted through a culturally sensitive, right-based approach

The five-year programme was approved in June 2006 for a total budget of US$ 5.5 million among which 4 million would come from regular resources and 1.5 million through co-financing modalities and other sources.

The programme management arrangement is clearly described in the Country Programme Document (CPD) acknowledging the overall coordination responsibility to the National Population Commission through the Population Secretariat in collaboration with UNFPA. The Programme is implemented through strengthened national execution modalities (NEX). The Country Programme Action Plan (CPAP) provides further details on the execution and implementation arrangements and the division of responsibilities among the UNFPA partners for the implementation of the different components. Height implementing partners (IPs) were identified and who are in charge of the preparation and implementation of the Annual Work Plans (AWP) that forms the basic agreement between UNFPA and the implementing agencies.

As part of the UN System, the UNFPA works in close collaboration with the other UN agencies on projects regarding data collection (DevInfo), HIV and maternal health and Female Genital Mutilation (FGM).
The Mid-Term Review (MTR) was organized in August 2009. Recommendations were outlined for all partners (GoTG), UNFPA and IPs and endorsed during the MTR meeting held in January 2010. It was recommended (1) the CP Results and Resources Framework to be revised, (2) a M&E plan to be developed, (3) a records keeping system to be in place, (4) strategies to minimize the loss of institutional memory to be developed, (5) strategies to reduce the delays in implementing AWPs, (6) timely communication with the PTF, (7) involvement of strategic partners, (8) update of the resources mobilization plan and (9) an action plan to address recommendations to be developed.

As the future UNFPA CPD will be presented to the Executive Board in June 2011, it is therefore important to start evaluating the current country programme to learn and feed into the development of the future UNDAF and country programme.

Purpose of the evaluation

The purpose of this evaluation is to conduct an end of programme cycle evaluation to assess the achievement of the programme, the factors that facilitated/hinders achievement, and to document lessons learned so as to inform development of the next country programme cycle.

Scope

- **Geographical regions** – The whole country
- **Programme aspects** – The three technical areas of the country programme (Population and Development, Reproductive Health and Gender). In addition for each thematic, the evaluation should look at cross cutting aspects such as human right based approach, gender mainstreaming, coordination and partnership.
- **Evaluation criteria** – Relevance, effectiveness, efficiency, impact, sustainability, management systems (human resources, financial resources, systems).

Objectives of the evaluation

The evaluation will document lessons learned to contribute to the management and coordination of other the coming Country Programme (2012-2016). It will assist in adjusting national strategies/approaches and enhance support – technical, programmatic, financial and advocacy. The objectives are:

- Assess the relevance, effectiveness, efficiency, impact and sustainability of the UNFPA 6th Country Programme for the Gambia.
- Assess the coordination, the leadership and management of the CP6, including human resources, financial resources, systems
- Identify the strengths, weaknesses and gaps that can be addressed into the upcoming Country Programme (2012 – 2016)
- Draw lessons learnt and good practices

The results will be used by National stakeholders, UNFPA management and staff, UNFPA donors and any other partner organizations.

Key evaluation questions

1. Relevance:
What do stakeholders identify as the contribution of the CP6 to raising awareness and support among stakeholders for ICPD agenda? What were the factors that contributed to this? What approaches have been used to do so? What do stakeholders identify as the role the UNFPA 6th Country Programme (CP6) has played in leveraging additional support and resources for Population and Development, Reproductive Health, and Gender? How much more additional support and resources were leveraged and how were these used?

2. Effectiveness:
Did the interventions achieve the CPAP outputs as planned? To what extent did the outputs of UNFPA programme contributed to the changes observed at outcome levels? What external factors facilitated/hindered achievement of the outputs? What specific capacity increases can be attributed to the CP6? What approaches have been undertaken and have they been effective in contributing to the improvement of national capacity? Are these approaches adequate and appropriate considering the country context? To what degree and how are the CP6 outputs integrated with existing national strategies and PRSP II? How were implementing partners selected? What factors have facilitated or inhibited the approaches?

3. Efficiency:
What coordination mechanisms are in place to reduce redundancy among partners and promote efficient use of resources – technical, financial, human - at country level? How were relevant stakeholders identified to participate in the coordination mechanism? How is the United Nations System involved? How can costs be reduced and alternatives pursued to better manage different partners’ contributions?

4. Impact and Sustainability:
What results have been accomplished to date? How are progress and results being monitored? What is needed to ensure that this is maintained or improved? To what degree can attribution be measured – e.g. would it have happened in the absence of the CP6? What is the level of commitment of the government? What mechanisms and structures (infrastructure, Human Resources, services and policies) have been established to sustain the efforts of the CP6? What are the priority programming areas for the next few years at national and community levels? What are the elements of ‘conditions for success’ to move country-level programmes forward?

5. Leadership and management (human, financial, systems):
To what extent did the management support/hinder achievement of the CP outputs? Were the execution and implementation arrangements in accordance with the agreements made under the CPD/CPAP? Were the divisions of tasks and responsibilities understood and implemented by all relevant parties? Was the decision making centralized or decentralized and what could be learnt from this approach? How effective was the coordination among partners? Were there efficient coordination and M&E mechanisms put in place and what could be strengthened in the future? How useful was the support provided to partners related to monitoring and evaluation? Were the Technical Working Group meetings efficient? What mechanisms were in place to ensure strong follow up and monitoring of the programme implementation? Did the CPD benefit from sufficient human and financial resources? Was the CPD able to mobilize additional resources as planned? How has the CP contributed to increasing resources for the ICPD agenda (within UNFPA CP and among other partners)? What bottlenecks exist and how can they become overcome? What lessons can be drawn for management of the next UNFPA CP and approaches?
Management and support arrangements:
An Evaluation Management Committee (EMC) will provide oversight to the evaluation. It will be under the overall coordination of the National Population Commission Secretariat, and with the participation of representatives the Programme Component Managers (PCMs) and UNFPA. The participation of the implementing partners will ensure utility and transparency of the process. The EMC will organize technical support throughout the evaluation exercise. It will select and debrief the evaluation team, approve the inception report, monitor progresses and the quality of the evaluation and it will approve the evaluation report. The EMC will also be in charge for disseminating and follow up the evaluation findings.

