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## REPORT OF THE UN SECRETARY GENERAL REPORT ON THE GENERAL ASSEMBLY RESOLUTION ON “WOMEN IN DEVELOPMENT” (A/RES/74/235)

### The Gambia’s Presentation

**With complements from the Republic of The Gambia, please acknowledge receipt of the Gambia’s submission.**

1. Strengthening and implementing gender-responsive poverty eradication strategies, including social protection systems, to help ensure an adequate standard of living for women and girls, especially in response to challenges posed by the COVID-19 pandemic (paragraph 10)

The Government of the Gambia is committed to improving the lives of the poorest and the most vulnerable by providing them with the requisite support and tools to improving their lives and making them productive members of society. The Ministry of Gender, Children and Social Welfare continued to strengthen and implementation gender-responsive poverty eradication strategies, including social protection systems, to help ensure an adequate standard of living for women and girls, especially in response to challenges posed by the COVID-19 pandemic.

- The COVID 19 support to 1,000 households with children under 5 in North Bank Region, Central River Region and West Coast Region.
- Support to 500 household supported with food supplies with the Greater Banjul Areas (Banjul Tobacco Road, Faji Kunda, Ebo Town, Talinding, Kotu)
- Under the Family Strengthening Program the Ministry provided D750, 000.00 support to 300 vulnerable families and 150 vulnerable elderly persons. This program is designed to support vulnerable families and elderly persons with cash transfers to improve their living conditions. Families with babies continue to be supported with baby clothes, food and other baby needs.
- Support to 200 persons with disability with food support in collaboration with The Gambia Federation of the Disables
- Provided sanitary and detergents including sanitary pads to women vendors in Serekunda, Latrikunda and Talinding Markets

- Provide COVID19 relief to 50 Quranic Centers across the country this support include
- In October, the Ministry of Gender Children and Social Welfare in partnership with the office of the First Lady and the World Food Programme (WFP) launched the Project on Reducing Gendered Impacts of Women working in the Fisheries Value Chain: Support During COVID – 19 pandemic with sustainable solutions. The project will support women working at the fish landing sites of Gunjur, Tanji and Brufut with boreholes, fish smoking houses, solar dryers for fish, cold storage facilities, meeting and prayers areas as well as toilet facilities.
- Under the Family Strengthening program the Ministry provided **D200, 000.00** support to 80 vulnerable families and 40 vulnerable elderly persons.

**2. Increasing investments in and implementation of gender-responsive policies and programmes for full and productive employment and decent work for all women, including their participation in and access to labour markets, and addressing women’s disproportionate job losses during the COVID-19 crisis (paragraphs 31 and 32)**

In terms of employment and decent work for all women, including their participation in and access to labour markets, and addressing women’s disproportionate job losses during the COVID-19 crisis. The Gambia Government continue to enhance capacities of women in small and medium scale enterprises (SMEs) through scaling up the Women Enterprise Fund by consolidating the gain made so far. The fund supported 23,000 women in small and medium scale enterprises to establish enterprises. So far Government provides the necessary financial and technical support to the Ministry of Gender Children and Social Welfare to operate the Women Enterprise Fund at a tune of **D17, 000,000.00**

So far, 120 women groups exposed to credit union concept and most of them are saving with the credit union. 1,500 women have been adequately informed on microfinance products and services. A total number of 78 plots of land have been officially registered for 78 women groups. They now have land documents with them to authenticate their ownership and possibly access some grants from other projects that use land document as a condition for any support. 3 vegetable gardens established with a fence, water supply, waiting shades and toilets. Over 200 women are benefiting from these gardens. A total number of 6 women are now members of the District tribunals in CRR/South and have received legal and leadership training to make them useful and proactive in their new assignment.

**3. Promoting the transition of women from informal employment to formal employment, including access to decent work, improved wages, social protection and quality childcare (paragraph 11)**

The Ministry of Women, Children and Social Welfare continues to make all necessary efforts through integrated approaches to ensure that the rights of women, children, people with disabilities and all other vulnerable groups are respected and that they are all empowered to participate in the socio -economic development of this country. In terms of

Promoting the transition of women from informal employment to formal employment, including access to decent work, improved wages, social protection and quality childcare are efforts to promote economic sustenance of families.

The Gambia experienced prolonged periods of macroeconomic instability during the past decades couple with high unemployment and increased vulnerability of women and girls to risk this has been recognised under the critical enablers of the National Development Plan 2018-2021 “ Enhance Economic Empowerment of Women and Girls”. Therefore, government will undertake major reforms in a bid to *enhance macroeconomic management for sustainable and inclusive economic growth and poverty reduction*.

This will be achieved through prudent fiscal management, debt sustainability measures, broadening the tax base and improving tax efficiency, as well as implementing Public Finance Management reforms. Government will design and implement sound monetary and flexible exchange rate policies for price and exchange rate stability while also strengthening the State-Owned Enterprises (SOEs), as well as financial governance institutions such as the Central Bank of The Gambia (CBG). Government will also strengthen and deepen Gambia’s financial sector to ensure that barriers in access to finance to the private sector, including for agriculture, women and youth are eliminated.

