Ministry of Health and Social Welfare's

Strategic Plan

2010 - 2014

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List of Abbreviation

AFPRC	-	Armed Forces Provisional Ruling Council
AIDS	-	Acquired Immune Deficiency Syndrome
ART	-	Anti – Retroviral Therapy
BI	-	Bamako Initiative
CBR	-	Community Based Rehabilitation Programme
CHN	-	Community Health Nurse
CRR	-	Central River Region
DRF	-	Drug Revolving Fund
DNT	-	Directorate of National Treasury
DSW	-	Department of Social Welfare
EFEM	-	External Factor Evaluation Matrix
EMOC	-	Emergency Obstetrics Care
EPI	-	Expanded Program on Immunization
HCT	-	HIV Counselling and Testing
HIV	-	Human Immunodeficiency Virus
HMIS	-	Health Management Information System
HR	-	Human Resources
ICT	-	Information and Communication Technology
IEC	-	Information, Education and Communication
IFEM	-	Internal Factor Evaluation Matrix
IMNCI	-	Integrated Management of Neonatal & Childhood Illnesses
LRR	-	Lower River Region
MDFT	-	Multi-Disciplinary Facilitation Team
MDGs	-	Millennium Development Goals
MDI	-	Management Development Institute
MOFEA	-	Ministry of Finance and Economic Affairs
MOH	-	Ministry of Health
MOHERST	-	Ministry of Higher Education, Research, Science and Technology
MOH & SW	-	Ministry of Health and Social Welfare
MRC	-	Medical Research Council
MTEF	-	Medium Term Expenditure Framework
NBR	-	North Bank region
NCD	-	Non-Communicable Diseases
NEA	-	National Environment Agency
NGO	-	Non Governmental Organisation
OPD	-	Organisations of Persons with Difficulties
OVC	-	Other Vulnerable Children
PHC	-	Primary Health Care
PHO	-	Public Health Officer
PMO	-	Personnel Management Office
PMTCT	-	Preventing Mother -To-Child Transmission
RHO	-	Regional Health Officer
RHT	-	Rural Health Team
RVTH	-	Royal Victoria Teaching Hospital
SEN	-	State Enrolled Nurses
SMT	-	Senior Management Team
SRN	-	State Registered Nurses
STI	-	Sexually Transmitted Diseases
TB	-	Tuberculosis
TBA	-	Traditional Birth Attendant

UNDP	-	United Nations Development Programme
URR	-	Upper River Region
UTG	-	University of The Gambia
VCT	-	Voluntary Counselling and Testing
VHW	-	Village Health Worker
WHO	-	World Health Organisation

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Vision of The Ministry of Health and Social Welfare

Quality and Affordable Health Services for All By 2020.

Mission of the Ministry of Health and Social Welfare

Our mission/purpose is:

To Promote and protect the health *and welfare* **of the population by providing comprehensive healthcare and** *social welfare* **packages in partnership with all relevant stakeholders; ensure high coverage of basic healthcare services; achieve staff training and retention; ensure a reduction of maternal and infant mortality and morbidity; ensure reduction of communicable and non-communicable diseases; strengthen and support Health** *and Social Welfare* **Communication Programmes; ensure reduction in the frequency of environmental health and safety related problems and diseases; establish a mechanism for health services financing risk protection for all and** ***to provide quality social welfare services to all vulnerable and needy persons.***

Derived from and linked to our vision **"Quality and Affordable Health Services For All By 2020",** the MOHSW aims at fulfilling within this strategic time period these above stated long-term goals.
Taken together, we are confident that with institutional capacity developed and anchored on well-thought strategies that ensure that a comprehensive healthcare package in partnership with health service delivery partners is delivered, ensure high coverage of healthcare services, reduce the frequency of environmental health and safety related problem and diseases, as well as of communicable and non-communicable diseases; and supported by adequate staff and skill levels and their retention, the MOHSW will certainly deliver quality and affordable heath services for all by the turn of 2020.

Core Values

Against the background of our vision, which is aimed at being achieved through our purpose as detailed in our mission statement, MOHSW is committed to the highest standards of achievement obtainable through dedication and skill and hard work. It is committed to treating and providing Social Welfare Services to people and applying health sector management and delivery and coordination thereof responsibly.

For its effectiveness and integrity the MOH&SW needs to operate within an acceptable norm and culture. As a state department/Ministry entrusted with the health and welfare of the nation, the ministry must abide by certain moral guiding principles.

As such, the core values of by which the Ministry of Health and Social Welfare shall accomplish its strategic vision include:

1. Equity
2. Gender Equity
3. Ethics and Standards
4. Client Satisfaction
5. Cultural Identity
6. Health System Reforms
7. Skilled Staff Retention and Circulation
8. Partnerships
9. Respect for Human, Child Rights and persons with disabilities
10. Empowerment
11. Communications
12. Decentralisation and Community participation

Equity
Accessibility and affordability of quality services at point of demand especially for women and Children, for the marginalised and underserved, irrespective of political, national, ethnic or religious affiliations; rational expansion of health and Social Welfare services.

Gender Equity
The planning and implementation of all health and social welfare programmes should address gender sensitive and responsive issues including equal involvement of men and women in decision-making; eliminating obstacles (barriers) to services utilisation; prevention of gender-based violence and discrimination**.**

Ethics and Standards
Respect for human dignity, rights and confidentiality; good management practices and quality assurance of service delivery.

Client Satisfaction
Accessibility to twenty-four hour quality essential services especially emergency obstetric care, blood transfusion and child protection services; reduced waiting time; empathy in staff attitudes; affordability and adequate staffing in health and Social Welfare facilities.

Cultural Identity
Recognition of local values and traditions; use of traditional structures e.g. Kabilos, kaffos, traditional healers and t***raditional Communicators.***

Health System Reforms
Devolution of political and managerial responsibilities, resources and authority in line with the Government decentralisation programme; capacity building for the decentralised structures (institutions).

Skilled staff retention and circulation
Attractive service conditions (package); job satisfaction to encourage a net inflow of skills.

Partnerships
Community empowerment; active involvement of the private sector, NGOs, local government authorities and civil society; and effective donor co-ordination.

Respect for Human, Child Rights and persons with disabilities

Commitment to the promotion of human rights, the survival, protection, participation and development of children in conformity with the UNCRC and the ACRWC, the CEDAW and other national laws, and international Protocols and Conventions for the protection of Human Rights and persons with disabilities.

Empowerment

Ensure that vulnerable groups such as children, women and persons with disabilities are supported to take control of their lives and participate actively in decision making processes that affect them.

Communications

Public awareness, knowledge and understanding will be enhanced through the development of effective communications strategy. A well informed, trained and motivated staff will advocate on behalf of its clientele and provide them with information that will enable them to make informed choices.

Decentralisation and Community participation

In line with Government's decentralisation policies devolve managerial responsibility, resources and authority and build capacity of decentralised structures to provide quality health and Social Welfare services at regional and community level.

Foreword

The civil service is the government's administrative and managerial machinery that lubricates governmental and public operations, ensuring that systems exist and are functional in enabling the smooth conduct of government business across the three arms (Executive, Judiciary and the Legislature), as well as within them; and in effect that which interfaces government with the private sector, the NGO and international communities.

It would therefore be seen that the civil service has a profound direct and catalytic effect on public operational effectiveness and efficiency, as well as on the overall rate and pace of socioeconomic development of any nation. A stable and professionally qualified and competent civil service; that which is motivated ensures the bedrock of growth and security as the various aspects of government such as the executive, legislature and judiciary transit in the processes of changes in the handling of the power mantles at these levels. Japan is the second biggest economy in the world and one of the most developed, and yet politically at some point, it was one of the most unstable. The rate of changes in government (Prime Minister and Cabinet) through elections at one time was so fast that some governments existed for barely more than six months. However, in spite of this, due to the effectiveness and competence of the civil service in Japan, its public institutions and private sector and overall economic growth and development continued to show resilience in growth and stability over the period of this instability.

The Gambia in the past has had its own share of a strong and relatively stable civil service. At independence in the 1960s (Civil Service Reform Strategy, 2008 – 2011), The Gambia had a compact civil service with a reasonable level of capacity, and this competence was maintained until the 1970s, when it started to lose steam. Realising this deterioration, attempts were initiated to turn the tide, beginning with reducing and controlling the size of the civil service wage bill, in the 1980s. It soon was realised afterwards that the civil service size rebounded and most of the gains made in past reforms were lost. After these reforms, various initiatives were also undertaken to improve centralised management of human resources and career development in the civil service, since due among other things to competition from the private sector, the service lost most of its employees. These initiates (see Civil Service Reform Strategy 2008 – 2011), most of which took place between the 1980s and 1990s secured some successes but could not on average be sustained. In 1994, the World Bank supported SECAL civil service reform was abandoned by the Bank itself due the change in government and the authorities had to resort to selective capacity building with the support of various other donors.

Notwithstanding these reform moves, the much needed comprehensive and coherent approach to civil service reform has been lacking until the advent of the current reforms, part of which this assignment is a result. It has now been felt after a study that there was political support to a comprehensive approach and that this provided a conducive environment for necessary reforms.

Based on the general consensus that the capacity of the civil service has deteriorated in the last three decades, shared by the President himself, by his announcement in 2007 of government's intention to reintroduce the civil service reforms, the current reforms were studied and hence launched.

The Development of Strategic Tools and Building Institutional Capacity in the Strategic Management Process is the essence of this assignment out of which the following were accomplished:

1. Development of strategic tools for ten key government institutions, namely MOF, MOHSW, MOLGL, MOA, MOYS, GRA, PSC, PMO, NAO and Office of The President,
2. These tools include for each institution generating a five-year strategic plan for 2010 – 2014 (with a logical framework, costed annualised strategy budget and supporting strategy adapted institutional structure), and a functional analysis for each institution from which the agreed new structure was derived; and
3. Through training and participation of created institutional strategy formulation teams, capacity in strategy formulation was built in the participating institutions to enable creating a strategy thinking capabilities and mindset in the partner institutions, so that when it would be time to review these plans after some years of implementation, the institutions would have had both individual and organisational abilities to review and reformulate their strategic plans.

With these well consulted and generated strategic plans, it is hoped that the annualised strategic budgets will enable institutions put themselves on growth and reinvention paths by culling up each year from them and into the annual budget, the development investment requirements for discussion with MOF/NPC and approval for implementation. It is hoped that given this approach, these institutions and in effect the civil service will be institutionally stronger and much more and proactively well placed to drive a more dynamic and robust economy, the net effect of which will be sustained incremental national socioeconomic growth and development.

It is also hoped that given the strategic management capacity built in all of these partner institutions, a critical core of these personnel will enable continuous resonance of strategic success for government over a reasonable time in the future.

Section I: Introduction

1.1 The Constitutional and/or Legal Mandate of the MOH&SW

The mandate o the MOHSW derives from the constitutional authority of the President of the Republic to establish ministries for the sake of governance. Upon its establishment and as it progresses in the execution of its institutional mandate, the ministry generated the Health Sector Policy and other sub-policies to enable the smooth conduct of business.

The Health policy argues that there is a pressing need to enhance the delivery of quality health services in order to reduce the high prevailing morbidity and mortality rates.

