The Gambia

EARLY CHILDHOOD DEVELOPMENT

SABER Country Report
2013

Policy Goals	Status
1. Establishing an Enabling Environment Recent efforts by the government of The Gambia ensure that early childhood development (ECD) service provision is a more coordinated effort among different sectors. The new ECD Policy Framework supports the development of the National ECD Working Group and ECD representatives in each sector. Further coordination among sectors and between state and nonstate actors could increase access to and quality of ECD services. Current financial allocations are not adequate to ensure full level coverage, quality, and equity in ECD service provision.	Emerging
2. Implementing Widely Government ministries provide comprehensive ECD services for mothers and children. The Gambia's Reproductive Health Policy (2007–2014) promotes maternal and child health programs. Wide coverage exists for many ECD programs, although rural and poorer areas receive less adequate coverage and quality of ECD services.	Emerging
3. Monitoring and Ensuring Quality Relevant administrative and survey data on access to ECD are collected every year throughout the country. The Ministry of Basic and Secondary Education publishes access data in May every year. An impact evaluation has been conducted to measure child development outcomes to compare the community-based ECD and Annexed ECD. Preprimary curricula have been developed and are available for teachers to use.	Emerging

This report presents an analysis of the early childhood development (ECD) programs and policies that affect young children in The Gambia and recommendations to move forward. This report is part of a series of reports prepared by the World Bank using the SABER-ECD framework[1] and includes analysis of early learning, health, nutrition, and social and child protection policies and interventions in The Gambia, along with regional and international comparisons.

The Gambia and Early Childhood Development

The Gambia is a low-income country with a population of 1.88 million inhabitants (2013 Census). The Gambia is ranked 165th in the UNDP Human Development Index. The country has a gross national income of $488 (World Development Indicators 2013) per person, with 48 percent of the population living below the poverty line (US$1.25 a day).

Nearly half of the population in The Gambia is below the age of 18, with approximately 300,000 children under the age of five. The country faces high poverty rates for children with high rates of under-five mortality. Recent government efforts have resulted in increased preprimary school enrollment rates with 45.4 percent GER (Education Statistics, MoBSE 2015). Table 1 provides a snapshot of key ECD indicators in The Gambia, with regional comparisons.

In 2009 the government of The Gambia (GoTG) drafted the National ECD Policy Framework (2009–2015) in an effort to increase multisectoral efforts to meet the needs of all children under the age of eight. The Framework covers education, health care, social welfare, food and nutrition, and water and sanitation. The Framework was drafted by the Ministry of Basic and Secondary Education (MoBSE) with input from relevant government ministries, community partners including parental organizations, and a multisectoral working group. The Framework pushes for increased interministerial coordination to improve access to and quality of services to all children, with special attention to those children living in remote areas.

Table 1: Snapshot of ECD Indicators in The Gambia with Regional Comparison

	The Gambia	Sierra Leone	Liberia	Ghana	Mali
Infant mortality (deaths per 1,000 live births, 2012)	49	117	56	49	80
Under- 5 mortality (deaths per 1,000 live births, 2012)	73	182	75	72	128
Moderate and severe stunting (below age 5, 2008–2012)	23%	44%	42%	23%	28%
Net preprimary enrollment rate (3–6 years, 2013)	27.3%	7%	N/A	76.3%	3.8%
Birth registration 2005–2012	53%	78%	4%	63%	81%

Sources: UNICEF Country Statistics, 2012; UNESCO Institute for Statistics, 2013.

[1] SABER-ECD is one domain within the World Bank initiative, Systems Approach to Better Education Results (SABER), which is designed to provide comparable and comprehensive assessments of country policies.

Systems Approach to Better Education Results–Early Childhood Development (SABER-ECD)

SABER-ECD collects, analyzes, and disseminates comprehensive information on ECD policies around the world. In each participating country, extensive multisectoral information is collected on ECD policies and programs through a desk review of available government documents, data and literature, and interviews with a range of ECD stakeholders, including government officials, service providers, civil society, development partners, and scholars. The SABER-ECD framework presents a holistic and integrated assessment of how the overall policy environment in a country affects young children's development. This assessment can be used to identify how countries address the same policy challenges related to ECD, with the ultimate goal of designing effective policies for young children and their families.

Box 1 presents an abbreviated list of interventions and policies that the SABER-ECD approach looks for in countries when assessing the level of ECD policy development. This list is not exhaustive but is meant to provide an initial checklist for countries to consider the key policies and interventions needed across sectors.

Three Key Policy Goals for Early Childhood Development

SABER-ECD identifies three core policy goals that countries should address to ensure optimal ECD outcomes: Establishing an Enabling Environment, Implementing Widely, and Monitoring and Ensuring Quality. Improving ECD requires an integrated approach to address all three goals. As described in Figure 1, for each policy goal, a series of policy levers are identified through which decision makers can strengthen ECD.

Strengthening ECD policies can be viewed as a continuum; as described in Table 2 on the following page, countries can range from a latent to advanced level of development within the different policy levers and goals.

Box 1: A Checklist to Consider How Well ECD Is Promoted at the Country Level

What should be in place at the country level to promote coordinated and integrated ECD interventions for young children and their families?
Health care
• Standard health screenings for pregnant women • Skilled attendants at delivery • Childhood immunizations • Well-child visits
Nutrition
• Breastfeeding promotion • Salt iodization • Iron fortification
Early Learning
• Parenting programs (during pregnancy, after delivery, and throughout early childhood) • Child care for working parents (of high quality) • Free preprimary school (preferably at least two years with developmentally appropriate curriculum and classrooms, and quality assurance mechanisms)
Social Protection
• Services for orphans and vulnerable children • Policies to protect rights of children with special needs and promote their participation/access to ECD services • Financial transfer mechanisms or income supports to reach the most vulnerable families (could include cash transfers, social welfare, etc.)
Child Protection
• Mandated birth registration • Job protection and breastfeeding breaks for new mothers • Specific provisions in judicial system for young children • Guaranteed paid parental leave of least six months • Domestic violence laws and enforcement • Tracking of child abuse (especially for young children) • Training for law enforcement officers in regard to the particular needs of young children

Figure 1: Three Core ECD Policy Goals

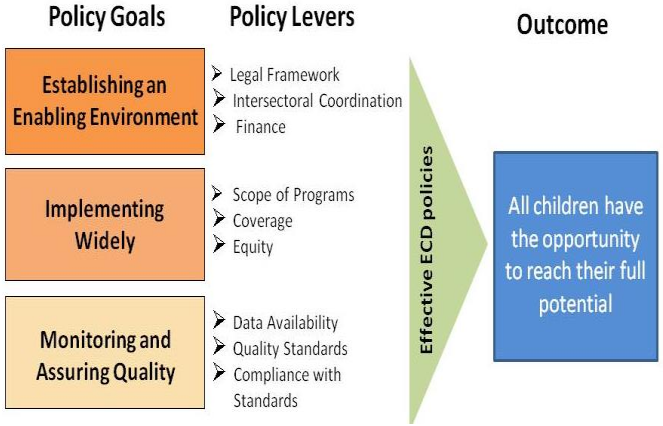


Table 2: ECD Policy Goals and Levels of Development

ECD Policy Goal	Level of Development			
	Latent ●○○○	Emerging ●●○○	Established ●●●○	Advanced ●●●●
Establishing an Enabling Environment	Nonexistent legal framework; ad hoc financing; low intersectoral coordination.	Minimal legal framework; some programs with sustained financing; some intersectoral coordination.	Regulations in some sectors; functioning intersectoral coordination; sustained financing.	Developed legal framework; robust inter-institutional coordination; sustained financing.
Implementing Widely	Low coverage; pilot programs in some sectors; high inequality in access and outcomes.	Coverage expanding but gaps remain; programs established in a few sectors; inequality in access and outcomes.	Near-universal coverage in some sectors; established programs in most sectors; low inequality in access.	Universal coverage; comprehensive strategies across sectors; integrated services for all, some tailored and targeted.
Monitoring and Ensuring Quality	Minimal survey data available; limited standards for provision of ECD services; no enforcement.	Information on outcomes at national level; standards for services exist in some sectors; no system to monitor compliance.	Information on outcomes at national, regional and local levels; standards for services exist for most sectors; system in place to regularly monitor compliance.	Information on outcomes from national to individual levels; standards exist for all sectors; system in place to regularly monitor and enforce compliance.