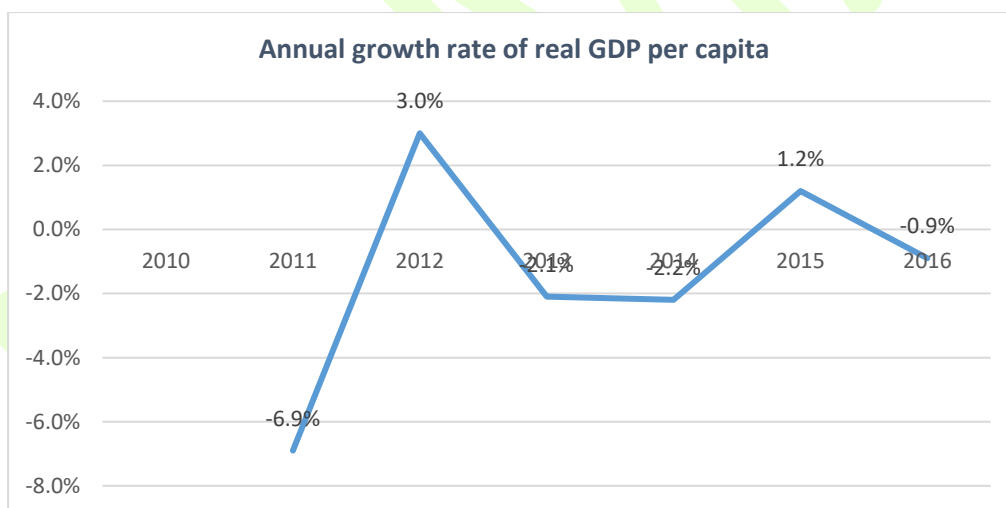


Figure Annual growth rate of real GDP per capita

The graph above shows the erratic nature of the annual growth rate of per capita income in The Gambia. This may be attributed to the various supply shocks (mainly weather shocks) that the economy is exposed to.

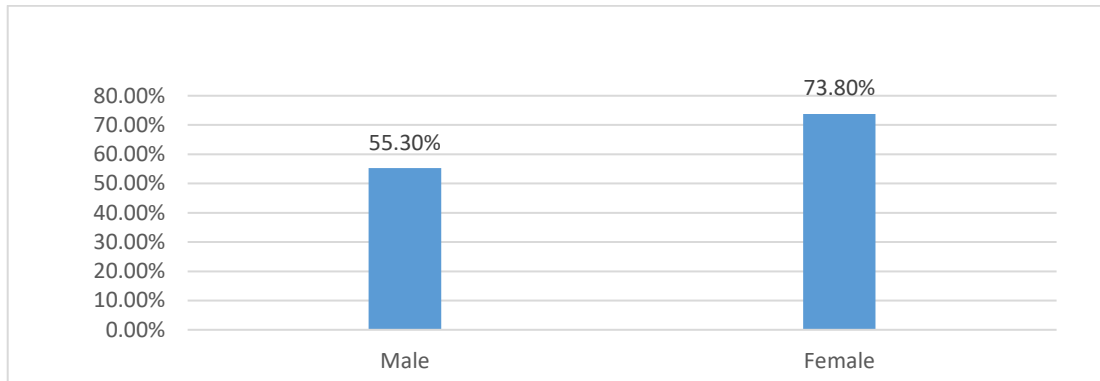


Figure Informal Employment in non-agricultural employment

In general, the informal employment rate for the country was 62.8 percent. However, if the informal employment rate was based on those employed in non-agricultural sector and includes those in household activities (ISIC4 code 98). This gives an informal employment rate of 62.8 percent. Males and females constituted informal employment rates of 55.3 percent and 73.8 percent. This shows a greater participation of females in the informal sector compared to males. In contrast with informal employment rate based on total employment, the informal sector rate in rural areas (77.0 percent), was significantly higher compared to urban areas (56.2 percent). This shows that most of non-agricultural informal employment was in rural areas

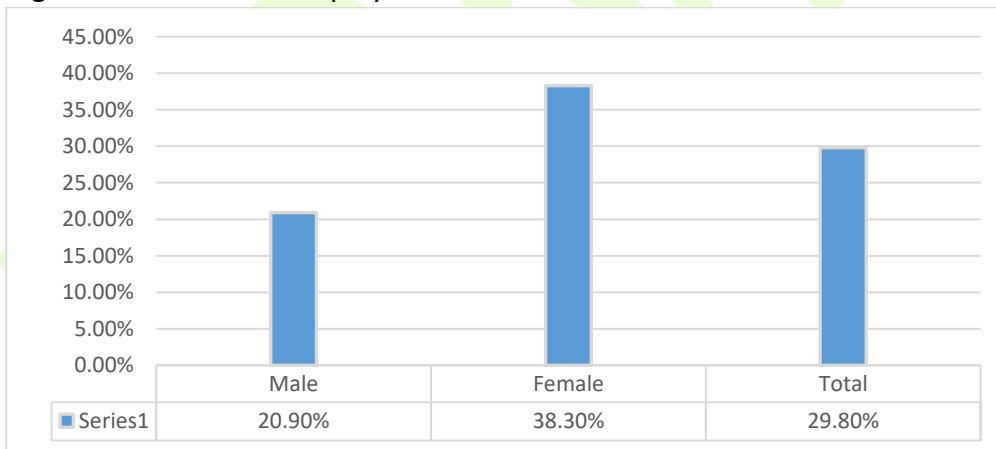


Figure Unemployment Rate

The European Union is a principal partner in this effort, in 2019 the EU in partnership Action Aid supported microfinance institutions linked with women to provide them credit and other services for women. 120 women groups exposed to credit union concept and most of them are saving with the credit union. 1,500 women have been adequately informed on microfinance products and services. A total number of 78 plots of land have been officially registered for 78 women groups. They now have landed property lease documents with them to authenticate their ownership and possibly access some grants from other projects that use land lease document as a condition for any support. 3

vegetable gardens established with a fence, water supply, waiting shades and toilets. Over 200 women are benefiting from these gardens. A total number of 6 women are now members of the District tribunals in CRR/South and have received legal and leadership training to make them useful and proactive in their new assignment.