The current health policy (2007-2020) has been influenced by the following factors:

- To keep in pace with the Decentralisation and Local Government Reforms which emphasise an integrated management of government services, including health to the regions. The devolution of authority, responsibility and resources to the regions has to be directed by the policy.

- Proliferation of donor agencies, each operating in their own way in the same health care system. There is therefore urgent need for better co-ordination of donor activities.

- The declining, though still high, incidence of infectious diseases and the emergence and re-emergence of non-communicable and communicable diseases needs intensification of efforts in our service delivery packages.

- Formulation of other sector policies impacting on the organisation and the delivery of health services.

- The disparity in the demand and quality of services at different levels of health care.

- Experience from the implementation of certain health projects/programmes like PHC, BI and DRF to improve financing of health services.

- The need for stronger partnership in the health sector with the donors, NGOs, private sector and the community in delivering health services to the population.

- The absence of a co-ordinated monitoring and evaluation system to measure performance and plan for improvements and ensure accountability.

- The limited collaboration between the traditional healers and the formal health sector.

- The frequent changes in top management positions at the Ministry of Health have been hampering continuity, institutional memory and policy flow. The need to have a clear direction to improve quality of healthcare and reduce the high morbidity and mortality rates requires a supportive organisational and management framework with a strong flexible and knowledgeable leadership, able and willing to take informed decision.

However, the MOHSW major policy goal (National Health and other policies such as social welfare policy, the disability policy and children's policy) is to "Reduce morbidity and mortality in the population to significantly improve quality of life", anchored on the following targets:

- Infant mortality rate reduced from 75/1000 to 28/1000 by 2015,
- Under five Mortality rate reduced from 99/1000 to 43/1000 by 2015,
- Maternal Mortality ratio reduced from 730/100000 to 150/100000 by 2015,
- Life expectancy national increased from 63.4 years to 69 years ,
- Life Expectancy for women increased from 65 years to 70 years by 2015,
- Life expectancy for men increased from 62.4 years to 68 years,
- Malaria incidence reduced by 50% by 2015,
- HIV/AIDS Prevalence reduced (HIV1 from 1.1% to 0.5% and HIV2 from 0.7% to 0.1% by 2015),
- Total Fertility Rate reduced from 5.4 to 4.6 by 2015,
- Diagnose at least 70% of the total estimated incidence of new smear positive cases annually and cure at least 85% of new sputum smear positive patients by 2015,
- Reduce morbidity due to non communicable diseases by 10% by 2015 (2007 base), and
- Reduce morbidity due to other communicable diseases by 50% (2007 base).
- Set up a monitoring and evaluation system to ensure timely feedback for corrective measures by 2011
- Advocate for and influence the enactment of an all-purpose Social Welfare Act by 2012.
- Set minimum care standards of practice for institutions caring for children by 2011.
- Decentralise social welfare service to all regions by end of 2012.
- Set up and maintain a Data Base System for all the Units of the Department by 2013
- Establish a National Social Welfare Trust Fund for the needy and vulnerable groups including children and persons with disabilities by 2014.
- Develop a National Child Protection Strategy and operational Plan by 2011.
- Advocate for the signing and eventual ratification of the UN Convention for persons with disabilities by end of 2010.
- Set up a National Plan of Action for the prevention of disability and rehabilitation of persons with disabilities in accordance with the United Nations Standards Rules on Equalization of Opportunities for Persons with Disabilities by 2013.
- Develop and implement various programmes for the protection and promotion of the rights and welfare of the differently vulnerable and needy groups in The Gambia by 2014

Even though yet to be approved at Cabinet level, this draft policy continues to guide the operations of the sector and forms the basis by which it conducts business. The MOHSW also has several other sub-sector policies, which need to be reviewed by Cabinet and given due approval, but like the main sector policies, these policies also continue to suffer from the absence of Cabinet approval due to top leadership instability. It is important for these policies to be given Cabinet attention so that the structural framework of the sector is unified and consistent, so that it would be amenable to evaluation and review for improvement.

1.2 Context of the Strategic Plan 2010 – 2014

The Gambia health sector has a three-tier system comprising the Primary, Secondary and the Tertiary levels. The primary level consists of the Village Health Services and Community clinics; the Secondary comprises the Minor and Major Health centres whilst the Tertiary consists of the General Hospitals and the Teaching Hospital. The Department of Social Welfare is responsible for the provision of social welfare services to the under-privileged and vulnerable groups in the country.

The Ministry of Health and Social Welfare (MOH & SW) is the main government institution responsible for healthcare delivery and provision of social welfare services in The Gambia. The health sector is managed at two levels, the central and regional levels.

Under the Ministry of Health are three Directorates: Basic Health Services, Planning and Information and Social Welfare.
For the management at the regional levels, the country is classified into six health regions each headed by a Regional Health Officer (RHO). The Regional Health Teams are responsible for the primary and secondary healthcare facilities and their staff.

At primary level there are 492 PHC village posts, which are clustered into circuits. The services at this level are delivered by village health workers, traditional birth attendants and other community volunteers. The community health nurses based in key villages supervise clusters of primary healthcare villages.

The secondary level is made up of 38 public health facilities and is complemented by private and NGOs service provision. Based on the population standards and using the minor health centre as unit of analysis (15,000 populations/per minor health facility) the health coverage per region is thus: Kanifing 18%, NBR 100%, LRR 60%, Banjul 100%, URR 67%, CRR 75% and Western Region 30%.

Although there are 4 general and 2 specialized public hospitals in The Gambia, the services they provide are inadequate due to capacity constraints. They are complemented by few private and NGO facilities all of which are located in the greater Banjul area whose services are unaffordable and inaccessible to the vast majority of Gambian populace.

There are 3 Health Training Institutions producing professionals annually that feed the health system. They are: the School of Nursing and Midwifery, School of Public Health and the Faculty of Medicine and Allied Health Sciences at the University of The Gambia, which are all under the Ministry of Higher Education, Research, Science and Technology (MOHERST).

The Community Health Nurse and the State Enrolled Nurses Schools are under the Ministry of Health. Three of these schools (Nursing and Midwifery, Community Health Nurse and State Enrolled Nurse) produce different categories of nurses such as Registered Nurses, Enrolled Nurses and Community Health Nurses respectively, at an average of 30 graduates per year.

The Regional Ophthalmic Training Programme at the Regional Eye Care Centre trains Cataract Surgeons and Ophthalmic Nurses annually.

The University of The Gambia, Faculty of Medicine and Allied Health Sciences was established in 1999. It has started producing graduates at BSc level in Nursing and Public

Health since 2003, and the first batch of Medical Doctors has graduated in 2006. As far as social welfare is concern, there also exist a training programme for social workers at certificate and diploma levels conducted at the SOS Regional Mothers' and Aunties' Training Centre and the University of The Gambia respectively.

Although there are constraints in the Health and Social Welfare Sectors, the most pressing is the ineffective management structure at the Ministry of Health and Social Welfare (MOH&SW)**.** It has not helped matters that in the recent past, frequent changes were made in the top management positions that hindered policy implementation, and weakened institutional memory. If this challenge is successfully overcome, then the rest of the constraints below will be effectively addressed:

- High attrition of skilled health and social workers,
- Inadequate skilled and competent health workers,
- Low staff production from health training institutions,
- Inadequate basic equipment, consumables and other logistics,
- Insufficient drugs and other medical supplies,
- Weak referral systems,
- Inadequate Infrastructure and ICT equipment,
- High incidence of malaria,
- Containing the spread of HIV/AIDS infection, the overall goal of which is to stabilise and reduce the prevalence of HIV/AIDS, provide treatment, care and support to people living with HIV/AIDS,
- Sustainability of Health Management Information System (HMIS),
- Inadequate facilities and services at the tertiary care level against the background of increasing population and poverty levels, and
- Maintaining the achievements made in the health sector.
- Limited human, financial and material resources to meet the growing demand of social welfare and child protection services at national, regional and community levels.

In view of the above and many other challenges facing the institution, the civil service reform strategy identified the health sector as one of the critical government institutions needing support to transform and strengthen how it is managed.. This strategic document (formulating and implementing strategic planning tools to key government institutions) is one of five ongoing consultancies on a range of support mechanisms to civil service.

The strategic plan 2010 – 2014 takes its instructions from the health policy document, which aims at the attainment of the highest level of health delivery for the entire Gambian population by the year 2015 and the Social Welfare Policy document which aims to improve access to quality social welfare services at the local, institutional and national levels by 2013. The strategic plan is geared towards progressive reorientation of the health services to deliver quality healthcare as a means to achieving the envisaged socio-economic development of The Gambia, as enshrined in vision 2020 Gambia Incorporated, and in line with the Millennium Development Goal (MDGs) targets.

Section II: The Strategic Environment of the MOH&SW

Strategic planning it must be recalled is the continuous management process that seeks in a proactive way to predetermine desired organisational growth levels and future states of being, and on the basis of the existing dynamics of both its internal and external environment, craft what it wants to become in a defined future time period, namely its vision. It is the proactive method of formulating what your institution needs to evolve to, by providing realistic challenges and defined steps to accomplish those challenges. A mission statement is then generated from the vision to explain what the purposes or long term goals of the organisation must be in order that when embarked upon and achieved by the institution, the institution would have in turn achieved its vision.
To enable the achievement of the organisation's mission and in reverse order its vision, the organisation must for each goal generate the exhaustive set of objectives or result indicators that must be achieved; and for each objective, the strategic activities that must be undertaken. The strategic actions constitute the programmes/projects that must be costed and on an annual basis be culled up from the strategic plan to the annual budget framework, financed and implemented. This done over the strategic plan lifespan, will enable the accomplishment of the implementation of the strategic plan as summarised in the logical framework, and in effect the achievement of its objectives, goals (mission components) and the vision.

This process of proactive management will lead to the deliberate and continual reinvention of the organisation on an incremental basis over the various strategic planning cycles.

This section details the results of the environmental analysis to determine the structure of the MOHSW's environments and how dynamics in them will impede or help in validating its vision and mission statements, as well as provide the basis for the generation of the objectives and strategies that are most suitable for achieving the organisational vision.

2.1 The External Environment

The external environment of an organisation is everything/happening/dynamic outside the domain and/or control of the organisation, and may have significant effects on the way the organisation operates in fulfilling or achieving its mandate or objectives.
Hence, what is looked for here are the **changes** in the external environment, since the organisation must take steps to determine **appropriate responses** to these changes as it struggles to achieve its organisational objectives.

In summary, the outside environment of any government ministry/public organisation includes what happens in other ministries, the National Assembly, Cabinet level, social changes and other policy changes, some of which may include donor activities.

The following constitute the most critical external environmental factors that either present opportunities for the MOHSW to optimise its organisational reinvention, or those that have potential to make this reinvention either difficult or even impossible. Tables 5.1 show in tabular summary present the following critical external environmental factors.

For an institution to achieve the desired goals, it must not only analyse its home environment but must critically take stock of the external environment which it does not control. It is only when this is objectively done that critical factors are highlighted and strategies are developed to counter the threats and take advantage of the opportunities using available strengths whilst being mindful of weaknesses.

The MOH&SWs critical opportunities

The following constitute the opportunities for the ministry:

Accommodating Government
The present government is very accommodating and supportive to the health sector. It has set the health of the nation as its priority and has always strived towards ensuring that the health needs are urgently addressed. As such it is extremely responsive to health emergencies especially disease outbreaks. This is a major boost to the ministry as it can always count on the government for any health issue.

