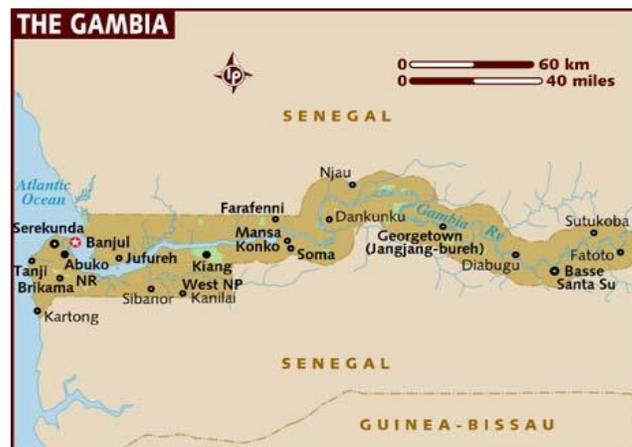




Country Programme Action Plan (2012 to 2016)

Between



The Government of The Gambia

And

The United Nations Population Fund

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Acronyms

ART	Antiretroviral Treatment
ASRH	Adolescent Sexual and Reproductive Health
AWARE-RH	Action for West Africa Region - Reproductive Health
AWP	Annual Work Plan
BAFROW	Foundation for Research on Women Health, Productivity and the Environment
CARMMA	Campaign on Accelerated Reduction of Maternal Mortality in Africa
CBO	Community Based Organization
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CP	Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPR	Contraceptive Prevalence Rate
CSO	Civil Society Organization
DHS	Demographic and Health Survey
EmONC	Emergency Obstetric and Neonatal Care
FACE	Fund Authorization and Certificate of Expenditures
FBO	Faith Based Organization
FP	Family Planning
FGM/C	Female Genital Mutilation/Cutting
GAMCOTRAP	Gambia Committee on Traditional Practices Affecting the Health of Women and Children
GBV	Gender Based Violence
GDP	Gross Domestic Product
GBoS	Gambia Bureau of Statistics
GFPA	Gambia Family Planning Association
GIS	Geographical Information System
GoTG	Government of The Gambia
HACT	Harmonized Cash Transfer
HIV&AIDS	Human Immune Virus/ Acquired Immune Deficiency Syndrome
ICPD	International Conference on Population and Development
ICT	Information and Communication Technology
IMIS	Integrated Management Information System
IPs	Implementing Partners
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MoBSE	Ministry of Basic and Secondary Education
MICS	Multi Indicator Cluster Survey
MISP	Minimum Initial Service Package
MMR	Maternal Mortality Ratio
MoFEA	Ministry of Finance and Economic Affairs
MoHSW	Ministry of Health and Social Welfare
MoYS	Ministry of Youth and Sports
NAS	National AIDS Secretariat
NGO	Non Governmental Organizations
NPPP	National Professional Programme Personnel
NPCS	National Population Commission Secretariat
NSDS	National Strategy for the Development of Statistics
OVP	Office of the Vice President
PAGE	Programme for Accelerated Growth and Employment
P&D	Population and Development
PMTCT	prevention of Mother to Child Transmission
POM	Programme Outcome Manager
POP/FLE	Population Family Life Education
PRSP	Poverty Reduction Strategy Paper
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
RHCS-SP	Reproductive Health Commodity Security – Strategic Plan
SRH	Sexual and Reproductive health
STI	Sexually Transmitted Infection
TOR	Terms of Reference
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNESCO	United Nations Education Science and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UNV	United Nation Volunteer
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

THE FRAMEWORK

In mutual agreement to the content of this document and their responsibilities in the implementation of the country programme, the Government of The Gambia (GoTG) (hereinafter referred to as the Government) and the United Nations Population Fund ((hereinafter referred to as UNFPA).

Furthering their mutual agreement and cooperation for the fulfilment of the Millennium Development Goals (MDGs) articulated in the Programme for Accelerated Growth and Employment (PAGE 2012-2015).

Building upon the experience gained and progress made during the implementation of the previous programme of cooperation (2007-2011);

Entering into a new period of cooperation, based on the 2012-2016 Country Programme;

Declaring that these responsibilities will be fulfilled in a spirit of friendly cooperation between the Government of The Gambia and the United Nations Population Fund.

Have agreed as follows:

PART 1: BASIS OF RELATIONSHIP

1. The legal basis for the relationship between the Government of The Gambia and the United Nations Population Fund (UNFPA) is governed by the Standard Basic Assistance Agreement signed by Government of The Gambia and UNDP- on 24th February 1975, which, *mutatis mutandi*, also holds true for UNFPA following decision 50/438 of the General Assembly dated 20th December 1995 and the institutional arrangements contained in the letter of the UNFPA Executive Director of 22nd February 1996 to the Department of State for Foreign Affairs of the Republic of The Gambia.

PART 2: SITUATION ANALYSIS

2. The population of The Gambia is estimated at 1.7 million in 2011 with a density of 158 persons per square kilometre. About half of the population live in the urban areas, due to population movements from rural, mainly for economic reasons. The average annual growth rate of the population is 2.7 per cent.
3. The total fertility rate is estimated at 5.4 children per woman. This rate remains higher in rural areas (5.9) than urban (4.5). The high fertility is partly due to low contraceptive prevalence (estimated at 17.6 per cent), socio-cultural barriers as well as high unmet need for family planning (estimated at 30 per cent). The population is characterized by a youthful age structure with 20.6 per cent of the population aged between 15-24 years.
4. Despite a Gross Domestic Product of \$881 Million in 2009 marking an average increase of 6 per cent between 2007 and 2009, the proportion of the population living below the poverty line remains high at 63 per cent of the population in 2007. This is an increase from 58 per cent in 2003. The human development index was 0.420 for 2011 ranking the country at 168 out of 182 countries in the world (Human Development Report, 2011).
5. Maternal mortality ratio remains high at 556 deaths per 100,000 live births (2006 fistula survey), this can be attributed to a host of factors including relatively limited access to skilled birth

attendance estimated at 62 per cent (2006 Multiple Cluster Indicator Survey), inadequate emergency obstetric care services, low contraceptive use and early marriages (49% of girls marry before the age of 18yrs).

