

The Gambia

Country Overview

1. Country Context

The Gambia is located on the West African coast and extends about 400 km inland, with a population density of 128 persons per square kilometre. The width of the country varies from 24 to 28 kilometres and has a land area of 10,689 square kilometres. It is bordered on the North, South and East by the Republic of Senegal and on the West by the Atlantic Ocean. The country has a tropical climate characterized by two seasons: rainy season (June – October) and dry season (November-May).

Politically, with the dawn of a new regime under President Adama Barrow, The Gambia has been undergoing a period of consolidating the significant changes that happened in 2017. The signing of the National Development Plan (2018 – 2021) was a significant step in the government articulating the development priorities and the road map for Sustainable Development Goal attainment.

The Gambia's population is estimated at 1,882,450 million inhabitants, with an annual population growth rate of 3.3% (GBoS, 2013). The fertility rate is 5.6% while the population under the age 15 years comprise of 40.9%. Its high population growth rate (153 persons per square kilometre) has been recognized as one of the constraints of the country's development. The current rate of illiteracy among adults is 62.2%. Urban inhabitants make up 57.3% of the population, while rural inhabitants account for the remaining 42.7%.

61.2% of the population lives below the poverty line with a marked variation between urban and rural populations. About 60% of the population lives in the rural area; and women constitute 50.5% of the total population. The high fertility level of 5.6 births per woman (GDHS 2013) has resulted in a very youthful population structure. The annual population growth rate is 3.3% (GDHS 2013).

The Gambia is classified as a low-income economy country, with Gross Domestic Product of \$3.362 billion (2014 est.); per capita: \$1,700 (2014 est.), Real growth rate: 7.4%,

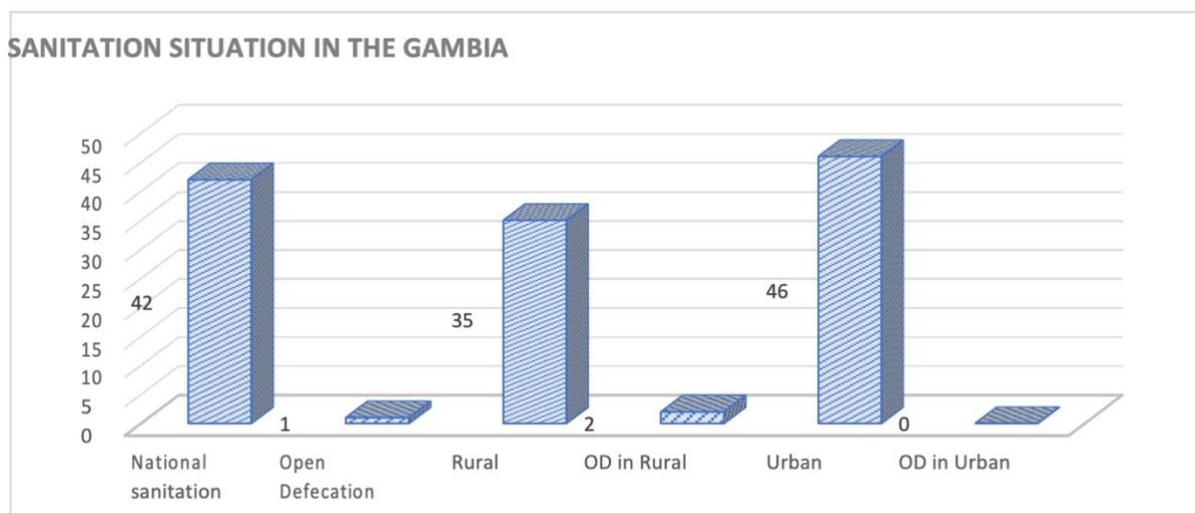
Inflation rate of 5.6%, Arable land rate of 43.48%, Agriculture is predominantly rice, millet, sorghum, peanuts, corn, sesame, cassava, palm kernels, cattle, sheep, goats and labour force (The Demographics profile of the Gambia, 2018/ www.indexmundi.gambia).