A total of 4,340 women from 140 women groups spread across the three Districts of Niamina East, West and Dankunku were trained and the key output from these trainings is that women are more informed and knowledgeable about their rights to access economic resources, how to better manage their businesses and how to engage with micro finance institutions. With regards to employment, 15 girls from CRR and 5 girls from NBR are undergoing training at Fandema (MBOLO) on solar installation and management, food processing and business management. These girls will be deployed back in their various communities to serve their people. The poultry farmers association for CRR/S are also supported with a cooling house to facilitate storage for their chicken.

In 2019, (10) women were provided with 15, 000 each to expand on their tie/dye and batik after training them intensively on the skill. In promoting marketing and creating new markets for women produce and products, the women have been supported to participate in trade fairs for past 5 years this has strengthen women economic initiatives and building their resilience, 53 women were supported with small ruminant, 22 with poultry production and 35 women with farm inputs and implements. 45 women trained on improve vegetable production and 60 on poultry management and feed preparation.

**4. Prohibiting all forms of discrimination against women, including in the world of work, including against women facing multiple and intersecting forms of discrimination, such as migrant women and women with disabilities (paragraphs 16, 43, 44, 47)**

The 1997 Constitution is the basic law of the land. The Preamble states that “the fundamental rights and freedoms enshrined in this constitution will ensure for all time respect for and observance of human rights and fundamental freedoms for all, without distinction as to ethnic consideration, gender, language or religion..”. Section 33(1) provides for the equality of all persons before the law and that no person shall be discriminated based on different grounds including gender. In terms specific legislations promulgated for the protection and promotion of the rights of women and girls, The Gambia in 2010 enacted the Children’s Act of 2005, the Trafficking in Persons Act of 2007, the Tourism Offences Act of 2003, Women’s Act which was amended in 2015 to prohibit FGM/C in The Gambia, the Domestic Violence Act 2013 and the Sexual Offences Act 2013, and the Labour Act of 2007, the Truth, Reconciliation

and Reparations Commission Act 2017 which have all been promulgated to address the human right violations of the 22 years of dictatorship.

Subsequently, in the advent of the third Republic, the National Development Plan 2018-2021 was formulated as successor of the Programme for Accelerated Growth and Employment (PAGE) 2013-2015. The plan take into consideration of ensuring that gender is fully integrated as a critical enabler in the Medium-term development policy framework for The Gambia. This for the first time the Beijing Platform of Action twelve critical areas of concerns including the Sustainable Development Goals are being implemented and monitored through the National Development Framework.

Access to justice and equal protection before the law for women and girls have been guaranteed under section 7 of the Women's Act 2010 provides that every woman is entitled to equality and justice before the law and to equal protection of the law. Government is obligated to provide legal aid support; ensure law enforcement organs are equip to effectively interpret and enforce gender equality rights; ensure that women are equitably represented in the judiciary; and take adequate steps for reform discriminatory laws.

Gambia Government also took legal action to elimination all forms of discrimination against women, girls and persons with disability under section 14 of the Women's Act 2010 also obligates government to eliminate all forms of discrimination against women. The provision is quite comprehensive and calls on Government Departments and other public institutions to implement measures, policies and strategies to eliminate discrimination, including periodic training of personnel on gender and human rights, and mainstreaming gender perspective in planning and programming of all activities and initiatives.

Considering the slow progress in achieving gender equality Government to steps to initiate temporary special measures in favour of women in accordance to section 15 of the Women's Act 2010, deals with temporary special measures to be adopted by every organ, body, public institution, authority or private enterprise aimed at accelerating *de facto* equality between men and women. Under this section a distinction is made between *de facto* and *de jure* discrimination. Considering the social and cultural set up of The Gambia, there may be instances where even though the law does not create or cause any impediment for women, the social and cultural environment may not be conducive for the achievement of equality. In such an instance, Government and all private institutions are called upon to take positive steps to achieve genuine *de facto* equality.

The inheritance rights of a woman are determined by her personal law, as in The Gambia, inheritance is a matter for personal and customary law. The Sharia Law is applicable for Muslims, statutory law for Christians and customary law for persons who are traditionalist. This means that apart from a few mandatory exceptions contained in laws like the Women's

Act, 2010 and the Children's Act, 2005, the applicable family law to the people of The Gambia is dependent on one's personal law.<sup>1</sup> The 1997 Constitution does not have a specific provision with regards to women's ownership of land. However, section 22 deals with the protection from deprivation of property. This section can invariably protect land ownership.

The Women's Act contains several provisions in relating to ownership to land, namely:

Section 41 states that a woman has the right to acquire her own property and administer and manage it freely.

- I. Section 43 guarantees women's equitable rights as men in case of separation, divorce or annulment of marriage.
- II. Section 33(4) goes on further to ensure equitable sharing of the joint property derived from the marriage.
- III. Section 44 protects widow's rights and provides that a widow has the right to an equitable share in the inheritance of the property of her husband.
- IV. Government is obligated under section 52(2) to take all appropriate measures to promote women's access to, and control over, productive resources such as land, and guarantee their right to property.

Even though significant progress has been made in enacting laws, formulating and adopting policies, Plans of Actions and strategies addressing women's human rights and welfare and developmental needs, the reality is far apart from these stated intentions. Cultural patterns, traditional roles, religious beliefs, patriarchal attitudes and deep-rooted stereotypes continue to prevent women from exercising the rights contained in these guarantees.

**5. Promoting and protecting women's labour and human rights in the workplace through targeted measures, including universal minimum wage, social protection and equal pay for work of equal value, reducing occupational segregation and gender pay gaps and ensuring collective bargaining and recruitment, retention and promotion of women (paragraph 28)**

6. Recognizing, reducing and redistributing women's and girls' disproportionate share of unpaid care and domestic work and representing and rewarding women's paid care work, especially given the increases in the unequal burden on women and girls during the COVID-19 period (paragraphs 29, 33 and 44

7. Supporting women's entrepreneurship, expanding existing women-owned and -led micro, small and medium enterprises and facilitating opportunities for new women entrepreneurs (paragraph 37)

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<sup>1</sup> See sec 7 of the Constitution.