Stable Economic Growth
The Gambia has of recent enjoyed a stable economic growth. This has led to an increase in budgetary allocation to the ministry of health and social welfare. As a result of the growth a higher percentage of the population is also likely to have its income grow and be able to afford the cost of diseases prevention and meet the cost of medical bills. This trend could enable the ministry effectively meet most of the targets it has stapled out in the policy. A wealthy nation could breed a healthy population.

Increased budgetary allocation to the health sector
Over the years there has been increased budgetary allocation to the ministry of health and social welfare. With this trend the ministry can be assured of more allocations in the future and can therefore embark on more projects for health improvement.

High response of people to modern treatment
In as much as traditional medicine is still very much embraced by many people, a higher percentage of the population now seek modern treatment before resorting to any other forms of treatment. This is a great achievement as the ministry is now able to diagnose diseases at their early stage and offer the best available treatment to contain the disease. This will in the long run improve the health status of the country.

Increased global partnership in health delivery and management
The MOHSW enjoys an increased global partnership with many of its partners in health delivery and management. The support ensures that it can meet stated goals as it strives towards attaining targets set out in the PRSP.

The MOH&SWs critical threats

Notwithstanding having so many opportunities opened to it, the MOHSW do have threats which it needs to work on so as to achieve its vision. These are the dynamics in its external environment that it can hardly control or influence, but must work within like in a minefield in the pursuit of its vision. The following are some of the critical threats it recognises:

The critical threats facing the ministry comprise the following:

High turnover of policy makers
There has been high turnover and rotation of Ministers, Permanent Secretaries and Directors across government since 1994 and the MOH&SW is not spared. These people form the core of any policy and are critical to its implementation. This does not augur well for strategic plan formulation and implementation. There is general loss of institutional memory and a great deal of time would have elapsed before the incoming replacement is well grounded with the policy issues so as to start or continue the implementation process. This poses a great obstacle to the whole reform process and needs urgent attention.

High attrition at technical level
Apart from the frequent dismissals and turnover, attrition at the technical level is very high. Key personnel, some of them trained by the MOHSW to such high levels are frequently resigning and working with the private health sector or seeking greener pastures. This does not augur well for effective planning and greatly hampers the development efforts of the ministry.

Less donor support to the health sector
The Gambia has always enjoyed a lot of support in the health sector during periods of economic boom. However, this trend seems to be declining as a result of the global economic crisis. This is likely to jeopardise the ambitions of the ministry as it will now have to face the hard task of designing strategies to acquiring funds to meet its targets. If the recession does not stabilise in the very near future, then the ministry is likely to be destabilised unless realistic strategic actions are taken now in view of the recession.

Shift in funding approach from government to NGO's
Nearly all donor agencies had always directed their donor funds to the central government and it had always been easier for sectors like health to get its funding from the government. However, such funds are now channelled through the NGOs and sectors can only access the funds through them. The process of acquiring such funds from the NGOs could be a tedious one for fulfilling health and Social Welfare Services; the stipulated criteria is not the easiest of processes and as such funds are no longer easily guaranteed as before.

Limited access to secondary and tertiary healthcare
In as much as the government wants health to be accessible to all, this is only applicable in principle as many communities can't just have access to secondary and tertiary healthcare. Some communities are so far from main health sectors that its take a considerable amount of time and resources to access treatment. Even where the health centres are accessible, they are not well resourced to meet the needs of the communities. Some structures are dilapidated and medical facilities like drugs are hardly available. To cap it all, there are not enough medical personnel for the few available centres

Fluctuating exchange rates
Most of the health goods and services the country enjoys are ordered from abroad and as such are paid for in foreign currency. The exchange rates even though generally stable over a long time, are subject to periodic fluctuations. This situation leads to budgetary difficulties in the procurement of goods and services. The instability of exchange rates could make procurement planning impossible and in effect, the overall policy implementation.

Abuja target of budget allocation not yet met
Despite making increased budgetary allocation to the health sector, The Gambia is yet to meet the Abuja target (15% of national budget). As of now only about 7.8% of the national budget is being allocated to the health sector. This hampers the ministry's plans as the 7.8 % allocation is not just enough and without the collaboration of partners, a lot of set targets will not be met.

Not enough resources for emergencies
Despite the frequent outbreak of pandemics, The Gambia government does not allocate adequate resources for emergency preparedness in pandemics and natural disasters. This leaves the ministry ill equipped for response to such emergencies.

2.2 The Internal Environment

The internal environment of an organisation includes all the elements in it that make it work or otherwise, despite what happens outside it. The factors that constitute the elements of the internal environment of an organisation are things/issues that the organisation can boast of as constituting their distinguished strengths in their industry or those weaknesses that threaten its survival if not resolved.

The following are the most critical internal environmental factors that either form strengths for the MOHSW to utilise in reinventing itself or those that have potential to impede this process. However, as opposed the external environment, where the MOHSW cannot change the environmental threat dynamics, in the case of the internal environment, MOHSW can take steps to address its weaknesses.

Tables 5.2, show in tabular summary the following critical internal environmental strengths and weaknesses of the MOHSW.

The MOH&SWs critical strengths

The following consists of the critical strengths of the ministry:

Existing structures of coordination by management team
The management teams at both central and regional levels have set up structures for coordinating their activities. Such coordinative approach keeps all the health teams in all regions in touch with recent happenings and thus ensures effective planning.

Determination and will of the MOHSWs work force
Despite all the odds in the health sector, the workforce is very much committed and determined to excel in whatever it strives to do. This will of the heath workforce is what keeps it progressing irrespective of the poor working conditions of the civil service. If maintained this could bring about stability of the workforce in the health sector.

Top management is well educated, experienced and committed
The ministry can also boast of having highly educated personnel in top positions. All directors are highly literate and have gained experience. Their educational qualifications and level of commitment to work is of great value.

Accelerated training of health and social workers
The MOH&SW has of recent witnessed an upsurge in the intake of health trainees and trainee social workers at the Gambia College, University of The Gambia and SOS Regional Mothers and Aunties Training Centre. This has resulted in increased numbers of public health workers, nurses and Doctors in the health sector as well as social workers at the Department of Social Welfare. With this strategy of increased enrolment at these institutions, the problem of serious health and social welfare personnel shortage at health centres and social welfare offices will be minimised shortly.

High coverage and affordable basic health and social services (e.g. PHC strategy)

The ministry is striving towards making health and social welfare service available to all. Basic health service is available and affordable for most of the population. This will lead to reduction in diseases and improvement in the welfare of the needy and vulnerable people**,** and thereby ensuring a healthy population.

High immunization coverage and excellent surveillance system
In recent years the ministry has always been successful in carrying out countrywide immunisation campaigns at regular intervals. The surveillance system it has in place is excellent and this has helped minimise the spread of certain diseases. The immunisation and surveillance system could help improve the health status of the country.

The MOH&SWs critical weaknesses

The weaknesses of the ministry include the following:

High attrition of health and social welfare workers
The health sectors is one of those sectors that has and still suffers from attrition. Every year many trained health personnel resign and either work with local private clinics or leave the country for greener pastures. The Department of Social Welfare also experienced many personnel leaving the department for greener pasture especially those trained to graduate level. The underlining factor is poor remuneration and working conditions in the health and social welfare sector. Until and unless this is addressed accordingly, government will continue to train health and social welfare personnel at the expense of taxpayers who will in turn leave for private clinics, NGOs or worst of all, leave for abroad to benefit countries that did not contribute to their training.

Limited specialized personnel
Although there is a considerable number of doctors in the country, specialists in some nursing fields are very much limited. Some cases are referred to neighbouring Senegal or sometimes further abroad and many Gambians can't meet such costs. This could hamper the ministry's effort in trying to treat all diagnosed cases. Though there are available training programmes in social work, specialist training programmes on child protection, disability or care for special needy persons, youth justice etc are still not available and the department over the years has not been able to recruit specialist social workers in these areas.

Research units ill-equipped (human and physical)
For the ministry to be successful in its plans, it must plan based on reliable and timely data. This can only be assured if there is a research unit. Even though there are research units, they are not well resourced in terms of personnel and equipment. If not addressed sooner this will have a bearing on the ministry's planning as there will not be data to base projections on.

Limited transport services
Mobility has always been crucial when it comes to carrying out assignments. For the ministry to easily facilitate and coordinate its activities such as transportation of drugs, patients and nurses or doctors and conducting home visits, it needs to have transportation mechanisms readily available. As restoring normal health and improving the welfare of the people is the ministry's priority, it needs to be supplied with such basic facilities; else there will always be delays in movement of drugs and nurses/doctors thus endangering the lives of patients.

Slow decentralisation of health financing
Presently the major health sectors are concentrated in the urban areas and as such rural health centres are overlooked at times when it comes to distribution of essential services. The financial support for such rural centres are delayed and do have a bearing on their operations.

Section III: The Ministry of Health and Social Welfare's Strategic Framework

In view of the above enumerated environmental realities, MOHSW has undertaken strategic analysis and evolved the following strategic framework:

For the Ministry of Health and Social Welfare to realise its vision, concrete strategic actions must be generated and implemented. This therefore calls for critical analysis of the ministry's internal setup, and the environment in which the ministry operates so as to assess the appropriateness of the strategies that would have been generated.
It is with that desire to meet targets that the ministry has prepared these strategic planning tools. For its vision to be attained, exhaustive strategies for every desired result under each goal are generated and implemented.
This will then call for committing resources to the strategies to see the dream come to fruition. If the activities are carried out as planned then the desired results will be achieved and by default the mission and then the vision of the MOFEA will be attained.

Strategic Goal 1
To Promote and protect the health and welfare **of the population by providing a comprehensive healthcare and** social welfare **packages in partnership with all relevant stakeholders.**

Objectives

1.1 To provide for each RHT adequate management structures and 90% of staff requirements in numbers and qualifications by 2015.
1.2 To increase immunization coverage to at least 90% for all regions and to sustain 96% coverage for Penta 3 nationally by 2012.
1.3 That by 2014 all clinical services will be provided with 90% of essential drugs, vaccines and other medical supplies that are safe, efficacious and of good quality in time .
1.4 By 2012 the regional referral hospitals, namely Bansang, AFPRC, Sulayman Junkung and Serrekunda would have attained referral status of at least 80% of RVTH level.
1.5 That by 2020 the number of efficient referral hospitals would have increased by three.
1.6 Increase geographical access to essential healthcare services from 85% to 90% by 2020.
1.7 Strengthen partnership with relevant stakeholders by providing and implementing a definitive structure of cooperation to provide comprehensive healthcare and social welfare packages for all by 2020.
1.8 To establish structures of cooperation and coordination between traditional and modern medicine by 2014,
1.9 To increase the national health and social welfare sector staff levels to about 70% of staff requirements through recruitment and training by 2012,
1.10 To rehabilitate 90% of village health posts by 2015, and
1.11 To create and increase incentive packages to 50% of all health and social welfare personnel by 2012.
1.12 To ensure a fully computerised birth and death registration system and achieve a 100%registration coverage by 2020
1.13 To ensure a well coordinated maintenance system.
1.14 That by December 2011 all regional social welfare offices will be open and functional.
1.15 That by end of 2011 the current social welfare, children, and disability policies will be reviewed and finalised and its implementation commenced.