Policy Goal 1: Establishing an Enabling Environment

➢Policy Levers: Legal Framework • Intersectoral Coordination • Finance

An enabling environment *is the foundation for the design and implementation of effective ECD policies.*[2] *An enabling environment consists of the following: the existence of an adequate legal and regulatory framework to support ECD, coordination within sectors and across institutions to deliver services effectively, and sufficient fiscal resources with transparent and efficient allocation mechanisms.*

Policy Lever 1.1: Legal Framework

Established ●●●○

The legal framework comprises all of the laws and regulations that can affect the development of young children in a country. The laws and regulations that impact ECD are diverse because of the array of sectors that influence ECD and because of the different constituencies that ECD policy can and should target, including pregnant women, young children, parents, and caregivers.

National laws in The Gambia promote access to health care for pregnant women and young children. The National Reproductive Health Policy of The Gambia (2007–2014) states as one of its objectives the continued provision of free maternal, newborn, and child health services for all. Well-child visits are federally mandated for all children and include physical examinations of the child and serve as an opportunity for physicians to relay important information regarding child well-being and growth to parents. The policy also supports children who are at risk by including provisions for follow up home visits by appropriate health personnel.

Because of a drop in immunization coverage from 98 to 89 percent between 1999 and 2000, the GoTG developed the Expanded Program on Immunization (EPI) by allocating greater funding to the program. The GoTG also mandated childhood immunizations in The Gambia's Health Policy (2007–2020). Through EPI, the GoTG hopes to address issues related to inadequate government and donor funding, high default rates for clinics that provide immunization services, high staff turnover rates, and other critical issues as they may arise.

[2] Brinkerhoff 2009; Britto, Yoshikawa, and Boller 2011; Vargas-Baron 2005.

The Women's Act (2010) supports pregnant women and parents in The Gambia through mandated maternity and paternity leave policies. The policy supports parental leave irrespective of the employment type, sector, or size of the firm. Mothers are allocated 24 weeks of paid maternity leave or leave with comparable social benefits, without the loss of employment, seniority, or similar benefits. The Act also supports fathers through the provision of 10 days of paid paternity leave. Table 3 presents a regional comparison of parental leave.

Table 3: Regional Comparison of Maternity and Paternity Leave Policies

The Gambia	Ethiopia	Liberia	Ghana
24 weeks maternity leave for women; 10 days of paternity leave for fathers.	90 days paid maternity leave at 100% salary for women; two weeks of paternity leave for fathers.	90 days paid maternity leave at 100% salary for women; no leave for fathers.	84 days paid maternity leave at 100% salary for women; no leave for fathers.

Source: ILO 2013.

The Women's Act protects mothers against forms of discrimination in the workplace. Section 5.22 of the Act describes forms of discrimination that are prohibited against mothers, including prohibition of dismissal from employment for taking parental leave or on the basis of marital status. The Act has various enforcement mechanisms to ensure compliance including fines and prison terms for employers who do not comply with the law.

In addition, The Gambia has approved national policies to encourage salt iodization and promote fortification of cereals and staples with iron**.** The Food Act (2005) and the Food Fortification and Salt Iodization Regulation (2006) promote healthy dietary consumption of salt and iron, especially for pregnant women and young children.

The Children's Act (2005) supports annexation of preprimary classrooms to primary schools in underserved areas. The Children's Act states that the GoTG will provide financial support to preprimary grades, including ECD centers, in poor and rural areas. This Annexation Strategy involves full financial government support to preprimary classrooms annexed to primary schools. The Education Sector Medium Term Plan describes the purpose of the government's strategy to make access to preprimary school more available and affordable for children living in poor and rural areas. The World Food Programme (WFP) works with the GoTG to provide one school meal a day to children in preprimary classrooms that have been annexed to primary schools.

National laws and regulations on child protection services are well established in The Gambia. Under the Domestic Violence Act (2011), women and children are guaranteed protection against violence and domestic abuse. The policy focuses on women and children and ensures protection for victims of domestic abuse. A child is considered anyone younger than 18 years of age. The Violence Act protects a child's right to report ongoing abuse. The Domestic Violence Act also includes the use of Child Courts for matters related to domestic abuse against a child or where the child is the perpetrator.

Mandatory birth registration has been in place since 1968 when the Births, Deaths and Marriages Act was enacted. It was not until 2005, though, that the Children's Act made birth registration a legal entitlement of every child in the country. The Act renders birth registration free and mandatory. The Act also includes penalties for parents who fail to comply and register their children. The Act places the responsibility of birth registration on the father, with the mother serving as the substitute in the event that the father fails to fulfill his duty. The parents must register their children within the first 14 days after a child's birth.

The Ministry of Health and Social Welfare (MoHSW) is the only institution that is legally mandated to register child births. Divisional and district-level public health officers are stationed in hospitals and clinics nationwide and act as deputy registrars to the principal public health officer. In 2004, because of lack of compliance, the MoHSW issued an administrative order, later a policy, to all public health officers to ensure registration of children and issuance of birth certificates. The GoTG worked with UNICEF to decentralize birth registration so that more health facilities offer the service.

Key Laws Governing ECD in The Gambia

- National ECD Policy Framework (2009-2015)
- Children's Act (2005)
- Education Policy (2004-2015)
- Women's Act (2010)
- National Health Policy (2012-2020)
- Food Act (2005)
- Breastfeeding Promotion Regulations (2006)
- Salt Fortification and Salt Iodization Regulations (2006)
- National Reproductive Health Policy (2007-2014)
- National Nutrition Policy (2010-2020)
- Business Plan for Better Nutrition (2011-2015)

Policy Lever 1.2: Intersectoral Coordination

Emerging

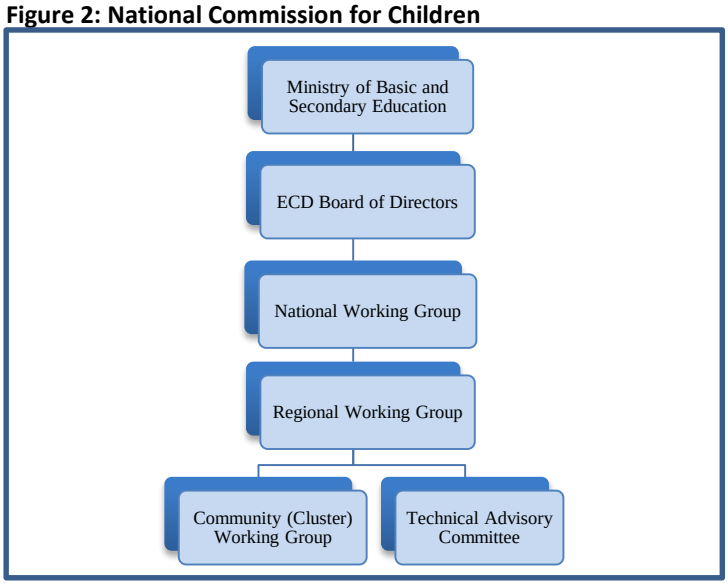
Development in early childhood is a multidimensional process.[3] To meet children's diverse needs during the early years, government coordination is essential, both horizontally across different sectors as well as vertically from the local to national levels. In many countries, nonstate actors (either domestic or international) participate in ECD service delivery; for this reason, mechanisms to coordinate with nonstate actors are also essential.