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8. Preventing and eliminating all forms of violence, sexual harassment and discrimination against women and girls, including in the world of work, and addressing the increase in gender-based violence during the COVID-19 period (paragraphs 16 and 35)

Series of research have been conducted on Violence Against Women (VAW) as indicated in the Gambia Beijing+ 20 Report. Following the enactment of the Sexual Offences Act 2013 and the Domestic Violence Act 2013, the multi sectorial National Steering Committee on Gender Based Violence continue to provide the platform for sharing of best practices on addressing Violence Against Women. The GBV Secretariat and Advisory Committee are yet to be established as stated in section 5 of the Domestic Violence Act 2013. Since the enactment of these Acts, consultations have been undertaken by state and non-state actors to raise awareness on the Acts, ensure compliance and effective implementation. As a result the Act is currently being applied throughout the country, however it is recognised that there is need to improve on the enforcement of the Acts. The Women's Bureau in partnership with Action Aid The Gambia and The Network Against Gender Based Violence is currently developing Regulations for the Sexual Offences 2013.

The creation of database remains a challenge to the government however with the on-going reform agenda of the government measures to enhance the criminal justice system are being explored with a view to adopting practices that improves the system and protects victims. Currently, The Ministry of Women, Children and Social Welfare recently launched a pilot scheme of the Gender Management Information System portal (GMIS) in identified police stations with the sole aim of tracking cases to generate statistical data on GBV cases in The Gambia. Currently the Department of Social Welfare is the only government providing psychological rehabilitation and reintegration for women victims of violence. However due to financial and resource limitations these services are limited and at times not available to all those who need it.

The Women's Bureau in partnership with UNFPA developed Training Manual on Gender- based violence and Violence against Women for The Gambia Police Force and its integration in the Gambia Police Force Training Curriculum in 2016. Over the years sensitization training workshops have been held for Security Units in different part of the country to address Gender- based violence. The outcomes of such trainings include recommendations to include Gender- based violence as a module for recruits as they get into the service. The trainings revealed the relationship between people in service and their cultural identities and it was discovered that while communities are changing and taking steps to protect their girls, the relevant institutions have to be equipped with the relevant knowledge and skills to complement and support the communities they are serving.

In complementing Government efforts in addressing violence against women and girls through the UNICEF/ UNFPA Joint Programme for Accelerating the Abandonment of FGM/C and Child Marriage CSOs and NGOs such as the Think Young Women, Safe Hands for Girls, Girls Agenda,



Girls Generation, Foundation for Research on Women’s Reproductive Health Productivity and Environment (BAFROW) and Gambia Committee on Traditional Practices (GAMCOTRAP) have developed and implemented programmes to address GBV and other harmful traditional practices. Activities included trainings of community based facilitators, community and religious leaders, women leaders, young people, as well as capacity building on Alternative Employment Opportunity for circumcisers from Central River Region (CRR) North.

In 2019, UNFPA supported Government to develop training manual on Female Genital Mutilation (FGM) for integration in school nursing and midwifery curriculum and use by all stakeholders. The Ministry of Women, Children and Social Welfare is also working with GAMTEL/GAMCEL and private GSM companies to establish a hotline for reporting of GBV cases. The One –Stop Centre has been expanded to Bansang Hospital in Central River Region. The provision of counseling and psychosocial support remains a challenge since the establishment of the centers. This calls for capacity building of more social workers and psychologist to be able to address the human capital gap in these fields of the health system.

The Female lawyers Association The Gambia (FLAG) continue to provide legal services, such as legal aid and paralegals, capacity building mad human rights awareness trainings. FLAG has recently trained rural women as paralegals as well as conduct sensitisation workshop for National Assembly Members on the Domestic Violence and Sexual Violence Acts of 2013. Other target groups include religious leaders, community and traditional leaders, journalists, women and girls. Gender Based Violence continues to hamper the growth, health and development of women and children in The Gambia. The major forms of violence perpetuated to women are domestic and sexual violence, child marriage, forced marriage, and Female Genital Mutilation/Cutting. The MICS6 Report 2018 indicated that 8.6 per cent of women married before they were 15 years, while 46.5 per cent were married before 18 years. It is not uncommon to hear of stories of young girls being taken out of school and forced into marriage by their family. In the Gambia, the prevalence of FGM still remains as high as 78.3% although recent MICS study indicate a reduction with a new prevalence of 64 percent.<sup>2</sup>

#### **GBV DATA COLLECTED BY WOMEN’S BUREAU**

<b>YEAR</b>	<b>BEFORE VERIFICATION</b>	<b>AFTER VERIFICATION</b>
2015 (October – December)	12	12
2016 (January -December)	458	382
2017(January – December)	462	366
2018 (January – December )	473	403
<b>2019</b> (January – December )	<b>375</b>	<b>334</b>
<b>2020</b> (January – December )		
<b>Total</b>	<b>1,780</b>	<b>1,497</b>

2013 = 3 sexual violence cases

<sup>2</sup> The Gambia Multiple Indicator Cluster Survey (MICS 6) 2018 not published

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2014 = 92 sexual violence cases  
 2015 = 203 sexual violence cases  
 2016 = 153 sexual violence cases  
**2017 (Jan-Sept) = 138 sexual violence cases**  
**Total = 589 cases of sexual violence recorded from 2015 to 2020 third quarter.**