1.16 That by 2014 the department will increase its service coverage from 50% to 75% of the country

Objective 1.1

To provide for each RHT adequate management structures and 90% of staff requirements in numbers and qualifications by 2015.

Strategic Activities

1.1.1 By 2010, the ministry would have reviewed the Staffing Norms Study Report, and determine actions to be taken on recommendations relating to structures of Regional Health Centres (RHTs), staff adequacy and qualifications, and update the study if necessary,

1.1.2 Recommend a course of action for achieving the 90% staff requirements to RHTs in numbers and qualifications.

1.1.3 By 2010, establish the supply structure and trends of health workers by generating projections from regular sources/categories that include the schools of Nursing (Community health nurse/midwives, state enrolled nurses), School of nursing and midwifery (nurses and midwives) the University of The Gambia (nurses, public health officers, and doctors), school of pubic health (public health officers), health technicians from RVTH and MRC, MDI for health administrators, and the in-service training programme of the Ministry of Health and Social Welfare (continuous professional development for all categories of health workers), external sources (Malaysia, Venezuela, Taiwan, Ghana, Cuba, Russia).

Objective 1.2
To increase immunization coverage to at least 90% for all regions and to sustain 96% coverage for Penta 3 nationally by 2012.

Strategic Activities

1.2.1 By 2010 increase the immunization coverage by ensuring antigens availability, mobility and the functionality of the cold chain system, and adequate supply of trained manpower.

1.2.2 By 2010, initiate and begin a programme of information, education and communication that will bring mothers to the clinics in the rural areas by fully implementing the communication plan of the MOHSW,

Objective 1.3
That by 2014 all clinical services will be provided with 90% of essential drugs, vaccines and other medical supplies that are safe, efficacious and of good quality in time.

Strategic Activities

1.3.1 To put in a place a mechanism of control that will ensure rational drug use, minimize pilferage, adequate appropriate storage and hygiene, cooling systems by 2010.

1.3.2 By 2010 put in place a strategy for consistent supply of adequate pharmaceutical personnel and timely procurement of drugs,

1.3.3 Undertake public expenditure review and a medium term expenditure framework for the health sector and ensure cabinet approval of a three-year envelope of financial resources to the sector by 2011.

1.3.4 By 2011 advocate for adequate and reliable water and power supply systems in the regions and ensure the harmonization of the divided solar and diesel energy supply systems

Objective 1.4

By 2012 the regional referral hospitals, namely Bansang, AFPRC, Sulayman Junkung and Serrekunda would have attained referral status of at least 80% of RVTH level.

Strategic Activities

1.4.1 By 2010, conduct a study/assessment and determine disparities in referral ability between the existing hospitals, and establish the elements that are most critical in defining a functional referral hospital, for example finance, personnel, equipment, drugs, supplies, utilities, infrastructure and etc and evolve strategies for transforming the listed hospitals to at least 80% of RVTH by 2012,

1.4.2 The study should also recommend a system for improvement from the RVTH standard

Objective 1.5

That by 2020 the number of efficient referral hospitals would have increased by three (3).

Strategic Activities

1.5.1 By 2011 finalise a plan for upgrading Basse and Kuntaur health centres to hospitals and build a new hospital in Brikama.

1.5.2 Canvass for and secure funding for the implementation of the strategy for upgrading and building the new hospitals and begin the projects by 2013.

Objective 1.6

Increase geographical access to essential healthcare services from 85% to 90% by 2020.

Strategic Activities

1.6.1 By 2013 to achieve the desired geographical access by building new health facilities at the following communities:

- *Jallow Kunda Niani*
- Panchang , Upper Saloum
- Kalaji, Foni
- Jangjangbureh, CRR

1.6.2 In addition to building the new health facilities there will be upgrading of these existing health facilities:

- Kiang Karantaba Health Centre (more staff)
- Nana Niamina West (upgrade to health centre),

Objective 1.7
Strengthen partnership with relevant stakeholders by providing and implementing a definitive structure of cooperation to provide comprehensive healthcare and social welfare packages for all by 2020.

Strategic Activities

1.7.1 By 2010 review the present memoranda arrangements with stakeholders in the health and social welfare sector and propose implementing a definitive structure of cooperation framework (including advocacy),
1.7.2 Undertake annual review and reporting of the effectiveness and efficiency of the new cooperation framework.

Objective 1.8
To establish structures of cooperation and coordination between traditional and modern medicine by 2014

Strategic Activities

1.8.1 By 2010 undertake a joint review of the structural framework of the traditional healing system and evolve a standard practice through generating a policy that will address issues such as code of conduct, qualifications for entry, registration, accreditation and etc.
1.8.2 Through the joint review create a platform for dialogue and cooperation between the two health delivery systems.

Objective 1.9
To increase the national health and social welfare sector staff levels to about 70% of staff requirements through recruitment and training by 2012

Strategic Activities
1.9.1 By 2010, undertake a review of the norm study and the human resource situational analysis, establish current situation and determine gaps,
1.9.2 Conduct a training need assessment of health and social welfare staff to determine the training needs of the staff.
1.9.3 Generate strategy for recruitment and training, and establish a training plan.
1.9.4 Formulate staff posting policy

Objective 1.10
To rehabilitate/reconstruct 90% of village health posts by 2015.

Strategic Activities

1.10.1 By 2010 undertake a review and evaluation of the financing needs of the rehabilitation of the existing 492 village health posts.
1.10.2 Establish cost, advocate for financing and begin implementation of the programme by 2011.

Objective 1.11
To create and increase incentive packages to 50% of all health and social welfare personnel by 2012.

Strategic Activities

1.11.1 Upon receipt of the impact study report on incentives the ministry will generate and compile a remuneration package framework that will reduce attrition, attract recruitment of critical skills into health and social welfare service and acceptance of rural postings and exposure to risks.
1.11.2 Canvass for funding of this framework.

Objective 1.12

To ensure a fully computerised birth and death registration system and achieve a 100%registration coverage by 2020

Strategic Activities
1.12.1 provide offices at all regions and equip them with furniture and computers with accessories (printers, servers)
1.12.2 provide adequate registration materials and develop verbal autopsy and declaration forms for all levels
1.12.3 Providing national networking system from all regions to central level and linking all services areas at peripheries to regional levels
1.12.4 Review birth and death registration act and upgrade features on the certificates through:
- **a)** Including community registration in the Act
- **b)** Consultation on the forms and contents of birth and death certificates
- **c)** adopting more features (including security features) on the birth and death certificates
- **d)** Advocating for timely registration of births and deaths
- **e)** Providing quality and durable birth and death certificates

Objective 1.13
To ensure a well coordinated maintenance system.

Strategic Activities
1.13.1 Review the maintenance policy
1.13.2 Develop a strategic plan to implement the maintenance policy
1.13.3 Coordinate all future designs and contracts
1.13.4 Introduce standards of procedure to ensure efficiency and effectiveness of the maintenance system
1.13.5 Advocate for more logistical support from government and donors
1.13.6 Decentralise maintenance activities
1.13.7 Exploit new financing avenues
1.13.8 Liaise with the HMIS for timely dissemination of information to the maintenance system

Objective 1.14
That by December 2011 all regional social welfare offices will be open and functional.

Strategic Activities
1.14.1 Finalise postings and deploy staff to the various regions

1.14.2 Rent and furnish office space

Objective 1.15
That by end of 2011 the current social welfare, children, and disability policies will be reviewed and finalised and its implementation commenced.

Strategic Activities

1.15.1 Submit policies to cabinet for approval

Objective 1.16
That by 2014 the department will increase its service coverage from 50% to 75% of the country

Strategic Activities
1.16.1 Implementation of social welfare programmes and activities at administrative and community levels
1.16.2 To set up additional 20 Community Child Protection Committees at different communities nationwide
1.16.3 To expand the Community Based Rehabilitation Programme (CBR) project in collaboration with Organisations of Persons with Disabilities (OPDs) and other partners to 50% of the regions
1.16.4 To implement community and family strengthening programmes in support of 100 needy and elderly persons
1.16.5 That at least 2000 Orphans and other Vulnerable Children (OVC) benefit from educational and or other support and protection services.

Goal 2

To ensure high coverage of basic healthcare services.

Objectives

2.1 Build the management capacity of 30% of middle level staff on health management in all regional health and social welfare management teams and specialized units by 2015.
2.2 To meet the minimum staffing norms at all levels of care by 2014.
2.3 Increase access to laboratory services to all by 70%, by 2015.
2.4 To enhance the availability of sufficient and safe blood by 100% by 2012.
2.5 Increase health research by at least 30% by 2013.
2.6 Increase access to quality mental healthcare to all by 2015.
2.7 Ensure 70% diseases surveillance coverage by 2016.
2.8 To ensure proper procurement, operation, maintenance and replacement of vehicles to guarantee a reliable fleet.

Objective 2.1

To build the management capacity of 30% of middle level staff on health management in all regional health and social welfare management teams and specialized units by 2015.

Strategic Activities

2.1.1 By March 2010 conduct an overall HR capacity baseline assessment, and develop an operational plan for the middle level staff capacity building.
2.1.2 By June 2010 implement the operational plan for the middle level staff capacity building.

Objective 2.2

To meet the minimum staffing norms at all levels of care by 2014

Strategic Activities

2.2.1 Establish a system of continuous determination of congruence between the nominal roll and the required staffing norms at care level and establish gaps
2.2.2 Institutionalise the system

Objective 2.3

Increase access to laboratory services to all by 70%, by 2015

Strategic Activities
2.3.1 Recruit and train more laboratory technicians
2.3.2 Staff all existing laboratories
2.3.3 Resource all existing laboratories(equipment and reagents)
2.3.4 Rehabilitate and refurbish existing laboratories
2.3.5 All major and minor health facilities to be provided with laboratory service facilities
2.3.6 Finalise and secure Cabinet approval for the national health laboratory policy by 2010
2.3.7 Develop a strategic plan for the national laboratory service by September 2010

Objective 2.4

To enhance the availability of sufficient and safe blood by 100% by 2012

Strategic Activities
2.4.1 Put in place an infrastructure for proper screening and storage of blood,
2.4.2 Develop a national blood transfusion policy by December 2010
2.4.3 Establish and police structures and procedures for access to blood and utilisation and eliminate incidence of error in transfusion,
2.4.4 Increase advocacy for the search and acquisition of blood to ensure adequacy of all blood types.

Objective 2.5
Increase health research by at least 30% by 2013

Strategic Activities

2.5.1 By December 2009 have cabinet approval of the Health Research Policy
2.5.2 Implement the research policy by 2010

Objective 2.6
To increase access to quality mental healthcare to all by 2015.

Strategic Activities

2.6.1 By December 2009 have cabinet approval of the Mental Health Policy
2.6.2 By 2010 implement Mental Health policy

Objective 2.7

Ensure 70% diseases surveillance coverage by 2016

Strategic Activities

2.7.1 Put in place a mechanism for continuous updating of diseases of surveillance importance,
2.7.2 Strengthen the surveillance system (clinicians, public health officers, lab staff and communities) by training staff on case identification, management and reporting.
2.7.3 Provide mobility and other logistics support,
2.7.4 Sensitise communities on these diseases and how to prevent them.
2.7.5 Capacitise laboratories for enhanced surveillance activities (provision of equipment, infrastructure and reagents).
2.7.6 Establish a mechanism for evaluating and measuring the level of surveillance progress made.