6. The HIV-1 prevalence has been fluctuating with the prevalence ranging between 1.1 per cent (2005) and 1.6 per cent (2008). HIV-2 has recorded a steady decline from 1.0 per cent in 1993/5 to 0.4 per cent in 2008. The HIV/AIDS prevalence rate among 15-24 is 1.94 per cent (2008). This is above the national prevalence rate. A significant proportion of young people are sexually active (42 per cent). High risk sexual behaviour including low condom use among young people contributes to exposure to sexually transmitted infections and unwanted pregnancies. From 2008 to September 2011, the number of people living with the virus and on ARTs increased from 688 to 2,714. The increase in access to ARTs has been attributed to improvements in access to HIV prevention services including Voluntary Counselling and Testing (VCT), Prevention of mother-to-Child Transmission (PMTCT) and improved skills of service providers.
7. Gambian society is patriarchal characterized by male dominance in decision making with the existence of socio-cultural beliefs and practices that tend to exclude women and girls from active participation in many national development endeavours. These beliefs and practices have impeded the empowerment of women and girls. Representation of women is low in parliament with only four members amongst 49 men. Out of 18 cabinet members 6 are women. Harmful traditional practices that affect the health of women continue to be practiced: 78.3 per cent of women undergone FGM/C (MICS III, 2006) and 49 per cent of girls marry before the age of 18. These practices inhibit the realization of the full potentials of women and girls and their optimal participation is national development.
8. Programming for development in the Gambia is affected by unavailability of up to date disaggregated data. The periodic census and the MICS have been the main source of data (DHS has never been conducted in the Gambia).

PART 3: PAST COOPERATION AND LESSONS LEARNED

9. The sixth Country Programme (2007-2011) of UNFPA assistance to the Government focused mainly on strengthening national institutions to provide reproductive health information and services. The Programme strengthened partnerships and greater cooperation between Government and other partners to advance the agenda of the International Conference on Population and Development (ICPD) Programme of Action and progress towards achieving the Millennium Development Goals (MDGs). Partnership formed a key strategy for programme implementation.
10. In the area of Reproductive Health, the programme supported the strengthening of institutional and technical capacity for the provision of RH services as a result of which the 2012-2016 RHCS Strategic Plan was developed. The 2007-2011 National policy guidelines on HIV/AIDS and the 2007-2020 health policy frameworks were developed and are being implemented. The programme also supported the development of Guidelines and other RH tools for service provision. The programme supported the launching of the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA).
11. In this regard, the programme provided Medical equipment and other supplies to improve basic and comprehensive EmONC services. The institutionalization of maternal death audits has contributed to addressing delays and weaknesses in the provision of maternal health services.

Male involvement in maternal and child health issues contributed to increased utilization of reproductive health and family planning services.

12. The programme supported the integration of Adolescent Sexual and Reproductive Health (ASRH) and HIV information and services into youth-friendly Centres. This resulted to a wide dissemination of ASRH and HIV information through a network of 250 trained Peer Health Educators and 10 Peer Counsellors and the scaling up of VCT services among young people.
13. The Reproductive Health Commodity Security (RHCS) was strengthened. The programme provided 80 percent of the contraceptive needs of the country. This resulted in a significant decrease of stock out and an increase in the number of service delivery points offering condoms and other modern family planning methods.
14. The programme procured and distributed RH and dignity kits among flood victims in 2009 and 2010. In addition health workers and key stakeholders were trained to adequately implement the MISP and to mobilize resources for humanitarian response.
15. In the area of Population and Development, the programme supported the revision of the National Population Policy ensuring the incorporation of emerging population issues. In this regard, the revised Policy incorporated issues such as Sexually Transmitted Infections (STIs) including HIV/AIDs, Adolescent Reproductive Health, the Aged and Persons with Disability. These population issues have also been incorporated in the recent Health Policy, the Programme for Accelerated Growth and Employment (PAGE) and other sectoral documents. To complement national efforts aimed at building capacity in the area of integrating population issues in development planning, the Country Programme supported a Diploma in Population and Development course run by the University of The Gambia. Already about 16 students have graduated from the course and are working with partner institutions.
16. The Gambia Bureau of Statistics (GBoS) was supported to undertake preparatory activities for the 2013 Population and Housing Census. Capacity of the GBoS has been strengthened through provision of a GIS expert on technical assistance by UNFPA to provide much needed technical support in the census mapping exercise and the training of a census mapping team on the use of modern GIS techniques in census mapping. GBoS has also been provided with GIS mapping and ICT equipment and also vehicles to support the census mapping exercise and the subsequent population census count.
17. A functional National Database (GamInfo) was established in GBoS through a joint UNFPA/UNDP/UNICEF funded programme. GamInfo is serving as a platform for the dissemination and archiving of national indicators. The database is now web-based.
18. The programme strengthened Population and Family Life Education (POP/FLE) in both formal and non-formal institutions. Through support from the programme, teachers were trained on the teaching of the subject and POP/FLE books and teachers guide were produced and distributed in secondary schools. This contributed towards a significant decline in teenage pregnancies in schools.
19. In the area of Gender, the programme contributed to the institutionalisation of gender mainstreaming mechanisms in sectoral departments. As a result, gender issues were mainstreamed into the following key policies, programmes and national frameworks: Information and Communication Technology (ICT), Population, Agriculture, Trade and Employment, the Second Poverty Reduction Strategic Paper (PRSP II), the RH policy, the National Youth Policy and the United Nations Development Assistance Framework

(UNDAF). The Gender and Women Empowerment Policy 2010-2020 was developed and the “Women’s Bill” enacted.