The Evaluation Manager, UNFPA P&D NPO will convene and support the EMC meetings, ensure the logistic and administrative support to the evaluation team. He will as well facilitate access to background documents. The Evaluation Manager will also liaise with relevant UNFPA units and especially with the Africa Regional Office M&E adviser and the Sun-Regional Office Gambia Focal Team.

The Evaluation Team will be composed by three consultants with strong technical expertise in each UNFPA pillars: P&D, RH and Gender.

Methodology – including approach for data collection and analysis, and involvement of stakeholders
The evaluation team will work with the Evaluation Management Committee (EMC) to develop a methodological inception report which will provide details on the approach to be followed. The Inception report will be presented to the EMC for approval prior to the commencement of the evaluation exercise. The Inception Report should among other things provide details on the following:

- An Evaluation Methodology Framework that includes the objective/overarching question, the specific question, the performance indicator, the data source, the evaluation design, the sampling plan, data collection instruments and data analysis plan
- Details of how the evaluation will be organized and conducted
- Details of how the management and coordination will be assessed
- Details of data collection instruments
- Types of data collection and analysis to be conducted
- Proposed schedule of field visits
- A schedule of detailed outputs and dates in line with the work programme of deliverables scheduled below

Key principles for the design of the evaluation approaches are as follows:

- Participatory process to involve and strengthen capacity of stakeholders in design, data collection, analysis and planning for implementation of recommendations utilizing national coordination mechanisms
- The evaluation should triangulate and take into consideration existing data such as survey data, routine health service (HMIS) data, annual programme review information, and data from relevant research studies
✓ The evaluation require the elaboration of a plan for taking into account ethical considerations

The field visits will provide the evaluation team with an opportunity to review the achievement at local level. The visits will also help facilitate community stakeholder involvement in the evaluation process. In each visited region, the EMC will identify and nominate a person to assist in facilitating the process and ensure national participation.

The evaluation team will also use a variety of methods including review and synthesis of secondary sources of data and analysis, such as previous evaluations, project documentation, and mission reports and reporting to assess and to understand national progress in the country.

Products and reporting

i) An **inception report** (showing the proposed design, methodology, implementation plan, deliverables, and deadlines);

ii) A **debrief** at the end of field work (covering summary of resources spent and work covered in the field, and preliminary findings);

iii) **Three Thematic Reports** (P&D, RH and Gender);

iv) A consolidated **final report**.

Work plan and budget

<table>
<thead>
<tr>
<th>Items</th>
<th>Target timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starting date</td>
<td>November 24</td>
</tr>
<tr>
<td>Inception report</td>
<td>November 29</td>
</tr>
<tr>
<td>Field visits and desk review</td>
<td>November 29 – December 7</td>
</tr>
<tr>
<td>Debriefing on preliminary results</td>
<td>October 25</td>
</tr>
<tr>
<td>1st draft reports</td>
<td>November 1</td>
</tr>
<tr>
<td>2nd draft reports</td>
<td>November 22</td>
</tr>
<tr>
<td>Final draft</td>
<td>December 3</td>
</tr>
<tr>
<td>Dissemination</td>
<td>January 10</td>
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</tbody>
</table>
ANNEXES:

Reports format:
UNFPA evaluation reports should include all the following elements:

**Title page**
Should contain name of project, programme or theme being evaluated; country of programme; name of the organization to which the report is submitted; names and affiliations of the evaluators; and date.

**Table of Contents**

**Acknowledgements**
Identify those who contributed to the evaluation.

**List of acronyms**

**Executive summary**
A self-contained paper of 1-3 pages, summarizing essential information on the subject being evaluated, the purpose and objectives of the evaluation, methods applied and major limitations, the most important findings, conclusions and recommendations in priority order.

**Introduction**
Describe the programme/theme being evaluated, including the problems being addressed by the interventions. Summarize the evaluation purpose, objectives, and key questions. Explain the rationale for selection/non selection of evaluation criteria. Describe the methodology employed to conduct the evaluation. Detail who was involved in conducting the evaluation and what were their roles. Describe the structure of the evaluation report.

**Findings and conclusions**
State findings based on the evidence derived from the information collected. To the extent possible measure achievement of results in quantitative and qualitative terms, and analyze the linkages between inputs, activities, outputs, outcomes and, if possible, impact. Discuss the relative contributions of stakeholders to achievement of results. Conclusions should be substantiated by the findings and be consistent with the data collected, and must relate to the evaluation objectives and provide answers to the evaluation questions.

**Lessons learned**
Based on the evaluation findings and drawing from the evaluator(s)' overall experience in other contexts if possible provide lessons learned that may be applicable in other situations as well. Include both positive and negative lessons.

**Recommendations**
Formulate relevant, specific and realistic recommendations that are based on the evidence gathered, conclusions made and lessons learned. List proposals for action to be taken (short and long-term) by the person(s), unit or organization responsible for follow-up in priority order, including suggested time lines and cost estimates (where relevant) for implementation.

**Annexes**
Attach Terms of Reference for the evaluation; list persons interviewed, sites visited; list documents reviewed (reports, publications); data collection instruments (e.g., copies of questionnaires, surveys, etc.); web links.
Annex B: List of Persons Interviewed

GOVERNMENT OF THE GAMBIA MINISTRIES, DEPARTMENTS AND AGENCIES

National Population Commission, Office of the Vice President (OVP)
Lamin Nyabally
Permanent Secretary
Hamba Manneh
Senior Assistant Secretary

National Population Commission Secretariat (NPCS)
Saikou J.K. Trawally
Director
Awa Dem
Principal Human Resources Economist
Paul Mendy
Human Resources Economist
Buba Joof
NPPP (M&E)

National Youth Council/Ministry of Youth and Sports
Abdouli Faye
Programme Manager

Department of Information Services/MoE
Isha Davies
Director
Ebrima Njie
Assistant Director/Project Manager

RVTH
Mamady Cham (Dr.)
Chief Medical Officer

RCH Unit/MoH
Bafoday Jawara
Programme Manager
Lamin Darboe

Life Skills/POP/FLE, MoBSE
Amicoleh Mbaye
Principal Education Officer – Life Skills
Regional Director, Region IV

Women’s Bureau
Omar Kanteh
Director
Deputy Director

RCH Services – North Bank East Region (Farafenni)
Ivan Coker
Regional Public Health Nurse (Interview via telephone)