2. SDGs and the water, sanitation and hygiene sector

Guided by the NDP, the WASH sector has a vision of increasing population with access safe drinking water from 89.6% to 100%, improve sanitation facilities from 64.9% to 75% (NDP 2018-2021) and to achieve 100% ODF status by 2021 however, due to the Covid-19 pandemic the said target could not be attained.

Water: The Gambia has made tremendous progress in improving the proportion of people using improved water sources for drinking. According to the 2021 Joint Monitoring Program on Water and Sanitation (JMP), 81% of the overall population in The Gambia are using improved water source for drinking compared to 79% in 2015.

Sanitation and hygiene: The sanitation and hygiene subsector has made some progress in improving access to basic sanitation and hygiene. From the NDP 64.9% of the population has access to improved sanitation and 1% of the population still practicing open defecation (JMP 2021). However, the country is still below the SDG targets with 42% of the population having access to basic level of sanitation (JMP 2021). Less than one-third (30.3%) of households are practicing proper hand-washing as indicated in the NDP (2018 – 2021).



UNICEF/WHO 2021-JMP 2021

Strategic direction: Between 2018 and 2021, The Gambia was focus on building institutional and human resource capacity for increasing WASH services to the unserved

and maintaining existing services; create and track specific budgets for sanitation; improve monitoring and establish national WASH Management Information Systems; scale-up community based sanitation programs in priority districts for elimination of open defecation, improve WASH in schools, Menstrual Health Hygiene Management, health and nutrition and encourage multi-stakeholder participation in decision making around WASH, through consultation with users and regular reviews.

3. Collaborative behaviours, building blocks and guiding principles

In line with the SWA collaborative behaviours, a strong emphasis to strengthen Government systems has been the core priority of all stakeholders in the Gambia. Planning, implementation,

monitoring and evaluation of WASH programs in the country are channeled and led by Government structures both at National, Regional and community level through a participatory process and working together with development partners in the sector.

Ministry of Fisheries and Water Resources to continue providing leadership in the national coordination of the water sector and provide a platform for sector partners to engage in dialogue to maximize synergies by leading the process of policy development, review, holding regular meetings and joint participatory monitoring visits for knowledge management, sharing of lessons and challenges.

One principal accountable institution, which is the Ministry of Health, takes clear leadership of the national sanitation portfolio, and established a coordinating body (**Directorate of Public Health Services**) with specific responsibility for sanitation and hygiene which takes the lead in development and review of sanitation and hygiene related policies and guidelines. The sector focus is on strengthening advocacy for WASH in general to achieve its SDG targets.

With regards to capacity development, The Gambia government continues to enhance its institutional and human resource capacity, assessment of capacity needs is being conducted in a collaboratively manner and where trainings are required, these are done because capacity gaps have been identified by Global Analysis and Assessment of Sanitation and Drinking Water (GLAAS) surveys as major challenges to the sector. Plans are underway for the Ministry of Health to work with the School of Public Health and Community Health Nurse to integrate Community Led Total Sanitation (CLTS) and hygiene promotion training into the package for health extension workers.

Institutional Arrangement/WASH Partnership

In strengthening institution arrangements in WASH partnership in service delivery requires participation of stakeholders in implementation, coordination, monitoring and evaluation of WASH services in communities and institutions. This further led to the formation of National and Regional Water Sanitation and Hygiene Technical Working Group (NTWG/RTWG), which comprise of Government Ministries, NGOs, Civil Society Organization (Gambia Red Cross Society, National Youth Council), Parastatals, Peace Corps, Private sectors and UN partners with other International organization such as, UNICEF, WHO, ADB, JICA for effective service delivery and sharing of information on periodic basis.