The Gambia has developed an explicitly stated multisectoral ECD strategy, but it does not include a costed implementation plan. Meetings by the Multisectoral Workshop organized by the Department of Community Development in 1999 discussed the need for increased ECD provision and improvement of existing structures as well as improved government participation in ECD provision. As a result of these meetings, the GoTG developed the National ECD Policy Framework (2009–2015). Through the framework, the GoTG has renewed its commitment to meet the basic needs of all children under the age of eight, with careful attention to children with special needs and those diagnosed with human immunodeficiency virus (infection)/acquired immunodeficiency syndrome (HIV/AIDS). The framework mandates that relevant ministries set aside special budget lines to support the implementation of the policy and ensure that the policy framework is approved and mainstreamed into sector policies and implemented.

To date, the policy has been endorsed by the Education, Health, Social Protection, and Child Protection sectors. The Government has established a menu of integrated services for children. Most of these services are being implemented at some capacity by relevant ministries or departments, although no service delivery manuals are currently available for ECD service providers. The GoTG has prioritized the need for further support at the local level for successful implementation of the framework.

The National ECD Policy (2009-2015) established the national ECD structure, composed of ECD representatives at every government level. To ensure effective implementation, the National ECD Policy established the National Commission for Children along with corresponding subnational divisions. Figure 2 displays the organizational structure of the Commission. The National Commission for Children monitors and reports on the development and implementation of the ECD Policy. According to the framework, the Commission works autonomously and is accountable to the Office of the President.

Figure 2: National Commission for Children



The GoTG recognizes the importance of local stakeholders to successfully implement the ECD Policy Framework. A working group has been designed to allow for the involvement of regional and community cluster-working groups. All levels serve as active institutional structures of ECD policy implementation. The Institutional Multisectoral Working Group on ECD (also known as the National Working Group on ECD (NWGECD) consists of more than 30 government agencies, nongovernmental organizations (NGOs), development partners, and religious institutions. Box 2 displays the roles and responsibilities of the various levels of the National Commission. Each agency or organization is

[3] Naudeau et al. 2011; Neuman 2007; UNESCO-OREALC 2004.

responsible for acquiring the necessary support to implement and fulfill its responsibilities.

The National Commission of Children, spearheaded by the NWGECD, has developed many programs and made progress on several initiatives. Currently the NWGECD is working to further promote and scale up the provision of home-based and center-based ECD programs. The NWGECD, with support from the MoBSE, has promoted parenting education through advocacy and funding of the Baby-Friendly Community Initiative (BFCI), Mother's Club, and UNICEF's Parenting Education Program. The NWGECD has also scaled up programs for orphans and vulnerable children (OVCs).

Box 2: Roles and Responsibilities of the National Commission for Children

ECD Board of Directors
Composition and Reporting Arrangements: Headed by Director of the Basic and Secondary Education Directorate (BSED). Composed of representatives of relevant ministries. Reports to Permanent Secretary, MoBSE, through the Director of BSED.
Tasks: • Monitor, supervise, and report progress on the implementation of the National ECD Policy Framework at the level of Ministries of State and the National Children's Commission • Monitor and supervise all ECD activities of the National Working Group on ECD • Advise ECD line ministries on policy matters • Hold quarterly meetings • Ensure functional information management system for ECD
National ECD Working Group (NWGECD)
Composition and Reporting Arrangements: Headed by NWGECD Chairperson. Composed of middle-level managers from relevant government divisions. Reports to ECD Board of Directors. Chairperson serves as secretary for ECD Board of Directors.
Tasks: • Coordinate, monitor, and supervise the implementation of the policy framework by different stakeholders • Hold quarterly meetings • Provide technical support for implementation of policy activities • Set up task teams as need arises to support implementation of policy activities.
Regional ECD Working Group (RWGECD)
Composition and Reporting Arrangements: Regional Education Office Director is Chairperson of RWGECD. Composed of regional (local) -level Directors and CWGECD Representatives.
Tasks: • Serve as arm of Technical Advisory Committee at regional level • Mobilization resources for the implementation of the policy framework at the regional level • Monitor and supervise implementation of the policy framework at the regional level • Identify and implement specific activities to address emerging needs • Set up community working groups
Cluster-Based Community ECD Working Group (CWGECD)
Composition and Reporting Arrangements: Comprises representatives from various local committees and organizations. Reports to respective RWGECD.
Tasks: • Oversee implementation of the policy framework at the local level of programs • Work to ensure services are delivered to children and families

[4] Hanushek and Kimko 2000; Hanushek and Luque 2003; Valerio and Garcia 2012; WHO 2005.

Policy Lever 1.3: Finance

Latent

While legal frameworks and intersectoral coordination are crucial to establishing an enabling environment for ECD, adequate financial investment is key to ensure that resources are available to implement policies and achieve service provision goals. Investments in ECD can yield high public returns but are often undersupplied without government support. Investments during the early years can yield greater returns than equivalent investments made later in a child's life cycle and can lead to long-lasting intergenerational benefits.[4] Not only do investments in ECD generate high and persistent returns, they can also enhance the effectiveness of other social investments and help governments address multiple priorities with single investments.

The GoTG does not have a transparent budget process to coordinate finance for ECD. The National ECD Policy Framework (2009–2015) states that each ministry is responsible for mobilizing resources for the successful implementation of the strategy. Determining budget allocation is not a coordinated process across ministries. Each ministry has its own ECD goals, responsibilities, and programs and works independently of other ministries.

Accurate information on financial allocations for ECD is not yet available for all relevant sectors in an aggregated manner. The readily available information on financial allocations is from MoBSE for the education sector and from UNICEF and other partners who have tracked their financial contributions to The Gambia's nutrition sector. Table 4 provides a snapshot of development aid from various partners for nutrition programs between 2011 and 2012.

Table 4: External Donor Support for Nutrition Programs in The Gambia, 2012

External donor	Financial contribution
UNICEF	$215,000
Helen Keller International	$22,000
World Bank	$3,000,000
Japanese Social Development Fund	$37,000
UNAIDS	$2,700

Source: UNICEF 2012.

Table 5 displays data collected by the World Health Organization (WHO) on health expenditure regional comparisons for 2013. Compared to other countries in the region, out-of-pocket expenditure as a percentage of all private and total health expenditures in The Gambia is relatively low. The GoTG has also ensured full government finance of EPI vaccines to increase access.

Table 5: Regional Comparison of Select Health Expenditure Indicators[5]

	The Gambia	Sierra Leone	Ethiopia	Mali	Kenya
Out-of-pocket expenditure as a percentage of all private health expenditure	48%	90%	80%	99%	77%
Out-of-pocket expenditure as a percentage of total health expenditures	21	79	37	53	43
Government expenditure on health as a percentage of Gross Domestic Product	2	13	5	5	5
Routine EPI vaccines financed by government	16	No data	8	12	No data

Source: WHO Global Health Expenditure Database 2013.

The level of remuneration for preschool educators in The Gambia is inadequate. The GoTG has a policy mandating a minimum wage at which public sector employees must be compensated. Most lower basic schools have an ECD program annexed to the school, and ECD teachers have a qualification from the Gambia College. However, such provisions do not apply to ECD personnel in community-based ECD. A small allowance or grant money is available for community preschool educators of approximately $30 per month, but this payment is not yet required by law. Preschool educators who work in community centers are usually volunteers and often receive either in-kind or ad hoc payments from philanthropists or community members.