Regional Health Team - Bansang – Central River Region (CRR)
Lamin Manneh
Regional Director
Alpha Mballow
Regional Nutrition Officer
Arfang Badije
Regional Admin/Clerk
Alhagie Jabbi
Regional Vector Control Officer

Regional Health Team – Basse – Upper River Region (URR)
Baba Jeng
Regional Director
Sheriff Jammeh
Senior CHN Training
Sainey Beyai
Regional Public Health Nurse
Modou Lamin Fofana

Basse Major Health Centre – URR.
Abdouli Jammeh
Officer In Charge
Regional Health Team – Mansa Konko – Lower River Region (LRR)
Yankuba Jabbi Regional Director

Bwiam – Sulayman Junkung Hospital – West Coast Region (WCR)
Kebba S. Badgi Chief Executive Officer

Central River Region
Lamin Badjie Department of Community Development
Amat S. Bah Senior Education Officer, Regional Education Directorate
NFamara Camara Police Officer, Ministry of Interior
Wassabo Darbo
Bubacarr Fofana Disaster Management
Ebrima J Foon Youth Representative
Bakary Jawara Field Officer, National Population Secretariat
Alasan Jawo Youth and Sports
Seyfo Jam Jawo Chief
Lamin S. Jawo Media
Fafanding Kinteh National Environment Agency
Ebrima M. Jobarteh Brikamaba Community Radio
Baboucarr M. Kante Brikamaba Community Radio

Lower River Region
Janko Jabbi Regional Health Team

North Bank Region
Alasan Bah Department of Agriculture Services
Ebrima Bajinka Member, Farafenni Youth Centre
Kemo Ceessay Chairman VDC, Kerewan
Samboujang Conteh Director RAID
Arfing Dibba Coordinator, Farafenni Youth Centre
Bakary Dibba Social Secretary, Farafenni Youth Centre
Abdou Jawara VDC Member
Alasan Keita Local Government Authority
Fafanding Kinteh Chief Lower Baddibou
Ebrima Jammeh Assistant Community Development Officer
Ebrima Saidykhan Director, Kerewan Community Radio
Lamin Samateh National Environment Agency
Edwarr Seckan Governor, North Bank Region
Saikou Touray Treasurer, Farafenni Youth Centre

Upper River Region
Abdou Krubally Forestry
Alhaji Baba Galleh Jallow Supreme Islamic Council
Momodou Billo Jallow NAYAFS
Momodou S. Jallow Governor’s Office
Aji Mariama Jaw Ward Councillor
Sana Sambou Department of Community Development
Momodou Sanneh Gambia Radio and Television Services

West Coast Region
Lamin Sanneh Governor
Fatou Sanyang Deputy Governor
Women’s Groups

NBR
Fatoumatta Fofana  Karantaba Women’s Garden
Jawaranding Jawara  Karantaba Women’s Garden
Wonto Saidykhan  President, Karantaba Women’s Garden

CRR
Matty Gaye  President, Boka Hol Women’s Group, Kumbija
Ebrima Foon  GAMPAD Women’s Group
Manding Jawara  President, GAMPAD Women’s Group
Bundeh Jawneh  GAMPAD Women’s Group

URR
Fatou Danso  Alkalo, Kabakama
Khaddy Drammeh  President
Neneh Galleh Jallow  Vice President, Kabakama Women’s Garden

CIVIL SOCIETY ORGANIZATIONS

GFPA
Yankuba Dibba  Executive Director
Mutarr Jammeh  Programme Manager
Jerry Jallow  Marketing & Communications Officer
Awa Louis  Finance Manager

NEWFOY, GFPA Bundung
Nyima Treira  Service Provider
Kassamanding Touray  Youth Assistant
Maimouna Sohna  Youth Management Committee Member

African Network for Information and Action against Drugs (RAID)
Alhagie Sambujang Conteh  Director

KMC
Mustapha Badjie  SCAPE
Sulayman Bojang  SCAPE
Jankeh Camara  SCAPE
Sainabou Drammeh  SCAPE
Aja Binta Jaiteh  SCAPE
Mariatou Mass  SCAPE
Dua Sumbundu  SCAPE
Mariama Sumbundu  SCAPE

Contractees
Fatoumatta Waggeh  Director, BAFROW
Yassin Sompo-Ceesay  Deputy Director, BAFROW
Isatou Touray (Dr.)  Executive Director, GAMCOTRAP
Amie Bojang Sissoho  Programme Officer, GAMCOTRAP
Yadicon Njie-Eribo  Coordinator, FAWEGAM
UNITED NATIONS AGENCIES

UNDP Country Office

UNFPA Country Office
Rose Gakuba
Reuben Mboge (Dr.)
Alieu Sarr
Alhagie Kolley
Fatou Kinteh
Isaac Gblee
Buba Joof
Bintou Suso
Yusupha Jarjusey

WHO Country Office
Bakary Jago
Annex C: Documents Reviewed (Reports and Publications)

Basic Maternal and Newborn Care (JHPIEGO).
Beijing at 15 UNFPA and Partner, Charting the Way Forward, UNFPA
CEDAW 4th and 5th Reports, May 2010, Ministry of Women’s Affairs The Gambia
Circular 6/10 Confinement Leave, Ref. 14/450/01/Part 111/ (159), October 18, 2010,
CPAP-CPAP 2007, Narrative Section, April 2007, UNFPA
Gender and Women’s Empowerment Policy 2010-2010, Ministry of Women’s Affairs, The Gambia
Gender Based Violence Bill (Draft), Ministry of Women’s Affairs 2010
Health Policy, Health is Wealth, 2007-2020, Ministry of Health, and The Gambia
Level of Achievement of the MDGs, MDG Status Report, National Planning Commission
Mandinaba, BAFROW’s Model Village, MDG/VISION 2020 At a Glance in Mandinaba, BAFROW
Mid-Term Report, 6th Country Programme, 28th January 2010
National Population Policy, February 2007, Republic of The Gambia
Pamphlets-My Husband and I Decided To, Posters by BAFROW, UNFPA
Personnel Management Office, Banjul, The Gambia
Simple Readers: Better Life Series -Common RH Problems for Women; FGM; STIs in English and Mandinka
Situation Analysis of Obstetric Fistula (2007)
The Gambian Road Map to accelerate the reduction of maternal newborn morbidity and mortality (2005).
The Lancet – Countdown to 2015 (Vol. 371, April 2008).
UNFPA Strategic Plan 2008-2011, UNFPA
Women’s Act 2010, Ministry of Justice, The Gambia
Annex D: Data Collection Instruments
Module A: Questionnaire for Programme Managers, Coordinators and Donors

