

THE GOVERNMENT OF THE GAMBIA AND UNICEF PROGRAMME OF COOPERATION 1999 - 2003

Introduction

The current programme of cooperation between the Republic of The Gambia and UNICEF ends in December 1998. A new programme has been approved by the Executive Board in September 1998.

The new country programme of cooperation 1999-2003, prepared under the auspices of the Policy Analysis Unit of the Office of the President within the framework of the Convention on the Rights of the Child (CRC) and the Convention on All Forms of Discrimination against Women (CEDAW), responds to the priorities established by the Government of The Gambia and is in line with UNICEF mandate and policies. The overall goal of the programme is to contribute to the survival, development, protection and participation of Gambian children and women.

Objectives and strategies

The main objectives of the programme are to contribute, by the year 2003, to:

- a) reducing the infant mortality rate (IMR) and U5MR to 50 and 80 per 1,000 live births, respectively;
- b) reducing MMR by 20 per cent;
- c) reducing by half moderate and severe malnutrition in children under five years of age;
- d) reducing female illiteracy rates by 10 per cent;
- e) increasing gross primary enrolment to 75 per cent;
- f) reducing access gaps in safe water and environmental sanitation by 50 per cent and 30 per cent respectively; and
- g) improving protection of children in need of special protection measures.

Five strategies will guide the implementation of the programme:

Service delivery will continue to be used in areas where there are gender or geographical gaps in access to basic services, and will favor the poorest and most vulnerable groups, to overcome disparities.

Advocacy at national level will continue to focus on the promotion of children's and women's rights.

Capacity-building will strengthen community participation and aim to reinforce basic social services and the Government's decentralization process, as well as to ensure local ownership, convergence and sustainability of interventions.

Empowerment of women will be pursued through training and information exchange.

Emergency preparedness will be supported through appropriate training.

Using its field experience, UNICEF will support ongoing policy development, promote policy dialogue and facilitate the harmonization of national policies and strategies in the context of the two Conventions. Improved intersectoral and inter-agency exchanges will be promoted. All programmatic interventions will seek to bridge in a holistic manner the gaps between central-level prescriptions for basic social services and locally identified needs. The school will be used as the entry point for service coverage at local level.

Components and budget allocations

The country programme's objectives will be pursued through four programmes:

- A. Health and Nutrition;
- B. Basic Education;
- C. Water, Environment and Sanitation;
- D. Advocacy, social policy and programme development.

Convergence between the programmes will be ensured by the choice of the same communities, where feasible, for a number of UNICEF-supported interventions in education, health and nutrition promotion and water, environmental care and sanitation.

GOVERNMENT OF THE GAMBIA - UNICEF PROGRAMME OF COOPERATION 1999- 2003

UNICEF assistance to the programme of cooperation is summarized as follows:

Programme	Source of funding	Estimated annual expenditures (in thousands of US dollars)						
		1999	2000	2001	2002	2003	Total	
Health and nutrition	General Resources	224	221	219	219	219	1 102	
	Supplement. Funds	500	500	400	400	400	2 200	
	Subtotal	724	721	619	619	619	3 302	
Basic Education	General resources	175	170	168	168	168	849	
	Supplement. Funds	232	225	200	180	163	1 000	
	Subtotal	407	395	368	348	331	1 849	
Water, Environment and Sanitation	General resources	224	221	219	219	219	1 102	
	Supplement. Funds	300	310	315	315	310	1 550	
	Subtotal	524	531	534	534	529	2 652	
Advocacy, Social Policy and programme development	General resources	42	38	34	34	33	181	
	Supplement. Funds	50	50	50	50	50	250	
	Subtotal	92	88	94	94	83	431	
TOTAL	General resources	734	720	712	714	714	3 594	
	Supplement. Funds	1 082	1 085	965	945	923	5 000	
GRAND TOTAL		1 816	1 805	1 677	1 659	1 637	8 594	

A. Health and nutrition programme

The health and nutrition programme will be implemented through two projects: No 1 - Primary Health Care/Bamako Initiative; and No 2 - Nutrition.

At national level, the programme will continue to support the Government in increasing the proportion of children who are fully immunized before one year of age from 80 to 90 per cent.

The **Primary Health Care/BI Project** will focus on increasing access to quality and affordable health services by expanding the revitalization of health services according to the Bamako Initiative strategy, from the current 35 per cent to 70 per cent of health facilities, benefiting nearly 250,000 people (almost one fourth of the total population). The project will also continue to support integration of EPI into the PHC system. This work will be done in cooperation with the World Bank and the World Health Organization (WHO).

Special efforts will be made to improve the quality of health care in the target areas through the integrated management of childhood illnesses, such as malaria, ARI and diarrhoea, according to standard guidelines. Health agents and community health workers will be trained to mobilize communities and promote preventive health activities such as bednet dipping for malaria control. The project will also contribute to increase access to pre- and post-natal consultations and emergency obstetrical care by strengthening the referral system in the same areas. In addition, health agents will encourage women to seek these services on time and sensitize men in this regard.

Through health centres and school-based education activities, undertaken in collaboration with the education programme and such partners as the national AIDS control programme and the Joint and Co-Sponsored United Nations Programme on HIV/AIDS, the project will also aim to reduce by one third the currently prevailing rates of STDs among women in antenatal care in the target areas, and to educate youth and school populations on HIV/AIDS. Support will be given to NGOs for school- and community-based training and sensitization on FGM in the Upper River and Central River divisions where the problem is most serious.

The **nutrition project** will focus principally on the same target areas, and will aim to increase exclusive breast-feeding rates by one half compared to 1998 levels, reduce low birth weight and improve infant and young child feeding practices and maternal nutrition. This will be carried out using the Baby-Friendly Hospital Initiative strategy, improving pre- and post-natal care and supporting nutrition education of families by NGOs and health workers.

Vitamin A and iron-folate supplementation will be integrated as part of the Bamako Initiative strategy, benefiting about 10,000 children under five years old and 25,000 women of child-bearing age in the target areas.

Efforts to address iodine deficiency disorders will include support to the country's salt iodization efforts through the provision of salt-testing kits and identification and implementation of corrective measures. UNICEF will collaborate with other agencies and NGOs to support the Government in the development and implementation of an integrated and gender-sensitive nutrition policy.

Programme budget and needs

The total budget of the programme amount to US\$ 3,302,000 distributed as follows:

Health and Nutrition Programme
(in 000 of US dollars)

Project	1999	2000	2001	2002	2003	Total
PHC/BI						
• GR	192	197	193	194	195	971
• SFNF	450	440	340	350	350	1,930
Subtotal	642	637	533	544	545	2,901
Nutrition						
• GR	32	25	26	25	24	131
• SFNF	50	60	60	50	50	270
Subtotal	82	85	86	75	74	402
GR	224	221	219	219	219	1,102
SFNF	500	500	400	400	400	2,200
Grand Total						

Gr = UNICEF General resources
SFNF = Supplementary funds not funded

The UNICEF contribution to PHC/BI Project from its General resources will be used to support the Government's EPI and health revitalization efforts in the amount of US\$ 971,000. The number of target areas for expanding the Bamako Initiative strategy to cover 70 per cent of health facilities will depend on the amount of US\$ 1,930,000 of supplementary funds to be received, as will interventions on HIV/AIDS and FGM.

**MONITORING PLAN
HEALTH & NUTRITION PROGRAMME 1999-2003**

Objective	Indicators or proxy indicators	Data sources
1. Contribute to reduction of under-five morbidity and mortality caused by malaria, ARI and diarrhoea and EPI preventable diseases by at least 25 per cent from 1999 to 2003	<ul style="list-style-type: none"> - Case fatality rates for malaria, ARI and diarrhoea among under-fives by gender - % of 1 year olds fully immunized by gender - Case fatality rates for measles among under-fives by gender 	Health facilities/DOSH DOSH/Health facilities
2. Contribute to reduction of maternal deaths by 30% from 1999 to 2003	<ul style="list-style-type: none"> - No. of maternal deaths taking place in health facilities by age and causes 	Health facilities
3. Contribute to ensuring access to quality and affordable curative, preventive and promotive health services for at least 80% of the population by 2003	<ul style="list-style-type: none"> - % population having access to revitalized (BI-type) health services by division - % population having access to revitalized (BI-type) health services by gender and age group. 	DOSH
4. Contribute to reduction of the prevalence of STDs among women in antenatal care from 40% to 20 % by 2003.	<ul style="list-style-type: none"> - Prevalence rate of STDs among women in antenatal care clinic by age 	Health facilities
5. Contribute to reduction by 50% of moderate and severe malnutrition rates in children under 5 years of age.	<ul style="list-style-type: none"> - % under fives suffering from moderate and severe malnutrition: boys/girls/ - Rate of low birth-weight in health facilities: boys/girls 	MICS, 2000 Health facilities

B. Basic Education

The education programme will be implemented through two projects: No 1 - Basic education, and No 2 -Early child development (ECD) and parents' literacy.

The **Primary Education project** will benefit some 20,000 children. It will address gender disparity by focusing on increasing girls' primary net enrolment in the four divisions where it is lowest (Upper River, Central River, Lower River and North Bank Divisions). It will aim to increase girls' net enrolment ratios here by one fifth of current levels, through training of 2,000 teachers, with a special focus on women, and sensitization of communities.

Since the cost of learning materials constitutes a serious constraint, communities will be helped to channel locally-generated resources into school committee funds, so that learning materials can be provided on a sustained basis. The basic education project also will aim to increase the primary school enrolment of disabled children in the four target divisions by one half by the year 2003.

To establish baselines for these efforts, a 1998 survey on childhood disability will be used to develop training and sensitize teachers so as to mainstream children with moderate learning difficulties into the current school structure. UNICEF will seek support from partners to develop approaches for children with severe learning difficulties who require specialized education.

While the Gambia has relatively high primary school enrolment compared to many other countries in the region, the quality of education still poses problems and until recently there was no systematic process for its monitoring. Since 1997, UNICEF has supported the development and establishment of a system for monitoring learning achievement (MLA) in primary schools. The project will also continue this support and aim to improve the quality and relevance of primary education, as judged by MLA test scores and achievement levels for selected grades. Using this tool, system-wide problems will be identified and corrective measures applied through, inter alia, training of teachers on problem areas and review of the national curriculum, from a gender perspective.

The **early child development (ECCD) and parents' literacy** will support training of local facilitators from some 100 integrated ECCD/literacy centres (representing some 15,000 parents) to provide integrated early child care and parent education services, ultimately benefiting 30,000 young children.