Objective 2.8

To ensure proper procurement, operation, maintenance and replacement of vehicles to guarantee a reliable fleet.

Strategic Activities
2.8.1 institutionalise a proper maintenance (infrastructure) system
2.8.2 conduct training for operators on vehicle management
2.8.3 coordinate future vehicular purchases

Goal 3
To achieve Staff training and retention.

Objectives
Training:

3.1 That by 2020 all categories of health and social welfare staff would have had minimum professional and management training required for each level.

3.2 That by 2011 a training programme for all auxiliary nurses/health attendants, medical laboratory assistants, technicians and scientists, and trainee social workers, trainee rehabilitation technicians and trainee mechanical technicians would have been provided for their training and redeployment.

Retention:

3.3 That by 2015, a comprehensive retention programme would have been launched to ensure that staff attrition is below 10%.

Objective 3.1

That by 2020 all categories of health and social welfare staff would have had minimum professional and management training required for each level

Strategic Activities

3.1.1 By 2010 develop a training plan with intention to establish training needs at all categories,
3.1.2 By 2010 liaise with existing tertiary institutions and agree a strategy for implementing the training plan,
3.1.3 By 2010 canvass for budgetary and extra budgetary funding of the plan

Objective 3.2
That by 2011 a training programme for all auxiliary nurses/health attendants, medical laboratory assistants, technicians and scientists, and trainee social workers, trainee rehabilitation technicians and trainee mechanical technicians would have been provided for their training and redeployment.

Strategic Activities

3.2.1 By 2010 review the suitability of auxiliary nurses/health attendants stock of staff for training,
3.2.2 Over time and in accordance with normal retirement procedures, phase out this category of people when the existing un-trainable stock have all retired.
3.2.3 By 2010 enrol the trainable into the SEN and CHN schools for training,
3.2.4 By 2010 increase SRN, PHO, SEN and CHN institutional training capacities to significantly increase the availability of trained personnel
3.2.5 By 2010 collaborate with the UTG to develop a training institute for medical laboratory assistants, technicians and scientists

Objective 3.3

That by 2015, a comprehensive retention programme would have been launched to ensure that staff attrition is below 10%.

Strategic Activities

3.3.1 By 2010, to undertake consultations on a health sector specific retention programme for submission to the PMO as part of the civil-wide incentive and retention regime.

Goal 4

To ensure the reduction of maternal and infant mortality and morbidity

Objectives

4.1 To reduce maternal mortality rate from 730/100,000 (2001) to 263/100,000 live births by 2015,

4.2 To reduce infant mortality rate from 75/1000 (2003) to 28/1000 by 2015, and

4.3 To reduce under-5 mortality rate from 99/1000(2003) to 45/1000 by 2015.

Objective 4.1
To reduce maternal mortality rate from 730/100,000 (2001) to 263/100,000 live births by 2015

Strategic Activities

4.1.1 conduct maternal mortality survey,
4.1.2 Based on the outcome of the survey develop and launch a plan to reduce it by 30% by 2020,
4.1.3 Strengthen major health centres to provide comprehensive emergency obstetrics care (EMOC). There would have been needed manpower i.e. doctors, laboratories, anaesthetics nurses with relevant skills and equipment. Staff quarters with water and power supply would also be available to keep them motivated,
4.1.4 Strengthen minor health centres to provide basic EMOC
4.1.5 Liaise with medical school of the UTG for possibility of including emergency obstetrics care (EMOC) in curriculum,
4.1.6 Repositioning of family planning and ensure contraceptive availability.
4.1.7 Perinatal audit systems
4.1.8 training and retraining of service providers on maternity care
4.1.9 monitoring, supervision and research on maternity care
4.1.10 conduct community education
4.1.11 male involvement

Objective 4.2
To reduce infant mortality rate from 75/1000 (2003) to 28/1000 by 2015.

Strategic Activities
4.2.1 training of trainers of service providers on IMNCI(Integrated Management of Neonatal and Childhood Illness)
4.2.2 training of service providers on case management
4.2.3 behavioural change communication sensitisation exercise
4.2.4 monitoring and supervision
4.2.5 procurement of recording tools
4.2.6 nutrition supplementation interventions

Objective 4.3
To reduce under-5 mortality rate from 99/1000(2003) to 45/1000 by 2015.

Strategic Activities
4.3.1 Training and retraining of service providers on IMNCI(Integrated Management of Neonatal and Childhood Illness)
4.3.2 training of service providers on case management
4.3.3 behavioural change communication sensitisation exercise
4.3.4 monitoring and supervision
4.3.5 procurement of recording tools
4.3.6 nutrition supplementation interventions

Goal 5

To ensure reduction of communicable and non communicable diseases

Objectives

5.1 That by 2020 the prevalence rate of all communicable diseases will be reduced by 50%

5.2 That by 2020 the prevalence rate of all non-communicable diseases will be reduced by 50%

Objective 5.1
That by 2020 the prevalence rate of all communicable diseases will be reduced by 50%

Strategic Activities

5.1.1 Establish the baseline for communicable diseases by 2010,

5.1.2 Strengthen the surveillance system (clinicians, public health officers, lab staff and communities) by training staff on case identification, management and reporting.

5.1.3 Provide mobility and other logistics support,

5.1.4 Sensitise communities on these diseases and the preventive methods.

5.1.5 Capacitise laboratories for enhanced surveillance activities (provision of equipment, infrastructure, training and reagents).

5.1.6 Ensure reduction of HIV/AIDS prevalence in The Gambia from 1.4%(2007) to 1% by end of 2010 through:

a) Conducting training and retraining of HIV/AIDS service providers
b) Conducting monitoring and supervision of services including supportive supervision for social workers and other service providers
c) Conducting annual sentinel surveillance (antenatal)
d) Conducting HIV population survey (male and female) aged 15-49 years.
e) Conducting massive community sensitisation campaigns across the country
f) Conducting basic training for TBAs, VHWs and MDFTs on HIV/AIDS across the country.
g) Scaling up HCT (VCT), PMTCT and ART services
h) Procuring equipment, drugs and supplies.
i) Conducting monitoring and supervision of laboratory services
j) Ensure the availability of free laboratory services for HIV diagnosis

Objective 5.2
That by 2020 the prevalence rate of all non-communicable diseases will be reduced by 50%

Strategic Activities

5.2.1 Establish the baseline for non-communicable diseases by 2010,

5.2.2 Strengthen the surveillance system (clinicians, public health officers, laboratory staff and communities) by training staff on case identification, management and reporting.

5.2.3 Provide mobility and other logistics support,

5.2.4 Sensitisation of communities on these diseases and their prevention and control.

5.2.5 Capacitise laboratories for enhanced surveillance activities (provision of equipment, infrastructure, training and reagents).

5.2.6 Set up a budget line for emergency preparedness and response

Goal 6

To strengthen and support Health and Social Welfare Communication Programmes

Objectives

6.1 **To develop a comprehensive health and social welfare advocacy communication policy and strategy by 2010:**

- Health education
- Health advocacy
- Health communication
- Health promotion

Strategic Activities

6.1.1 Recruit a consultant to develop the health and social welfare education and communication policy,

6.1.2 Ensure approval and implementation of policy.

6.1.3 Develop the health education and communication strategic plan

Goal 7

To ensure reduction in the frequency of environmental health and safety related problems and diseases

Objectives

7.1 By 2014, 80% of food standards and safety parameters are met.

7.2 To promote the attainment of basic nutritional requirements of the Gambian population in collaboration with partners.

7.3 To reduce the frequency of environmental health and safety related problems and diseases by 50% by 2015

7.4 To ensure 70% enforcement of the Environment related legislations by 2013 (public health act, occupational health and safety policy and the sanitation policy)

7.5 To make The Gambia free of vectors and vector borne diseases

Objective 7.1

By 2014, 80% of food standards and safety parameters are met.

Strategic Activities

7.1.1 By 2010 finalise and produce specific and documented standards (regulations) for various foods.

7.1.2 By 2012 all food standards or regulations would have been implemented at 80% safety level.

7.1.3 Liaise with and sensitize stakeholders such as Fisheries, livestock, agriculture, phytosanitary, NEA, Customs, Police through training in food safety issues and the enforcement of the Food Act by the ministry of health/fisheries/agriculture/livestock

Objective 7.2

To promote the attainment of basic nutritional requirements of the Gambian population in collaboration with partners.

Strategic Activities

7.2.1 Establishment of policy analysis and research unit

7.2.2 Improve maternal nutrition

7.2.3 Promote optimal infant and young child nutrition

7.2.4 Improve food standards, quality and safety

7.2.5 Prevent micro-nutrient deficiency disorders

7.2.6 Prevent child related non communicable diseases

7.2.7 Promote nutrition for infectious diseases control

7.2.8 Promote effective nutrition education

Objective 7.3

To reduce the frequency of environmental health and safety related problems and diseases by 50% by 2015

Strategic Activities

7.3.1 By 2010, conduct a survey to determine the baseline and parameters (in terms of frequency) and use of HMIS routine data for more frequent analysis of assessing the relationship between disease and the environment.

7.3.2 Advocate for the enforcement of the Public Health Act, 2001,

7.3.3 By 2010, design and implement requisite interventions within 3 months of the results of either the baseline or routine HMIS data analysis.
7.3.4 Put a mechanism for the continuous review and updates of the relevance of environmental and health safety regulations.

Objective 7.4
To ensure 70% enforcement of the Environment related legislations by 2013 (public health act, occupational health and safety policy and the sanitation policy)

Strategic Activities

7.4.1 By 2010 develop and finalise the public health regulations (hand to WHO).
7.4.2 By 2011 launch the enforcement drive and begin to measure the progress in enforcement and produce annual enforcement reports.
7.4.3 By 2011 begin the training of public health officers in the handling of enforcement of the Acts

Objective 7.5
To make The Gambia free of vectors and vector borne diseases

Strategic Activities
7.5.1 Strengthening the human capacity of the vector control unit
7.5.2 Conduct public sensitisation on vectors and vector borne diseases, environmental sanitation, food safety,
7.5.3 Provision of furniture, computers, photocopiers, printers, chemicals, sprayers, protective gears, rodenticides,
7.5.4 Collaborate with relevant institutions/authorities e.g. National Malaria Control Programme, National Environment Agency, WHO on eliminating vector borne diseases

Goal 8
To establish a mechanism for health services financing risk protection for all

Objectives

8.1 Develop for possible implementation a health service financial risk protection scheme for all by 2020.
8.2 Ensure that 15% of the national budget is consistently allocated to health by 2012.
8.3 Ensure that 50% decentralized health budget management to all regions by 2012

Objective 8.1
Develop for possible implementation a health service financial risk protection scheme for all by 2020.

Strategic Activities
8.1.1 Finalise and send health financing policy to cabinet for approval by 2010
8.1.2 Develop health financing strategy plan and validate it by 2010
8.1.3 Implement the plan by 2011

Objective 8.2
Ensure that 15% of the national budget is consistently allocated to health by 2012.