UNITED NATIONS POPULATION FUND
EVALUATION OF THE SIXTH COUNTRY PROGRAMME
OF THE GAMBIA 2007-2011

A. IDENTIFICATION

1. Name of Respondent………………………………………………………………………………

2. Organization…………………………………………………………………………………………

3. Responsibilities……………………………………………………………………………………

4. Programme Activities
   a. ………………………………………………………………………………………………………
   b. ………………………………………………………………………………………………………
   c. ………………………………………………………………………………………………………

B. RELEVANCE OF COUNTRY PROGRAMME

5. The 6th Country Programme Action Plan, 2007-2011 between the GoTG and UNFPA outlined its role in contributing to the improvement of the quality of life of the people of Sierra Leone through a number of goals. Please indicate how appropriate you think each of these goals was

<table>
<thead>
<tr>
<th>Programme Goal</th>
<th>Highly Appropriate</th>
<th>Appropriate</th>
<th>Not Appropriate</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reducing poverty through:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Improved maternal health</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Increased RH information and services</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Collection and utilization of gender-disaggregated data for development and planning</td>
<td>☐</td>
<td>☐</td>
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</table>

6. The 7th Country Programme Action Plan 2012-2016 is being considered. Do you think that these goals should be included in the extended CPAP 2012-2016?

<table>
<thead>
<tr>
<th>Programme Goal</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reducing poverty through:</td>
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<td></td>
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<tr>
<td>a. Improved maternal health</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>b. Increased RH information and services</td>
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<tr>
<td>c. Collection and utilization of gender-disaggregated data for development and planning</td>
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</table>

7. Apart from these goals, state any other goal which you think should be included in the CPAP 2012-2016

---------------------------------------------------------------------------------------------------------------------------------
C. ASSESSMENT OF THE PROGRAMME DESIGN

8. Who were the partners involved in the formulation of the 2007-2011 Country Programme?

9. Did these partners adequately represent all potential stakeholders in the formulation process?
   Yes (skip to Q.12) No (Ask Q.10) Don’t know (skip to Q.12)

10. If No in Q.9, specify the stakeholders you think should have been included?

11. If No in Q.9, specify the stakeholders you think should have been excluded?

12. How relevant was the Country Programme in meeting the following objectives?

<table>
<thead>
<tr>
<th>Policy Objectives of the</th>
<th>Wholly Relevant</th>
<th>Partially Relevant</th>
<th>Not Relevant</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. PRSP</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. UNDAF</td>
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<td></td>
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<tr>
<td>c. MDGs</td>
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<tr>
<td>d. ICPD</td>
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<tr>
<td>e. UNFPA Strategic Plan.</td>
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<tr>
<td>f. National Health Policy</td>
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<tr>
<td>g. The Gambia Road Map to Accelerate the Reduction of Maternal and Newborn Morbidity and Mortality.</td>
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<tr>
<td>h. Any other? (Specify)</td>
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</tbody>
</table>

13. Who was responsible for monitoring achievement of programme indicators?

14. What linkages did the programme establish among programme components?

15. (a) What gender-related issues did the Programme address?
   (b) What policy dialogue and advocacy issues did the Programme address?
   (c) What rights-based approach did the Programme address?

D. CONTRIBUTION TO NATIONAL CAPACITY BUILDING

16. Did the Country Programme include specific strategies to promote national capacity building?
   Yes No (Skip to 18) Don’t know

17. How significant a contribution has the Country Programme made to national capacity building?
   Highly Significant Significant enough Not significant
18. Did the Country Programme include specific strategies to establish linkages with other development partners’ Programmes?
   Yes ☐  No ☐  Don’t know ☐

19. How significant has been the linkages which this Country Programme established amongst its components?
   Highly Significant ☐  Significant enough ☐  Not significant ☐

E. SUSTAINABILITY OF PROGRAMME

20. Can the Country Programme results be sustained after withdrawal of UNFPA assistance?
   Yes ☐ (Ask Q21)  No ☐ (Ask Q.22)  Don’t know ☐ (Ask Q.23)

21. If yes in Q20, what are the mechanisms for sustenance after UNFPA assistance ends?
   …………………………………………………………………………………….(Go to Q.23)

22. If no in Q20, what is the reason for your answer?
   ……………………………………………………………………………………

23. What strategies do you think should be adopted in the 2012-2016 Country Programme?
   a. Similar strategies as for the 2007-2011 Country Programme ☐
   b. Similar strategies but with some modifications (Specify)
      ……………………………………………………………………………………
   c. Fundamentally different strategies (Specify)
      ……………………………………………………………………………………

24. In the implementation of the current Country Programme, what were the facilitating factors for the results achieved?
   ……………………………………………………………………………………

25. Which factors acted as constraints in programme implementation?
   ……………………………………………………………………………………

26. Do you have any recommendations to be considered for inclusion in the design of an extended CPAP?
   ……………………………………………………………………………………

END OF INTERVIEW
Module B: Questionnaire for Implementing Partners

UNITED NATIONS POPULATION FUND
EVALUATION OF THE SIXTH COUNTRY PROGRAMME
FOR THE GAMBIA 2007-2011

A. IDENTIFICATION

1. Sector………………………………………………………………………

2. Name of project……………………………………………………………

3. Location of project…………………………………………………………

4. Implemented by ……………………………………………………………

5. Planned Project Activities
   a. …………………………………………………………………………………
   b. …………………………………………………………………………………
   c. …………………………………………………………………………………

6. Target Groups
   a. …………………………………………………………………………………
   b. …………………………………………………………………………………
   c. …………………………………………………………………………………

B. ASSESSMENT OF PERFORMANCE – PROJECT RESULTS

For each planned project activity in Q.5, state the resultant products and services in terms of (a) achievements (b) facilitating factors (c) constraining factors

7. Project Outputs

<table>
<thead>
<tr>
<th>Output</th>
<th>Activity(ies)</th>
<th>Achievements by mid-term</th>
<th>Facilitating Factor(s)</th>
<th>Constraining Factor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

8. Significant Unexpected Result

For each planned project activity in Q7, state any output or, outcome which was significant but which was not expected.