The Program is implemented by a large number of partners led by the Ministries of Health, Fisheries and Water Resources in collaboration with the Ministry of Education, Department of Community Development– Regional Administration and Local Government Areas remain to accelerate institutionalization of services in the largely unplanned fast-growing small townships in the country due to rural-urban migration and to strengthen the institutional set up for water, sanitation and hygiene promotion at all levels.

4. Eliminating inequalities

Achieving SDG 6 for the general population and for the most marginalized, poorest and vulnerable groups remain a big challenge for the Gambia government. According to NDP 2018 - 2021, significant disparities exist in access, especially to sanitation between rural (63.6%) and urban (91.1 %). Basse Local Government Area has the least rates with only 39.7% of the population using improved sanitation. Open defecation among household is higher in Local Government Areas (LGA) of Central River Region. Even in drinking water, there are still some serious service gaps between urban areas (74%) and rural areas (26%). Within the urban setting there are inequities between settlements due to rapid population growth and limited capacity of the National Water and Electricity Company (NAWEC) to expand water networks to reach all the settlements.

Due to its geographical and topography, The Gambia continues to face wide inequalities with riverine communities and extremely poor households lagging behind the service ladders for both water and sanitation compared to their urban counter parts. Construction of latrines in riverine communities is almost impossible due to high water tables and with limited appropriate technology options, sustaining ODF achievements is a huge task both for government and households.

To address these inequalities, the sector is shifting its focus to areas that are still lagging behind such as urban areas, riverine communities, public places such as markets and river crossings, schools and health care facilities. GIS mapping of WASH facilities at Public/Institutions and communities was conducted to determine the last mile households and public places/institutions practicing Open Defecation. Findings of this survey have been validated by the WASH stakeholders both at National and Regional level, a guideline for WASH in health care facilities (HCFs) has been developed to guide provision of WASH in HCFs, assessment and development of a strategy for WASH in urban areas has been validated and innovation of appropriate technology options to address challenges hindering achievement of national ODF status are all geared towards eliminating inequalities.

5. Water, sanitation and hygiene financing

Sanitation and Water for All (SWA) has estimated that The Gambia loses approximately 638 Million Dalasi (US\$ 24 million) per year, or the equivalent of 1.2% of annual Gross Domestic Product (GDP) USD 2.4 billion a year (equal to 3.5 % of GDP) because of poor water and sanitation. This translates to an average Dalasi 350 (US\$ 13.1) per capita annually, or Dalasi 462 (US\$ 17.1) per unserved inhabitant. These figures reflect the a) adverse health effects associated with poor sanitation and water supply, b) costs of treating these health problems, c) loss of productivity that results when individuals are sick and others have to care for them, and d) time spent to access services.

6. Country priorities and commitments

The Gambia's SDG target is to achieve universal access to water and sanitation for all to the entire population, education and health facilities across the country by 2022. Special attention will be dedicated to increase equitable access to safe drinking water and sanitation services particularly, in the rural areas, schools and health care facilities.

Financing

The line Ministries of Health, fisheries and water resources are engaging the Ministry of Finance and Economic Affairs to create clear and distinct budget lines for water, sanitation and hygiene within the National Budget by 2022. In addition, engagement of the donor community, private sector and banking institutions as key stakeholders in accelerating achievement of SDG targets is a key resource mobilization strategy for 2019 to 2021. Advocacy to prioritize Sanitation and Drinking Water within a Sector Wide Approach in the NDP is one of the key sector priorities.

Increase visibility for ODF and consolidate achievements

The Ministry of Health in collaboration with relevant ministries has included the target for elimination of open defecation and ODF sustainability as a top government priority in the national development plan 2018–2021, National Health Policy and Strategic Plans (2021-2030). The Ministry has also conducted a National Consultative Meeting and a presidential declaration and commitment has been obtained to end open defecation as was the case with the previous government.