Policy Options to Strengthen the Enabling Environment for ECD in The Gambia

Legal Framework

➢ **The GoTG, including the NWGECD, should consider developing a costed-implementation plan for ECD**. A multisectoral ECD framework has been endorsed by relevant sectors, but the framework does not include a costed implementation plan. The development of a coherent and multisectoral costed-implementation plan for ECD could ensure that funds are being more efficiently and appropriately spent and help to coordinate service provision.

Intersectoral Coordination

➢ **It would be helpful to clarify roles and coordination mechanisms between the ECD institutional anchor, the NWGECD, and the National Commission for Children.** The National ECD Policy Framework (2009-2015) describes the general organizational position and role that will be played by relevant government agencies and specially created groups to support and advance the ECD agenda. The policy framework does not specify tasks for each member of the committee nor does it include information about raising funding or funding allocations for ECD services.

Finance

➢ **Relevant ministries could consider specifying ECD spending within overall budgets.** Little information is available on levels of finance for ECD across sectors, though ECD budgets are described as inadequate by most government staff in various sectors. Currently the ECD Policy describes an ECD funding basket, but little information exists as to how much is allocated toward ECD by each ministry and whether strategies exist to ensure sufficient funding is allocated. ECD representatives in each of the respective ministries could consider collectively designing a detailed, multisectoral budget that accurately reflects the needs of the population.

Policy Goal 2: Implementing Widely

➢ Policy Levers: Scope of Programs • Coverage • Equity

Implementing Widely *refers to the scope of ECD programs available, the extent of coverage (as a share of the eligible population) and the degree of equity within ECD service provision. By definition, a focus on ECD involves (at a minimum) interventions in health, nutrition, education, and social and child protection and should target pregnant women, young children, and their parents and caregivers. A robust ECD policy should include programs in all essential sectors and provide comparable coverage and equitable access across regions and socioeconomic status, especially reaching the most disadvantaged young children and their families.*

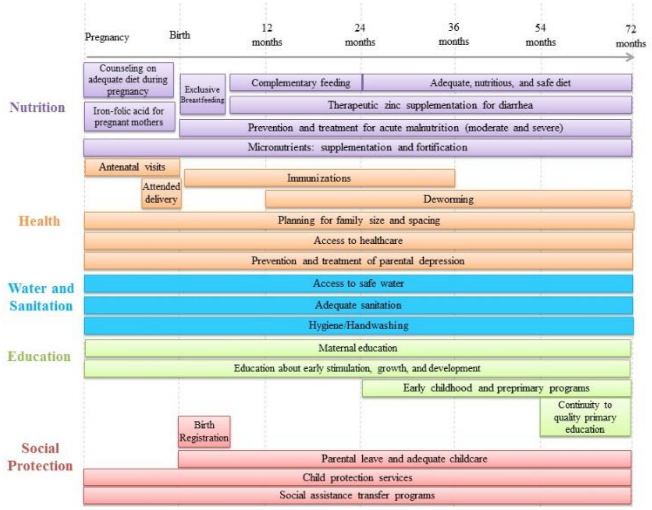
[5] Out-of-pocket expenditure is any direct outlay by households, including gratuities and in-kind payments, to health practitioners and suppliers of pharmaceuticals, therapeutic appliances, and other goods and services whose primary intent is to contribute to the restoration or enhancement of the health status of individuals or population groups.

Policy Lever 2.1: Scope of Programs

Established

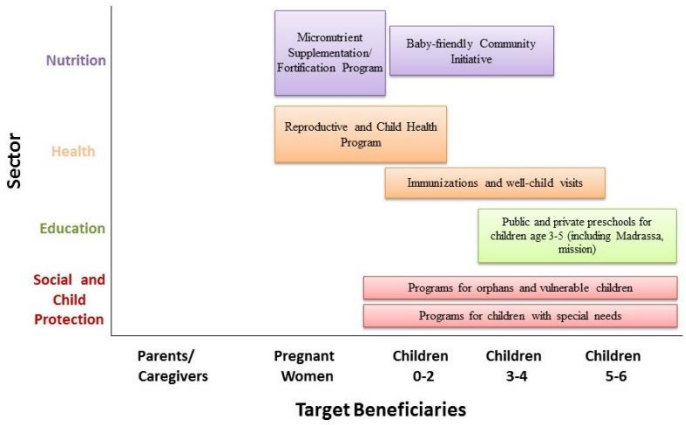
Effective ECD systems have programs established in all essential sectors and ensure that every child and expecting mother has guaranteed access to the essential services and interventions they need to live healthfully. The scope of programs assesses the extent to which ECD programs across key sectors reach all beneficiaries. Figure 3 presents a summary of the key interventions needed to support young children and their families via different sectors at different stages in a child's life.

Figure 3: Essential Interventions during Different Periods of Young Children's Development



A wide scope of programs for pregnant women and young children exist in The Gambia. Figure 4 displays interventions that are available in The Gambia across sectors and target beneficiary groups. While Figure 4 displays the range of existing programs in The Gambia, it does not portray the scale of these programs, which are displayed in Table 6.

Figure 4: Scope of Selected ECD Interventions in The Gambia by Target Population and Sector



Essential nutrition programs exist in the country to target all beneficiary groups. The Gambia's revised Nutrition Policy (2010-2020) includes nutrition programs that cover a wide range of beneficiary groups, including school feeding and HIV/AIDS-related programs as well as those with a focus on mothers and children. A comprehensive action plan and budget to finance implementation of the policy are also developed.

The Nutrition Policy includes provisions to improve the nutritional status of women before, during, and after pregnancy. In particular, the policy sets strategies to support maternal health through the use of advocacy programs, expansion of existing programs, and increased collaboration among stakeholders. Box 3 on the following page includes some of the strategies included in the Nutrition Policy aimed at maternal nutrition and child feeding.

Table 6: ECD Programs and Coverage in The Gambia

ECD intervention	Scale		
	Pilot programs	Number of regions covered	Coverage
Education			
State-sponsored[6] preprimary/kindergarten education	NA	6	NA
State-sponsored Early Childhood Care and Education (ECCE)	NA	6	NA
Community-based ECCE	1	2	NA
Health			
Antenatal and newborn care	NA	6	NA

[6] As of 2014, there were 57 day care centers and 1,015 preprimary schools, including 345 (government), 457 (private), 76 (missions), and 137 (madrassas).

Integrated management of childhood illnesses and care for development	**NA**	**NA**	**NA**
Childhood wellness and growth monitoring	**NA**	**6**	**NA**
National immunization program	**NA**	**6**	**NA**
Nutrition			
Micronutrient support for pregnant women	**NA**	**6**	**100% (target)**
Food supplements for pregnant women	**NA**	**Unknown**	**NA**
Micronutrient support for young children	**NA**	**6**	**NA**
Food supplements for young children	**NA**	**6**	**NA**
Food fortification	**NA**		
Breastfeeding promotion programs	**NA**	**NA**	**100% (target)**
Anti-obesity programs encouraging healthy eating/exercise	**NA**	**Unknown**	**Unknown**
Feeding programs in preprimary/kindergarten schools	**NA**	**Unknown**	**Unknown**
Parenting			
Parenting integrated into health/community programs	**NA**	**0**	**0**
Home visiting programs to provide parenting messages	**NA**	**0**	**0**
Special needs			
Programs for OVCs (boarding schools and children's homes)	**NA**	**4**	**NA**
Interventions for children with special (emotional and physical) needs	**NA**	**4**	**NA**
Antipoverty			
Cash transfers conditional on ECD services or enrollment	**NA**	**6**	**NA**
Comprehensive			
A comprehensive system that tracks individual children's needs	**NA**	**NA**	**NA**

NA = not available.