<table>
<thead>
<tr>
<th>No.</th>
<th>Planned Activity</th>
<th>Unexpected Output</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. ASSESSMENT OF THE PROJECT DESIGN

9. Who were the partners involved in the formulation of the project?
   a. …………………………………………………………………………………
   b. …………………………………………………………………………………
10. Did these partners adequately represent all potential stakeholders in the formulation process?
   Yes [ ] (Skip to Q.14)  No [ ] (Ask Q.12)  Don’t know [ ] (Skip to Q.14)

11. If No in Q11, specify the stakeholders you think should have been included?
   a. ........................................................................................................
   b. ........................................................................................................

12. If No in Q11, specify the stakeholders you think should have been excluded?
   a. ........................................................................................................
   b. ........................................................................................................

13. What were the processes used in the formulation of the Country Programme?
   a. ........................................................................................................
   b. ........................................................................................................

14. How effective was the project design in facilitating implementation of the project?
   Very effective [ ]  Effective enough [ ]  Not effective [ ]

15. What is the reason for your answer?
   ........................................................................................................
   ........................................................................................................

D. ASSESSMENT OF STRATEGIES OF PROJECT IMPLEMENTATION, MONITORING AND EVALUATION

16. Who was responsible for monitoring the implementation of project activities?
   i. ........................................................................................................
   ii. ........................................................................................................

17. Was this division of responsibilities effective in monitoring the project?
   Yes [ ]  No [ ]  Don’t know [ ]

E. ASSESSMENT OF GENDER-RELATED ISSUES

18. What gender-related issues did the project address?
   i. ........................................................................................................
   ii. ........................................................................................................

19. Specify the gender-related outputs

<table>
<thead>
<tr>
<th>Output</th>
<th>Activity(ies)</th>
<th>Achievements by mid-term</th>
<th>Facilitating Factor(s)</th>
<th>Constraining Factor(s)</th>
</tr>
</thead>
</table>

F. ASSESSMENT OF MATERNAL HEALTH ISSUES

20. What maternal health issues did the project address?
   i. ........................................................................................................
   ii. ........................................................................................................
21. Specify the maternal health-related outputs

<table>
<thead>
<tr>
<th>Output</th>
<th>Activity(ies)</th>
<th>Achievements by mid-term</th>
<th>Facilitating Factor(s)</th>
<th>Constraining Factor(s)</th>
</tr>
</thead>
</table>

G. ASSESSMENT OF REPRODUCTIVE HEALTH-RELATED ISSUES

22. What RH-related issues did the project address?
   i. ............................................................................................................
   ii ............................................................................................................

23. Specify the RH-related outputs

<table>
<thead>
<tr>
<th>Output</th>
<th>Activity(ies)</th>
<th>Achievements by mid-term</th>
<th>Facilitating Factor(s)</th>
<th>Constraining Factor(s)</th>
</tr>
</thead>
</table>

H. CONTRIBUTION TO NATIONAL CAPACITY BUILDING

24. Did the project include specific strategies to promote national capacity building?
   Yes ☐ (Ask Q.24) No ☐ (Skip to Q.26) Don’t know ☐ (Skip to Q.26)

25. How significant a contribution has the project made to national capacity building?
   Highly Significant ☐ Significant enough ☐ Not significant ☐

26. Did the project include specific strategies to establish linkages with other projects?
   Yes ☐ (Ask Q.27) No ☐ (Skip to Q.28) Don’t know ☐ (Skip to Q.28)

27. How significant has been the linkages which this project has established with other projects?
   Highly Significant ☐ Significant enough ☐ Not significant ☐

I. SUSTAINABILITY OF PROJECT

28. Can the Country Programme results be sustained after withdrawal of UNFPA assistance?
   Yes ☐ (Ask Q.29) No ☐ (Ask Q.30) Don’t know ☐ (Ask Q.31)

29. If yes in Q28, what are the mechanisms for sustenance after UNFPA assistance ends?
   ...............................................................................................
   (Go to Q.31)

30. If no in Q25, what is the reason for your answer?
   ...............................................................................................

31. What are some of the key issues that an extended Country Programme should address?
   .............................................................................................

32. What strategies would you suggest to be used to address these issues?
   .............................................................................................
33. What recommendations do you have for consideration in the formulation of an extended CPAP?

Module C: Questionnaire for Contractees

(a) Design of the CPAP
1. To what extent has the design of the CPAP strategies facilitated (or not) progress towards the achievements of expected results and improved lives of the target populations? (This includes the choice of the beneficiaries, funding mechanisms, planning process within the context of UNDAF and Government priorities).

(b) POLICY ENVIRONMENT: Coherence of CPAP with ICPD, MDGs and National Goals and Targets
2. To what extent does the CPAP respond to the goals of the following:
   (a) ICPD Programme of Action, (b) MDGs and (c) other priority national development goals?
3. Is the GoTG-UNFPA programme of support aligned to national priorities? If yes, in what way? If No, why?
4. Are you satisfied with the progress made in the policy environment (so far) towards the achievement of the outcomes or objectives of the CP support?

(c) Programme Implementation
5. (a) Is the GoTG-UNFPA CPAP on track to achieve the targets set in the CP? (b) What are the limiting or facilitating factors?
6. How have the results from the implementation of the GoTG-UNFPA CPAP contributed to the achievement of UNDAF objectives?

(d) CAPACITY BUILDING
7. In what way is the GoTG-UNFPA CP contributing to national capacity development in its specific areas of work?

(e) Co-ordination and Collaboration
8. To what extent has the unified approach or collaboration between the relevant UN agencies facilitated the implementation of the: (a) CPD, (b) CPAP programmes and (c) projects?
9. Comment on the adequacy of the (a) co-ordination and (b) management structures that have been established between the UNFPA, IPs in Government and NGOs for effective delivery of the Sixth Country Programme?

(f) Relevance and Adequacy of the Programme of Assistance
10. Is the GoTG-UNFPA CP and the UNDAF relevant and adequate in responding to national priorities?
11. Are the CPAP strategies and actions coherent from the standpoint of (a) programme outputs and with (b) other CP expected results and targets?

(g) Integration of Cross-cutting issues
12. To what extent are (a) gender equality, (b) human rights and (c) dialogue and advocacy concerns as a cross-cutting issue been integrated in the programme areas outlined in the CP and in the PRSP?