9. Providing equitable and universal access to affordable and quality health-care services, including sexual and reproductive health, for women and girls in order to achieve the realization of the right to the enjoyment of the highest attainable standard of physical and mental health, particularly in contexts of HIV/AIDS and COVID-19 (paragraph 17-19)

Although The Gambia registered significant achievements of improved access to basic health services across the country, Primary Health Care (PHC) substantially deteriorated overtime and is no longer adequately serving the population. There is considerable growth in Non-Communicable Diseases (NCDs), high Out of Pocket Expenditures for healthcare, serious challenges relating to maternal and women’s health, and skilled health personnel are inadequate. To address these issues and other challenges, government will make major efforts to revitalize the Primary Health Care system, by building, re-orienting and re-aligning the health system in the Gambia towards Universal Health Coverage (UHC), with an emphasis on PHC, and maintaining effective systems to ensure improved financial protection and affordability for the most vulnerable populations, including women, children and the youth while intensifying focus on quality and equity. Four main outcomes are to be achieved during the next 4 years focusing on reducing maternal, new born mortality, reducing the burden of communicable and non-communicable diseases, and ensuring that the country has appropriately skilled health personnel in place. The weak health governance and partnership framework will also be addressed, as well as enhanced nutrition and Water, Sanitation and Hygiene (WASH) outcomes.

The implementation of the National Health Policy Framework (NHPR) (2007-2020) will improve and ensures equity in access and affordability of quality health services. The NHPF has targeted twelve major achievement indicators, including the following, which have gendered significance and are in conformity with MDG targets: Reduce the maternal mortality ratio from 730 per 100,000 births to 150 per 100,000 by 2015; Increase life expectancy for women from 65 years to 70 years by 2015; Increase life expectancy of men from 62.4 years to 68 years by 2015; reduce HIV AND AIDS prevalence rates: HIV 1 from 1.1% to 0.5% and HIV 2 from 0.7% to 0.2% by 2015; reduce the total fertility rate from 5.4 to 4.6 by 2015. The achievement of the indicators is hampered by high attrition of senior and trained staffs, who are lured away by the more lucrative incentives in local private sector and international health facilities.

*Table 4 Proportion of births attended by health personnel*

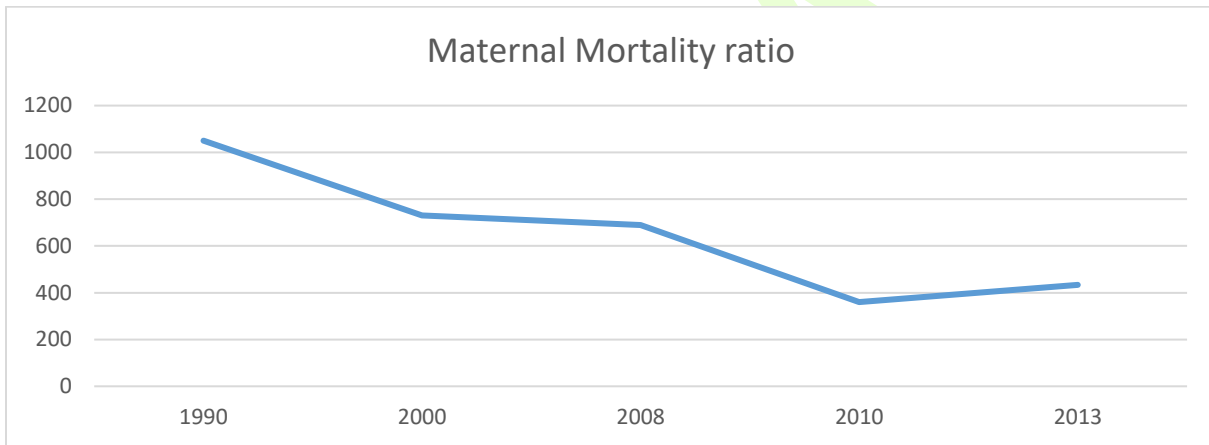
Year	1990	2000	2005	2008	2010	2013
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<b>Proportion of births attended by health personnel</b>	42	54.6	56.8	64.5	56.6	63
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Births attended to by skilled health personnel has fluctuated during the last 10 years; reaching its peak in 2008 and declining sharply in 2010 but however seems to be on an upward trend again as the latest figures (2013) show.

Figure 4 Maternal Mortality ratio



The number of women who died as a result of complications during pregnancy or childbearing decreased from 1050 per 100 000 in 1990 to 433 per 100 000 in 2013.

