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OTHER FUNDS AND PROGRAMMES

UNITED NATIONS FUND FOR POPULATION ACTIVITIES

PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director

Assistance to the Government of Gambia

Strengthening of basic maternal and child health services in rural areas

Estimated UNFPA contribution:	\$ 1,581,500
Estimated value of the Government's contribution:	\$ 106,000
Duration:	Three years
Estimated starting date:	November 1979
Executing Agency:	World Health Organization (WHO)
Government Co-operating Agency:	Ministry of Health, Labour and Social Welfare

I. Summary

1. UNFPA proposes to support a maternal and child health and family planning project in Gambia, a UNFPA priority country, in the amount of \$1,581,500 for three years. The project will assist the Government of Gambia in establishing countrywide delivery of maternal and child health care integrated with family planning services through the existing rural health system. A pre-project budget of \$199,603 was approved to initiate activities in 1979.

II. Background

2. Gambia is a small country of 11,300 square kilometres, with a population estimated at 603,000 in 1980. It has one of the highest population densities in mainland Africa, 53 persons per square kilometre. The 1978 United Nations estimates gave the crude birth rate as 47 per thousand, the crude death rate as 23 per thousand, and the annual population growth rate at 2.8 per cent. The population of the capital, Banjul, is estimated to be increasing at a rate of 5 per cent annually.

3. In 1976 the per capita gross national product was \$180. Approximately three-fourths of the population live in rural areas, where per capita income is estimated to be 3.6 times lower than that of urban residents.

4. Children aged up to 4 years account for about 18 per cent of the population, and children aged 5-14 for about 26 per cent. Forty-five per cent of Gambian women are in the fertile age group 15-49. Life expectancy at birth is estimated at 39 years for males and 43 years for females.

5. According to 1973 census data, the infant mortality rate is 217 per thousand for the country as a whole, and 52 per thousand for Banjul. The Government estimates that in the rural areas only 55 of every 100 live born children survive to the age of five; it aims to increase this survival rate to 80 per cent by 1985.

6. In 1978, at the request of the Government, UNFPA sent a consultant to Gambia to help the Government formulate a population policy. Subsequently in May 1979 the Government adopted a population policy based largely on the consultant's report, including the following guiding principles: population policy should be considered as part of rural development and should pursue the goals of self-reliance; policy measures should be based on voluntary acceptance; and direct policy measures are desirable with respect to mortality. Support will be given for child spacing and contraception will be made available through the maternal and child health programme. The section on health in the Five Year Development Plan (1975/76-1979/80) calls for immunization, health and nutrition education, regular care for children under five, maternity services, and the promotion of planned parenthood, i.e. child spacing and birth avoidance for health reasons.

7. The main institution providing family planning services is the Gambian Family Planning Association (GFPA), supported by the International Planned Parenthood Federation (IPPF); it operates one clinic in Banjul and seven in rural areas. In 1977 GFPA was providing contraceptive services to some 4,800 women, about 4 per cent of the women aged 15 to 44. The maternal and child health programme of the Ministry of Health, Labour, and Social Welfare offers family planning advice and services for medical reasons or on request.

8. UNFPA has funded a project, initiated in 1972 and executed by the United Nations, in support of the 1973 census; UNFPA's total contribution was approximately \$100,000 through 1977. An ongoing project supported by UNFPA at the level of \$200,000 for 1978-1980 is assisting the Government in the development of communication and extension support services for maternal and child health and family welfare activities; it is executed by the United Nations Educational, Scientific and Cultural Organization (UNESCO) and is designed to bring information on family health, including birth spacing, to rural communities.

9. Bilateral aid has been rendered by the United States Agency for International Development (USAID) which is supporting a pilot project involving a family planning clinic at which acceptors, by May 1979, totalled 2,000. This assistance was phased out in 1978 and the Government has been seeking other financial sources to continue the clinic. Non-governmental organizations rendering assistance in family planning are the International Planned Parenthood Federation (IPPF), the Pathfinder Fund, Planned Parenthood of New York and the University of California.