(h) Fund Disbursement & Programme Implementation Modalities
13. How are the new funding modalities affecting fund disbursement and project implementation in terms of timeliness of Funding and reporting mechanisms?
14. Has the new aid environment, the Paris Declaration and UN Reform affected the Implementation of the CP and Its action Plan?
(i) **Recommendations**

15. What key recommendations can you make to improve the CPAP and programme delivery so that the CPAP contributes more effectively to the CPD, UNDAF and poverty reduction outcomes and objectives.
## Annex E: Performance Levels for the Gender Component

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Year</th>
<th>Implementing Agency and No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Women’s Bureau</td>
</tr>
<tr>
<td>Output 1</td>
<td></td>
<td>2007</td>
<td>GAMCOTRAP</td>
</tr>
<tr>
<td>No of religious and community leaders sensitized</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Output 2</td>
<td></td>
<td>90</td>
<td>90</td>
</tr>
<tr>
<td>No. of women reached through Bantaba</td>
<td>90</td>
<td>2007</td>
<td></td>
</tr>
<tr>
<td>At least 2 quarterly field monitoring visits undertaken</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>World Population Day</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>1 Joint annual M &amp; E Operations &amp; Maintenance</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Support to MoWA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Output 1</td>
<td>No of Gender Mainstreamed laws &amp; policies</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>No. of staff and stakeholders trained on gender mainstreaming concepts</td>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National study on Gender and Women Empowerment Report launched.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Output 2</td>
<td>No of law enforcement officers trained in GBV</td>
<td>50</td>
<td>65</td>
</tr>
<tr>
<td>No. of women trained in entrepreneurial skills</td>
<td>40</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>No. of women and girls trained in livelihood and management skills</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Indicator</td>
<td>Target</td>
<td>Year</td>
<td>Implementing Agency and No</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-----------------</td>
<td>------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Number of women and girls trained in livelihood and management</td>
<td>375</td>
<td></td>
<td>Women’s Bureau</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>GAMCOTRAP</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>BAFROW</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>FAWEGAM</td>
</tr>
<tr>
<td>No. of reference materials-bookshelves and stationery supplies baseline</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chilling van</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>No. of chiefs VDC and women sensitized</td>
<td>75</td>
<td></td>
<td>125</td>
</tr>
<tr>
<td>No. of quality poultry house refurbished and poultry activities conducted</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>No. of vegetable gardens supported</td>
<td>5</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>No. of young people, parents, teachers sensitized on child friendly sexual harassment Policy</td>
<td>90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of women sensitized on Women’s Federation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of women trained in security at workplace and at home</td>
<td></td>
<td></td>
<td>90</td>
</tr>
<tr>
<td>No. of security personnel and local authorities on GBV</td>
<td>75</td>
<td></td>
<td>75</td>
</tr>
<tr>
<td>No of field monitoring visits</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Indicator</td>
<td>Target</td>
<td>Year</td>
<td>Implementing Agency and No</td>
</tr>
<tr>
<td>-----------</td>
<td>--------</td>
<td>------</td>
<td>----------------------------</td>
</tr>
<tr>
<td><strong>Output 1</strong></td>
<td></td>
<td></td>
<td>Women's Bureau</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A validated report indicating level of gender mainstreaming laws, policies and programmes</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Gender Unit established</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50 staff trained in gender mainstreaming in KMC</td>
<td>50</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Number of National Women’s Council and staff of the Ministry of Gender trained on policy analysis</td>
<td>84</td>
<td>84</td>
<td></td>
</tr>
<tr>
<td><strong>Output 2</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A sixty minute documentary on GBV developed</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of regions and community members sensitized on the Gender Policy (LRR &amp; URR)</td>
<td>100</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>No. and categories of participants trained in GBV management and prevention NBR</td>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of community leaders trained in CRR</td>
<td>40</td>
<td></td>
<td>101</td>
</tr>
<tr>
<td>Action Plan and Guidelines of GBV</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Number of staff trained in GBV management and prevention &amp; NWC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of copies of simple readers produced on GBV</td>
<td>500</td>
<td></td>
<td>500</td>
</tr>
<tr>
<td>No. of field monitoring visits conducted.</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>No. of security forces trained</td>
<td></td>
<td></td>
<td>43</td>
</tr>
</tbody>
</table>
Annex F: Output Indicators of the Country Programme

REPRODUCTIVE HEALTH

Output One: Improved access to integrated quality Reproductive Health information and services, including family planning at all levels.

(a) Number of facilities providing basic and comprehensive emergency obstetric care (baseline = 12, target = 24). (This indicator has not clarified whether the facilities are tertiary institutions (hospitals) or major health centres).
(b) Percentage of service delivery points offering at least four RH services (baseline = 90 percent, target = 100 percent);
(c) Proportion of deliveries by skilled birth attendants (baseline = 52 percent, target = 77 percent);
(d) Number of UNFPA supported health facilities providing fistula management (baseline = 0, target = 2), and
(e) Proportion of health facilities without stock-outs of family planning (FP) commodities for the last three months (baseline = NA, target = 30 percent).

The first strategy to achieve this output is to support the National Road Map to reduce maternal morbidity and mortality through the following activities: a) conduct of a facility needs assessment to scale up RH services, including those for adolescents; b) assistance to GoTG in resource mobilization for the Road Map; c) increase the availability and access to EmOC by building the capacity of service providers, particularly nurses/midwives and doctors on safe motherhood, programme management, data management, data utilization, family planning and adolescent sexual and RH; d) support to the referral system of health facilities and between health facilities and communities; e) increase access to and availability of the full range of quality RH commodities and services; h) increase the number of trained family planning service providers including community based services; i) provide family planning services for people living with HIV/AIDS (PLHIV); and j) strengthen integration of STI/HIV/AIDS into RH services.

The second strategy is to undertake joint programmes with UNICEF and WHO on EMOC and fistula and build strategic partnerships with NGOs and community-based organizations (CBOs). The activities are: (a) conduct a field needs assessment on fistula; (b) formulate a Plan of Action and advocacy strategy for the prevention and management of obstetric fistula based on the assessment; and (c) consult with UNICEF and WHO on joint programme modalities.

The third strategy is strengthening the capacity of selected institutions for the provision of RH services and commodities particularly contraceptives by. The activities are: (a) provide finalize institutional capacity assessment on potential implementing partners; train implementing partners on UNFPA management procedures; (c) provide logistical support; and (d) implement recommendations on capacity-building of service providers from the EmOC evaluation report.