Eliminating inequalities in WASH service delivery

Support towards water provision in health facilities and schools including Menstrual Hygiene Management remains a priority as well as supporting actors in the WASH sector to build capacities where the sector is small and has relatively few actors with strong WASH skills. Advocacy around financing in terms of budget allocation from Government to be strengthened to ensure WASH is prioritized.

Possible barriers towards the achievement of the commitments

Nationally, the main bottlenecks for WASH to overcome include weak institutional and human resources capacity, no clear budget line/allocation for basic sanitation program, multiplicity of institutional frameworks with no clear lead, , absence of an M&E framework and weak coordination.

In the rural districts, the main bottlenecks are inadequate appropriate technology options, inadequate trained human resources, and inadequate funds for local government authorities and absence of comprehensive rural sanitation program. In peri-urban and urban settings, the main bottlenecks include rapid population growth, aging infrastructure, and lack of funding.

7. Mechanisms for review and follow-up on the priorities and commitments

An information system which integrates data of the WASH will be put in place and annual performance of the WASH sector will be reviewed at annual joint sector reviews for the line Ministries of Health, fisheries and Water Resources and Education. Joint monitoring visits are to be strengthened to track progress in close collaboration with development partners and reports shared to provide evidence highlighting gaps that should attract donors and government financing to the sector.

The Ministries of Health and Fisheries and Water resources to take the lead in supporting the data collection processes for JMP and GLAAS, in addition to updating our country's national CLTS database. An ODF sustainability study needs to be conducted to determine the ODF status and challenges.

National and regional capacities to collect and manage data on access to WASH in communities, schools, and Health and nutrition facilities will be enhanced in addition to

Main National Process/Actions being undertaken to strengthen sector and make progress towards SDG 6

Increasing political prioritization: Good progress has been achieved in increasing the political commitment with the establishment of Directorates responsible for coordination of water and sanitation programs in the country (Public Health Services, Health Promotion and Education, and Department of Water Resources). However, the progress in creating a specific budget line for sanitation and hygiene programs is still a challenge couple with inadequate funding for water.

Bridging the inequalities gaps: some progress is being made to bridge the gaps of water and sanitation facilities with major focus on improving access to WASH services at schools, health care facilities, riverine communities, urban areas and public places. One of the key achievements is the development of the WASH guideline in health care facilities that is expected to harmonize and standardize WASH provision in health care facilities. With the help of UNICEF, a 2 -year costed National Open Defecation Free Action plan was developed and implemented.

Monitoring progress and mutual accountability: Some progress made in integrating some water and sanitation information in Education Information Management System for national level monitoring. However, efforts are being made to improve and develop WASH information management system that will improve monitoring and mutual accountability.

Undertake bottleneck analysis of water and sanitation services: GLAAS has been conducted in 2022 to identify and address major constraints hindering the achievement of equitable access to sanitation and water supply.

Follow up with Cabinet on discussion and endorsement of the Draft National Sanitation Policy and Strategic Plan: Some progress but slow. The Water sector policy is being reviewed and road map developed to enhance the on-going Water sector reform program. The Sanitation Policy and Strategic plan has been review and submitted for cabinet approval.

8. Processes and materials used in the preparation of the brief

The country followed a collaborative process to prepare the country brief which involved meetings with key technical staff of the Ministries of Health, Fisheries and water resources and development partners with UNICEF Gambia providing a lot of support to the process. Materials used included JMP Reports, GLAAS Data, SWA Collaborative Behaviours and guidance notes shared.

Resources

1. Gambia Demographic and Health Survey, 2013
2. Joint Monitoring Program (WHO/UNICEF) 2021.
3. Gambia Bureau of Statistics, 2013
4. National Development Plan, 2018-2021
5. National Health Policy 2021-2030
6. The Demographics profile of the Gambia, 2018/ www.indexmundi.gambia

Contacts

Dr. Buba Manjang, Director of Public Health Services
Email: bubamanjang@yahoo.com
Phone: 00220 2875925