Box 3: The Gambia's National Nutrition Policy (2010-2020)

Maternal Nutrition Improvement Strategies

- Strengthen Micronutrient Supplementation/Fortification Program
- Expand Integrated Community-Based Anemia Control Program
- Support nutritional status assessment of women of childbearing age
- Advocate for domestication of ILO Maternity Protection Convention 183
- Involve men more in the advocacy process
- Advocate for the enrollment and retention of girls in school
- Strengthen intersectoral collaboration on prevention and control of maternal malnutrition

Strategies to Promote Optimal Infant and Young Child Feeding

- Advocate for provision of enabling environment to facilitate breastfeeding at workplaces
- Support communities to implement community-based programs that promote, protect, and support optimal infant and child feeding practices

Nutrition programs in The Gambia include the Vitamin A Supplementation (VAS) Program and the Reproductive and Child Health (RCH) Program. The VAS program was started in 2000. The purpose of the program is to reach all children between 6 and 59 months of age and postpartum mothers within eight weeks of delivery and supplement them with high doses of vitamin A. The RCH program is a nutrition program that targets pregnant women. Upon registration at local health facilities, pregnant women are given iron/folate tablets until six weeks postpartum. Additionally, incentives have been designed to promote selling and consumption of iron-rich foods. The National Nutrition Strategic Plan (2010–2015) prioritizes the strengthening of programs for the full range of ECD beneficiaries including children, pregnant women, and mothers. Included in the activities is the enhancement of the ongoing monitoring and evaluation of programs and development of an expansion plan for underserved communities, increased training of relevant stakeholders, and procurement of necessary supplies and accessories.

The Gambia's Reproductive Health Policy (2007-2014) promotes maternal and child health programs. The policy sits within The Gambia's National Health Policy and lays out a framework to support maternal and child health initiatives. To meet its objectives and targets, the policy sets forth strategies including improving monitoring and evaluation systems, strengthening

advocacy and social mobilization, and increasing collaboration between stakeholders.

Included in The Gambia's Reproductive Health Policy are programs aimed at promoting maternal and child well-being, including the following:

- Integrated Management of Neonatal and Childhood illnesses
- Immunization and Vitamin A and Deworming Initiative
- Maternal Anemia and Nutrition Initiative
- Breastfeeding Promotion Program
- Child Healthy Eating and Exercise Programs (mainly to combat childhood obesity)
- Baby-Friendly Community Initiative (BFCI).

The *3–6 Community-Based ECD Program* is intended to provide children three to six years of age with structured play five days a week. The comprehensive program includes instruction derived from the ECCD, The Gambia's Open Active Learning Spaces (GOALS) curriculum, and parenting sessions for caretakers and ensures teacher-caretaker interaction on a weekly basis. The Community-Based ECD Program, funded by the Japan Social Development Fund (JSDF), was implemented from 2009 to 2013. Recently the World Bank, funded by the Early Learning Partnership (ELP), conducted an end-of-project evaluation of the JSDF program. The preliminary results show that the children in the Annexed ECD outperformed their peers in the Community-Based ECD Program. Based on the results, the MoBSE has decided to expand the Annexed ECD in the World Bank–funded Results for Education Achievement and Development project (READ: 2014–2018).

Within the education sector, programs are established to promote early stimulation and early learning for young children from birth to entry into primary school. For young children and parents, the BFCI program and the 3–6 Community-Based ECD Program include parenting education and programming to promote young children's healthy development.

The Annexation Strategy, described in Box 4, provides government financial and technical support to preprimary classrooms that are annexed to primary schools in poorer, rural areas. The Program for the Improvement of Quality and Standards in Schools is a new program implemented by the MoBSE and funded through UNICEF to ensure standardization of curriculum in all schools. The Government received $45,000 for its first year of implementation in Regions 5 and 6 for children three to six years of age.

Box 4: The Gambia's Annexation Strategy

In an effort to promote the transition from preprimary to primary school, the MoBSE launched the Annexation Strategy—the annexing of ECD centers to lower basic schools. The strategy was also a way to promote health and access to water and sanitation as well as care for OVCs in rural and poorer areas. The choice to have only rural communities participate was also a deliberate decision in the design of the strategy. Rural areas tend to have lower access to schools due to both distance and availability and fees. As of 2012, 472 ECD centers have been attached to lower basic schools. The annexed schools have trained primary grade teachers to teach in the Annexed ECD using the play-oriented curriculum developed by the MoBSE. The ECD Unit within the MoBSE acts as the coordinating unit of all of these centers.

Policy Lever 2.2: Coverage

Emerging

A robust ECD policy should establish programs in all essential sectors, ensure high degrees of coverage, and reach the entire population equitably—especially the most disadvantaged young children—so that every child and expecting mother have guaranteed access to essential ECD services.

Access to essential ECD health interventions for pregnant women in The Gambia is not universal. Table 7 displays a regional comparison of level of access to essential health services. Government policies support pregnant women by providing inclusive and accessible maternity health services. As of 2012, approximately 57 percent of births are attended by skilled attendants in the country, and 72 percent of women benefit from at least four antenatal visits. A benchmark to ensure that at least 90% of women are attended by skilled attendants was added at the United National General Assembly's 21st special session in 1999 and was set forth as a benchmark for 2015 by the GoTG. The Gambia has been unsuccessful at reaching this target.

Access to high-quality, emergency obstetric and newborn care services is crucial to reduce maternal and newborn mortality rates. Currently there is an unmet need of 79 percent for emergency obstetric care in facilities. The referral system functions poorly at the community level, and the problem is made worse by the ill-equipped and understaffed facilities also at the community level. Moreover, ongoing and steadily increasing staff attrition poses a major challenge.

Table 7: Regional Comparison of Level of Access to Essential Health Services for Young Children and Pregnant Women

	The Gambia	Sierra Leone	Liberia	Ghana	Mali
One-year-old children immunized against DPT (corresponding vaccines: DPT3ß) (2012)	98%	84%	77%	92%	74%
Children below five with diarrhea receive oral rehydration/continued feeding (2008–2012)	39	73	53	35	11
Children below five with suspected pneumonia taken to health care provider (2008–2012)	70	74	62	41	42
Pregnant women receiving antenatal care (at least four times) (2008–2012)	72	75	66	87	35

Source: UNICEF Country Statistics 2012/

The level of access to essential ECD nutrition interventions is inadequate to meet the needs of young children and pregnant women. Table 8 displays a regional comparison of coverage for nutrition interventions. The percentage of the population that consumes iodized salt is extremely low, and a high percentage of pregnant women in the country are anemic. The Vitamin A supplementation coverage rate for children between 6 and 59 months is considered satisfactory for the region, and 34 percent of children are exclusively breastfed for the first six months. Despite these practices, approximately 15 percent of children in The Gambia are malnourished. About 20 percent of these children are between 12 and 23 months of age, and reports suggest this is most likely because of inappropriate weaning and complementary feeding practices.

Table 8: Regional Comparison of Level of Access to Essential Nutrition Services for Young Children and Pregnant Women

	The Gambia	Sierra Leone	Liberia	Ghana	Mali
Children below five with moderate/severe stunting	23%	44%	42%	23%	28%
Infants exclusively breastfed until six months of age (2008–2012)	34	32	29	46	20
Infants with low birth weight (2008–2012)	10	11	14	11	18
Prevalence of anemia in pregnant women (2010)	75	60	62	65	73
Prevalence of anemia in preschool-aged children	79	83	87	76	83

Sources: UNICEF Country Statistics 2012; WHO Global Database on Anemia 2010.