Programme budget and needs

The total budget of the programme amount to US\$ 1,849,000 distributed as follows:

Education Programme
(in 000 of US dollars)

Project	1999	2000	2001	2002	2003	Total
Basic Education						
• GR	135	130	128	128	128	649
• SFNF	172	165	140	120	103	700
Subtotal	307	295	268	248	231	1,349
ECCD and literacy						
• GR	40	40	40	40	40	200
• SFNF	60	60	60	60	60	300
Subtotal	100	100	100	100	100	500
GR	175	170	168	168	168	849
SFNF	232	225	200	180	163	1,000
Grand Total	407	395	368	348	331	1,849

Gr = UNICEF General resources
SFNF = Supplementary funds not funded

**MONITORING PLAN
EDUCATION PROGRAMME 1999-2003**

Objective	Indicator	Data sources
1. Contribute to increasing primary school gross enrolment rates to 75%, with a particular focus on increasing access for girls and disabled children.	National: - Primary school gross enrolment rates, total - Primary school gross enrolment rates, girls - Primary school gross enrolment rates, boys - Primary school net enrolment rates, total - Primary school net enrolment rates, girls - Primary school net enrolment rates, boys	Routine education statistics, DOSE
2. Contribute to reducing female illiteracy rates by 10 per cent	- National women's illiteracy rate	DOSE
3. Improve the quality and relevance of basic education	- Achievement levels at grade 6 national school exams - MLA test scores (see below)	- DOSE - Project documents

C. Water, Environment and Sanitation

This programme will be implemented through two projects: No 1 - Water Supply, Sanitation and Environment; No 2 - Institutional Development.

The **Water supply, sanitation and environment project** will focus on water supply to schools, as other agencies are working in the area of village water supply such as the United Nations Capital Development Fund and the European Commission. The choice of beneficiary target communities and schools was facilitated by the inventory of water points established during the previous programme of cooperation 1992-1998.

The project will ensure access to safe water in some 100 selected schools where there currently are no water points, benefiting some 30,000 children and 15,000 villagers. The project will also ensure access to adequate sanitation in 100 schools where this is badly needed, benefiting 30,000 children. As a result, water and sanitation coverage for the Gambia's existing 300 primary schools will increase from about 67 to 100 per cent and from 33 to 67 per cent, respectively.

In addition, the project will aim to generate some 6,000 village latrines (representing an increase in sanitation coverage from 10 to 20 per cent of rural households), through building 150 demonstration latrines, training masons and providing low-cost materials so that communities can construct latrines on a cost-sharing basis.

Mobilization efforts will seek to change behavior in hygiene, water use and storage, and primary environmental care. Specific behavioral change indicators have been established and baseline data will be collected at the end of 1998. Such interventions in behavioral change, sanitation and water supply are expected to reduce diarrhoea and other water- and sanitation-related diseases. It will also contribute to reduce the amount of time that women spend in collecting water, making them more willing to send their daughters to school.

The **institutional development project** will apply the experiences gained at community level to the development and adoption of a national sanitation policy; the decentralization of sectoral planning and monitoring; and coordination and collaboration with other partners, NGOs and donors. The monitoring system developed for sanitation in the previous programme will be used and promoted, since this is a sector where monitoring traditionally has been weak.

Programme budget and needs

The total budget of the programme amount to US\$ 2,652,000 distributed as follows:

Water, Environment and Sanitation Programme
(in 000 of US dollars)

Project	1999	2000	2001	2002	2003	Total
WATSAN & Environment						
• GR	73	70	108	108	108	467
• SFNF	280	290	285	285	280	1,420
Subtotal	353	360	393	393	388	1,887
Institut. Development						
• GR	151	151	111	111	111	635
• SFNF	20	20	30	30	30	130
Subtotal	171	171	141	141	141	765
GR	224	221	219	219	219	1,102
SFNF	300	310	315	315	310	1,550
Grand Total	524	531	534	534	529	2,652

Gr = UNICEF General resources
SFNF = Supplementary funds not funded

The scale of the programme will depend on the amount of supplementary funds available from specific-purpose

**MONITORING PLAN
WATER, ENVIRONMENT AND SANITATION PROGRAMME 1999-2003**

Objective	Indicator	Data sources
<p>1. Contribute to reducing access gaps in safe water and environmental sanitation by 50% and 30% respectively, by year 2003</p>	<p>National level: - % population with access to safe water - % population with access to adequate sanitation</p>	<p>Household surveys</p>
<p>2. Increase public awareness on hygiene, primary environmental care and proper use and storage of water</p>	<p>in target communities: - % households in 150 target communities using latrines - % households disposing children's or adults' faeces in the open - % mothers who wash the back of the child with soap after defecation - % mothers who wash their hands with soap after anal cleansing of the child following defecation - % mothers who wash hands with soap before feeding and food preparation - % mothers giving cold leftover food to child - % households using safe water for drinking - % households with safe water storage practices - % parents wash their hands with soaps before eating/after defecation</p>	<p>Project 1</p>
<p>3. Contribute to increasing the use of energy-saving cooking devices by 20% by year 2003.</p>	<p>- % households in target communities using improved stoves</p>	<p>Project 1</p>

D. Advocacy, Social Policy, and Programme Development

This programme will be implemented through two: No 1 - Advocacy, and, No 2 - Social Policy, Programme Development, Monitoring and Evaluation.

The **advocacy project** will focus on increasing selected groups' awareness of the CRC and CEDAW Conventions, training on child rights issues and support to the Government for appropriate harmonization and revision of legislation and reporting on child rights, as well as on allocation of resources in line with the 20/20 Initiative.

UNICEF will seek the support of other partners and donors regarding specific child protection issues, which will be addressed by the programme once adequate resources are mobilized.

An integrated communication plan has been developed which aims to maximize the effectiveness of all social mobilization and communication activities at community level, in selected school-based groups and at divisional and national levels.

The **social policy, planning, monitoring and evaluation project** will support the Government in social sector planning, data collection, social policy analysis and management. The project will contribute to harmonize available data to facilitate monitoring of key indicators to measure progress. It will also ensure planning, monitoring and evaluation of the country programme as a whole.

Programme budget and needs

The total budget of the programme amount to US\$ 431,000 distributed as follows:

Advocacy, Social Policy and Programme Development
(in 000 of US dollars)

Project	1999	2000	2001	2002	2003	Total
Advocacy						
• GR	14	14	14	14	14	70
• SFNF	24	24	24	24	24	120
Subtotal	38	38	38	38	38	190
Social Policy, M&E						
• GR	28	24	20	20	19	111
• SFNF	26	26	26	26	26	130
Subtotal	54	50	46	46	45	241
GR	42	38	34	34	33	181
SFNF	50	50	50	50	50	250
Grand Total	92	88	84	84	83	431

Gr = UNICEF General resources
SFNF = Supplementary funds not funded

**MONITORING PLAN
ADVOCACY, SOCIAL POLICY, PROGRAMME PLANNING AND MONITORING PROGRAMME 1999-2003**

Objective	Indicator	Data sources
1. Contribute to the Government's efforts to implement the CRC and CEDAW	<ul style="list-style-type: none"> - No. of media outputs (articles /broadcasts /programs) on CRC - CRC Reports submitted to Geneva 	see project 1
2. Ensure effective and efficient planning, monitoring and evaluation of the Country Programme	<ul style="list-style-type: none"> - % planned (IMEP) indicators measured and updated - % planned evaluations and studies implemented - % of planned PPA activities achieved - % of previous year's Annual review action points implemented. - % of projects where achievement of planned annual objectives is > 75% 	see project 2
3. Strengthen national capacities for social planning and policies in areas affecting children and women.	- Availability of data less than 2 years old on selected indicators (to be determined) at central level or Divisional level	see project 2

Programme management and partnership

The Government will have overall responsibility for implementation, coordination and supervision of the country programme. With the Government's agreement, NGOs and other partners may also be involved in the implementation. Overall UNICEF assistance to the Government will be coordinated by the Policy Analysis Unit of the Office of the President through biannual programme meetings and reviews. Each sectoral programme will be coordinated through steering committees, the composition of which will reflect the various actors working in the sector, including NGOs. Regular field monitoring will be implemented and reports will be published on a biannual basis.

The United Nations system, other multilateral and bilateral agencies and NGOs will continue to be involved in the programme development process. The programme's activities therefore are expected to complement those being supported by other agencies and donors. Such collaboration involves particularly the United Nations Development Programme, the United Nations Population Fund, the World Bank, WHO, the European Commission, the German Agency for Technical Cooperation, Catholic Relief Services, the Medical Research Council, Action Aid, the Gambia Committee on Traditional Practices, the Nova Scotia-Gambia Association and the Peace Corps (United States).

Country Programme Monitoring and evaluation

An integrated monitoring and evaluation plan has been developed, taking into account lessons learned from the previous programme of cooperation. This plan will be updated at mid-year and during annual programme reviews. A limited key indicators will be used for monitoring major activities and progress towards programme and projects objectives. Most of these indicators will use routine monitoring systems.

Behavioral change indicators will be measured through knowledge, attitude and practice surveys in the target communities. Baseline data already exist for a number of the selected indicators, and plans have been made to collect and analyze data to strength planning, monitoring and evaluation.

The basic education programme will implement an evaluation of the impact of teachers' training in 2001. Other evaluative events in the programme cycle include the mid-term review in 2001, a multiple-indicator cluster survey in 2000 to evaluate progress towards the World Summit for Children goals and an end-of-cycle programme evaluation in 2003.