20. Programme support in the area of FGM/C resulted in a public declaration of the abandonment of FGM/C by 534 communities. A multimedia approach was used in advocacy targeting key decision makers in the communities and Government which resulted in government developing a bill on GBV and the prohibition of FGM/C.
21. Lessons learned include: (a) the fragmentation of program resources limited the achievement of expected results; (b) High attrition rates among government personnel and inadequate project management capacity of IPs weakened national execution; c) limited updated reliable data has hampered the monitoring of progress in achieving programme objectives using a results-based approach; (d) the recognition that community-based structures are effective vehicles for social mobilization; (e) increased male involvement in maternal and child health issues through information, education and communication campaigns and open field days can lead to increased participation of men in RH related activities; (f) integrating maternal and new born health information and services into income generating activities economically empowers women and leads to healthy families; and (g) lack of adequate technical capacity in gender analysis and gender budgeting has affected the effectiveness of incorporation of gender concerns in national policies and programmes that promote gender equality and poverty reduction.

PART 4: PROPOSED PROGRAM

22. The Government of The Gambia, with support from UNFPA Country Office and participation of other UN agencies and civil society organizations (non-governmental organizations and community-based organizations), formulated the proposed program.
23. This program responds to the national priorities as reflected in Vision 2020, the Programme for Accelerated Growth and Employment (PAGE 2012-2015), and the United Nations Development Assistance Framework (UNDAF 2012-2016) in The Gambia. It has been aligned with the new direction of UNFPA revised strategic plan approved by the Executive Board in September 2011 and will contribute to the overall UNFPA goal; ‘to achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD agenda and MDG 5’.

Outcome 1: Population dynamics and its interlinkages with the needs of young people (including adolescents), SRH (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies.

24. This programme outcome is linked to the UNDAF Outcome 1 on poverty reduction and social protection: ‘A *functional donor coordination and national statistical system established for effective planning, monitoring, reporting and harmonisation of development interventions.*’ It will focus on improving national capacities for integration of SRH services (including family planning), issues of adolescents and young people and gender equality into national policies and development plans.

One output will contribute to achieving this outcome

- (1) Institutional and technical capacities strengthened to integrate population, sexual and reproductive health and gender concerns into national and sectoral policies and plans

Output 1: *Institutional and technical capacities strengthened to integrate population, sexual and reproductive health and gender concerns into national and sectoral policies and plans*

A strategy will be used to achieve this output:

25. The strategy is promoting policy dialogue for enhanced data use and better strategic positioning of population dynamics in national policies and plans. The key activity will be to build national capacity in the development and use of tools and guidelines to integrate population issues into sectoral and national plans and policies.

Outcome 2: *Increased access to and utilization of quality maternal and newborn health services*

26. This programme outcome is linked to UNDAF outcome 4: '*Increased equitable access and coverage of quality reproductive, maternal, newborn and child health services and improved response to the main diseases*'. It aims at raising awareness on and increasing availability and use of sexual and reproductive health (SRH), emergency obstetric and neonatal care and family planning services in targeted areas.
27. A strong partnership will be established among stakeholders to address maternal and newborn mortality as well as other SRH concerns. A rights-based approach will be adopted to ensure that all categories of people benefit from the services, particularly women living in the remote areas. Targeted health facilities will be strengthened and capacity of service providers reinforced to improve the availability and the use of RH services including family planning as well as to scale up HIV&AIDS prevention among young people in the target areas. UNFPA will continue to partner actively with civil society groups (community and faith-based organisations and other networks) to engage women, men and boys in increasing demand and promoting acceptance of maternal health, SRH/FP services as well as SRH/HIV prevention services for young people.

Three outputs will contribute to achieving this outcome:

- (2) Strengthened national capacity in the provision RH services including EmONC and family planning in the targeted areas;
- (3) Strengthened community based initiatives to improve maternal and newborn health;
- (4) Strengthened capacity to provide SRH and HIV prevention information and services to young people.

Output 2: *Strengthened national capacity in the provision RH services including EmONC and family planning in the targeted areas*

Two strategies have been identified to achieve this output.

28. The first strategy is strengthening the capacity of targeted health facilities to provide basic and comprehensive EmONC. The key activities will be: a) to conduct a national study on EmONC; and b) mobilize resources for EmONC training, equipment and supplies.
29. The second strategy for this output is repositioning FP and strengthening RHCS. The following activities will be implemented: a) support training of service providers on FP and Contraceptive Technology; b) procure RH Commodities, ensure their availability and

effective access as well as strengthen national capacity to manage the delivery of RH commodities; c) conduct meetings with policy makers to lobby for an increase of the national budget for RH commodities; and d) provide technical support for the RHCS committee for effective coordination of RHCS.

Output 3: *Strengthened community based initiatives to improve maternal and newborn health*

30. The strategy for this output is increasing community demand for SRH/FP information and services. The following activities will be supported: a) train community based workers in the provision of SRH/FP information and services; b) offer alternative means of livelihood to women as part of the women economic empowerment program to increase demand for antenatal care, family planning and deliveries in health facilities while improving referral from communities; c) engage men, faith-based organisations, traditional leaders and communities on the promotion of RH services and RH rights; and d) strengthen provision of FP services and information at community level.