Preprimary education coverage in the Gambia is significantly expanding. The preprimary gross enrollment rate has been steadily growing at a rate of 30% since 2007, moving from 23% in 2000 to 45.4 % in 2015 (Education Statistics, MoBSE). This steady growth demonstrates the commendable efforts of the MoBSE in effective programming and service delivery. The Government's annexation strategy in rural areas combined with the private sector involvement in urban areas have contributed to the growth in preprimary enrollment (see Figure 9 for a description of the Annexation Strategy). Private providers have been able to meet demand in urban areas where the annexation strategy does not provide access to free public preprimary schools. Yet, despite this commendable increase in enrollment since 2007, The Gambia still falls behind in providing universal initial education access to ensure that all young Gambian children start school ready to learn.

Box 5 provides an example of a partnership in Australia that helped increase funding and access to preprimary education for all children. The key learning of this government-led initiative was the Government's ability to meet public demand for preschool services. The Government was able to ensure not only an increase in financial support for early childhood education, but sustained support.

Box 5: Lessons from Australia: The National Partnership Agreement on Early Childhood Education

Education is the responsibility of the state and territory governments in Australia. In the 2007/2008 academic years, nearly 70 percent of preschool eligible children attended, and six out of the eight jurisdictions had enrollment rates above 85 percent. However, enrollment was low for specific subgroups within the population, especially Aboriginal children. To address this issue and increase enrollment across the country, in 2008, through the Council of Australian Governments, all Australian governments jointly agreed to the National Partnership Agreement on Early Childhood Education. The National Partnership aims to provide all children with access to a quality early childhood education program by 2013, delivered by a four-year university-trained early childhood teacher, for 15 hours a week, 40 weeks a year, in the year before formal schooling. Before the National Partnership, Australia's investment in ECD was only 0.1 percent of GDP, which ranked 30th out of the 32 OECD countries, and well below the 0.45 percent of GDP average. To achieve quality and universal coverage, all parties agreed to increased, sustained financial investment, which was partially aided though additional funding of 970 million USD by the Commonwealth of Australia over a five-year period.

Birth registration rates in The Gambia are very low, but strides have been made in addressing inequity in registration. Table 9 provides a regional comparison of birth registration rates. According to a case study completed by ADEA in 2011, reasons for low and varying birth registration rates include cost, distance to birth registration centers, lack of awareness on the importance of birth registration, lack of knowledge about registration sites, and mothers' lack of information regarding their obligation to register children, among other factors. This rate has been steadily increasing since 2004 with the streamlining of birth registration processes into reproductive and maternal health services in health clinics. Currently 53 percent of children in The Gambia are registered, and although The Gambia is still a long way from achieving its goal of universal birth registration, the country has overcome some of the initial obstacles that prevented registration.

Table 9: Regional Comparison of Birth Registration

	The Gambia	Sierra Leone	Liberia	Ghana	Mali
Birth registration	53%	78%	4%	63%	81%

Source: UNICEF Country Statistics 2011.

Policy Lever 2.3: Equity

Emerging

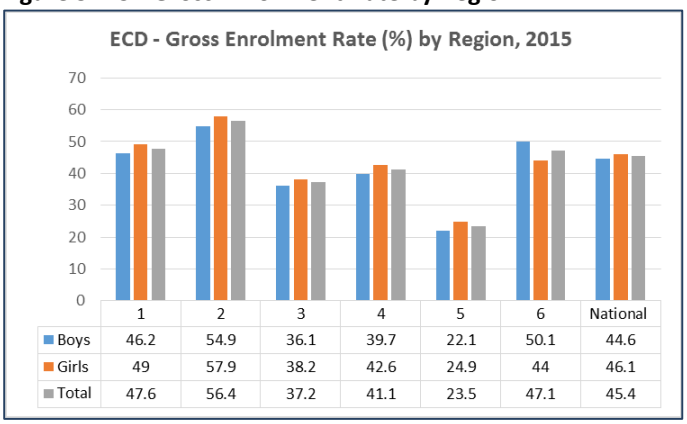
●●○○

Based on the robust evidence of the positive effects ECD interventions can have for children from disadvantaged backgrounds, every government should pay special attention to equitable provision of ECD services.[7] One of the fundamental goals of any ECD policy should be to provide equitable opportunities to all young children and their families.

Although access to early childhood education services by gender is relatively equitable across regions, access by geographical region remains unequal. Enrollment rates in urban areas are higher than in rural areas because of the relative proximity of children and families to early childhood education centers and the family's ability to pay. As displayed in Figure 5, ECCE enrollment by region varies widely: 23.5 percent in Region 5 to 56.4 percent in Region 2. Region 1 (Banjul/Kanifing) and Region 2 (Western Region) are the most urban areas of the country and therefore have the highest ECCE enrollment rates.

The private sector, including all nonstate facilities, has played a major role in increasing preprimary enrollment in The Gambia, with the majority of enrolled children receiving ECCE services in private centers, missions, or madrassas. Yet fees charged by private centers may still create disparities in enrollment rates, with poorer families unable to pay the required fees.

Figure 5: ECD Gross Enrollment Rate by Region



	1	2	3	4	5	6	National
Boys	46.2	54.9	36.1	39.7	22.1	50.1	44.6
Girls	49	57.9	38.2	42.6	24.9	44	46.1
Total	47.6	56.4	37.2	41.1	23.5	47.1	45.4

Source: Education Statistics, MoBSE 2015.

Disparities exist in access to essential health services between urban and rural areas. Maternal mortality remains a crucial issue for health officials in the country. More than half of maternal deaths occur before 35 years of age, and the risk of dying from a maternity-related cause is 1 in 23. According to the Reproductive Health Policy, the risk in rural areas is nearly twice as high as that in urban areas, because of the lack of access to high quality health services. Child health services for children younger than 18 months are limited because of both the scarcity of centers that provide Emergency Obstetric and Newborn Services and the availability of programs in rural areas. Although the infant mortality rate has declined from 78 per 1,000 births in 1990 to 49 per 1,000 live births in 2012, the infant mortality rates still remain high in rural areas, particularly in parts of the North Bank region.

Policy Options to Implement ECD Widely in The Gambia

Scope of Programs

➢ **The GoTG provides essential health and nutrition services for women and children but should ensure more coordinated service delivery efforts.** Currently the GoTG provides comprehensive services for children and mothers in the education, health, and nutrition sectors, as well as many services in the social and child protection fields. The programs vary from immunization and vitamin supplementation programs to parent education programs. The GoTG has made much progress on the scope of ECD programs available. Currently most of the

[7] Engle et al. 2011; Naudeau et al. 2011.

programs are not operating to scale, and many of the programs are still operating as pilots in urban areas. Program implementation depends on size, financing, and location of the program. Some programs have full governmental support with coordinated service delivery, while other programs are run by NGOs and often lack sufficient funding and support for adequate implementation. The relevant government agencies should consider developing or revising existing sectoral implementation plans to identify responsible implementing agents. Streamlining ECD-related programs will also help ensure that children and mothers are receiving the full scope of services.

Coverage

➢ **The GoTG has a wide variety of programs established to meet the needs of mothers and young children, but access to programs and services is limited, and therefore coverage is low.** The BFCI program, for example, which has proven to be successful, serves children in only two out of six regions. After successful implementation and quick results, the GoTG incorporated the BFCI program into the national strategy. To reach the necessary population, it was recommended that the Government increase financial and technical support for the program. Additionally, national and state ministerial bodies must collaborate to ensure streamlining of programs intersectorally and ensure wide availability.