Strategic Activities
8.2.1 advocate for increased budgetary allocation to MOHSW
8.2.2 Develop a 3 year MTEF for MOHSW

Objective 8.3
Ensure 50% decentralized health budget management to all regions by 2012
Strategic Activities

8.3.1 negotiate with DNT for setting up regional accounts units by end of 2010
8.3.2 form the units and equip with materials and human resources in all the six regions by 2011
8.3.3 the units and the central level agree on a monitoring and supervision mechanism by 2011
8.3.4 get the unit to be fully operational by 2011

Goal 9

To provide quality social welfare services to all vulnerable and needy persons.

Objectives
9.1 Establish by 2012 an effective and efficiently functioning DSW
9.2 Ensure availability of appropriate and adequate human resources at the institutional and community levels
9.3 Strengthen the unit of the Department responsible for the survival, anticipation, development in respect to child rights and Persons with disabilities in order to facilitate the planning necessary for the proper implementation of the United Nations Convention on the Rights of the Child and persons with disabilities, the African Charter on Rights and Welfare of the Child by 2011.
9.4 Create an enabling legal environment for a Child Friendly Gambia by 2014
9.5 Facilitate the resolution of social problems of adult clients

9.6 Strengthen the Disability Unit for the promotion, advocacy and implementation of international instruments in particular the United Nations Standard Rules on Equalization of Opportunities for Persons with Disabilities in respect of the prevention of disability, rehabilitation of Persons with disabilities and promotion of the rights of Persons with disabilities
9.7 Advocate for the mainstreaming and inclusion of Persons with disabilities in all spheres of national development

Objective 9.1
Establish by 2012 an effective and efficiently functioning DSW

Strategic Activities

9.1.1 Restructure the management, professional and technical systems bringing together social work and technical skills to focus upon individual and group needs of clients

9.1.2 Strengthen the managerial and monitoring infrastructure of the DSW:

- Sustain the consistency of the SMT framework
- Set up a monitoring and evaluation system to ensure timely feedback to SMT for corrective measures
- Develop a Plan of Operations manual that provides information and guidance for all staff so that they are fully conversant with the aims and objectives, management expectations of service delivery and development and the values on which they are derived from.

9.1.3 Advocate for the provision of legislation for the enactment of a, Social Welfare Act, Registered Homes Act, Care Standards Act, and Disability Act

Objective 9.2

Ensure availability of appropriate and adequate human resources at the institutional and community levels

Strategic Activities

9.2.1 Employ and appoint staff with adequate and appropriate qualifications commensurate with their professional, technical and clerical duties.

9.2.2 Integrate and include services to operate within a common theoretical framework

9.2.3 Set minimum acceptable standards of practice for all personnel

9.2.4 Decentralise service provision to the rural areas

Objective 9.3

Strengthen the unit of the Department responsible for the survival, protection, participation, development in respect to child rights and Persons with disabilities in order to facilitate the planning necessary for the proper implementation of the United Nations Convention on the Rights of the Child and persons with disabilities, the African Charter on Rights and Welfare of the Child by 2011.

Strategic Activities

9.3.1 Facilitate the arrangements for the proper care, custody and maintenance of children in cases of family crisis

9.3.2 Facilitate proper care arrangements for orphans and other vulnerable children (OVC)

9.3.3 Provide guidance to agencies involved in the investigation of complaints of abuse and neglect of children and ensure appropriate care for child victims

9.3.4 Catalogue existing services and interventions for children in difficult circumstances operated by DSW and its partners detailing procedural and access arrangements

9.3.5 Facilitate the proper administration of juvenile justice by giving guidance relevant to disposal of individual cases and contributing to the supervision and care arrangements for individuals and groups of children accused of or convicted of offending

9.3.6 Strengthen partnerships between the DSW, government departments and institutions with a mandate for child survival, protection, participation and development,

9.3.7 Draw up a National Plan of Action for the survival, protection, participation and development of children

Objective 9.4

Create an enabling legal environment for a Child Friendly Gambia by 2014

Strategic Activities

9.4.1 Advocate for and influence the enactment of a Social Welfare Act, Registered Homes Act, Care Standards Act, and Disability Act

Objective 9.5

Facilitate the resolution of social problems of adult clients

Strategic Activities

9.5.1 Support services for clients directly seeking assistance and support in respect of problems associated with family and relationships.
9.5.2 Strengthen the linkages with institutions such as prisons, hospitals and homes accommodating people requiring specialized care and supervision.
9.5.3 Strengthen the links with welfare organizations offering assistance and support to the needy and to vulnerable members of society.
9.5.4 Network and support organizations seeking to grapple with major social issues such as early marriage, teenage pregnancy, domestic violence and poverty.
9.5.5 Enhance service delivery through direct assistance, counseling and home visits
9.5.6 Strengthen community support in service delivery.
9.5.7 Strengthen partnerships with stakeholders through developmental exchanges such as skill and information sharing.
9.5.8 Strengthen the monitoring and follow up system

Objective 9.6

Strengthen the Disability Unit for the promotion, advocacy and implementation of international instruments in particular the United Nations Standard Rules on Equalization of Opportunities for Persons with Disabilities in respect of the prevention of disability, rehabilitation of Persons with disabilities and promotion of the rights of Persons with disabilities

Strategic Activities

9.6.1 Set up a National Committee on the prevention of disability, rehabilitation of Persons with disabilities and promotion of the rights of Persons with disabilities.

9.6.2 Develop a national plan of action for the prevention of disability and rehabilitation of Persons with disabilities by 2011
9.6.3 Promote and strengthen the DSW for the local production of technical aids for Persons with disabilities.
9.6.4 Maintain, supply and adapt technical aids and assistive devices for Persons with disabilities
9.6.5 Build capacity of organizations of persons with disabilities to develop and implement plans of action and provide technical assistance and support.
9.6.6 Provide direct support services and guidance to Persons with disabilities and their families.
9.6.7 Maintain and strengthen a data base on all Persons with disabilities and disability related issues

Objective 9.7

Advocate for the mainstreaming and inclusion of Persons with disabilities in all spheres of national development

Strategic Activities

9.7.1 Advocate for the inclusion of sign language on national foras and gatherings, television etc to ensure that the deaf are not excluded from accessing the information as a basic human right.
9.7.2 Advocate for the provision of Brailles in all public learning institutions
9.7.3 Advocate for affirmative action policies for Persons with disabilities in education and work (where qualifications and skills are equal)
9.7.4 Strengthen and support the Advocate for Municipalities and Area Councils to allocate a portion of their resources on disability issues
9.7.5 In collaboration with the Child and Adult Units, institutionalize a follow-up visiting and monitoring system to educational institutions catering for children and adults with special needs and provide necessary support and guidance
9.7.6 Advocate for the establishment of a National Trust Fund for Persons with disabilities
9.7.7 Advocate for measures to facilitate easy accessibility to public facilities, structures and roads by persons with disabilities

Section IV: Strategy Implementation Framework

4.1 Monitoring and Evaluation Structure

This strategic plan needs to be monitored and its effectiveness evaluated as it is being implemented. This is to ensure that implementation results are in line with strategic objectives, and where there are variations, to take steps on time to ameliorate the results.

The implementation framework is in two stages, namely the monitoring and evaluation structure (Logical framework) and the organisational structure; both of which together should be able to provide the platform by which the results of the plan could be achieved. A logical framework was generated from the strategic plan to provide the basis by which strategic action implementation could be monitored, and a limited functional analysis was undertaken in the institution so that work relationships across directorates/departments/units and individuals was realigned to enable a structure that is capable to fulfil the requirements for implementing the plan. These two constitute the institutional implementation framework.

4.1.1 Logical Framework

This provides a snapshot of the entire strategic plan in a few pages, detailing for each goal, its objectives and strategic action, indicators by which each strategic success may be measured and the means by which those performance indicators are verified. In addition, and for each strategic action, a list of important assumptions that forms the basis for success in implementation of the plan is shown as a means by which caution is ensured during the implementation phase.

	Measurable Indicators	**Means of Verification**	**Important Assumptions and Risks**
Vision Quality and Affordable Health Services For All By 2020.	1 To Promote and protect the health and welfare of the population by providing a comprehensive healthcare and social welfare packages in partnership with all relevant stakeholders**;** 2 To ensure high coverage of basic healthcare services. 3 To achieve staff training and retention. 4 To ensure a reduction of maternal and infant mortality and morbidity. 5 To ensure reduction of communicable and non-communicable diseases.		There is stability of senior staff

	6 To strengthen and support Health and Social Welfare Communication Programmes; 7 To ensure reduction in the frequency of environmental health and safety related problems and diseases. 8 To establish a mechanism for health services financing risk protection for all 9 To provide quality social welfare services to all vulnerable and needy persons.		

Mission or Purpose

MOHSW - mission/purpose is:

1. To Promote and protect the health and welfare of the population by providing comprehensive healthcare and social welfare packages in partnership with all relevant stakeholders**;**
2. To ensure high coverage of basic healthcare services.
3. To achieve staff training and retention.
4. To ensure a reduction of maternal and infant mortality and morbidity.
5. To ensure reduction of communicable and non-communicable diseases.
6. To strengthen and support Health and Social Welfare Communication Programmes**;**
7. To ensure reduction in the frequency of environmental health and safety related problems and diseases.
8. To establish a mechanism for health services financing risk protection for all

9. To provide quality social welfare services to all vulnerable and needy person***s.***

Mission Component 1 (Goal)

To Promote and protect the health *and welfare* **of the population by providing comprehensive healthcare and** *social welfare* **packages in partnership with all relevant stakeholders**

Objective 1.1 :

To provide for each RHT adequate management structures and 90% of staff requirements in numbers and qualifications by 2015.

Strategic Activities	Measurable Indicators	Means of Verification	Important Assumptions and Risks
By 2010, the ministry would have reviewed the Staffing Norms Study Report, and determine actions to be taken on recommendations relating to structures of Regional Health Centres (RHTs), staff adequacy and qualifications, and update the study if necessary,	New structures of RHTs formed More staff with higher qualifications appointed	The structure's organogram and staff qualifications	Management takes the review serious and is committed to reform
Recommend a course of action for achieving the 90% staff requirements to RHTs in numbers and qualifications.	RHTs having at least 90% of needed staff available with required qualifications	Staff data	Management is committed and required skills are available
By 2010, establish the supply structure and trends of health workers by generating projections from regular sources/categories that include the schools of Nursing (Community health	Better and effective distribution of health workers	Statistics of health workers for a given period	The HMIS has the cooperation of all heads of hospitals, clinics, health posts and RHTS

nurse/midwives, state enrolled nurses), School of nursing and midwifery (nurses and midwives) the University of The Gambia (nurses, public health officers, and doctors), school of pubic health (public health officers), health technicians from RVTH and MRC, MDI for health administrators, and the in-service training programme of the Ministry of Health and Social Welfare (continuous professional development for all categories of health workers), external sources (Malaysia, Venezuela, Taiwan, Ghana, Cuba, Russia).			
Objective 1.2 : **To increase immunization coverage to at least 90% for all regions and to sustain 96% coverage for Penta 3 nationally by 2012.**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
By 2010 increase the immunization coverage by ensuring antigens availability, mobility and the functionality of the cold chain system, and adequate supply of trained manpower.	Manpower and antigens available countrywide	All children of a specified age bracket being immunised	Funds are available for purchase of antigens
By 2010, initiate and begin a programme of information, education and communication that will bring mothers to the clinics in the rural areas	Mothers reporting to clinics regularly or seeking treatment from clinics before resorting to traditional treatment	Less spread of diseases among women and children	Funds are available for the IEC campaign