COUNTRY PROGRAMME INTEGRATED MONITORING AND EVALUATION PLAN (IMEP) 1999-2003

Activities	1999	2000	2001	2002	2003
Reviews, annual data analyses	-Annual country programme reviews -Annual analysis of Education Statistics -Media analysis for CRC/children -MLA data analysis to obtain agreed-upon indicators -Annual analysis of routine data from BI health facilities	-Annual country programme reviews -Annual analysis of Education Statistics -Media analysis for CRC/children -MLA data analysis to obtain agreed-upon indicators -Annual analysis of routine data from BI health facilities	Mid-Term Review -Annual country programme reviews -Annual analysis of Education Statistics -Media analysis for CRC/children -MLA data analysis to obtain agreed-upon indicators -Annual analysis of routine data from BI health facilities	-Annual country programme reviews -Annual analysis of Education Statistics -Media analysis for CRC/children -MLA data analysis to obtain agreed-upon indicators -Annual analysis of routine data from BI health facilities	-Annual country programme reviews -Annual analysis of Education Statistics -Media analysis for CRC/children -MLA data analysis to obtain agreed-upon indicators -Annual analysis of routine data from BI health facilities
KAP Surveys, Evaluations, Studies requiring field work	-Study on IDD prevalence -Study on anaemia -Spot checks on salt in markets	-MICS for end-decade goals Health/WatSan/Education /nutrition -Spot checks on salt in markets	-Evaluation of impact of teachers' training in Primary Education and ECD/NFE -Spot checks on salt in markets	-KAP Study: Health : breastfeeding/use of bednets WatSan : hygiene/use of stoves...etc. (Baseline for KAP in 1998) -Spot checks on salt in markets	-End-Cycle country programme Evaluation -Spot checks on salt in markets -Assessment of main streaming children with disability into primary schools (Baseline :National Disability Survey 1998)
Activities	1999	2000	2001	2002	2002
Capacity Building in Monitoring & Evaluation	Develop monitoring system with counterparts for all IMEP indicators; Establishment/support community monitoring systems	Establishment/support community growth monitoring systems	Establishment/support community growth monitoring systems	Establishment/support community growth monitoring systems	Establishment/support community growth monitoring systems
Support to decentralization of health information systems; monitoring of divisional level BI activities					
Support to Coordination on water sector monitoring and decentralization					
Other agencies/govt	Support Health Information System in collaboration with WHO				
Information/Communication/Special events	-Day of the African Child -Launching of the State of the World Children's Report -International Children's Broadcasting Day -National Immunization Day -World Health Day -World Environment Day -National Education Week	-Day of the African Child -Launching of the State of the World Children's Report -International Children's Broadcasting Day -Celebration of Breastfeeding Week -National Immunization Day -World Health Day -World Environment Day -National Education Week	-Day of the African Child -Launching of the State of the World Children's Report -International Children's Broadcasting Day -Celebration of Breastfeeding Week -National Immunization Day -World Health Day -World Environment Day -National Education Week	-Day of the African Child -Launching of the State of the World Children's Report -International Children's Broadcasting Day -Celebration of Breastfeeding Week -National Immunization Day -World Health Day -World Environment Day -National Education Week	-Day of the African Child -Launching of the State of the World Children's Report -International Children's Broadcasting Day -Celebration of Breastfeeding Week -National Immunization Day -World Health Day -World Environment Day -National Education Week

Country: The Gambia

Programme: Health & Nutrition

Project Title: **Primary Health Care/BI**

Project Number: 01

Coverage: Focus on increasing access to quality and affordable health services by expanding the revitalization of health services according to the Bamako Initiative strategy, from 33% to 70% of health facilities and their catchment areas. EPI and malaria activities will be national.

Target population: 250,000 children, adolescent, youth, and women of child bearing age.

Implementing Agencies: Department of State for Health, Social Welfare & Women Affairs, Department of Community Development

Cooperating Agencies: UNICEF/WHO/UNFPA/World Bank/UNDP/ADB

Funding Agency: UNICEF

Project Budget:

GR	US\$ 971,000
SF	US\$ 1,930,000
Total	US\$ 2,901,000

Government contribution: US\$ 290,100

1. Project Overview

The health project will focus on increasing access to quality and affordable health services by expanding the revitalization of health services according to the Bamako Initiative strategy, from the current 35 per cent to 70 per cent of health facilities, benefiting nearly 250,000 people (almost one fourth of the total population). This work will be done in cooperation with the World Bank and the World Health Organization (WHO). Special efforts will be made to improve the quality of health care in the target areas through the integrated management of childhood illnesses, such as malaria, ARI and diarrhoea, according to standard guidelines. Health agents and community health workers will be trained to mobilize communities and promote preventive health activities such as bednet dipping for malaria control. The project will increase access to pre- and post-natal consultations and emergency obstetrical care by strengthening the referral system in the same areas. In addition, health agents will encourage women to seek these services on time and sensitize men in this regard.

Through health centres and school-based education activities, undertaken in collaboration with the education programme and such partners as the national AIDS control programme and the Joint and Co-Sponsored United Nations Programme on HIV/AIDS, the programme will also aim to reduce by one third the currently prevailing rates of STDs among women in antenatal care in the target areas, and to educate youth and school populations on HIV/AIDS. Support will be given to NGOs for school- and community-based training and sensitization on FGM in the two divisions where the problem is most serious.

At national level, the programme will continue to support the Government in increasing the proportion of children who are fully immunized before one year of age from 80 to 90 per cent. The project will also continue to support integration of EPI into the PHC system.

2. Project Objectives

This component of the programme is expected to help in the attainment of the following objectives by the end of 2003:

- 2.1 Increase the implementation of the BI strategy from 35 to 70 per cent of health facilities and their catchment areas, to provide quality and affordable health services for preventive, curative and promotive care.
- 2.2 Increase fully immunization coverage of children under one year of age from 80 per cent to at least 90 per cent.
- 2.3 Increase access to pre- and post-natal consultations and emergency obstetrical care in 7 health centers.
- 2.4 Reduce by one-third prevalence of STDs among women in antenatal care in BI areas.
- 2.5 Reduce the incidence of Female Genital Mutilation (FGM) in two divisions (URD, CRD).
- 2.6 Improve institutional capacities in health information management and emergency response.

3. Monitoring and Evaluation

This project will implement monitoring and evaluation activities in the following: Annual evaluation of BI facilities, annual EPI cluster survey and routine surveillance (measles, tetanus and polio), KAP (Knowledge, attitude, practice) to measure behavior change indicators, baseline survey on FGM (1999 and 2002) and other evaluative events in the programme circle include the Mid-Term review in 2001, a multiple indicator cluster survey towards the end of decade to determine progress towards World summit goals, and an end cycle programme evaluation in 2003.

4. Project Management

The Department of State for Health (DoSH) in close collaboration with other Departments, in particular the Department of Community Development, will coordinate policy issues and ensure that guidelines for implementation are provided and used. UNICEF and other relevant international agencies will provide the technical assistance for the implementation of the BI and PHC service delivery as necessary.

UNICEF will participate in the technical committee(s) related to strengthening PHC services and in the annual evaluation of the project.

5. PHC/BI Project budget breakdown by components: (THOUSANDS OF US\$)

ACTIVITY	FUND	1999	2000	2001	2002	2003	TOTAL
SERVICE DELIVERY:	GR	46	45	40	30	30	191
	SR	300	300	200	250	250	1300
CAPACITY BUILDING / EMPOWERMENT	GR	10	15	10	13	11	59
	SR	80	80	60	50	45	315
ADVOCACY/SOCIAL MOBILIZATION	GR	10	5	6	10	9	40
	SR	20	20	30	10	11	91
PLANNING, MONITORING & EVALUATION:	GR	6	6	4	5	5	26
	SR	18	19	21	18	20	96
PROGRAMME SUPPORT:	GR	120	126	133	136	140	655
	SR	32	21	29	22	24	128
TOTAL		642	637	533	554	545	2901
GENERAL RESOURCES		192	197	193	194	195	971
SUPPLEMENTARY FUNDING		450	440	340	350	350	1930
TOTAL FUNDING		642	637	533	544	545	2901

PROJECT MONITORING PLAN, PRIMARY HEALTH CARE/BAMAKO INITIATIVE

Objective	Activity	Multi-donor strat.	Indicator	Data sources	
1. Increase the implementation of the BI strategy from 33 to 70% of health facilities and their catchment areas, to provide quality and affordable health services for preventive, curative and promotive care	1.1 Expansion of Bamako Initiative strategy to 12 facilities and strengthening of the existing 14 facilities: - Provision of drugs, equipment - Training of various committees in community co-management/co-financing - Training of health staff in BI, monitoring and supervision	SD Emp/CB CB	- No. of health facilities implementing BI principles - % population with access to BI health services - % of BI facilities implementing IMCI according to standard guidelines - % population using health services in target areas by gender - % of Health staff trained by gender	Routine data from BI centers	
	1.2. Introduction/strengthening of Integrated Management and Childhood Illnesses (IMCI) treatment in target health facilities: - Development and adoption of treatment protocols - Training of health staff in IMCI - Establish two diarrhoea training units; increase ORT corners	CB CB			
	1.3 Control of Malaria through: - Training of health workers, community health workers (CHWs) in malaria control - Education/mobilization of communities by health agents in drainage, environmental control and use of impregnated bednets; - Provision of permethrine for dipping bednets - Collaboration with MRC for malaria data.	CB Emp/Adv SD CB/Adv	- No. of bednets being dipped in permethrine - prevalence of malaria among target population	Proj.doc from MRC	
2. Ensure that at least 90% of children are fully immunized before age one.	2.1 Strengthening of measles immunization activities	CB/SD	- % <1 yr children fully immunized before age one	EPI survey + routine data from health facilities	
	2.2 Support to establishment of 2 Divisional cold stores (NBDW, WD); - strengthening of existing 4 + national store	SD	- No. of measles cases - No. of polio cases (by age and gender)		
	2.3 Provision of vaccines, supplies, cold chain equipment	SD			
	2.4 Support the annual EPI Cluster Survey	CB			
	2.5 Support to periodic National Immunization Days (NIDs)	SD/CB			

<p>3. Increase access to pre- and post-natal consultations and emergency obstetrical care in 7 health centers and 2 hospitals.</p>	<p>3.1 Strengthening of referral system for emergency obstetrical care:</p> <ul style="list-style-type: none"> - Training of health staff (peripheral + referral levels) in clinical management skills - Provision of equipment, supplies and drugs to target facilities - Training of TBAs, midwives, doctors, nurses in interpersonal communication skills <p>3.2. Community education/mobilization in catchment areas to ensure appropriate health seeking behaviors</p> <p>3.3. Quality pre- and post-natal care in BI context</p> <p>3.4 Iron-folate supplementation during pregnancy (BI health centers, MCP for pregnant women).</p>	<p>CB SD CB Emp/Adv CB SD</p>	<p>- Rate of pre-natal consultations in target facilities - Rate of postnatal consultations in target facilities - No. of caesareans performed in target facilities - % pregnant women immunized against tetanus (TT2) - No. of maternal deaths in target facilities - No. of Health staff trained by gender - No. Of referrals by TBAs. - % of births attended by trained health personnel - % of complications managed at EOC facilities - CFR for obstetric complications - average births interval - average age at first birth. - prevalence of anemia.</p>	<p>routine data from health facilities</p>
<p>4. (a) Reduce by one-third prevalence of STDs among women in antenatal care in BI area and (b) educate through schools and youth in the BI catchment areas of HIV/AIDS</p>	<p>4.1 For women in antenatal care in catchment areas:</p> <ul style="list-style-type: none"> - Train health facility staff and CHWs in STD prevention and treatment - Support community mobilization activities for these agents <p>4.2 For youth and school populations in BI catchment areas, support through the National AIDS Control Programme (collaboration with Education programme):</p> <ul style="list-style-type: none"> - Provision of education materials for selected schools - Training of agents (communities + schools) - Guidance and counselling for teachers and youth - Support to peer health groups <p>4.3 Collaboration with UNAIDS: coordination meetings and focused support</p>	<p>CB Emp SD CB Emp Emp Adv</p>	<p>- prevalence rate of STDs among women in antenatal care in BI areas - by age. - No. of schools and youth groups supported through the NACP on HIV/AIDS prevention - No. Of teachers counsellors trained by gender - No. of youths trained: boys/girls - % pregnant women screened for syphilis - no of meetings convened.</p>	