Equity

➢**The GoTG could consider revising the special needs policy framework to be more inclusive of the real needs of this population.** Distance and cost are significant barriers for children and families in accessing services for children with special needs. The GoTG could consider establishing more facilities to support children with special needs, especially in harder-to-reach areas, including poor and rural. Currently many NGOs and community institutions are providing special needs services in the country. The GoTG could consider supporting the expansion of and access to such programs by offering vouchers for children to attend these schools.

➢**The GoTG could consider reforming the birth registration system to facilitate increased registration.** The Gambia struggles with health centers and facilities that illegally charge for birth registration certificates. The GoTG could consider including financial penalties or other forms of sanctions against health facilities that violate the mandate to reduce the number of health centers that are illegally charging fees for birth registrations. Additionally, the government may consider providing enrichment classes for local birth attendants to better acquaint them with birth registration procedures. This could allow for information on birth registration to be disseminated to more parents, especially in rural areas.

Policy Goal 3: Monitoring and Ensuring Quality

➢ Policy Levers: Data Availability • Quality Standards • Compliance with Standards

Monitoring and Ensuring Quality refers to the existence of information systems to monitor access to ECD services and outcomes across children, standards for ECD services, and systems to monitor and enforce compliance with those standards. Ensuring the quality of ECD interventions is vital because evidence has shown that unless programs are of high quality, the impact on children can be negligible or even detrimental.

Policy Lever 3.1: Data Availability

Established ●●●○

Accurate, comprehensive, and timely data collection can promote more effective policy making. Well-developed information systems can improve decision making. In particular, data can inform policy choices regarding the volume and allocation of public financing, staff recruitment and training, program quality, adherence to standards, and efforts to target children most in need.

The MoBSE routinely collects robust data on early childhood education indicators. Currently the MoBSE collects solid data on national and subnational delivery of education services, including for ECD-aged children.

The MoHSW routinely collect data on indicators related to maternal and child wellbeing. Currently the MoHSW collects data on national and subnational use of health facilities for children on a monthly basis. Data on national coverage and usage of nutrition interventions for young children are collected on a regular basis through the MICS, a nutrition surveillance program that collects data every six months, and through updates provided by the community registrars. Although the MoHSW receives data from various sources, the ministry still struggles with often incomplete or incoherent data.

The Department of Social Welfare (DoSW) collects routine data on young children and the child protection system. The department collects data on (1) number of children that enter shelters, (2) number and type of foster care homes, (3) number of children that enter baby-feeding programs, (4) number of OVCs, and (5)

number of orphanages. Like the data from the MoHSW, data collected by the DoSW technical team are often incomplete and not collected on time.

While ECD data are collected, The Gambia still lacks a centralized data collection system to measure child development goals and outcomes. Numerous partner organizations have collected information on child outcomes and published these in reports and studies. The GoTG has also authorized and administered the Multiple Indicator Cluster Survey (MICS), funded by UNICEF, in 2010. Individual NGOs and government departments collect information as needed but often without any continuity. Table 10 displays the availability of selected ECD indicators in The Gambia. The issue of incomplete data is exacerbated by the lack of collaboration between government departments.

Table 10: Availability of Data to Monitor ECD in The Gambia

Administrative data	
Indicator	**Tracked**
ECCE enrollment rates by region	✓
Special needs children enrolled in ECCE (number of)	✓
Children attending well-child visits (number of)	X
Children benefiting from public nutrition interventions (number of)	X
Women receiving prenatal nutrition interventions (number of)	X
Children enrolled in ECCE by subnational region (number of)	✓
Average per student-to-teacher ratio in public ECCE	✓
Is ECCE spending in education sector differentiated within education budget?	✓
Is ECD spending in health sector differentiated within health budget?	X
Survey data	
Indicator	**Tracked**
Population consuming iodized salt (%)	✓
Vitamin A supplementation rate for children 6–9	✓
Anemia prevalence among pregnant women (%)	✓
Children below the age of five registered at birth	✓
Children immunized against DPT3 at age 12	✓
Pregnant women who attend four antenatal visits	✓
Children enrolled in ECCE by socioeconomic status	X

Lack of coherent, complete data has undermined the NWGECD's ability to ascertain the status of children in the system and to make data-driven decisions on programming. The NWGECD hopes that through the recruitment of more departmental staff members, the group is able to better support the ECD Policy Framework, including increasing the efficiency and timeliness of data collection.

Policy Lever 3.2: Quality Standards

Emerging

Ensuring quality ECD service provision is essential. A focus on access—without a commensurate focus on ensuring quality—jeopardizes the very benefits that policy makers hope children will gain through ECD interventions. The quality of ECD programs is directly related to better cognitive and social development in children.[8]

Health workers are required to receive training in delivering ECD messages. Many families, especially in rural areas, are unaware of what services are available for them, and most have never received any type of education on positive parenting and child development. According to the ECD Policy Framework, doctors and nurses, extension health service workers, midwives, and community health nurses are all required to complete training in delivering messages related to ECD. The GoTG has devised a strategy to make ECD knowledge widespread through the use of health workers and others involved in the provision of ECD services.

The MoBSE has developed and put into place preprimary curricula for children from birth to 83 months old. Preprimary curricula for children at these ages is focused on play-based learning, including numeracy, language/communication, physical, social and emotional themes, and cross-cutting issues such as gender, ethnicity, special needs, and health and safety topics. Additionally, for children under age three, the ECD Unit in the MoBSE developed *0 to 3—Partnering with Parents to Raise Happy Children*. The program was developed in 2012 and is currently being piloted. The program is designed to be implemented by facilitators in community-based ECCE centers.

For children between the ages of three and six, the MoBSE has developed The Gambia's Active Open Learning Spaces (GOALS). The GOALS curriculum is divided into three terms, ranging in length between 12 and 15 weeks, for a total of 40 weeks. Each class for these 40 weeks is between 3 and 4 ½ hours. The curriculum is play-based.

[8] Bryce et al. 2003; Naudeau et al. 2011; Taylor and Bennett 2008; Victoria et al. 2003.

Although clear learning standards have been established for ECCE by the MoBSE, privately run ECCE centers tend to utilize their own curriculum and learning standards. Routine and informal observations by the MoBSE have shed light on the use of diverse curricula by a large majority of private ECCE centers.

In an attempt to ensure a smooth learning continuum from preschool to primary school, some nonstate ECCE providers have developed their own curricula. In both the public and private sectors, efforts to create continuity in curriculum have been most successful in preprimary schools that are annexed to primary schools. The MoBSE is in the process of piloting the curriculum in select annexed schools.

Established infrastructure standards for ECCE facilities exist, but there are no established registration and accreditation procedures. According to basic education standards, ECCE centers are required to have 64 square meters of space or 1.4 square meters per child. Other basic requirements for the construction of ECCE facilities are also laid out in the ECD Policy Framework. However, because of the lack of ECCE facility registration and accreditation procedures, such facilities are sometimes constructed and operate without government approval.

Policy Lever 3.3: Compliance with Standards

Establishing standards is essential to providing quality ECD services and to promoting the healthy development of children. Once standards have been established, it is critical that mechanisms are put in place to ensure compliance with standards.

Compliance with standards is not well monitored in The Gambia. The GoTG has laid out clear guidelines, standards, and goals in many of their ECD policies. Despite this, many policies lack specificity and an overall auditing mechanism to ensure compliance. Compliance is not monitored and, when it is, not well tracked. Section 3 of the ECD Policy Framework places the responsibility for ensuring compliance with standards on the private sector and NGOs. The policy also delegates auditing responsibilities for program implementation to respective departments. No clear guidelines or procedures on how or when to audit are given in the policy framework. Ambiguity over the terms of ensuring compliance with standards has led to a lack of action on behalf of responsible parties.