by fully implementing the communication plan of the MOHSW,			
Objective 1.3 : That by 2014 all clinical services will be provided with 90% of essential drugs, vaccines and other medical supplies that are safe, efficacious and of good quality in time.			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
To put in a place a mechanism of control that will ensure rational drug use, minimize pilferage, adequate appropriate storage and hygiene, cooling systems by 2010.	Proper storage and use of drugs	Drug stores in every hospital or health centre	Heads of hospitals or health centres are strict with the process
By 2010 put in place a strategy for consistent supply of adequate pharmaceutical personnel and timely procurement of drugs,	Enough pharmaceutical personnel and drugs available on demand	Pharmaceutical staff and enough drugs on store	Funds and trained personnel are available
Undertake public expenditure review and a medium term expenditure framework for the health sector and ensure cabinet approval of a three-year envelope of financial resources to the sector by 2011.	three-year envelope of financial resources being allocated to the health sector	Review report	Cabinet supports the plan
By 2011 advocate for adequate and reliable water and power supply systems in the regions and ensure the harmonization of the divided solar and	Safe drinking water and electricity supply available at all regional health centres	Boreholes/ water tanks and electricity plants in the regional health centres	Funds are available

diesel energy supply systems			
Objective 1.4 : **By 2012 the regional referral hospitals, namely Bansang, AFPRC, Sulayman Junkung and Serrekunda would have attained referral status of at least 80% of RVTH level.**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
By 2010, conduct a study/assessment and determine disparities in referral ability between the existing hospitals, and establish the elements that are most critical in defining a functional referral hospital, for example finance, personnel, equipment, drugs, supplies, utilities, infrastructure and etc and evolve strategies for transforming the listed hospitals to at least 80% of RVTH by 2012,	Less referral cases	Study/Assessment report with its recommendations	Funds are available
The study should also recommend a system for improvement from the RVTH standard	Better services from the RVTH	Study/Assessment report	Funds and personnel are available
Objective 1.5 : **That by 2020 the number of efficient referral hospitals would have increased by three (3).**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
By 2011 finalise a plan for upgrading		Upgrading and building plans	Cabinet supports the project

Basse and Kuntaur health centres to hospitals and build a new hospital in Brikama.	Plans for better services from Basse, Kuntaur and Brikama health centres		
Canvass for and secure funding for the implementation of the strategy for upgrading and building the new hospitals and begin the projects by 2013.	Funds for better services from Basse, Kuntaur and Brikama health centres	Upgraded health centres of Basse and Kuntaur and new hospital in Brikama	Funds are available
Objective 1.6 : **Increase geographical access to essential healthcare services from 85% to 90% by 2020.**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
By 2013 to achieve the desired geographical access by building new health facilities at the following communities: -*Jallow Kunda Niani* -Panchang , Upper Saloum -Kalaji, Foni -Jangjangbureh, CRR	Health services being provided at these centres	New health centres at these communities	Funds are available

In addition to building the new health facilities there will be upgrading of these existing health facilities: -Kiang Karantaba Health Centre (more staff) -Nana Niamina West (upgrade to health centre),	Better health services from these communities	Upgraded health centres	Funds are available
Objective 1.7: **Strengthen partnership with relevant stakeholders by providing and implementing a definitive structure of cooperation to provide comprehensive healthcare and social welfare packages for all by 2020.**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
By 2010 review the present memoranda arrangements with stakeholders in the health and social welfare sector and propose implementing a definitive structure of cooperation framework (including advocacy),	Strengthened cooperation between the health and social welfare sector and the stakeholders	Memoranda documents	Stakeholders approve of the cooperation
Undertake annual review and reporting of the effectiveness and efficiency of the new cooperation framework.	Annual reviews	Annual review reports	Concerned parties are committed

Objective 1.8: **To establish structures of cooperation and coordination between traditional and modern medicine by 2014**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
By 2010 undertake a joint review of the structural framework of the traditional healing system and evolve a standard practice through generating a policy that will address issues such as code of conduct, qualifications for entry, registration, accreditation and etc.	An improved traditional healing practice and procedure	Policy on traditional healing	Traditional healers cooperate
Through the joint review create a platform for dialogue and cooperation between the two health delivery systems.	Information sharing between the traditional healers and the health sector	Joint review documents	Concerned parties are committed
Objective 1.9: **To increase the national health and social welfare sector staff levels to about 70% of staff requirements through recruitment and training by 2012**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
By 2010, undertake a review of the norm study and the human resource	Gaps being filled	Norm study report	Management supports the review of the study

situational analysis, establish current situation and determine gaps,			
Generate strategy for recruitment and training, and establish a training plan.	Recruitment and training following an outlined procedure	Recruitment and training plan	PMO is supportive of the plan
Conduct a training need assessment of health and social welfare staff to determine the training needs of the staff.	Gaps identified in the health and social welfare sector	Training needs assessment report	Management supports assessment
Formulate staff posting policy	An operational posting policy	Posting policy document	There is support from the senior staff
Objective 1.10: **To rehabilitate/reconstruct 90% of village health posts by 2015.**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
By 2010 undertake a review and evaluation of the financing needs of the rehabilitation of the existing 492 village health posts.	Review on financing needs in progress	Review and evaluation documents	Funds are available
Establish cost, advocate for financing and begin implementation of the programme by 2011.	Rehabilitation works on village health posts	Rehabilitated structures	Funds are available
Objective 1.11: **To create and increase incentive packages to 50% of all health and social welfare personnel by 2012.**			

Strategic Activities	Measurable Indicators	Means of Verification	Important Assumptions and Risks
Upon receipt of the impact study report on incentives the ministry will generate and compile a remuneration package framework that will reduce attrition, attract recruitment of critical skills into health and social welfare service and acceptance of rural postings and exposure to risks.	Attrition greatly improved Critical skills being attracted into the health sector Acceptance of rural postings by health staff	New remuneration package	MOF supports the plan
Canvass for funding for the remuneration package framework.	Better remuneration being sought	New remuneration package	There is cooperation of the MOF
Objective 1.12: **To ensure a fully computerised birth and death registration system and achieve a 100%registration coverage by 2020**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
provide offices at all regions and equip them with furniture and computers with accessories (printers, servers)	Better services from all regions on birth and death registration	Offices and equipment	Funds are available
provide adequate registration materials and develop verbal autopsy and declaration forms for all levels	Timely and efficient registration process	Registration materials and forms	Funds are available
Providing national networking system	Easy transferring and sharing of	Networked computers	Funds are available

from all regions to central level and linking all services areas at peripheries to regional levels	information within the centre and regions		
Review birth and death registration act and upgrade features on the certificates through: -Including community registration in the Act -Consultation on the forms and contents of birth and death certificates -adopting more features (including security features) on the birth and death certificates -Advocating for timely registration of births and deaths -Providing quality and durable birth and death certificates	 -community registration included in the Act -review of existing document contents - more features added to the certificates -births and deaths registered on time -quality certificates being issued	 -The Act document -consultation report -new certificates -registration documents -new certificates	 -there is support from management -the consultation team is committed - management is committed -the general population cooperates -funds are available
Objective 1.13 **To ensure a well coordinated maintenance system.**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
Review the maintenance policy	A new maintenance policy	Policy document	Funds are available

Develop a strategic plan to implement the maintenance policy	Maintenance policy being operational	Strategic plan document	Funds are available
Coordinate all future designs and contracts	Maintenance contracts being coordinated	Documentation on contract arrangements	There is support of the senior team
Introduce standards of procedure to ensure efficiency and effectiveness of the maintenance system	Standards adhered to in maintenance	Standards of procedures outlines	There is support of the senior team
Advocate for more logistical support from government and donors	The maintenance unit becoming more resourceful	Support documentation	Government and donors recognise the existence and operations of the maintenance unit.
Decentralise maintenance activities	Maintenance carried out in all regions	Maintenance teams	Funds are available
Exploit new financing avenues	Finance coming from sources other than government and donors	Financing agreements	The senior management team and maintenance unit have the skills to draw financing from other sources
Liaise with the HMIS for timely dissemination of information to the maintenance system	HMIS and maintenance unit working in collaboration	Documents on information sharing between the two	There is cooperation between the two units
Objective 1.14 **That by December 2011 all regional social welfare offices will be open and functional.**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**

Finalise postings and deploy staff to the various regions	All regions offices having staff	Postings documents	There are personnel available
Rent and furnish office space	Social welfare operating offices in regions	Operational offices	Funds are available
Objective 1.15 **That by end of 2011 the current social welfare, children, and disability policies will be reviewed and finalised and its implementation commenced.**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
Submit policies to cabinet for approval	Policies submitted to cabinet	Policy documents	Policies are finalised
Objective 1.16 **That by 2014 the department will increase its service coverage from 50% to 75% of the country**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
Implementation of social welfare programmes and activities at administrative and community levels	Social welfare activities being performed at the community levels	Programme of activities	Funds are available and there is cooperation with the regional heads.
To set up additional 20 Community Child Protection Committees at different communities nationwide	More 20 Community Child Protection Committees at different communities nationwide	Community Child Protection Committees structures	There is cooperation with the communities
To expand the Community Based Rehabilitation Programme (CBR)	Community Based Rehabilitation Programme	Annual reports	Funds are available

project in collaboration with Organisations of Persons with Disabilities (OPDs) and other partners to 50% of the regions	(CBR) operational to 50% of the regions		
To implement community and family strengthening programmes in support of 100 needy and elderly persons	The needy and elderly benefitting from strengthening programmes	Activity reports	Funds are available
That at least 2000 Orphans and other Vulnerable Children (OVC) benefit from educational and or other support and protection services.	Many orphans and OVC getting support from the social welfare	Annual/activity report	Funds are available
Mission Component 2 (Goal) **To ensure high coverage of basic healthcare services.**			
Objective 2.1 : **To build the management capacity of 30% of middle level staff on health management in all regional health** and social welfare **management teams and specialized units by 2015.**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
By March 2010 conduct an overall HR capacity baseline assessment, and develop an operational plan for the middle level staff capacity building.	Middle level staffs capacity building plan being available	Baseline assessment report and operational plan	Funds are available
By June 2010 implement the	Middle level staffs capacity is	Capacity building report	Funds are available

operational plan for the middle level staff capacity building	built		
Objective 2.2 : **To meet the minimum staffing norms at all levels of care by 2014**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
Establish a system of continuous determination of congruence between the nominal roll and the required staffing norms at care level and establish gaps	congruence between the nominal roll and the required staffing norms determined	Established system	Funds are available
Institutionalise the system	congruence between the nominal roll and the required staffing norms operational	Institutionalised system	Institutions are committed
Objective 2.3 : **Increase access to laboratory services to all by 70%, by 2015**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
Recruit and train more laboratory technicians	Timely and efficient delivery services from laboratory technicians	Personnel and training report	Funds are available
Staffing all existing labs	All labs being provided with staff	Lab staff files	Funds are available
Resourcing all existing labs(equipment and reagents)	Labs providing a range of laboratory tests effectively	equipment and reagents in the lab	Funds are available