<p>5. Reduce the incidence of female genital mutilation (FGM) in two Divisions (URD, CRD)</p>	<p>5.1 Through relevant NGOs, sensitize and train TBAs, community elders, CHWs, female circumcision practitioners, communicators and youth groups</p> <p>5.2 In collaboration with Education programme and NGOs, sensitize children PTAs and 500 teachers in 110 primary and 10 secondary schools in URD and CRD</p> <p>5.3 Production and distribution of FGM eradication materials in the two Divisions (collaboration with other Programmes)</p> <p>5.4 Support to local NGOs and youth groups in anti-FGM advocacy</p>	<p>Emp</p> <p>Emp</p> <p>SD</p> <p>Emp</p>	<p>- % of girls and women in URD and CRD having undergone FGM</p> <p>- No. of schools benefitting from programme</p> <p>- No. trained by gender</p> <p>- No. of communities stopped the practice</p>	<p>Sample survey</p>
<p>6. Improve institutional capacities in health information management and emergency response</p>	<p>6.1 Support to decentralization of Health Information System (HIS) to Divisional level: training and equipment</p> <p>6.2 Support to monitoring and supervision activities at divisional levels</p> <p>6.3 Support to prevention and management of health emergencies (e.g. meningitis, cholera, etc)</p>	<p>CB/SD</p> <p>CB</p> <p>SD/CB</p>	<p>- Analysis of key BI indicators can be done at Divisional level</p> <p>- Emergency preparedness plan in place and functional</p>	<p>MoH</p>
<p>Evaluation activities:</p> <ul style="list-style-type: none"> - Annual analysis of routine data from BI health facilities - EPI cluster survey, annual - KAP with Water/San programme on health behavior - Survey on FGM: 1999 (baseline) and 2002 <p>Indicators for objectives given in bold; activities in collaboration with other UNICEF-supported programmes/projects given in italics.</p> <p>- MICS for end decade goals: 2000 (with other programmes);</p> <p>- Mid Term Review: 2001;</p> <p>- end-cycle evaluation: 2003 (with other programmes)</p>				

Country: The Gambia

Programme: Health and Nutrition

Project Title: Nutrition

Project number : 02

Coverage: 60 communities in three divisions (LRD, CRD, & URD).

Target population: 10,000 children under five and 25,000 women of child bearing age.

Implementing Agency: Department of State for Health, Social welfare and Women Affairs (DoSH ,SW & WA).

Cooperating Agencies: Gambia Food and Nutrition Association (GAFNA), Department of Community development, Ministry of Agriculture and Natural Resources, WHO, World Bank, FAO, WFP and Catholic Relief Services (CRS)

Funding Agencies: UNICEF

Project Budget:	:GR	US\$132,000
	SR	US\$270,000
	Total	US\$402,000
Government contribution:		US\$ 40,000

1. Project Overview

The nutrition project will focus principally on the same target areas as PHC/BI Project, and will aim to increase exclusive breast-feeding rates by one half compared to 1998 levels, reduce low birth weight and improve infant and young child feeding practices and maternal nutrition. This will be carried out using the Baby-Friendly Hospital Initiative strategy, improving pre- and post-natal care and supporting nutrition education of families by NGOs and health workers. Vitamin A and iron-folate supplementation will be integrated as part of the Bamako Initiative strategy, benefiting about 10,000 children under five years old and 25,000 women of child-bearing age in the target areas.

Efforts to address iodine deficiency disorders will include support to the country's salt iodization efforts through the provision of salt-testing kits and identification and implementation of corrective actions. UNICEF will collaborate with other agencies and NGOs to support the Government in the development and implementation of an integrated and gender-sensitive nutrition policy.

2. Project Objectives

The nutrition project is expected to contribute to the achievement of the following objectives by the end of 2003:

- 2.1 Increase exclusive breast-feeding for about six months among children by 50 per cent of 1998 level.
- 2.2 reduce the incidence of low birth weight to below 10 per cent
- 2.3 Improve infant and young child feeding practices in 60 communities.
- 2.4 Increase access to vitamin A supplementation to 50% of children and lactating mothers.
- 2.5 Increase access from 25% to 50% to and household consumption of iodized salt, nationally.
- 2.6 Ensure that target schools (110) in the education programme receive nutrition education.
- 2.7 Support the development of Nutrition policy and increase women's participation in the development and dissemination of the policy.

3. Monitoring and Evaluation

Inadequate dietary intake leading to malnutrition and death is a consequence of insufficient household food security. Although much research is done in The Gambia on food and nutrition, no coordinated activities exist to put all information together. Data on nutritional status of children and women often only relate to the rural areas and is often inadequate.

More comprehensive information is required on a continuous basis to function as an early warning system and to provide inputs to programmes aimed at improving the nutritional status of children and women, particularly in vulnerable groups. It is envisaged that in the UNICEF country programme 1999-2003, greater attention will be paid to strategies and activities that will bring positive change at household and community levels. A more comprehensive nutritional surveillance system will be established in collaboration with partners such as, WHO, GAFNA, CRS, WFP, FAO etc.

4. Project Management

Government will be responsible for setting up of a National Nutrition Committee in order to improve the coordination of activities that promote breast-feeding, micronutrient supplementation, surveillance and nutrition education. Training materials will be developed by the Ministry of Health, in collaboration with relevant NGOs, WHO and UNICEF.

The Department of State for Health (DoSH) will continue to chair the multi sectoral IDD committee in which WFP, WHO and UNICEF are also represented. The Department of Community Development in collaboration with DoSH will be responsible for the implementation of activities related to the production of iodized salt. The Ministry of Trade and Industry will occupy itself with the legislative and commercial aspects of salt production and the potential extension of salt production. The DoSH will be responsible for the IEC activities and for the quality control system.

The DoSH in collaboration with UNICEF, World Bank and WHO will conduct a national survey on Vitamin A and iodine deficiency disorders and to organize a national seminar on micronutrient deficiency disorders. The Ministry of Agriculture will be responsible for the activities related to the production of Vitamin A rich foods at community and

ACTIVITY	FUND	1999	2000	2001	2002	2003	TOTAL
Service Delivery	GR	7	3	4	5	5	24
	SR	15	10	10	10	10	55
Capacity Building/Empowerment	GR	12	10	10	5	10	47
	SR	10	20	15	10	10	60
Advocacy/Social Mobilization	GR	6	8	8	5	6	33
	SR	15	20	20	15	10	80
Planning, Monitoring and Evaluation	GR	7	5	5	10	3	30
	SR	10	10	15	15	20	70
Programme Support	GR						
	SR						
General Resources		32	25	26	25	24	132
Supplementary Funding		50	60	60	50	50	270
Total Funding		82	85	86	75	74	402

PROJECT MONITORING PLAN, NUTRITION

Objective	Activity	MDS	Indicator	Data sources	
1. Increase exclusive breastfeeding rates among children up to 6 months by 50% of 1998 level.	1.1 Implement Baby Friendly Hospital Initiative in 7 major health centers and 3 hospitals	CB/Emp	- % of children under 6 months who are exclusively breastfed by gender	MICS, 2000; KAP 2002	
	1.2 Expansion of current Baby Friendly Community Initiative (BFICI) from 12 to 60 communities	CB/Emp	- No. of health facilities which are implementing BFHI	proj.docs	
	1.3 Training of health workers, mothers, fathers and communities on lactation management	CB/Emp	- No. of communities with measures for BFICI in place - No. Of communities training in lactation management - No. of BF accredited facilities	proj.docs	
2. Reduce low birth weight to below 10 % in 60 target communities	2.1 Improvement of prenatal and post-natal care (see project 1)	CB/SD	- % low birth weight babies in target communities	health facilities	
	2.2 Nutrition education of pregnant women and fathers by NGOs, health workers and CHWs, including 'care for nutrition' training in communities	Emp	- No. of communities where nutrition training has been implemented	Proj.docs	
	2.3 Support to community weight gain monitoring systems for pregnant mothers in 60 communities: - training - supplies for weighing pregnant women	Emp SD	- No. of communities with functioning weight gain monitoring units - No. of men who participate in weight gain monitoring activities during pregnancy	Proj.docs	
3. Improve infant and young child feeding practices in 60 communities of BI catchment areas.	3.1 KAPs on nutrition practices	CB	- % mothers in target communities practicing appropriate infant and young child feeding	KAP	
	3.2 Promotion of complementary feeding practices through NGOs and health agents working in target areas	Emp	- No. of communities with functioning growth monitoring units		
	3.3 Community education by NGOs on production and use of affordable complementary foods	Emp	- (See 2.3)		
	3.4 Support to community growth monitoring systems for under-5 children in 60 communities: - training - supplies for weighing children				
4. Increase access to micronutrient supplementation nation-wide - increase access to vitamin A supplementation to 50% of children and lactating mothers. - increase access from 25% to 50% to and household consumption of iodized salt.	4.1 Provision and Integration of Vitamin A (EPI activities) and iron supplementation in BI	SD	- % children under five receiving vitamin A supplements by gender	routine data	
	4.2 Study on IDD prevalence with World Bank	CB/SD	- % lactating women receiving vitamin A supplements by age - % pregnant women receiving iron/folate supplements	routine data	
	4.3 Household Salt iodization surveys: - provision of salt testing kits - Legislation on salt iodization - Use of results to identify corrective actions	SD CB/Adv	- % households consuming iodized salt - % salt in markets that is iodized - no. Of iodized salt imported	routine data MICS spot checks	
	4.4 Study on anaemia amongst adults, adolescents and children (with World Bank)	CB/SD			
	4.5 Training/mobilization of health staff and communities on the importance of vitamin A, iodine and iron- folate supplementation	CB/Emp			
4. Ensure that target schools in the Education Programme receive nutrition education	4.1 Through NGOs, nutrition education and promotion in schools identified by Educ. Programme	Emp	- No. of schools receiving nutrition education - No. of schoolchildren reached by gender	Proj.docs	
	4.2 Develop and disseminate communication packages on nutrition	SD	- No. of boys and girls participating in nutrition education		
	4.3. Collaboration in National curriculum review (with Education & Wat/San programmes)	CB			