Output 4: *Strengthened capacity to provide SRH and HIV prevention information and services to young people*

Three strategies will be used to achieve this output;

31. The first strategy is advocacy for revision of the national HIV/AIDS prevention strategy that would respond to young people's needs. The key activity is to facilitate partnership for the revision of the national HIV/AIDS prevention strategy in the context of UN joint programming.
32. The second strategy is strengthening condom programming and promoting SRH services including HIV counselling and testing. The key activities will be: a) advocacy for integration of ASRH information and services into health service package offered at health centres; b) support the training of youth networks on SRH&HIV information and services to include counselling and testing on HIV; c) support interventions on PMTCT of HIV infection in the context of UN joint programming.
33. The third strategy to achieve this output is strengthening capacity of youth service providers and networks in the provision of SRH and HIV information and services. The key activities will be: a) train youth networks and peer educators on the provision of SRH information and services including emergency contraception; b) support provision of free anonymous HIV testing services; and c) support the provision of youth friendly SRH services.

Outcome 5: *Gender equality and reproductive rights advanced, particularly through advocacy and implementation of laws and policies*

34. This programme outcome is linked to the UNDAF outcome 7: *'Improved Gender Equity, equality and women empowerment for social transformation and national development'*. It will contribute towards building national capacity to implement laws and policies that advance gender equality and reproductive rights, as well as addressing GBV in humanitarian settings as well as creating partnerships to address harmful traditional practices, including FGM/C. This outcome will also contribute towards the promotion of gender equality in the spirit of "One UN" commitments.

Two outputs will contribute to achieve this outcome:

- a) Strengthened capacity of national key institutions to coordinate, monitor and evaluate the implementation of national and international agreements to address gender inequality;
- b) Strengthened national capacity for addressing gender based violence (GBV) and the provision of services, including in humanitarian settings.

Output 5: Strengthened capacity of national key institutions to coordinate, monitor and evaluate the implementation of national and international agreements to address gender inequality

Three strategies will be used to achieve this output:

35. The first strategy is strengthening the capacity of Women's Bureau to coordinate and monitor the implementation of programmes addressing gender inequality. The key activity is to provide technical assistance on coordination, M&E and related areas.
36. The second strategy is strengthening the capacity of national institutions including civil society organizations in implementation, monitoring and evaluation of gender initiatives and related instruments. The following key activities will be supported: a) conduct training of trainers on Gender; b) create awareness on the existence and contents of international and national gender instruments.
37. The third strategy is advocacy for implementation of national and international instruments and policies on gender. The key activities will be: a) provide within the framework of the UN joint programme on gender support for development of the CEDAW, SODGEA, Beijing +20 national and shadow reports and for the review of the implementation of the Gender and Women Empowerment Policy (2010-2020).

Output 6: Strengthened national capacity for addressing gender based violence (GBV) and provision of services, including in humanitarian settings

Four strategies will be used to achieve this output:

38. The first strategy is strengthening capacity of government and civil society organizations on GBV prevention and management. The following key activities will be supported: a) provide support within the framework of UN joint programme for the development of a National Policy and Action Plan and bill on GBV, and b) the establishment of a National database on GBV in partnership with from Gambia Bureau of Statistics (GBoS).
39. The second strategy is advocacy for enactment and enforcement of a bill on GBV. The key activities will be: a) support advocacy for enactment and enforcement of bill on GBV; b) sensitize NAMs and faith-based leaders on the GBV Bill.
40. The third strategy is promoting social mobilization and innovative approaches towards the abandonment of FGM/C. The key activity will be to implement the 'Multimedia Modular package' to address FGM/C.
41. The fourth strategy is strengthening the capacity of partners in the implementation of the minimum initial service package (MISP); and the key activity will be to conduct training, implement and monitor MISP of RH in emergency situations.

Outcome 7: Improved data availability and analysis around population dynamics, SRH (including family planning) and gender equality

42. This programme outcome is linked to the UNDAF Outcome 1 on poverty reduction and social protection: *'A functional donor coordination and national statistical system established for effective planning, monitoring, reporting and harmonisation of development interventions.'* It will focus on improving national capacities for data analysis for evidence-based planning and programming around population issues and dynamics, young people (including adolescents), gender equality and SRH.

One output will contribute to achieve this outcome:

- c) Strengthened institutional and technical capacities to produce reliable and timely sex and age disaggregated data for development planning, monitoring and evaluation;

Output 7: Strengthened institutional and technical capacities to produce reliable and timely sex and age disaggregated data for development planning, monitoring and evaluation

Three strategies will be used to achieve this output:

43. The first strategy is partnering with UN agencies and other development partners to enhance the capacity of the Gambia Bureau of Statistics to produce, and disseminate sex and age disaggregated population data. The following key activities will be supported: a) provide technical support for conducting the 2012 DHS; b) provide technical support for conducting the 2013 Population and Housing Census.
44. The second strategy is exploring South-South cooperation for technical assistance to enhance national capacity. The key activity will be to seek technical assistance and best practices in the area of data processing and analysis within the South-South cooperation framework.
45. The third strategy is supporting resource mobilization and partnership for collection, analysis and dissemination of data. The key activities will be: a) support advocacy and conduct of government led donor meetings to mobilize resources for the 2013 population and housing census and 2012 DHS; b) support conduct of government led national partnership fora for the development of the National Strategy for the Development of Statistics (NSDS) within the context of UN joint program on statistical development; c) partner with other UN agencies to update the GamInfo database.

V. PARTNERSHIP STRATEGY

46. The key instruments that will be used in the partnership strategy are the MDGs, the ICPD Programme of Action, UNDAF and the PAGE. UNFPA has consistently emphasized partnerships as a core strategy for operationalising the Country Programme support thereby leveraging and maximizing the use of resources. Accordingly, UNFPA has over the years built strategic partnerships and alliances with government, NGOs, civil society, UN agencies, multi and bilateral organisations and other development agencies towards national capacity building. In addition, UNFPA will build strategic alliance and partnership with various networks including faith-based and community leaders, media, youth, traditional communicators, parliamentarians and community-based women associations. The country programme partnership strategy takes into account the three UNDAF outcomes, and the four

UNFPA CPAP outcomes. The implementation of the proposed programme will build on and expand these partnerships to engage a wider network of stakeholders at various levels.