Policy Options to Monitor and Ensure ECD Quality in The Gambia

Data Availability

➢**The GoTG could improve, align, and centralize current data collection systems to make more informed programming decisions related to ECD.** Currently each sector collects its own data. No standardization is found for the frequency of data collection or the content being collected. This unsystematic collection of data creates challenges for the NWGECD, whose responsibility it is to articulate the needs of children and mothers and develop policy in accordance with the gaps in programming and rise in needs. Children with special needs, for example, are often deprived of basic ECD services specific to their needs.

➢**Facilitate enhanced capacity of local authorities in order to resolve issues in service delivery.** Although the scope of programs is wide, few data are available to show accessibility and quality of services. The MoBSE began a census to collect information on preprimary enrollment by region in the spring of 2013. It is important that such data be collected routinely and throughout The Gambia, including in poorer, more remote areas. The Government should work to enhance the capacity of the local government officials at both the regional and subregional levels to give them the capacity and support to carry out evaluations more frequently. This more routine collection of data will ensure that the Government constantly has the most up-to-date, accurate information on hand. The GoTG will be able to make more informed decisions to address gaps in access and ensuring quality programing.

Quality Standards

➢**Specific sectoral departments could develop and/or enhance quality standards to make them more actionable.** Currently most governmental departments have quality standards for ECD services in place that are too general. Compliance tends to be low on these standards. Appropriate departments should work on enhancing quality standards by making them more specific, actionable points that relevant departmental stakeholders can then use to better guide themselves with.

Compliance with Standards

➢**The GoTG could consider developing enhanced standards and an auditing mechanism to monitor and ensure compliance across the sectors.** Currently weak mechanisms exist for ensuring compliance with standards. Those mechanisms mostly exist through verbal declarations and word of mouth but do not appear in ECD policies and documents. Minimal efforts to establish such mechanisms have been made in the health, nutrition, and education sectors. It is advisable that the GoTG develop standards, especially for ECCE personnel, and create mechanisms to ensure compliance.

Comparing Official Policies with Outcomes

The existence of laws and policies alone does not always guarantee a correlation with desired ECD outcomes. In many countries, policies on paper and the reality of access and service delivery on the ground are not aligned. Table 11 compares ECD policies in The Gambia with ECD outcomes.

Preliminary Benchmarking and International Comparison of ECD in The Gambia

Table 12 presents the classification of ECD policy in The Gambia within each of the nine policy levers and three policy goals. The SABER-ECD classification system does not rank countries according to any overall scoring; rather, it is intended to share information on how different ECD systems address the same policy challenges.

Table 13 presents the status of ECD policy development in The Gambia alongside a selection of regional countries.

Table 11: Comparing ECD Policies with Outcomes in The Gambia

ECD Policies	Outcomes
Law complies with the International Code of Marketing of Breast Milk Substitutes →	Exclusive breastfeeding rate (>6 months): **34%**
The Gambia has national policy to encourage the iodization of salt →	Household iodized salt consumption: **22%**
Preprimary school is free but not compulsory in The Gambia →	Preprimary school enrollment: **45.4%**
Young children are required to receive a complete course of childhood immunizations →	Children with DPT (12–23 months): **98%**
Policy mandates the registration of children at birth in The Gambia →	Completeness of birth registration: **53%**

Table 12: Benchmarking ECD Policy in The Gambia

ECD Policy Goal	Level of Development	Policy Lever	Level of Development
Establishing an Enabling Environment	●●○○	Legal Framework	●●●○
		Intersectoral Coordination	●●○○
		Finance	●○○○
Implementing Widely	●●○○	Scope of Programs	●●●○
		Coverage	●●○○
		Equity	●●○○
Monitoring and Ensuring Quality	●●○○	Data Availability	●●●○
		Quality Standards	●●○○
		Compliance with Standards	●○○○
Legend:	**Latent** ●○○○	**Emerging** ●●○○	**Established** ●●●○	**Advanced** ●●●●

Table 13: International Classification and Comparison of ECD Systems

ECD Policy Goal	Policy Lever	Level of Development				
		The Gambia	Sierra Leone	Ethiopia	Kenya	Liberia
Establishing an Enabling Environment	Legal Framework	●●●○	●●○○	●●●○	●●○○	●○○○
	Coordination	●●○○	●○○○	●●○○	●●●●	●●○○
	Finance	●○○○	●○○○	●○○○	NA	●○○○
Implementing Widely	Scope of Programs	●●●○	●●●○	●●○○	●●○○	●●○○
	Coverage	●●○○	●○○○	●○○○	●●●○	●●○○
	Equity	●●○○	●○○○	NA	NA	●○○○
Monitoring and Ensuring Quality	Data Availability	●●●○	●○○○	●○○○	●○○○	●○○○
	Quality Standards	●●○○	●○○○	●○○○	●●○○	●○○○
	Compliance with Standards	●○○○	●○○○	●○○○	●○○○	●○○○
Legend:	**Latent** ●○○○	**Emerging** ●●○○		**Established** ●●●○		**Advanced** ●●●●

NA = not available.

Table 14: Summary of Policy Options to Improve ECD in The Gambia

Policy Goals	• Policy Options and Recommendations
Establishing an Enabling Environment	• Consider developing a costed implementation plan for ECD. • Tighten and enhance coordination efforts between the ECD institutional anchor, the NWGECD, and the National Commission for Children. • Improve budgeting practices to make tracking of spending for ECD and coordination across sectors easier.
Implementing Widely	• Facilitate enhanced capacity of local authorities to best identify and resolve issues in service delivery. • Revise the special needs policy framework so as to make it more inclusive of special needs children. • Reform the birth registration system so it is simpler and more inclusive.
Monitoring and Ensuring Quality	• Improve and centralize data collection systems to facilitate more informed programming decisions related to ECD. • Ministerial bodies could consider developing and enhancing quality standards, especially for ECD personnel. • Develop and implement auditing mechanism to monitor and ensure compliance with ECD standards across sectors.

Conclusion

The SABER-ECD initiative is designed to enable ECD policy makers and development partners to identify opportunities for further development of effective ECD systems. This Country Report presents a framework to compare The Gambia's ECD system with other countries in the region and internationally. Each of the nine policy levers are examined in detail, and policy options are identified to strengthen ECD. Table 14 summarizes the key policy options identified to inform policy dialogue and improve the provision of essential ECD services in The Gambia.

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Acronyms

BFCI	Baby-Friendly Community Initiative
BSED	Basic and Secondary Education Directorate
CWGECD	Community Working Group on ECD
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
EPI	Extended Program on Immunization
GOALS	The Gambia's Active Open Learning Spaces
GoTG	Government of The Gambia
HIV/AIDS	human immunodeficiency virus (infection)/acquired immunodeficiency syndrome
JSDF	Japan Social Development Fund
MoBSE	Ministry of Basic and Secondary Education
MoHSW	Ministry of Health and Social Work
NGO	Nongovernmental Organization
NWGECD	National Working Group on ECD
OVC	orphans and vulnerable children
RCH	Reproductive and Child Health
RWGECD	Regional Working Group on ECD
SABER-ECD	Systems Approach for Better Education Results–Early Childhood Development
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAS	Vitamin A Supplementation
WHO	World Health Organization

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The **Systems Approach for Better Education Results (SABER)** initiative produces comparative data and knowledge on education policies and institutions, with the aim of helping countries systematically strengthen their education systems. SABER evaluates the quality of education policies against evidence-based global standards, using new diagnostic tools and detailed policy data. The SABER country reports give all parties with a stake in educational results—from administrators, teachers, and parents to policy makers and business people—an accessible, objective snapshot showing how well the policies of their country's education system are oriented toward ensuring that all children and youth learn.

This report focuses specifically on policies in the area of Early Childhood Development.

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