5. Support the development of Nutrition Policy	<p>5.1 Collaboration with UN, bilaterals and multi-laterals and NGOs for the development/implementation of an integrated and gender sensitive nutrition policy</p> <p>5.2 Information dissemination on nutrition policy</p>	Adv	- Integrated approach is used by all partners in nutrition interventions	Meeting records
<p>Evaluation activities:</p> <ul style="list-style-type: none"> - Annual analysis of routine data from BI health facilities - KAP with Water/San programme + project 1 on feeding practices: 2002 - Study on IDD prevalence, 1999 - Study on anaemia, 1999 				
<ul style="list-style-type: none"> - MICS for end decade goals: 2000 (with other programmes); - Mid Term Review: 2001; - end-cycle evaluation: 2003 (with other programmes) 				

Country: The Gambia

Programme: Basic Education

Project Title: **Primary Education**

Project number: 01

Coverage: Four target divisions (URD, LRD, CRD, & NBD).

Target population: 20,000 children under five and 15,000 parents ,177 primary schools, 177 school heads, 1500 teachers and 40 trainers

Implementing Agency: Department of State for Education (Basic Education Division, Curriculum, Standard and Quality Assurance Division, Gambia College School of Education

Cooperating Agencies: NGOs, Peace Corps-Gambia, Action Aid, UN Agencies, World Bank

Funding Agency: **UNICEF**

Project Budget:

GR	US\$ 649,000
SF	US\$ 700,000
Total	US\$ 1,349,000

Government contribution: **US\$130,000**

1. Project Overview

The project will focus on Girls' Education, the Monitoring of Learning Achievement and improvements in curriculum content and delivery, increased access to learning materials and community empowerment. The strategic thrust of the programme includes gender and geographic disparity reduction, cost reduction and increase in the demand for education through school committee capacity building towards greater local participation in mobilisation and management of school resources for acquisition of learning materials and conduct of school development activities in a sustained manner .

2.. Project objectives

This component of the programme of education is expected to attempt the following objectives by the year 2003:

Objective 1 : Increase, by year 2003 in the four target Divisions out of six (URD, LRD, CRD, NBD), girls' primary school net enrolment rates by one-fifth, and the primary school enrolment of disabled children by one-half.

Objective 2: Improve the quality and relevance of primary education as measured by the following 3 criteria:

- a) the existence of a system for MLA (monitoring of learning achievement) for identifying and acting upon system-wide problems in delivery of planned curricula;
- b) test scores measured by the MLA system; and
- c) improved achievement levels at grade 6.

3. Monitoring and Evaluation

The Education Programme activities will be monitored using the integrated monitoring and evaluation plan (IMEP). There will be joint field visits between UNICEF and government and/or NGO personnel responsible for implementation of the programme. There will also be quarterly and annual end of year reviews of activities to facilitate reorientation. A mid-term evaluation and review is foreseen in 2001. During the first quarter of 2003, an impact evaluation will be conducted as part of the Education Sector Policy Evaluation.

4. Project Management

The Department of State for Education (DoSE) in particular the Basic Education Division, Curriculum Standards and Quality Assurance Division and The Gambia College School of Education will coordinate policy issues and ensure that guidelines for implementation are provided. A sectoral steering committee will ensure coordination, monitoring and evaluation of the activities planned.

5. Primary Education Project Budget: breakdown by components (THOUSANDS OF US\$)

ACTIVITY	FUND	1999	2000	2001	2002	2003	TOTAL
Capacity Building/ Empowerment	GR	58	43	41	46	41	229
	SF	80	80	55	55	43	313
Service Delivery	GR	25	30	28	25	27	136
	SF	50	50	50	30	30	210
Advocacy/ Information/ Communication	GR	5	5	5	5	5	25
	SF	10	5	5	5	5	30
Planning, Monitoring & Evaluation	GR	5	10	5	5	5	30
	SF	22	20	20	20	15	97
Programme Support	GR	41	41	48	46	49	228
	SF	10	10	10	10	10	50
Total General Resources		135	130	128	128	128	649
Total Supplementary Funding		172	165	140	120	103	700
Grand Total		307	295	268	248	231	1,349

PROJECT MONITORING PLAN, PRIMARY EDUCATION

Objective	Activity	Multi-donor strat.	Indicator	Data sources
1. Increase, by year 2003 in the four target Divisions out of six (URD, LRD, CRD, NBD), girls' primary school net enrolment rates by one-fifth, and the primary school enrolment of disabled children by one-half.	Media activities for sensitizing communities and local leaders	Adv/ Emp	For the 4 Divisions: disaggregated by Division: - Primary gross enrolment rates, total/girls/boys - Primary net enrolment rates, total/girls/boys - Primary enrolment of disabled girls/boys - % of total schoolgirls in target Divisions supported by free textbook scheme - % PTAs in target Divisions supporting textbook scheme - % PTAs in target Divisions supported by others - No. of teachers trained: female/male	Educ. statistics; disability survey 1998
	School-based sensitization sessions between PTA executive committees and community leaders	Emp		Project docs
	Provision of Textbooks and other learning materials per annum: - Support to management and sustainability of government/community free textbook scheme - Facilitation of support from private sector partnerships and external benefactors	SD Emp Adv		Project docs
	Training of school committees by NGOs and service personnel in school development activities	CB/ Emp		Project docs
	Remedial training for prospective pre-service female teachers to School of Education, Gambia College	CB		Project docs
2. Improve the quality and relevance of primary education as measured by the following 3 criteria: a) the existence of a system for MLA (monitoring of learning achievement) for identifying and acting upon system-wide problems in delivery of planned curricula; b) test scores measured by the MLA system; and c) improved achievement levels at grade 6.	Disseminate findings of 1998 disability survey among potential partners willing to support special needs education	Adv		
	Training of 2000 primary teachers and ECD facilitators on identification and support to children with learning difficulties and other disabilities.	CB		Project docs
	Development/establishment of MLA system (monitoring of learning achievement): - Training of 6 Decentralized MLA teams - Development of instruments - Pre-testing and administration of instruments - Analysis of test scores - Reporting and input to policy makers/quality assurance team	CB	- Achievement levels at grade 6 in 4 target Divisions: female/male - Grades for which MLA instruments: - developed & pre-tested - administered - No. of MLA Reports completed - MLA annual test scores - No. of MLA trainers trained by gender and division - No. teachers trained on problem areas: female/male	Project docs Project docs Project docs Project docs
	In-service training of 2000 primary teachers on selected problem areas identified by MLA system in classroom practice for selected curricula	CB		Project docs
	Support to national curriculum review with participation of MLA team members and Water/San programme	CB		
	Training of trainers on child rights	CB		
	Development of gender-sensitive curriculum materials	CB	- Gender-sensitive curriculum materials are: - developed - being applied	Project docs Project docs Project docs
	In-service teachers' training on gender, child rights and counselling skills	CB	- No. teachers trained on gender/child rights/counselling skills: female/male	
Evaluation activities: Annual analysis of education statistics and MLA data to obtain agreed-upon indicators; - Evaluation of impact of teachers' training, 2001 (combine with that in Project 2)				- MICS for end decade goals: 2000 (with other programmes); - Mid Term Review: 2001;

Country: The Gambia

Programme: Basic Education

Project Title: **Integrated ECCD and Parent Non-Formal Education**

Project number: 02

Coverage: 100 community-owned ECCD centres

Target population: 15,000 parents, 15,000 young children, 600 ECCD facilitators

Implementing Agency: Department of State for Education (Basic Education Division, Early Childhood Unit, Department of Community Development

Cooperating Agencies: NGOs: Catholic Relief Services, Gambia food and Nutrition Association, Christian children's Fund, ADWAC, Association of Early Childhood Educators, UN agencies, World Bank.

Funding Agency: UNICEF

Project Budget:

GR	US\$ 200,000
SF	US\$ 300,000
Total	US\$ 500,000
Government contribution:	US\$ 50,000

1. Project overview

The Integrated ECCD and Parent Education Project will focus on the enhancement of the nutrition, health and social development of infants and young children as a contribution to primary enrolment from age 7 and to complement the objectives of the Health and Nutrition programmes. Parent Education will be an opportunity to increase literacy rates but at the same time aim at the application of relevant knowledge and skills acquired through functional literacy to improve early child care by both fathers and mothers.

2. Project objectives

- a. Eliminate by year 2003 illiteracy among the 15,000 parents of children in community-owned ECCD centers
- b. Ensure that by year 2003, 100 ECCD centers are upgraded to meet agreed criteria;

- c. Standardize the integration of services for ECCD

3. Monitoring and evaluation

The ECCD Project activities will be monitored using the integrated monitoring and evaluation plan (IMEP) in Annex 1. There will be joint field visits between UNICEF and government and/or NGO personnel responsible for implementation of the programme. There will also be quarterly and annual end of year reviews of activities to facilitate reorientation. A mid-term evaluation and review is foreseen in 2001. During the first quarter of 2003, an impact evaluation will be conducted as part of the Education Sector Policy Evaluation.

4. Project management

The Department of State for Education (DoSE), in particular the Basic Education Division and Early Childhood Unit in close collaboration with the Department of Community Development will coordinate policy issues and ensure that guidelines for implementation are provided. A sectoral steering committee will ensure coordination monitoring and evaluation of the activities planned.