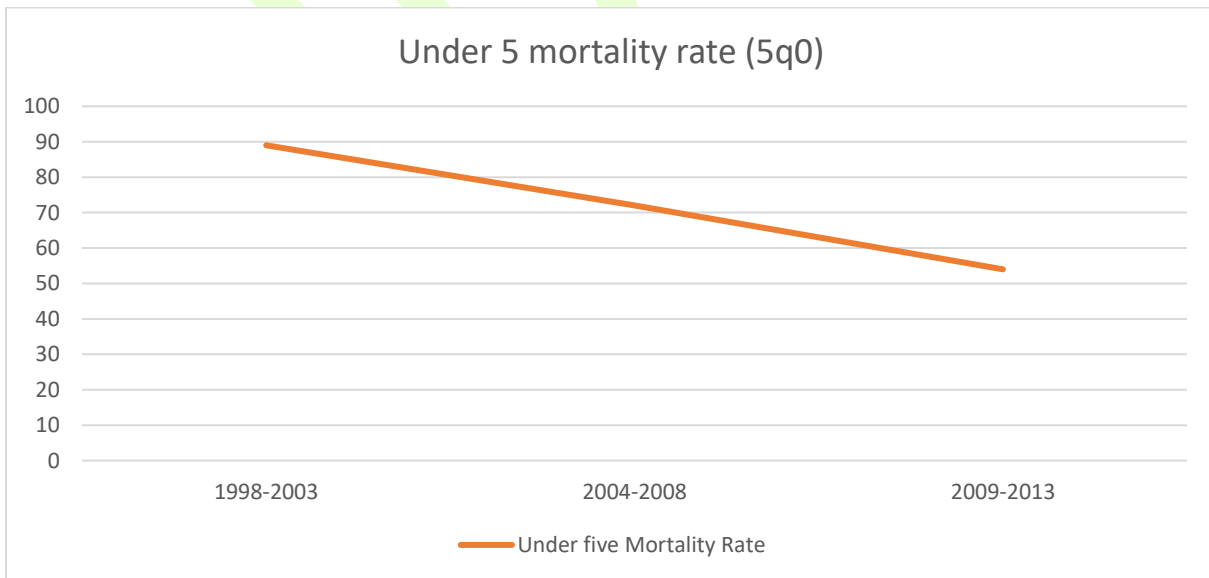
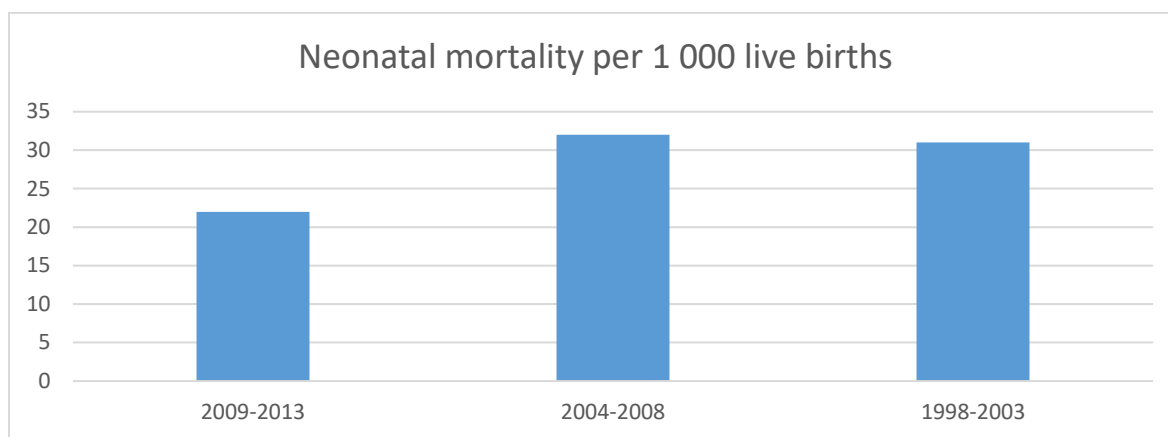


Figure 1 Under 5 mortality rate (5q0)



The number of children who died before reaching their 5th birthday decreased from 89 per 1 000 live births to 54 per 1 000 live births in 2009-2013. From the figures provided, in comparison with other countries in the sub-Saharan region, childhood mortality is relatively low in The Gambia. Under-5 mortality for the period 0-4 years before the 2013 GDHS survey, which corresponds approximately to the calendar years 2009-2013, is 54 deaths per 1,000 births.

Following the usual pattern, most of the early childhood mortality occurs in the first year of life; the infant mortality is 34 deaths per 1,000 births, while mortality between the first and the fifth birthday is 20 deaths per 1,000. As expected, neonatal mortality (mortality during the first month) is higher than post neonatal mortality (22 deaths per 1,000 compared with 12 deaths per 1,000), representing 65 per cent of the overall infant mortality. Data from Registration of Birth and Death Unit shows that, infant mortality rate is at 1.95% and the maternal mortality rate is 21.38%<sup>3</sup>.

#### Prevalence of HIV infections by sex, age and key populations

Characteristics		Female	Male	Total
Age	15-19	0.4	0.3	0.4
	20-24	0.3	0	0.1
	25-29	2.5	0.6	1.7
	30-34	2.5	3.9	3.1
	35-39	5.9	5.9	5.9
	40-44	4.9	3.2	4.1
	45-49	3.4	2.7	3.1
	50-59	na	3.3	na
	Overall		2.1	1.7
Urban		2.4	1.3	1.9
Rural		1.8	2.3	2

The Government of The Gambia continue to undertake gender sensitive initiatives that address sexual transmitted diseases, HIV/AIDS, and Sexual and Reproductive Health Issues such as the free maternal health care services across the country. The expansion health care services and

<sup>3</sup> HMIS 2018

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facilities had significant impact evident in the low prevalence rate of HIV as well as the decline of infant and maternal mortality rate cumulated with effective, efficient, accessible, and affordable reproductive health services. The World Bank continues to provide funding for the health human resources development strategies under the Global Fund, to support malaria, HIV AND AIDS and tuberculosis prevention and care. These are three major areas from which both Gambian women (the main victims) and men could continue to benefit directly, today, while they resonate into future gains.<sup>4</sup>

The National AIDS Secretariat (NAS) is responsible for the overall coordination and management of the national HIV response. The National AIDS Secretariat continues to deliver on its mandate of coordination and monitoring of the national response, in addition to fulfilling its responsibility as a Principal Recipient (PR) for the Global Fund (GF) Round 8 HIV Grant and Government is providing counterpart funding equivalent to over D2.5 million per quarter towards the operational cost of the Secretariat as condition precedent for Global Fund Grant. Total Grant funding for the period 1<sup>st</sup> January 2018 to 31<sup>st</sup> December 2020 for HIV/TB/RSSH) amounts to Twelve Million, Two Hundred and Seventy Dollars, and Two Hundred and Eight Dollars (USD 12,270,208)

Programmes to support women living and affected with HIV are not stand-alone but integrated in the comprehensive HIV interventions and in Sexual and Reproductive Health Services. NAS has updated both the National HIV Policy and National Strategic Plan (NSP) for the period 2015-2019, with an overall goal: To achieve zero new HIV infections, zero AIDS-related deaths and zero stigma and discrimination in The Gambia.