47. Within the UN reform and the implementation of UNDAF, UNFPA will collaborate with UN agencies to further establish complementarities and synergy by mobilising and jointly allocating resources, providing technical assistance, building alliances and setting up mechanisms for monitoring the implementation of the UNDAF. Partnership with UN agencies will be based on joint programmes in specific areas already agreed upon in the UNDAF. They include maternal and child health, Gender and HIV&AIDS, data for development and humanitarian response. UNFPA will also collaborate with other UN agencies in the assessment of the capacities of potential implementing partners as part of the harmonised cash transfer (HACT) micro assessment. The results of the micro assessment will serve as a basis for selecting the IPs for the implementation of the 7th country programme.
48. At the national level, the main government partners will be: Government of The Gambia (Ministry of Health and Social Welfare, Women's Bureau, the Gambia Bureau of Statistics and the National Population Commission Secretariat (NPCS)).
49. At the local and community levels, relevant partners including NGOs will be selected to implement field activities based on their comparative advantages. Partnership with NGOs, civil society, faith-based, community leaders and various networks will contribute to enhancing the acceptance and the use of SRH services including FP and to the advancement of gender equality and equity.
50. UNFPA will strengthen South-South cooperation to facilitate the exchange of knowledge and lessons learned and build national capacity for effective implementation of the programme.

VI. PROGRAMME MANAGEMENT

Execution/Implementation Arrangements

51. National execution will be the preferred modality for the implementation of the programme. However, direct execution by UNFPA will be used as and when required. The Programme will be implemented through strengthened HACT modalities. UNVs, consultants and national experts will help to strengthen capacity in programme management, operations, coordination, implementation, monitoring and evaluation.
52. Implementing agencies will prepare and submit Annual Work Plans (AWPs) for approval by UNFPA. The LOUs will form the agreement between UNFPA and implementing agencies.
53. All cash transfers to an Implementing Partner are based on the Annual Work Plans (AWPs) agreed between an Implementing Partner and UNFPA. Cash transfers for activities detailed in the AWP may be made by UNFPA using the following modalities: (i) Cash transferred directly to the Implementing Partner, (ii) Reimbursement after activities have been completed; (iii) direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; (iv) direct UNFPA implementation or payments to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners.
54. Direct cash transfers shall be requested and released for programme implementation periods not exceeding 3 (three) months. Reimbursement of previously authorised expenditures shall be

requested and released quarterly or after the completion of activities. UNFPA shall not be obligated to reimburse expenditures made by Implementing Partners over and above the authorised amounts. Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNFPA, or refunded.

55. Cash transfer modalities, the size and frequency of disbursements, and the scope and frequency of assurance activities may depend on the findings of the micro assessment of the capacity of the Implementing Partners that has already been initiated within the framework of HACT by UNDP, UNFPA, UNICEF and WFP while results are awaited.
56. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting as well as on-site financial reviews, and audits.
57. The seventh Country Programme will be implemented by a number of government ministries, departments and agencies, Non-Governmental, community based, and civil society organizations. The criteria for selecting implementing agencies will be based on their sound management systems, including financial management, institutional and technical capacities, past experience in implementing related activities, comparative advantage and potential to contribute to the country programme outcomes and outputs.

Programme Coordination

58. To achieve efficiency in programme delivery, the National Population Commission Secretariat (NPCS) at the Office of The Vice President will coordinate the implementation of the program in collaboration with the Programme Outcome Managers (Ministry of Health and Social Welfare, the Gambia Bureau of Statistics and the Women's Bureau). This coordination will be supported by the provision of technical assistance from United Nations Volunteers, consultants and national experts in the areas of management, Population and Development.
59. A Technical Working Group comprising Programme Outcome Managers and representatives of implementing partners will meet quarterly to assess progress in programme implementation and make recommendations for the improvement of programme performance. In addition, outcome managers will convene quarterly review meetings.

Resource Mobilization

60. UNFPA will support Government efforts to secure additional resources for the implementation of the Country Programme. In this context UNFPA will develop a resource mobilization plan that will serve as a resource mobilization tool. The Government counterpart contribution to the implementation of the programme is expected as UNFPA fills the gap on Government priority programmes.

Human Resource

61. The Gambia Country Office consists of a Country Director based in Dakar, Senegal; an Assistant Representative; three National Programme Officers and support staff. In order to strengthen the management and the implementation of the programme, UNFPA will recruit additional staff including a UNV management specialist, National Project Professional Persons, finance/admin staff and consultants to support programme implementation. The

UNFPA regional offices in South Africa and Senegal as well as UNFPA headquarters will also provide technical support as and when needed.