The fourth is updating policies, norms, protocols and training manuals on RH service delivery and training of service providers on their use. The activities are: (a) provide support to update the RH policy, norms, protocols and training manuals, (b) support training of service providers and health training institutions on the use of RH policy, norms, protocols and training manuals and (c) support the production and dissemination of RH policy, norms protocols and training manuals.

The fifth strategy is supporting the development of a database to improve RH up-to-date data for programme management. The activities include: (a) establishment of a Health
Management Information System (HMIS); (b) evaluation of the utilization of RH services including EmOC at the mid-point and conclusion of the programme; and (c) building the capacity of service providers on data management and utilization.

OUTPUT TWO

3.1.2.1 Output Indicators and Strategy
Output Two of the RH component has four indicators:
(a) Number of youth-friendly service centres increased from five to 10;
(b) Percentage of young people aged 15-24 years knowledgeable about transmission and prevention of sexually transmitted infections and HIV (baseline = 62.5 percent, target = 90 percent);
(c) Number of voluntary counseling and testing (VCT) centres (baseline = 0, target = 6), and
(d) Number of RH facilities integrating voluntary counseling and testing (baseline = 8; target = 20).

The first strategy to achieve this output is to expand youth centres that provide youth-friendly services focused on preventing STIs and HIV among young people. The activities are to: (a) consolidate on the two existing youth centres and establish five new centres; (b) support the ongoing life skills training programme in schools to help adolescents make informed decisions on their sexuality; (c) support life skills training for out-of-school and vulnerable youths; (d) provide support to the ongoing peer education programme for in- and out-of-school youths; and (e) support ongoing IEC/BCC interventions through multimedia channels focused on preventing STIs and HIV among young people.

The second strategy is supporting condom programming and the establishment of VCT centres that are integrated into RH services. The activities will be: (a) conduct a situational analysis on condom utilisation; (b) consolidate existing condom outlets and expand to other communities; (c) train peer health educators, community based distributors and “Kairo” ambassadors of social marketing (GSMMP) on condom distribution; and (d) increase number of integrated VCT centres.

The third strategy is strengthening the capacity of Government and NGOs, especially youth-oriented institutions and service providers, to develop and conduct behaviour change communication activities and to provide youth-friendly quality RH Services. The activities will be: (a) support existing government and NGOs institutions to scale up SRH services; (b) support the national PPTCT programme; and (c) support the promotion of VCT especially at the division and district levels with a view to scaling up prevention activities towards universal access.

OUTPUT THREE

3.1.3.1 Output Indicators and Strategy
The three output indicators in the CPAP results and resources framework are:
(a) Operational National IEC/BCC Strategy and guidelines in place. The baseline is zero and the target is one,
(b) Number of NGOs, faith based organizations and networks with capacity to advocate gender issues. The baseline for this indicator is 11 and the target is was 15 (14 for year 2010) and
(c) Level of awareness on gender based Violence among the population. This indicator has no baseline.

The first strategy to achieve this output is to implement the interventions of the National IEC/BCC Strategic Framework by: (a) improving capacity of service providers, CBOs, youth
networks and NGOs implementing the IEC/BCC strategies; (b) supporting the orientation and sensitization of law enforcement agencies, health staff and the Social Welfare Department on the rights of those affected by GBV; (c) supporting the provision of services to victims of GBV; and (d) operationalizing the IEC/BCC Strategic Framework.

The second strategy is to strengthen partnerships with FBOs, women’s groups, youth, parliamentarians, traditional communicators and other civil society organizations (CSOs) to promote awareness and advocacy on Gender, RH including RH Rights. The activities are to: (a) select partners for the promotion of Gender and RH rights through IEC/BCC; (b) coordinate the implementation of IEC/BCC and advocacy interventions; and (c) provide required skills and information to implement advocacy interventions on gender and RH rights as well as male involvement in RH with focus on EmOC and fistula.

The third strategy is supporting community-based structures to promote social mobilization and community awareness. The activities are to: (a) provide support to CBOs, NGOs and CSOs to provide RH information and services at the community level; and (b) strengthen the Plan of Action for community-based RH information and services.

**POPULATION AND DEVELOPMENT**

**OUTPUT ONE**

3.2.1.1 Output Indicators and Strategy

To measure the results of programme performance, the first output under the PD component has two achievement indicators as follows:

(a) Database on population available and

(b) Number of studies on the linkages between population, RH, gender and poverty undertaken.

The statement of targets was vague in the Results and Resources Framework and there were no annualized targets against which the achievements could be measured.

Five strategies were mapped out to achieve these results. The first strategy is to enhance the capacity of the Gambia Bureau of Statistics (GBoS) and other institutions, such as the University of The Gambia (UTG), to conduct evidence-based population, socio-cultural, health and educational surveys and to obtain other baseline data. The programme supports the conduct of: (a) a training needs assessment; (b) training on programme management, monitoring and evaluation; (c) research on gender, migration, and HIV/AIDS; (d) seminars, symposia and workshops and conferences and (e) the development of curricula for courses on population and development and (f) the provision of short-term fellowships.

The second strategy to achieve this output is to support a Demographic and Health Survey (DHS) and disseminate its results. The programme supports the following activities: (a) development of a Resource Mobilization Strategy for the DHS; (b) jointly (with other UN agencies and other development partners) mobilize resources to conduct the DHS; (c) support to the conduct of a DHS, and (d) building of capacity for the management and utilization of DHS data.

The third strategy to achieve this output is support to the 2010 Round of Population and Housing Census (PHC) through: (a) development of an advocacy strategy for preparation of the 2010 round of census; (b) mobilization of resources for the 2010 round of census; and (c) preparatory activities for the 2010 round of census.

The fourth strategy to achieve this output is to strengthen the capacity of the planning units of the MoH&SW and MoBSE to generate programme-level statistics and data. The
programme supports: (a) the conduct of a needs assessment; (b) provision of required logistical support; and (c) production of gender-sensitive education and health statistics.

The fifth strategy is aimed at establishing and implementing an Integrated Management Information System (IMIS), including DevInfo, for the monitoring of the MDGs and PRSP. The programme supports the following activities: (a) jointly (with other UN agencies) develop and institutionalize IMIS including DevInfo for programme monitoring and evaluation; and (b) train staff of relevant institutions at all levels on the use of IMIS including DevInfo.