Currently, implementation of the National Health Policy Framework (NHPF) 2007-2020 is ongoing. The Policy seeks to 'promote equity (both gender and territorial) in access and affordability of quality health services, maintain ethics and standards, promote health system reforms, and improve staff retention and client satisfaction.' Other health sector policies currently being implemented include the National Reproductive Health Policy, National HIV/AIDS Policy, the National Nutrition Policy and the National Population Policy and Plan of Action.

The National Nutrition Agency is mandated by the Act to coordinate and implement community based nutritional programmes to protect, promote and improve the nutritional status of the people notably women and children. This programme targeted the promotion of salt iodization, vitamin A supplementation and included the baby friendly hospital initiative, integrated anaemia pilot program and the baby friendly community initiative across all the regions.

According to the most recent National Sentinel Surveillance (NSS) study conducted among 6120 antenatal women in 12 health facilities (3 hospitals and 9 health centres) in 2017, the prevalence

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<sup>4</sup>The Gambia SDG Report 2017.

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of HIV-1 is estimated at 1.67% and HIV-2 at 0.07%.<sup>5</sup> The National AIDS Secretariat promulgated a HIV/ AID Act 2015 which has mandated the agency to coordinate and provide policy adviser to the Government on issues relating to HIV/AIDS and other critical health matters. The agency also provides Voluntary Counseling and Testing (VCT), Anti-retroviral therapy (ART), services for prevention of parent to child (PPTCT), and treatment for infections are offered free of charge. As of 2017, the number of HIV counseling and testing has increased to 52 and 48 PMTCT sites have been established. 78,267 people tested and all received their results in 2017 and 86% of HIV positive pregnant women received ARV prophylaxis for PMTCT by 2017. In addition, there has been a scaling up of the ART centers from 8 in 2015 to 15 in 2017 established at least one in each District Health Centres, Hospitals and Community Reproductive Health Clinics to increase access.

In terms of Public Private Partnership in Health Service Delivery the participation of Non- state actors is critical in complementing Government effort in addressing the health coverage and accessibility. In 2017, the Women’s Bureau in partnership with the ECOWAS Centre for Development and BAFROW conducted fistula surgical operations and rehabilitation to 35 women. The Gambia National Association of AIDS Support Societies (GAMNASS), the umbrella body organization gives support to people living with HIV and AIDS (PLWHIV) also conducted series of public awareness and sensitisation forum on HIV/AIDS.

Home based care services continues to be provided by CSOs such as Hands on Care, GRCS and organisations of PLWHA such as Santa Yalla, Nyanaiyikiling and Mutapola (a network of women and girls living with HIV AND AIDS). HIV AND AIDS prevention activities are carried out by), Nova Scotia Gambia Association (NSGA), TANGO, Lend A Hand Society (LAHS), Gambia Red Cross Society (GRCS), The Trust Agency for Rural Development (TARUD), NASSO, Soul Talk and Concern Universal. Action Aid the Gambia (AATG) as a principal recipient of the Global Fund HIV AND AIDS project provided nutritional and educational support to 7,876 and 683 Orphans and Vulnerable Children (OVC) respectively. A total of 1400 PLHIVs were also provided with Home Based Care (HBC) services. Peer Education activities continues to be implemented by NGOs such as the Nova Scotia Gambia Association [NSGA], GAMCOTRAP, BAFROW, The Gambia Girl’s Guides Association, Think Young Women, Girls Agenda, Girls Generation among others.

Socio-cultural beliefs continue to prevent people especially women from making use of available health facilities, attitude and Behaviour Change is required to curb the situation. Stigma and discrimination against PLHIV have negative consequences on the intervention. HIV related stigma and discrimination has been manifested in many settings with long-term negative impacts on women living with HIV. Disclosure of their HIV status has resulted in blame, abuse and divorce. A key outcome of the Abuja Declaration is that Heads of State pledge to set aside at least 15 per cent of their national budget to the improvement of the health sector. According to the 2012 National budget, health was allocated 12.7%. This is indeed a significant allocation. However, The Gambia is still unable to fulfil this obligation. There is need for increased budgetary allocation to address the resource needs of the MoH with particularly attention to the reproductive health services funding.

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<sup>5</sup> HMIS 2018.

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Figure Confirmed uncomplicated malaria per 1 000