VII. MONITORING AND EVALUATION

62. Implementing Partners agree to cooperate with UNFPA for monitoring all program activities and will facilitate access to relevant financial records and personnel responsible for financial management. To that effect, implementing partners agree to the following: (1) Periodic on-site reviews and spot checks of their financial records by UNFPA or its representatives; (2) Programmatic monitoring of activities following UNFPA's standards and guidance for the site visits and field monitoring; (3) Special or scheduled audits.
63. To facilitate assurance activities, implementing partners and UNFPA may agree to use a programme monitoring and financial control tool allowing data sharing and analysis. Annual planning meetings will be conducted to develop annual work plans. Quarterly and annual monitoring visits by outcome area will be institutionalized in the 7th Country Programme. Findings from these monitoring visits will be documented and reviewed during the technical working group meetings (referred to in paragraph 60) and annual reviews. The findings will also help to improve programme performance and to inform future programme planning. Quarterly progress reports will be used as basis for the annual review of the programme implementation.
64. The country programme will be reviewed annually and mid-way in 2014 to assess progress towards achieving expected results and also to make recommendations to improve programme performance. A final evaluation will be conducted in the fourth year of the programme to assess achievement of expected results and lessons learned which will be used to guide the formulation of the new country programme.
65. Annual audits of the implementing partners will be conducted in accordance with an annual audit plan prepared by UNFPA Headquarters on the basis of established criteria. UNFPA will select an audit firm to conduct annual audits of implementing partners in line with UNFPA new policies. Periodic monitoring of the implementation of audit recommendations will contribute to improved programme financial management.
66. The Supreme Audit Institution may undertake the annual audits of Government Implementing Partners in accordance with the audit TOR provided by UNFPA HQ. If the SAI chooses not to undertake the audits of specific Implementing Partners to the frequency and scope required by UNFPA, UNFPA will commission the audits to be undertaken by private sector audit services.
67. Assessments and audits of non-Government Implementing Partners will be conducted in accordance with the policies and procedures of UNFPA.
68. As recommended in the sixth Country Programme evaluation, the joint monitoring programmes will be strengthened to assess progress made towards the targets set in the country programme.
69. The capacities of implementing partners will be enhanced during the seventh Country Programme through the training of counterparts on RBM, Programme and Financial Management and in areas related to the three programme outcome areas targeted by the Country Programme.

VIII. COMMITMENTS OF THE UNFPA

70. UNFPA will commit an amount of US\$ 5.2 million from regular resources covering the period 2012-2016, subject to the availability of funds to implement the activities stated in the CPAP. UNFPA will also support the Government to mobilize an additional US\$ 1 million per year through co-financing modalities and/or other sources, subject to donor interest, to meet financial requirements for the realization of the CPAP in line with the resource mobilisation strategy. The release of such funds will be in accordance with the agreed cash transfer modalities.
71. In case of direct cash transfer or reimbursement, UNFPA shall notify the Implementing Partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner.
72. In case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners, UNFPA shall proceed with the payment as scheduled.
73. Where more than one UN agency provides cash to the same IP, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with both Agencies.

IX. COMMITMENTS OF THE GOVERNMENT

74. The Government of The Gambia is committed to support the implementation of the 7th country programme. In this context the Government will support UNFPA resource mobilisation efforts to meet additional financial needs of the country programme as identified in the course of programme implementation. In addition, Government is committed to provide its counterpart contribution for the implementation of the programme covering the period 2012-2016.
75. The Government is committed to organize periodic programme reviews, planning meetings and other relevant meetings as appropriate and to facilitate coordination as well as the participation of donors, UN agencies, civil society including NGOs.
76. Within the framework of the implementation of the standard basic agreement, the Government will provide office space, national counterpart personnel and other necessary contribution to the programme. Furthermore, the Government will provide duty free exemption on UNFPA assets including furniture, equipment, medical supplies, RH products and other items acquired exclusively to be used by UNFPA Country Office and the UNFPA funded programme.
77. The Government will honour its commitment in accordance with the provisions of utilization of cash received. A standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the Annual Work Plan (AWP), will be used by Implementing Partners to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure. The Implementing Partners will use the FACE to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s) authorized to provide the account details, request and

certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner.

78. Cash transferred to Implementing Partners should be spent for the purpose of activities as agreed in the AWP only.
79. Cash received by the Government and national NGO Implementing Partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the AWP, and ensuring that reports on the full utilization of all cash received quarterly are submitted to UNFPA within ten days as of the end of the quarter. Annual reports shall be submitted at the end of each year. Where any of the national regulations, policies and procedures are not consistent with international standards, UNFPA's regulations, policies and procedures will apply.
80. To facilitate scheduled and special audits, each Implementing Partner receiving cash from UNFPA will provide UNFPA with timely access to: (i) all financial records which establish the transactional record of the cash transfers provided by UNFPA; and (ii) all relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.
81. The findings of each audit will be reported to the Implementing Partner and UNFPA. Each Implementing Partner will furthermore receive and review the audit report issued by the auditors; provide a timely statement of the acceptance or rejection of any audit recommendation to UNFPA; undertake timely actions to address the final audit recommendations; report on the actions taken to implement accepted recommendations to UNFPA on a quarterly basis.

X. OTHER PROVISIONS

82. This CPAP supersedes any previous signed Country Programme Action Plan between the Government of The Gambia and the United Nations Population Fund, and may be modified by mutual consent of both parties based on the recommendations of review meetings and the mid-term review of the programme. Nothing in this CPAP shall in any way be construed to waive the protection of UNFPA- Gambia, accorded by the contents and substance of the United Nations Convention on Privileges and Immunities to which the Government of The Gambia is signatory.

83. IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Country

Programme Action Plan on this day----- in Banjul, The Gambia

For the Government of The Gambia:

Name: **Dr. Njogou L. Bah**

Title: Secretary General and Head of the Civil Service

Signature_____

For the United Nations Population Fund:

Name: **Rose Gakuba**

Title: UNFPA Country Director

Signature_____

	3. Strengthened community based initiatives to improve maternal and newborn health	<p>Number of regions supported and covered by community based RH package service provision Baseline:0 region Target:2 regions</p> <p>Number of women referred to health facilities for RH information and services Baseline: 0 Target: 500</p> <p>Number of community based workers trained in provision of SRH/FP Baseline: 466 Target: 700</p>	RHC Unit (MoH) BAFROW	Regular Resources					
				149,000	149,000	159,000	159,000	159,000	775,000
				Other Resources					
				200,000	165,000	165,000	165,000	165,000	860,000
	4. Strengthened capacity to provide SRH and HIV prevention information and services to young people	<p>Revised HIV&AIDS prevention strategy reflecting young people needs Baseline: 0 guideline Target: 1 guideline</p> <p>Standardized guidelines on youth friendly services Baseline: 0 standardize guideline Target: 1 standardized guideline</p> <p>Number of youth friendly centres providing comprehensive SRH and HIV prevention information and services Baseline: 0 youth centre Target: 1 youth centre</p>	RHC Unit (MoH) Gambia Family Planning Association (GFPA)	Regular Resources					
				115,000	85,000	85,000	85,000	85,000	460,000
				Other Resources					
				65,000	65,000	65,000	65,000	65,000	325,000
Strategic Plan Outcome 5 : Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policies									
UNDAF Outcome (Extract from UNDAF)	Country programme output	Output indicators	Implementing Partners	Indicative resources by output (per annum, USD)					
				Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total
<i>Improved gender equity, equality and women empowerment for social transformation and national development</i>	5. Strengthened capacity of national key institutions to coordinate, monitor and evaluate the implementation of national and international agreements to	<p>Number of government institutions with capacity to address gender inequality Baseline: 4 institutions Target: 5 institutions</p> <p>National and NGO shadow reports on CEDAW, SODGEA, Baseline: 0 report Target: 1 report each</p>	Women's Bureau (OVP)	Regular Resources					
				119,000	112,000	112,000	112,000	112,000	567,000
				Other Resources					

	address gender inequality	Number of supported gender responsive policies implemented Baseline: 1 Target: 3		9,300	23,800	23,800	23,800	23,800	104,500
	6. Strengthened national capacity for addressing gender – based violence (GBV) and provision of services, including in humanitarian settings.	A National Policy, law, Action plan and data base on GBV in place Baseline: 0 national policy and Action Plan Target: 4 national policy and Action Plans Number of communities abandoning FGM/C Baseline: 564 communities abandoning FGM/C Target: 800 communities abandoning FGM/C Number of institutions with capacity to provide MISP services to GBV survivors baseline: 0 institutions target: 2 institutions	Women's Bureau (OVP) BAFROW GAMCOTRAP	Regular Resources					
25,000				37,000	50,000	50,000	50,000	212,000	
Other Resources									
				139,500	125,000	125,000	125,000	125,000	639,500

Strategic Plan Outcome 7: Improved data availability and analysis around population dynamics, SRH (including family planning) and gender equality

UNDAF Outcome (Extract from UNDAF)	Country programme output	Output indicators	Implementing Partners	Indicative resources by output (per annum, USUSD)					
				Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total
<i>A functional donor coordination and national statistical system established for effective planning, monitoring, reporting and harmonisation of development interventions</i>	7. Strengthened institutional and technical capacities to produce reliable and timely sex and age disaggregated data for development planning, monitoring and evaluation	Number of thematic reports generated from the Census, Demographic and Health Survey (DHS) and the health management information system (HMIS). Baseline: 0 report Target: 16 reports Existence of a National Strategy for the Development of Statistics (NSDS) Baseline: 0 Strategy for the Development of Statistics Target: 1 Strategy for the Development of Statistics	Gambia Bureau of Statistics (GBoS)- MoFEA	Regular Resources					
				390,500	390,500	192,500	160,500	260,500	1,594,500
				Other Resources					
				400,000	400,000	400,000	400,000	400,000	2,000,000

ANNEX 2: REVISED DEVELOPMENT RESULTS FRAMEWORK

Country: *The Gambia*

CP Cycle: 2012-2016

Goal: To achieve universal access to sexual and reproductive health (including family planning), promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD agenda and MDG 5 (A & B)							
Strategic plan Outcome 1: : Population dynamics and its interlinkages with the needs of young people (including adolescents), SRH (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies.							
Key indicator(s)							
Number of national and local plans and strategies that have incorporated populations issues Baseline: 2 (2011)							
Output(s)	Indicator(s)	2011 baseline	2012 target	2013 target	2014 target	2015 Target	2016 Target
1. Institutional and technical capacities strengthened to integrate population, sexual and reproductive health and gender concerns into national and sectoral policies and plans.	Number of policies and plans that integrate population issues	0	0	1 (25%)	2 (50%)	3 (75%)	4 (100%)
	Guideline for integrating population issues in national plans and policies.	0	0	1 (100%)	1 (100%)	1 (100%)	1 (100%)
Strategic plan Outcome 2: Increased access to and utilization of quality maternal and newborn health services							
Key indicator(s)							
Maternal mortality ratio Baseline: 556 (2011)							
Births attended by skilled health personnel Baseline: 62% (2011)							
Contraceptive prevalence rate (CPR) Baseline: 13.15% (2011)							
Output(s)	Indicator(s)	2011 baseline	2012 target	2013 target	2014 target	2015 Target	2016 Target
2. Strengthened national capacity in the provision RH services including EmONC and family planning in the targeted areas	Number of health facilities offering basic EmONC,	0	0	2 (33%)	4 (66%)	6 (100%)	6 (100%)
	Number of health facilities offering comprehensive EmONC,	1 (50%)	1 (50%)	2 (100%)	2 (100%)	2 (100%)	2 (100%)
	Percentage of health facilities without stock out of at least 4 modern methods of FP commodities in the last 6 months	20%	35%	50%	70%	80%	80%
	Number of personnel trained in basic EMOC	246	24	50	50	30	400
	Updated EMOC study available	0	1 (100%)	1 (100%)	1 (100%)	1 (100%)	1 (100%)
3. Strengthened community based initiatives to improve maternal and newborn health	Number of regions supported and covered by community based RH package service provision	0	1 (50%)	2 (100%)	2 (100%)	2 (100%)	2 (100%)
	Number of community based workers trained in provision of SRH/FP	466	24	80	90	40	
	Number of women referred to health facilities for RH information and services	0	80 (16%)	200 (40%)	480 (96%)	500 (100%)	500 (100%)