OUTPUT TWO

3.2.2.1 Output Indicators and Strategy

Output Two has the following three output indicators:

(a) Number of institutions with reliable methods for data collection, analysis and information dissemination to increase from four to seven,

(b) Number of implementing partners trained to integrate population issues into development planning processes (with baseline zero and target 15) and

(c) Number of socio-demographic data increased from two to four.

Three strategies were mapped out to achieve results under this output. The first strategy is to support the NPCS to ensure that population concerns are included in health, youth and gender sectoral plans and policies. The programme supports the following activities: (a) adapt existing modules for the integration of population and development into sectoral plans and policies; (b) training in techniques of integrating population, RH and gender issues in development planning for programme managers; (c) support the integration of population variables into the Poverty Reduction Growth Strategy (PRGS) and other frameworks; (d) provision of Technical Assistance (TA) to the implementation of PRGS; (e) monitoring the implementation of PRGS in relation to population issues; and (f) provision of necessary logistics for the integration process.

The second strategy to achieve this output is to enhance coordination at all levels of programme implementation. The programme supports the following activities: (a) establishment of a Technical Working Group (TWG) to assist in the coordination of programme implementation; (b) periodic visits to project sites to monitor the activities of the PTFs, Multi-Disciplinary Facilitation Teams (MDFTs), WDCs and VDCs; and (c) organization of annual joint monitoring visits to project sites.

The third strategy is to strengthen capacity at divisional and local structures for mainstreaming population, RH and Gender in their plans and programmes. The programme supports: (a) training of PTFs, MDFTs, WDCs and VDCs; and (b) provision of necessary equipment and other logistics to the decentralized structure.

OUTPUT THREE

3.2.3.1 Output Indicators and Strategy

The only achievement indicator for this output is the number of schools, ‘madrasas’ and tertiary institutions teaching population and family life education (POP/FLE). (It should be noted that within the programme implementation period, the terminology “family life education” was changed to “life skills education” and, hence, POP/LSE).

The first strategy to achieve this output is to support Population/Life Skills Education (POP/LSE) in primary and secondary schools and ‘madrasas’. The programme supports the: (a) dissemination of the evaluation of the POP/LSE programme; (b) update of the curriculum on POP/LSE for introduction at all educational levels including ‘madrasas’ and non-formal
institutions; (c) training teachers in POP/LSE at Gambia College and UTG; (d) provision of support in the form of teaching and learning materials; and (e) conduct of IEC at the community level.

The second strategy to achieve this output is to scale-up POP/LSE in collaboration with UNICEF and WFP by supporting the: (a) implementation of POP/LSE programmes in technical and vocational (TECH/VOC) institutions; (b) provision of life skills to young people both in- and out-of-school; and (c) provision of training on life skills targeting community leaders, women’s groups, youths, CBOs and TCs.

GENDER

OUTPUT ONE

3.3.1.1 Output Indicators and Strategy
The first output of the gender component has seven indicators. These are:
(a) Number of institutions with capacity to mainstream gender into laws and policies increased from six to 15;
(b) Number of gender-mainstreamed programmes implemented by institutions increased from seven to 14;
(c) Number of labour-saving devices provided to local women’s associations increased from 13 to 26;
(d) Number of women and girls trained in livelihood and management skills increased from zero to 500;
(e) Number of women engaged in economic activities through the Women’s Self-Help Cooperative increased from zero to 400;
(f) Number of CBOs and other local institutions using gender, RH, STIs and HIV/AIDS-specific information in their activities increased from zero to 15, and
(g) Number of relevant sectors sharing data with Women’s Bureau for better programme implementation increased from zero to 15.

The first strategy to achieve this output is to build the gender-mainstreaming capacity of local institutions and associations. The programme supports the following activities: (a) development of a Plan of Action; (b) development and adaptation of training and reference materials accordingly; and (c) training for selected institutions, including National Assembly Members, on key gender concepts such as gender budgeting and impact assessment.

The second strategy aims at empowering women and girls by skills development and reduction of their workloads. The programme supports the: (a) provision of 13 labour-saving devices to local women’s associations; (b) training of 500 women and girls in entrepreneurial skills development and management and promotion of good governance and Result Based Management (RBM) amongst stakeholders; and (c) engagement of newly trained women and girls in sustainable economic projects (in collaboration with Local Initiative Fund (LIF), financial institutions and the Women’s Self-Help Cooperative); (d) sensitization of community leaders on the need and importance of changing the workload and increasing the skills of women.

The third strategy to achieve this output is to build the capacity of the Women’s Bureau to conduct research, and use data on gender mainstreaming. This is supported as follows: (a) train Women’s Bureau staff and key GFPs on gender-sensitive research techniques and analysis; (b) collaborate with GBoS and UTG in relevant training and research areas; and (c) create, monitor and manage an information repository on gender, RH, STIs and HIV/AIDS specific data for information dissemination and coordination among national and local stakeholders.
OUTPUT TWO

3.3.2.1 Output Indicators and Strategy
To evaluate programme performance under this output, four indicators are assessed:

(a) Number of institutions with the capacity to promote gender equality, equity and advancement of women increased from seven to 14;
(b) Number of institutions involved in monitoring the implementation of the Convention on the Elimination of All Forms of Discrimination against Women increased from two to seven;
(c) Number of institutions which have conducted in-house gender training programmes increased from zero to 10, and
(d) Number of law enforcement officers (Police and Lawyers) skilled in prevention and management of GBV cases (baseline=0, target=40)

The first strategy to achieve this output is to build the capacity of institutions to implement and monitor laws and policies that promote gender equity and equality and gender mainstreaming as follows: (a) review of policies and curricula for gender sensitivity; (b) development of tools and mechanisms to guide implementation; (c) provision of education and advocacy in support of the prevention and management of GBV; and (d) report compilation and dissemination of harmonized communication strategy in partnership with national and local institutions.

The second strategy aims at supporting established gender mainstreaming mechanisms, such as the gender technical committee and the GFPs in sectoral ministries and NGOs. This is to be supported by the following activities: (a) dissemination of gender-related policies, laws, conventions and protocols; (b) training of GFPs at national level on key gender concepts and tools; and (c) further development of the Women's Bureau gender monitoring and evaluation framework.