5. Integrated ECCD and parent non-formal education project budget: breakdown by components (THOUSANDS OF US\$)

ACTIVITY	FUND	1999	2000	2001	2002	2003	TOTAL

Capacity Building/ Empowerment	GR	15	15	20	20	20	20	90
	SF	6	20	35	35	35	35	131
Service Delivery	GR	10	10	10	10	10	10	50
	SF	10	15	10	15	15	15	65
Advocacy/ Information/ Communication	GR	2.5	3	3	3	3	3	14
	SF	2	3	3	3	3	3	14
Planning, Monitoring & Evaluation	GR	10	10	5	5	5	5	35
	SF	40	20	10	5	5	5	80
Programme Support	GR	2.5	2	2	2	2	2	10.5
	SF	2	2	2	2	2	2	10
Total General Resources		40	40	40	40	40	40	200
Total Supplementary Funding		60	60	60	60	60	60	300
Grand Total		100	100	100	100	100	100	500

PROJECT MONITORING PLAN, INTEGRATED PROJECT ON EARLY CHILDHOOD CARE AND DEVELOPMENT

Objective	Activity	Multi-donor strategy	Indicator	Data sources
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1. Eliminate by year 2003 illiteracy among the 15,000 parents of children in community-owned ECD centers	Identification and assessment of needs	CB	- No. of mothers/fathers of children in project ECCD centers who are functionally literate based on pre-determined standards - No. of mothers/fathers enrolled in literacy training courses	Proj.doc Proj.doc
	Community mobilization sessions on literacy	Emp		
	Production/dissemination of literacy materials with emphasis on FFL and early child care.	PS/Emp		
	Literacy training of 3000 parents per annum in community-owned centers	Emp		
2. Ensure that by year 2003, 100 ECCD centers are upgraded to meet agreed criteria; 3. Standardize the integration of services for ECCD	Community mobilization/organization sessions & negotiations with ECCD facilitators	Emp	- No. of ECCD centers which meet the following criteria: - facilitators themselves trained in ECCD - Facilitators paid for by community/parents in kind or in cash - Children have access to learning and play material - Center equipped with training manual on FFL and ECCD and package of teaching aids for facilitators. - No. of children enrolled in project ECCD centers - Training materials (ECCD training manual and package of teaching aids) developed for integrated ECCD - No. of ECCD facilitators trained: - initial - in-service - Ministry of Ed. integrates information from ECCD system in its annual Education statistics.	Proj.doc & supervision reports Proj.doc Proj.doc DSE/Proj.doc Proj.doc
	Development of training materials for integrated ECCD	CB		
	Institutionalized initial 3-year training at Gambia College of 300 ECCD facilitators per annum	CB		
	In-service training of 55 ECD facilitators per annum on adult education methodology	CB		
	Training of craft market women on production of play things for ECCD	Emp		
	Sustainable local production of culturally relevant learning and play materials	PS		
	Development of an Educational Management information System for ECCD	CB		
Evaluation activities: - Annual analysis of education statistics and MLA data to obtain agreed-upon indicators; - Evaluation of impact of teachers' training, 2001 (combine with that in Project 1)			- <i>MICS for end decade goals: 2000 (with other programmes);</i> - <i>Mid Term Review: 2001;</i> - <i>end-cycle evaluation: 2003 (with other programmes)</i>	

Indicators for objectives given in bold; activities in collaboration with other UNICEF-supported programmes/projects given in italics. CB=capacity building, SD=service delivery; Emp=empowerment; Adv=advocacy

Country

The Gambia

Programme: Water, Environment and Sanitation

Project: Institutional Development

Project Number: 01

Coverage: Nationwide

Target population: At national and divisional levels the project will support the Government and NGO staff for institutional capacity building

Implementing Agencies:

Department of Water Resources (DWR)
Department of Community Development (DCD)
Department of State for Health (DOSH)
Department of State for Education (DOSE)
Women's Bureau
Department of Information

Cooperating Agencies:

UNCDF, UNDP, EU, WHO, KFW, ACTION AID, CARITAS, Future In Our Hand (FIOH), Gambia Baptist Mission, Gambia Food and Nutrition Association (GAFNA), The Association of Non-Governmental Organizations (TANGO), Africa Muslim Agency, FORUT, National Water and Electricity Company (NAWEC), National Environment Agency (NEA), AFET (Association of Farmers, Educators and Teachers)

Funding Agency:

UNICEF

Project Budget: GR US\$ 635,000
SF US\$ 130,000
Total US\$ 765,000

Government Contribution: US\$ 75,000

1. Project overview:

The Water and Sanitation Working Group (WSWG) through its three sub-committees on Water Supply, Environmental Sanitation and Hygiene Education has been providing a useful forum for inter- and intra-sectoral coordination, collaboration, monitoring and policy development with some degree of success. The Institutional Development project will, at national and divisional levels, strengthen the WSWG. At national level, the programme will apply the experiences gained at community level to the development and adoption of a national sanitation policy; the decentralization of sectoral planning and monitoring; and coordination and collaboration with other partners, NGOs and donors. The monitoring system developed for sanitation in the previous programme will be used and promoted, since this is a sector where monitoring traditionally has been weak.

2. Project Objectives

To improve sector planning, development and monitoring.

To improve coordination and collaboration with other actors in the water/sanitation/environment sector.

3. Monitoring and Evaluation

The WSWG will serve as the forum for oversight and provide periodic overview of sectoral activities and performance. Progress reports and relevant information will be submitted by member agencies at the quarterly and bi-annual WSWG meetings.

Monitoring of day-to-day implementation will be the responsibility of the respective departments and will be organized as follows :

- The Health Education Unit of Department of State for Health is responsible for Health/Hygiene Education.
- Department of Information is responsible for information dissemination.
- Department of Water Resources is responsible for rural water supply.
- Department of Community Development is responsible for sanitation and community participation.
- Department of State for Education through CRDD (Curriculum Research and Development Department) is responsible for integration of hygiene/health educational materials into schools curricula.
- The chairman of the WSWG is elected for two years and the chairmanship rotates among the heads of Department of Water Resources, Department of State for Health, Department of Information, Department of Community Development, representative of Department of State for Education.

Evaluation of proper functioning of the WSWG will be done yearly as part of the annual reviews and at the two bi-annual meetings of WSWG. Performance will be evaluated according to the terms of reference and specific objectives set by WSWG and its sub-committees periodically.

4. Project management

The Institutional Development project will be coordinated by the WSWG. The WSWG as stipulated in its terms of reference provides a forum for coordination and collaboration

with major agencies working in the sector, who are also members of the WSWG: UNDP, UNCDF, KFW/GTZ, EU, WHO, WFP, Gambia Baptist Mission, TANGO (coordinating agency of NGO's), ACTION AID, CARITAS, GAFNA, AMA, FORUT, FIOH. The three sub-committees of WSWG allow periodic discussions on sub-sector specific thematic issues on a quarterly basis.

5. Institutional Development Project Budget: UNICEF Contribution: breakdown by components(THOUSANDS OF U S \$)

ACTIVITY	FUND	1999	2000	2001	2002	2003	TOTAL

Service Delivery	GR												
	SF												
Capacity Building/ Community Empowerment	GR	15	15	20	20	20	20	20	20	20	20	90	
	SF	10	10	20	20	20	20	20	20	20	20	80	
Advocacy & Social Mobilization	GR	6	6	11	11	11	11	11	11	11	11	45	
	SF	10	10	10	10	10	10	10	10	10	10	50	
Planning, Monitoring & Evaluation	GR												
	SF												
Programme Support	GR	130	130	80	80	80	80	80	80	80	80	500	
	SF												
General Resources		151	151	111	111	111	111	111	111	111	111	635	
Unfunded Supplementary Funding		20	20	30	30	30	30	30	30	30	30	130	
Grand Total		171	171	141	141	141	141	141	141	141	141	765	

PROJECT MONITORING PLAN, INSTITUTIONAL DEVELOPMENT

Objective	Activity	Multi-donor	Indicator	Data sources
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		strategy	
1. Improve sector planning, development and monitoring	Support to development of national plan and strategies for sanitation: - Development and promotion of low-cost sustainable options for school and institutional latrines - Meetings and information dissemination to standardize technical options and approaches	CB/Adv	<p>- National strategies exist on low-cost sustainable options for sanitation. - Government's water sector plan and database are regularly updated.</p> <p>- No. of Divisional level sector plans (water and sanitation) developed; - No. of Divisional level sector plans (water and sanitation) implemented</p>
	Support to implementation and monitoring of water sector plan: - Information sharing, support to information management and auditing of inventory and baselines	CB	
	Training of mid-level technical Govt. staff according to sector plans by gender	CB	
	Research, development and promotion of locally adapted improved energy cooking devices	CB/Adv	
	Support to development, implementation and monitoring of Divisional level sector (Wat/San) plans	CB	
	Strengthen the Water and Sanitation working group and 3 subcommittees on water supply, sanitation and hygiene education and ensure gender balance in these committees	CB/Adv	
2. Improve coordination and collaboration with other actors in the water/sanitation/environment sector	Information dissemination among donors/potential donors on UNICEF-supported interventions	Adv	
	<p>Evaluation activities: <i>MICS for end decade goals: 2002 (with other programmes)</i> <i>Mid Term Review: 2001; end-cycle evaluation: 2003 (with other programmes)</i></p>		
<p>Country: The Gambia</p> <p>Programme: Water, Environment and Sanitation</p>			

Project: Water Supply, Sanitation and Environment

Project No.: 02

Coverage: Water Supply - 100 schools and 20 health facilities in all five divisions; Sanitation - 150 communities, 100 primary schools and health facilities from all divisions; Environment - the same 150 communities selected for household sanitation intervention; Hygiene education - nation-wide through public media with particular focus on the same 150 communities as above using other channels of IEC

Target Population: Water supply- 30,000 children and 15,000 villagers
Sanitation - 30,000 children, 50,000 villagers
Primary Environmental Care - 50,000 members of rural and peri-urban communities

Implementing Agencies: Department of Water Resources (DWR), Department of Community Development (DCD), Department of State for Education (DOSE), Department of State for Health (DOSH), National Water and Electricity Company (NAWEC), National Environment Agency (NEA)

Cooperating Agencies: UNDP, UNCDF, WHO, WFP, EU, KFW, ACTION AID, CARITAS, Future In Our Hand (FIOH), UK- NATCOM, Africa Muslim Agency (AMA), Association of Farmers, Educators and Teachers (AFET)

Funding Agency: UNICEF

Project Budget :

GR	US\$467,000
SF	US\$1,420,000
Total	US\$1,887,000
Government contribution:	US\$ 450,000

1. Project overview

The Project will focus on water supply to schools, as other agencies (the United Nations Capital Development Fund and the European Development Fund) are working in the area of village water supply. The choice of beneficiary target communities and schools was facilitated by the inventory of water points established during the previous programme. The project will ensure access to safe water in some 100 selected schools where there currently are no water points, benefiting some 30,000 children and 15,000 villagers. The project will also ensure access to adequate sanitation in 100 schools where this is badly needed, benefiting 30,000 children.