4. Strengthened capacity to provide SRH and HIV prevention information and services to young people	Revised HIV&AIDS prevention strategy reflecting young people needs (Joint programme)	0	0	1 (100%)	1 (100%)	1 (100%)	1 (100%)
	Standardized guidelines on youth friendly services (Joint programme)	0	1 (100%)	1 (100%)	1 (100%)	1 (100%)	1 (100%)
	Number of youth friendly centres providing comprehensive SRH and HIV prevention information and services	0	0	1 (100%)	1 (100%)	1 (100%)	1 (100%)

Strategic plan Outcome 5: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy

Key indicator(s)

Relevant laws, policies and programs promoting the empowerment of women and girls
Baseline: 1 (2011)

FGM/C prevalence rate
Baseline: 78.3% (2011)

Percentage of girls married before the age of 18
Baseline: 49% (2011)

Output(s)	Indicator(s)	2011 baseline	2012 target	2013 target	2014 target	2015 Target	2016 target
5. Strengthened capacity of national key institutions to coordinate, monitor and evaluate the implementation of national and international agreements to address gender inequality	Number of government institutions with capacity to address gender inequality	4 (66%)	4 (66%)	5 (100%)	5 (100%)	5 (100%)	6 (100%)
	National and NGO shadow reports on CEDAW, SODGEA, Beijing + 20 reports supported (one each)	0	0	0	1 (100%)	1 (100%)	3 (100%)
	Number of supported gender responsive policies implemented	1 (33%)	1 (33%)	2 (66%)	3 (100%)	3 (100%)	4 (100%)
6. Strengthened national capacity for addressing gender –based violence (GBV) and provision of services, including in humanitarian settings.	A National Policy, law, Action plan and data base on GBV in place	0	1 (25%)	2 (50%)	3 (75%)	4 (100%)	4 (100%)
	Number of communities abandoning FGM/C	564 (71%)	633 (79%)	692 (86%)	751 (94%)	800 (100%)	800 (100%)
	Number of institutions supported to provide services to GBV survivors (MISP)	0	1 (50%)	1 (50%)	2 (100%)	2 (100%)	2 (100%)

Strategic plan outcome7: Improved data availability and analysis around population dynamics, SRH (including family planning) and gender equality

Key indicator(s)

Data from DHS and 2013 Census available
Baseline: 0 (2011)

Number of national and local plans and strategies that have incorporated populations issues
Baseline: 2 (2011)

Output(s)	Indicator(s)	2011 baseline	2012 target	2013 target	2014 Target	2015 Target	2016 Target
7. Strengthened institutional and technical capacities to produce reliable and timely sex and age disaggregated data for development planning, monitoring and evaluation.	Number of thematic reports generated from the Census, Demographic and Health Survey (DHS) and the health management information system (HMIS).	0	0	1 (DHS) (6%)	2 (Census+DHS) (12%)	16 (100%)	16 (100%)
	Existence of a National Strategy for the Development of Statistics (NSDS)	0	0	1 (100%)	1 (100%)	1 (100%)	1 (100%)

ANNEX 3: THE CPAP PLANNING AND TRACKING TOOLS

Country: *The Gambia*

CP Cycle: 2012-2016

	BUDGET (USD) EXPECTED RESULTS	MONITORING AND EVALUATION ACTIVITIES CALENDAR										STRATEGIC AND OPERATIONAL PARTNERSHIP		OBSERVATIONS		
		2012		2013		2014		2015		2016		GVT	UN/MULTI&BILATERAL			
		1 st half	2 nd half	1 st half	2 nd half	1 st half	2 nd half	1 st half	2 nd half	1 st half	2 nd half					
M&E ACTIVITIES	SURVEYS / STUDIES															
	Situation analysis on Maternal and Newborn care (EmONC) in targeted areas. Focus: Maternal and Newborn care (EmONC)	x												MOH (RCH UNIT),	UNICEF, WHO	
	DHS Survey Focus: Demographic & Health Data, maternal mortality		x											GBoS, MOH	UNDP, UNICEF, WHO	
	2013 Population and housing census				x									GBoS	UNDP, WB	
	2013 Population and housing census data analysis and report writing					x	x							GBoS	UNDP, WB	
	2013 Census population projections							x	x					GBoS	UNDP, WB	
	MONITORING SYSTEMS															
	Joint monitoring and supervision of field activities Focus: Maternal and newborn care, HIV&AIDS, gender equality and reproductive rights, and data availability	x	x	x	x	x	x	x	x	x				NPCS, POMs	UNICEF, WHO, UNDP	
	Joint monitoring and supervision of field activities Focus: Maternal and newborn care, HIV&AIDS, gender equality and reproductive rights, and data availability	x	x	x	x	x	x	x	x	x				NPCS, POMs	UNICEF, WHO, UNDP	
	Joint monitoring and supervision of field activities Focus: Maternal and newborn care, HIV&AIDS, gender equality and reproductive rights, and data availability	x	x	x	x	x	x	x	x	x				NPCS, POMs	UNICEF, WHO, UNDP	
	Joint monitoring and supervision of field activities Focus: Maternal and newborn care, HIV&AIDS, gender equality and reproductive rights, and data availability	x	x	x	x	x	x	x	x	x				NPCS, POMs	UNICEF, WHO, UNDP	
	EVALUATIONS															
	Mid-term Programme Evaluation							x						NPCS, POMs	UNICEF, WHO, UNDP	
	End of Programme Evaluation										x			NPCS, POMs	UNICEF, WHO, UNDP	
	REVIEWS															
	Quarterly review per program outcomes Focus: Maternal and newborn care, HIV&AIDS, gender equality and reproductive rights, and data availability	x	x	x	x	x	x	x	x	x	x	x		NPCS, POMs	UNICEF, WHO, UNDP	
	Annual program review and planning		x		x		x		x		x			NPCS, POMs	UNICEF, WHO, UNDP	