III. The project

10. The proposed maternal and child health/family planning project is designed to improve, strengthen, and expand maternal and child health services, including child spacing services, currently provided by the rural health system. This system operates on three levels. At the top level are two hospitals - a third is planned for 1980 - which function as major referral centres. At the intermediate level is a network of rural health centres, providing maternal and child health services through a nurse midwife (a graduate nurse with one year of training in midwifery), environmental health and communicable disease control services through a health inspector, and general curative care through a dresser-dispenser (a male nurse with one year of training in pharmacy). The number of such centres is to be increased from 11 in 1975 to 16 by 1980. At the third, or peripheral, level are dispensaries and sub-dispensaries, 55 in 1975 and 72 projected for 1980. Dispensaries are operated by a dresser-dispenser, who provides outpatient services, and are visited regularly by a nurse midwife and a health inspector who provide maternal and child health services and environmental health control. Sub-dispensaries, or health posts, have no resident personnel but are visited periodically by staff from health centres. In addition to the public rural health system, various religious institutions operate a total of nine dispensaries and sub-dispensaries.

11. The proposed project will provide the following services: immunization, health and nutrition education, regular care for children under five, maternity care and planned parenthood (services in this last category will include child spacing and birth avoidance for health reasons).

12. UNFPA funds for the project will cover construction of one rural health centre and eight rural dispensaries, to replace existing units too dilapidated to renovate; distribution of obstetrics equipment and medicines for one health centre and eight rural dispensaries and six mobile units; distribution of contraceptive supplies to health centres and maternal and child health clinics all over the country; three transport vehicles; technical assistance in the training of the community health nurses and medical assistants; and health education materials and equipment. The project also includes the award of three fellowships, in maternal and child health, health education, and health statistics.

13. The Ministry of Health, Labour and Social Welfare will be the Government co-operating agency. The Ministry's Director of Medical Services will be responsible for directing and co-ordinating project activities. Supporting him will be an expert on maternal and child health/family planning who will direct the over-all management of the project (three years); a community health nurse teacher, already in the country, who will work with the faculty of the School for Community Health Nurses (three years); and one consultant/teacher, a medical doctor with a certificate in public health who will initiate and help put into effect a 30-month training programme for senior dresser-dispensers (three years).

14. In the first phase of the project, the project manager and project support staff will review ongoing efforts to deliver effective maternal and child health care in Gambia - for example, a pilot project in the Brikama area - and use information gained from this review in drawing up detailed training programmes and formulating plans for expanding service delivery. Simultaneously, candidates for fellowships will be selected, and equipment, health supplies, and transport for the project will be ordered. In the second phase construction of the rural health centre and eight rural dispensaries will begin. Additional equipment for all centres and mobile units will be ordered, and para-medical staff will be trained or retrained to work in the new facilities. In the third phase, all new construction will be completed. The final contingent of para-medical staff will be dispatched to their posts and the rest of the equipment and supplies will be delivered. A review of project performance will be made.

15. A pre-project budget of \$199,603 was approved to begin some activities in 1979: hiring some project staff, ordering equipment and covering some local personnel costs.

16. The expenditure components of UNFPA funding are as follows:

	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>Total</u>
	\$	\$	\$	\$	\$
Personnel	35 193	113 640	123 690	106 022	378 545
Training	4 168	22 498	3 334	-	30 000
Equipment	28 000	131 100	292 250	288 575	739 925
Construction	-	120 000	143 000	105 000	368 000
Contraceptives	2 500	13 540	13 540	13 500	43 080
Miscellaneous	<u>1 450</u>	<u>6 925</u>	<u>6 925</u>	<u>6 650</u>	<u>21 950</u>
	71 311	407 703	582 739	519 747	1 581 500

17. The Government's input will be the continued coverage of operating expenses for the rural health centre and eight dispensaries scheduled to be built.

IV. Recommendation

18. The Executive Director recommends that the Governing Council:

(a) Approve the project in Gambia in the amount of \$1,581,500 for three years; and

(b) Authorize the Executive Director to allocate funds for the project and to make the appropriate arrangements with the Government of Gambia and the Executing Agency.