As a result, water and sanitation coverage for the Gambia's existing 300 primary schools will increase from about 67 to 100 per cent and from 33 to 67 per cent, respectively. In addition, the project will aim to generate some 6,000 village latrines (representing an increase in sanitation coverage from 10 to 20 per cent of rural households), through building 150 demonstration latrines, training masons and providing low-cost materials so that communities can construct latrines on a cost-sharing basis. At the same time, mobilization efforts will seek to change behaviour in hygiene, water use and storage, and primary environmental care. Specific behavioural change indicators have been established and baseline

data will be collected at the end of 1998. Such interventions in behavioural change, sanitation and water supply are expected to reduce diarrhoea and other water- and sanitation-related diseases, and the amount of time that women spend in collecting water, making them more willing to send their daughters to school. The scale of the project will depend on the amount of supplementary funds received.

2. Project objectives

To ensure provision of safe water supply to the remaining primary schools and health facilities nationwide by 2003.

To increase adequate sanitation coverage from about 33% to 67% of all the primary schools and to 100% of all the health facilities nationwide by 2003.

To ensure provision of 6000 household latrines in 150 rural and peri-urban pilot communities and the strengthening of local capacities for latrine provision and use.

To increase public awareness and improve practices in schools and selected 150 communities on hygiene, primary environmental care (PEC) and water related issues.

To increase by 20% the use of energy-saving devices in 150 pilot communities.

3. Monitoring and evaluation

Planning, coordination and supervision of the construction of school water supply facilities will be done by the DWR in close collaboration with the Project Implementation Unit (PIU) and SFG unit in the Department of State for Education, Department of State for Health, DCD and UNICEF. All physical and hydrogeological data of water points will be registered in the databank on Rural Water Supply in the DWR.

Guidelines set by the DWR and the WSWG will constitute the framework for technical implementation of the water supply facilities and integration into the institutionalized Maintenance and Operation System. Once the installations are handed over to the communities, management becomes the responsibility of the VDC and School Committees.

Construction of sanitary facilities will be monitored by the Environmental Sanitation Unit in the DCD in close collaboration with DWR, PIU and SFG unit in the Department of State for Education, Department of State for Health and UNICEF. Technical data will be kept by the DCD's sanitation unit.

Monitoring of sanitation sub-project implementation will be done through quarterly review of progress reports prepared by the DCD. Two administrators and technicians of the Department of Community Development will coordinate and supervise the project in each of the two ATUs located in Brikama and Mansakonko respectively. They will be assisted by the UNICEF Project Officer.

Environment sub-project will be monitored by DCD in collaboration with NEA, AFET and UNICEF.

Monitoring and evaluation activities will be undertaken yearly in connection with the preparation of annual report, annual reviews and will be integrated in the Water and Sanitation Working Group agenda.

Periodic surveys including MICS will be used to measure project coverage and performance.

4. Project management

The Department of Water Resources will be responsible for implementing water supply sub-project while the Department of Water Resources will implement sanitation and environment sub-projects in collaboration with DOSH, DOSE, NEA, AFET and UNICEF.

The health education activities will be implemented by Health Education Unit of the Department of State for Health in collaboration with DWR, DCD, DOSE and UNICEF. The environment component will be managed by the Department of Community Development in collaboration with AFET and NEA.

There have been no major donors involved in sanitation sub-sector. The up scaling of the project activities will require partnership and alliance building with major donors and NGOs.

This will include collaboration in the development of standard technology and approach with:

UNCDF, FIOH, GAMBIA BAPTIST MISSION, ACTION AID, CARITAS, Gambian Red Cross Society, FORUT.

The WSWG and its Sanitation sub-committee will provide appropriate forum for collaboration. Advocacy with major donors will be pursued for the sub-sector development.

5. Water Supply, Sanitation and Environment Project Budget: breakdown by components in (THOUSANDS OF US \$)

ACTIVITY	FUND	1999	2000	2001	2002	2003	TOTAL
	GR	43	40	63	63	63	272

	SF	200	220	220	220	220	220	220	1080
Capacity Building/ Community Empowerment	GR	15	15	20	20	20	20	20	90
	SF	50	40	40	40	40	35	35	205
	GR	10	10	15	15	15	15	15	65
Advocacy & Social Mobilization	SF	15	15	10	10	10	10	10	60
	GR	5	5	10	10	10	10	10	40
Planning, Monitoring & Evaluation	SF	5	5	5	5	5	5	5	25
	GR								
Project Support	SF	10	10	10	10	10	10	10	50
	GR								
General Resources		73	70	108	108	108	108	108	467
Supplementary Funding		280	290	285	285	285	280	280	1420
Grand Total		353	360	393	393	393	388	388	1887

PROJECT MONITORING PLAN, WATER SUPPLY, SANITATION AND ENVIRONMENT

Objective	Activity	Multi-donor strat.	Indicator	Data sources
1. Ensure provision of safe water supply to the remaining primary schools and in all health facilities nationwide by 2003.	<i>Needs assessment and choice of schools and health facilities for water supply</i>	SD	- % & number of primary schools and health facilities with access to safe water - No. of water systems constructed/rehabilitated	DWR/ Proj.docs Proj.docs
	Construction of wells, reticulated systems and rehabilitation of old systems	SD		
2. Increase adequate sanitation coverage from about 33% to 67% of all the primary schools and to 100% of all the health facilities nationwide by 2003.	<i>Needs assessment and choice of schools and health facilities for latrines</i>	SD	- % & number of primary schools and health facilities with access to adequate sanitation: - No. of latrines segregated by sex	DCD/ Proj. docs Proj. docs
	Provision of sanitary latrines in schools and health facilities, segregated by sex	SD	- No. of schools and health facilities equipped by project with latrines	
3. Ensure the provision of 6000 household latrines in 150 rural and peri-urban pilot communities (NBD, URD, LRD, CRD, WED) and the strengthening of local capacities for latrine provision and use.	Community sensitization sessions (see below also)	Emp	- No. of communities with demonstration latrines constructed by project	DCD/ (proj. monthly monitoring reports)
	Provision of household improved latrines (Gambian improved, Sanplat, pour and flush) in selected communities	SD	- No. of household demonstration latrines constructed by project - No. latrines constructed by communities on cost-sharing basis	
	Training of village masons and artisans in latrine construction and promotion	Emp/CB	- No. of artisans/masons trained by project	
4. Increase public awareness and improve practices (as determined by indicators) in schools and selected 150 communities on hygiene, primary environmental care (PEC) and water-related issues	<i>In collaboration with Education programme, development and incorporation of WES related hygiene issues in school curricula</i>	CB	<u>Indicators in 150 target communities and in 12 PRA communities</u>	KAP Sample survey & PRA
	Nation-wide dissemination of WES/hygiene/PEC messages using public media	Emp	- % households in target communities using latrines - % households disposing children's or adults' faeces in the open	
	Distribution and showing of video films in target (sanitation) communities	Emp	- % mothers who wash the back of the child with soap after defecation - % mothers who wash their hands with soap after anal cleansing of themselves or their child following defecation	
	Implementation of 12 participatory rural appraisals (PRAs) in 4 Divisions (RD, LRD, CRD, WED) to increase awareness and change practices on WES/hygiene/PEC	Emp	- % mothers who wash hands with soap before feeding and food preparation - % parents giving cold leftover food to child	
	<i>In collaboration with Health Programme, KAP sample survey to measure progress from 1998 baseline</i>	CB	- % households using safe water for drinking - % households with safe water storage practices - % parents who wash hands before eating/after defecation	
	KAP measurements in 12 PRA communities	CB	- School curricula has incorporated WES related hygiene issues - No. of PRAs implemented	DoSE Proj.docs

5. Increase by 20% the use of energy-saving cooking devices in 150 pilot communities (baseline 1998)	Sensitization of communities and stove promotion as part of activities above Training of local artisans in stove making by gender (50% women) Support to local production of stoves	Emp	- % households in target communities using improved stoves - No. of artisans trained by gender - No. stoves produced with project support	KAP above Proj.doc KAP above Proj.doc
<p>Evaluation activities: Baselines for KAP to be established in 1998 KAP survey <i>2002: KAP survey in target communities on health, hygiene, water use and storage, household stoves (with Health Programme)</i></p> <p>Indicators for objectives given in bold; activities in collaboration with other UNICEF-supported programmes/projects given in italics.</p>				

*MICS for end decade goals: 2002 (with other programmes);
Mid Term Review: 2001; end-cycle evaluation: 2003 (with other programmes)*

Country: The Gambia

Programme: Advocacy, Social Policy and Programme Development

Project: Advocacy

Project No.: 01

Coverage: Nation-wide

Target population: The Project will aim to reach approximately 10,000 people consisting of national, divisional, district and local representatives including women's groups, youth groups, PTAs, government officials/policy makers, law enforcement personnel, media practitioners, traditional leaders (seyfolu and alkalolu) and religious leaders.

Implementing Agencies: Policy Analysis Unit, Office of the President; Women's Bureau ; Dept. of Information

Cooperating Agencies: Departments of State for : Health, Social Welfare and Women's Affairs; Education; Youths; Community Development; Water Resources; African Centre for Democracy and Human Rights Studies, UNFPA, NGOs, Media Houses.

Funding Agency: UNICEF

Project Budget:

GR	US\$70,000
SF	US\$120,000
Total	US\$190,000

Government contribution: US\$30,000

1. Project overview

The advocacy project focuses on increasing selected groups' awareness of the two Conventions, training on child rights issues and support to the Government for appropriate harmonization and revision of legislation and reporting on child rights, as well as on allocation of resources in line with the 20/20 Initiative. UNICEF will seek the support of other partners and donors regarding specific child protection issues, which will be addressed by the programme once adequate resources are mobilized. An integrated communication plan has been developed which aims to maximize the effectiveness of all social mobilization and communication activities at community level, in selected school-based groups and at national level.

2. Project Objectives

As a supportive strategy, the Advocacy project aims to:

- ◆ Increase awareness and respect for children and women's rights among specific target groups;
- ◆ Promote the harmonisation of Gambian law with the CRC and CEDAW.
- ◆ Contribute to the fulfilment of the reporting, implementation and monitoring requirements of the CRC and CEDAW.