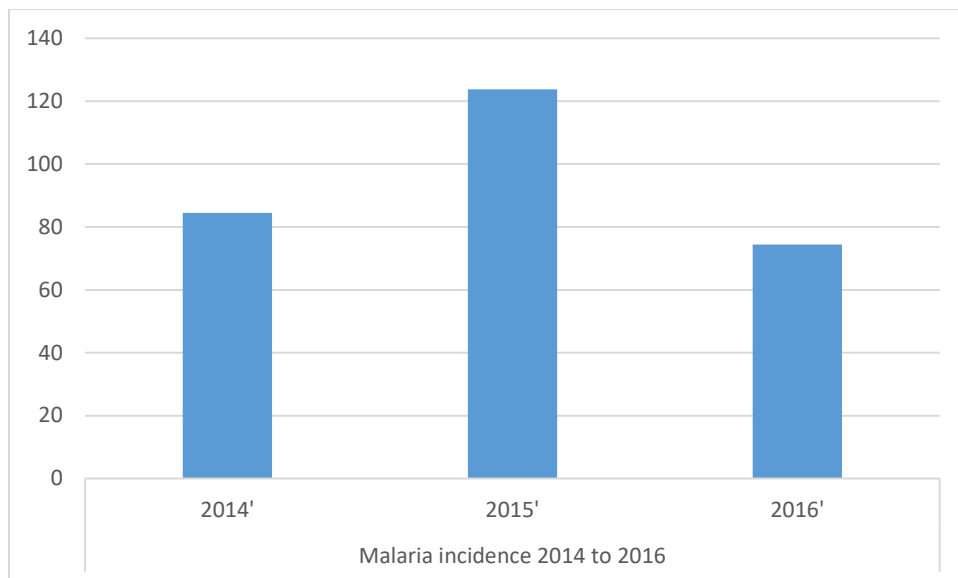
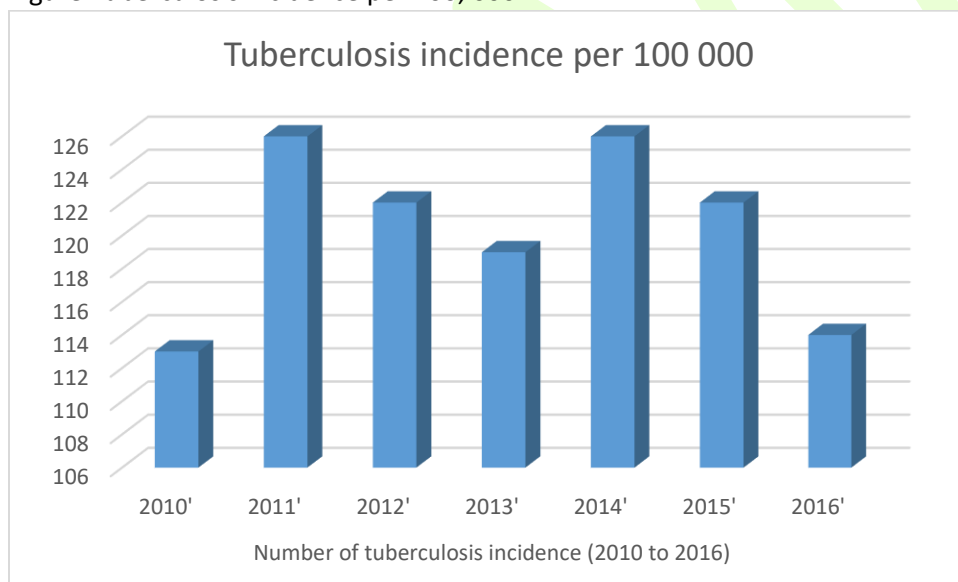


Figure Tuberculosis incidence per 100, 000



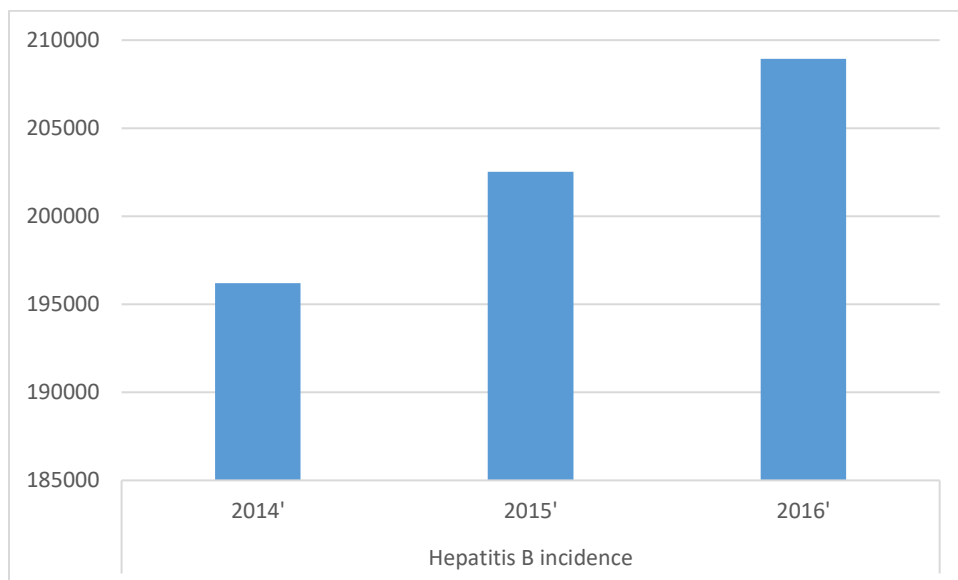


Figure Hepatitis B incidence per 100 000

10. Promoting and protecting women's and girls' right to education and ensuring their safe and equal access to and participation in education throughout the life cycle and at all levels, given the prolonged suspension of educational activities during the COVID-19 pandemic and redressing the attrition of women and girl students (paragraph 24)

A. This continues to be The Governments priority Area. In fact, for now there are more Girls enrolled in schools than boys

11. Integrating a gender perspective into climate change, environmental and disaster risk reduction policies and programmes and providing adequate resources to ensure the full and equal participation of women in all levels of decision-making and implementation in these areas.

A, All DRR and CCA policies are gender sensitive. Mainstreaming being the key. The results of which are quite impressive.

12. Improving and systematizing the collection, analysis, and dissemination of high-quality, accessible, timely, reliable disaggregated data, with a focus on women's employment, informal employment, access to decent work and social protection, entrepreneurship, and unpaid care and domestic work through time-use surveys and satellite accounts to assess the contribution of such work to national income (paragraphs 49 and 50)

A, All the data collection tools are gender sensitive. In the recent past, The NDMA Conducted drone training in which as at now there is a female pilot. In most of the surveys conducted women and girls forms 40% of the workforce.

Lessons learnt showed that records received from women and girls are more reliable and accurate than the boys or men folk.

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