3. Monitoring and Evaluation

The Advocacy project will be monitored using the Integrated Monitoring and Evaluation plan (IMEP). There will also be quarterly and annual end of year reviews of activities to assess progress of project inputs and outputs and facilitate reorientation. A mid-term evaluation and review is foreseen in 2001. Evaluations of social mobilization will be included in sectoral evaluations of EPI, Bamako Initiative, Water and Sanitation and Education Programmes.

4. Project Management

The overall project will be guided and coordinated by the Policy Analysis Unit in collaboration with the Women's Bureau, the Department of Information and UNICEF. All the line departments for each sector will be closely linked to this project as advocacy and social mobilization is a cross cutting component of the Country Programme.

As in the past, UNICEF will liaise closely with the government and Non-Government institutions involved in Child Survival Protection and Development. The monitoring of all advocacy and social mobilisation activities will be an important linchpin in the attainment of synergism in the Country Programme delivery.

5. Advocacy Project Budget breakdown by components: (Thousands of US\$)

ADVOACY PROJECT	1999	2000	2001	2002	2003	TOTAL
Total General Resources	14	14	14	14	14	70
Total Supplementary Funding	24	24	24	24	24	120
Grand Total	38	38	38	38	38	190

*Note other communication activities are costed in Sectoral Programmes of WES, Health and Education and are in the Advocacy and Social Mobilisation segments of the respective

budgets.

PROJECT MONITORING PLAN, SOCIAL POLICY, PROGRAMME PLANNING, EVALUATION AND MONITORING

Objective	Activity	MDS	Indicator	Data sources
1. Ensure an effective and efficient planning, monitoring and evaluation of the Country Programme	Planning and coordination of Annual Reviews, Annual Reports, Mid-Term review and end-cycle Country Programme evaluation or review	CB	<ul style="list-style-type: none"> - % planned (IMEP) indicators measured and updated - % planned evaluations and studies implemented - % of planned PPA activities achieved - % of previous year's Annual review action points implemented. - % of projects where achievement of planned annual objectives is > 75% 	Annual and semestrial reviews, programme monitoring reports
	Annual preparation of PPAs (ProMS format) linked to 5-year IMEP through objectives, activities, indicators.	CB		
	IMEP update (semestrial)	CB		
	<ul style="list-style-type: none"> - Development of monitoring mechanisms with government counterparts - Tracking of monitoring indicators from all programmes; - Semestrial update of all IMEP indicators and evaluations/studies 	CB CB		
	Support to sectoral programmes in data collection, evaluations, studies and implementation of costing analysis activities as necessary	CB		
	Regular updates of Gambian Situation Analysis based on feedback from CRC Reporting process and other information sources	CB		
2. Strengthen national capacities for social planning and policies in areas affecting children and women	Support to government planning units and NGOs to improve routine and periodic information management systems	CB	Progress to be judged by availability of data according to a series of criteria: <ul style="list-style-type: none"> - availability of key indicators by sector; - date of most recent information available - availability at central level - availability at Divisional level (where applicable) - availability of data disaggregated by sex/ ethnic group 	Ministries responsible
	Selective support to relevant and periodic data collection efforts by government and others to obtain information on children and child rights	CB		
	Support to policy development in areas affecting social development and child rights	Adv		
	MICS for reporting on end-decade goals for children and women	CB/Adv /SD		
	<i>Other evaluations/studies: see other programmes</i>			
Evaluation activities: - <i>MICS for end decade goals: 2000 (with other programmes);</i> - <i>Mid Term Review: 2001;</i> - <i>end-cycle evaluation: 2003</i>				

Indicators for objectives given in bold; activities in collaboration with other UNICEF-supported programmes/projects given in italics. CB=capacity building; SD=service delivery; Emp= empowerment; Adv=advocacy.

Country: The Gambia

Programme: Advocacy, Social Policy and Programme Development

Project: **Social Policy, Planning, Monitoring and Evaluation**

Project No.: 02

Coverage: Nationwide

Target population: The project will directly support both UNICEF staff and programme planners, managers and policy makers through capacity building for monitoring and evaluation of the Country Programme. All children and women in the target group identified by the Health and Nutrition Programme, the Water, Environment and Sanitation Programme and the Education Programme will benefit from improvements in the planning, design and implementation of development efforts made possible by the data/information to be provided through this project.

Implementing agencies: Central Statistical Department, Policy Analysis Unit, Planning Units of the Department of State for Health, Social Welfare and Women's Affairs, State Department for Education, Department of Water Resources, Community Development, NGOs, the National Environment Agency and Medical Research Council

Cooperating agencies: UNDP, WHO, UNFPA and NGOs

Funding agency: UNICEF

Project budget:

GR	US\$111,000
SF	US\$130,000
Total	US\$241,000

Government contribution: **US\$46,000**

1. Project overview

The Social Policy, Programme Development, Monitoring and Evaluation project will support the Government in social sector planning, data collection and management and social policy analysis. The project will also ensure planning, monitoring and evaluation of the country programme using an integrated monitoring and evaluation plan that has been developed. This plan will be updated at mid-year and during annual programme reviews. A limited list of key indicators will be used for monitoring major activities and progress towards project objectives. Most of these indicators will use routine monitoring systems. Behavioural change indicators will be measured through knowledge, attitude and practice

surveys in the target communities. Baseline data already exist for a number of the selected indicators, and plans have been made to collect data for others. The education programme will implement an evaluation of the impact of teachers' training in 2001. Other evaluative events in the programme cycle include the mid-term review in 2001, a multiple-indicator cluster survey in 2000 to evaluate progress towards the goals of the World Summit for Children and an end-of-cycle programme evaluation in 2003.

2. Project Objectives

The objectives of the project are as follows:

- ◆ Ensure an effective and efficient planning, monitoring and evaluation of the Country Programme;
- ◆ Strengthen national capacities for social planning and policies in areas affecting children and women.

3. Monitoring and Evaluation

The Policy Analysis Unit (PAU) of the Office of the President, with the support of the Central Statistics Department (CSD) of the Department of State for Finance and Economic Affairs, will be responsible for the central coordination in monitoring and evaluation of the overall Country Programme. The PAU will facilitate the coordination amongst different programmes - the proposed "Sectoral Steering Committees" by collecting, compiling and analyzing the updated data/information of IMEP from the respective steering committees on a bi-annual basis. This will form the basis of the multi-sectoral mid-year reviews and annual reviews.

CSD will coordinate the respective planning units of the departments in the preparation and implementation of specific surveys and studies with the support of PAU and provide technical support if necessary (i.e MICS 2000, assessment of integrating disabled children in mainstream schools 2003). As for the sectoral surveys (i.e. Nutrition Surveillance, EPI Cluster Survey etc) where the individual departments are entirely responsible for the planning and implementation, survey reports should be shared with CSD for overall coordination and harmonization of data collection.

These studies and surveys will complement the routine monitoring. The results and recommendations will be disseminated in the mid-year reviews, annual reviews or mid-term review in a timely manner for effective re-orientation and planning of projects/programmes.

4. Project Management

The overall project will be guided by the Policy Analysis Unit in partnership with UNICEF. All the line departments for each sector will be closely linked to this project as Monitoring and Evaluation is a cross cutting component of the Country Programme.

PAU will be responsible for the monitoring and evaluation of the overall Country Programme while the three sectoral steering committees will be responsible for their respective programme monitoring and evaluation. They will be responsible to report the sectoral update of IMEP on a bi-annual basis to the PAU to form basis of the mid-year and annual reviews. The CSD and the Planning Units or relevant Units of the respective Departments will take the responsibility of implementing specific surveys and studies stated in the IMEP. The taskforce established for the purpose of these surveys and studies will directly report to CSD and PAU. As for the sectoral surveys and studies in which CSD has

no direct technical input, the steering committees will be responsible for sharing the results and findings to the CSD and the PAU.

The Project will collaborate/cooperate with other agencies such as UNDP, UNFPA, WHO etc, NGOs, Medical Research Council (MRC) and other government institutions i.e. Strategy for Poverty Alleviation Coordinating Office (SPACO), National Environment Agency (NEA).

5. Social Policy Planning, Monitoring and Evaluation Project Budget: Breakdown by components: (THOUSANDS OF US \$)

ACTIVITY	FUND	1999	2000	2001	2002	2003	TOTAL
Capacity Building	GR	15	11	7	7	6	46
	SF	10	10	10	10	10	50
Advocacy	GR	2	2	2	2	2	10
	SF	2	2	2	2	2	10
Planning, Monitoring & Evaluation	GR	9	9	9	9	9	45
	SF	14	14	14	14	14	70
Programme Support	GR	2	2	2	2	2	10
	SF	-	-	-	-	-	-
Total		54	50	46	46	45	241
General Resources		28	24	20	20	19	111
Supplementary Funding		26	26	26	26	26	130

PROJECT MONITORING PLAN, ADVOCACY

Objective	Activity	Multi-donor strat.	Indicator	Data sources
1. Increase awareness on Child Rights and CEDAW issues among specific target groups	Train key development partners and media practitioners on CRC/CEDAW	Adv	- No. of people trained/sensitized on CRC and CEDAW by target group - No. of media outputs (articles /broadcasts /programs) on CRC	Proj.docs Annual media analysis Proj.docs
	Support to public media agents in covering child rights and CEDAW issues and UNICEF-supported programme interventions	CB/Adv		
	Support participation of children and youth in the planning and implementation of promotional activities on their rights through special events, i.e. DAC	Adv		
2. Promote the harmonization of Gambian law with the CRC and CEDAW	Disseminate findings of the study on the conformity of Gambian law with the CRC	Adv	No. of revised/harmonized national legislations	
	Support review of national legislation to harmonize it with the provisions of the CRC and CEDAW	CB/Adv		
3. Contribute to fulfillment of the reporting, implementation and monitoring requirements of the CRC	Support to translation/dissemination of the CRC Report among policy makers and communities through media	Adv	- CRC Reports submitted to Geneva - No. of CRC Reports distributed: - in English - in local languages	Responsibility? Sit. Anal
	Support to preparation/analysis of Periodic Reports on CRC implementation	CB		
Evaluation activities: - <i>MICS for end decade goals: 2000 (with other programmes)</i> ; - <i>Mid Term Review: 2001</i> ; - <i>end-cycle evaluation: 2003</i>				

Indicators for objectives given in bold; activities in collaboration with other UNICEF-supported programmes/projects given in italics. CB =capacity building; SD=service delivery; Emp= empowerment; Adv=advocacy.