Rehabilitate and refurbish existing labs	Better condition and service from existing labs	Rehabilitated and refurbished labs	Funds are available
All major and minor health facilities to be provided with laboratory service facilities	laboratory service being provided by all major and minor health facilities	Available laboratory service facilities	Funds are available
Finalise and secure Cabinet approval for the national health laboratory policy by 2010	An operational national health laboratory policy	Policy document	Management and cabinet are very much committed
Develop a strategic plan for the national laboratory service by September 2010	A strategic plan being formulated	national laboratory strategic plan	Management is committed to the process
Objective 2.4 : **To enhance the availability of sufficient and safe blood by 100% by 2012**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
Put in place an infrastructure for proper screening and storage of blood,	Blood properly screened and stored safely	Screening and storage facilities	There is commitment from responsible units
Develop a national blood transfusion policy by December 2010	national blood transfusion policy being formulated	Policy document	Management is very committed
Establish and police structures and procedures for access to blood and utilisation and eliminate incidence of	Blood handling following a strict procedure	Structures and procedures for blood handling	There is commitment from responsible units

error in transfusion,			
Increase advocacy for the search and acquisition of blood to ensure adequacy of all blood types.	Enough blood of all groups	Blood at blood bank	Funds are available
Objective 2.5 : **Increase health research by at least 30% by 2013**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
By December 2009 have cabinet approval of the Health Research Policy	Policy document submitted to cabinet	Health Research Policy	Policy is drafted and submitted for approval
Implement the research policy by 2010	Research being carried out by the health sector	Research findings	Cabinet approves the policy
Objective 2.6 : **To increase access to quality mental healthcare to all by 2015.**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
By December 2009 have cabinet approval of the Mental Health Policy	Policy document submitted to cabinet	Mental Health Policy document	Policy is drafted and submitted for approval
By 2010 implement Mental Health policy	Mental issues being addressed by the health sector	Mental cases report	Cabinet approves the policy

Objective 2.7 : **Ensure 70% diseases surveillance coverage by 2016**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
Put in place a mechanism for continuous updating of diseases of surveillance importance,	continuous updating of diseases of surveillance importance	Update reports	Funds are available
Strengthen the surveillance system (clinicians, public health officers, lab staff and communities) by training staff on case identification, management and reporting.	Better surveillance services from clinicians, public health officers, lab staff and communities	Training reports	Funds are available
Provide mobility and other logistics support for surveillance,	Wider and extensive surveillance exercises	Available vehicles and equipment	Funds are available
Sensitise communities on these diseases and how to prevent them.	Increased community awareness on diseases and prevention	Sensitisation reports	Funds are available
Capacitise laboratories for enhanced surveillance activities (provision of equipment, infrastructure and reagents).	Labs carrying out enhanced surveillance activities	equipment, infrastructure and reagents	Funds are available
Establish a mechanism for evaluating and measuring the level of surveillance progress made.	Availability of data on surveillance progress	Surveillance periodic reports	The surveillance team is committed

Objective 2.8 **To ensure proper procurement, operation, maintenance and replacement of vehicles to guarantee a reliable fleet.**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
institutionalise a proper maintenance system	An effective maintenance system in place	A well coordinated maintenance procedure	There is support from the senior team
conduct training for operators on vehicle management	Better services on vehicle management	Training report	Funds are available
coordinate future vehicular purchases	Vehicular purchases under the maintenance unit	Vehicular purchase arrangement	There is support from management
Mission Component 3 (Goal) **To achieve Staff training and retention.**			
Objective 3.1: **That by 2020 all categories of health and social welfare staff would have had minimum professional and management training required for each level**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
By 2010 develop a training plan with intention to establish training needs at all categories,	Training plan reviewed	The training plan manual	Management is committed to the process

By 2010 liaise with existing tertiary institutions and agree a strategy for implementing the training plan,	The MOHSW and tertiary institutions developing strategies for a new training programme	New training plan manual	Tertiary institutions corporate with the health sector
By 2010 canvass for budgetary and extra budgetary funding of the plan	The new training plan being implemented	Budget allocation to the ministry	MOF supports the plan
Objective 3.2: **That by 2011 a training programme for all auxiliary nurses/health attendants, medical laboratory assistants, technicians and scientists, and trainee social workers, trainee rehabilitation technicians and trainee mechanical technicians would have been provided for their training and redeployment.**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
By 2010 review the suitability of auxiliary nurses/health attendants stock of staff for training,	Auxiliary staff training being revised	New auxiliary staff training guide	Management sees the need for the review
Over time and in accordance with normal retirement procedures, phase out this category of people when the existing un-trainable stock have all retired.	Only qualified staff remain in the health sector and more training for health personnel in SEN and CHN	Staff data and qualifications	Funds are available for training
By 2010 enrol the trainable into the SEN and CHN schools for training,	More trained nurses	Health staff data and qualifications	Funds and personnel are available
By 2010 increase SRN, PHO, SEN and CHN institutional training capacities to significantly increase the availability of	More trained SRN, PHO, SEN and CHN personnel	Training report and the trained personnel	Funds are available

trained personnel.			
By 2010 collaborate with the UTG to develop a training institute for medical laboratory assistants, technicians and scientists	laboratory assistants, technicians and scientists being trained at the UTG	Training plan	There is cooperation between the UTG administration and Management
Objective 3.3: **That by 2015, a comprehensive retention programme would have been launched to ensure that staff attrition is below 10%.**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
By 2010, to undertake consultations on a health sector specific retention programme for submission to the PMO as part of the civil-wide incentive and retention regime.	Ongoing consultations on a health sector specific retention programme	Consultations report	There is cooperation of MOF and PMO
Mission Component 4 (Goal) **To ensure the reduction of maternal and infant mortality and morbidity**			
Objective 4.1: **To reduce maternal mortality rate from 730/100,000 (2001) to 263/100,000 live births by 2015**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
conduct maternal mortality survey,	Most recent data on maternal	Survey and maternal mortality	Management takes the survey

	mortality being available	data	seriously
Based on the outcome of the survey develop and launch a plan to reduce it by 30% by 2020,	Maternal mortality rate significantly reduced	Most recent maternal mortality data	Funds are available
Strengthen major health centres to provide comprehensive emergency obstetrics care (EMOC). There would have been needed manpower i.e. doctors, labs, anaesthetics nurses with relevant skills and equipment. Staff quarters with water and power supply would also be available to keep them motivated,	Better working conditions, better facilities and services being provided by major health centres in providing EMOC	Types of services rendered by the health centres	Funds are available
Strengthen minor health centres to provide basic EMOC	Minor health centres providing EMOC	Services provided by minor health centres	Funds are available
Liaise with medical school of the UTG for possibility of including emergency obstetrics care (EMOC) in curriculum,	Locally trained doctors being able to handle EMOC	EMOC courses at the UTG	There is support from the Ministry of Higher Education, Research, Science and Technology
Repositioning of family planning and ensure contraceptive availability.	Awareness and use of contraceptive being intensified	Campaign materials and report	Management supports the move
Carrying out perinatal audit systems	perinatal audit systems being used	Perinatal audit report	There is the cooperation of management
training and retraining of service providers on maternity care	Service providers being more qualified on maternity care	Training report	Funds are available

monitoring, supervision and research on maternity care	Better services on maternity care	Monitoring and research findings	Funds are available
conduct community education	Communities knowledge on maternity and morbidity is increased	Sensitisation report	Funds are available
male involvement	More males participating on maternity care	Out patients register	There is cooperation of the male population
Objective 4.2: **To reduce infant mortality rate from 75/1000 (2003) to 28/1000 by 2015.**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
training of trainers of service providers on IMNCI(Integrated Management of Neonatal and Childhood Illness)	Service providers better equipped for IMNC	Training report	Funds are available
training of service providers on case management	Service providers offering case management service	Training report	Funds are available
behavioural change communication sensitisation exercise	Service providers easily detecting behavioural change	Sensitisation report	Funds are available
Frequent monitoring and supervision	Frequent updates on infant mortality rates	Monitoring report	Funds are available
procurement of recording tools	Better recording done by service providers	Available recording tools	Funds are available
nutrition supplementation interventions	Lesser cases of malnutrition	Intervention modalities	Funds are available

Objective 4.3: **To reduce under-5 mortality rate from 99/1000(2003) to 45/1000 by 2015.**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
Training and retraining of service providers on IMNCI(Integrated Management of Neonatal and Childhood Illness)	Service providers better equipped for IMNC	Training report	Funds are available
training of service providers on case management	Service providers offering case management service	Training report	Funds are available
behavioural change communication sensitisation exercise	Service providers easily detecting behavioural change	Sensitisation report	Funds are available
Frequent monitoring and supervision	Frequent updates on infant mortality rates	Monitoring report	Funds are available
procurement of recording tools	Better recording done by service providers	Available recording tools	Funds are available
nutrition supplementation interventions	Lesser cases of malnutrition	Intervention modalities	Funds are available
<u>Mission Component 5 (Goal)</u> **<u>To ensure reduction of communicable and non communicable diseases</u>**			
Objective 5.1: **That by 2020 the prevalence rate of all communicable diseases will be reduced by 50%**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
Establish the baseline for communicable diseases by 2010,	More statistics on communicable diseases being	Baseline information	Management shows interest and funds are available

	available		
Strengthen the surveillance system (clinicians, public health officers, lab staff and communities) by training staff on case identification, management and reporting.	Better surveillance system	Training report	Funds are available
Provide mobility and other logistics support,	Staff accessing mobility with relative ease	Vehicles and other logistical support	Funds are available
Sensitise communities on communicable diseases and the preventive methods.	Communities being more knowledgeable on communicable	Sensitisation reports	Funds are available and communities cooperate
Capacitise laboratories for enhanced surveillance activities (provision of equipment, infrastructure, training and reagents).	Laboratories staff offering more surveillance service	Infrastructure and reagents).	Funds are available
Ensure reduction of HIV/AIDS prevalence in The Gambia from 1.4%(2007) to 1% by end of 2010 through: -Conducting training and retraining of HIV/AIDS service providers -Conducting monitoring and supervision of services including supportive supervision for social workers and other service providers	 -service providers being more knowledgeable on HIV/AIDS -proper supervision and monitoring of social workers and other service providers -annual sentinel surveillance	 -training report -monitoring and supervision reports	 -funds are available -funds are available

-Conducting annual sentinel surveillance (antenatal)	being conducted	-sentinel surveillance report	-funds are available
-Conducting HIV population survey (male and female) aged 15-49 years.	-census of HIV on male and female population	-survey report	-funds are available and the population cooperates
-Conducting massive community sensitisation campaigns across the country	-community having more knowledge on HIV/AIDS	-sensitisation report	-funds are available
-Conducting basic training for TBAs, VHWs and MDFTs on HIV/AIDS across the country.	- TBAs, VHWs and MDFTs across the country having basic knowledge on HIV/AIDS	-training report	-funds are available
-Scaling up HCT (VCT), PMTCT and ART services	-better HCT (VCT), PMTCT and ART services	-report on activities	- funds are available
-Procuring equipment, drugs and supplies.	- equipment, drugs and supplies available for HIV/AIDS treatment	-equipment, drugs and invoices	- funds are available
-Conducting monitoring and supervision of laboratory services	-satisfactory services offered at the laboratory	-Monitoring and supervision report	-management is committed
- Ensure the availability of free laboratory services for HIV diagnosis	-More HIV diagnosis being conducted	-Laboratory reports	-funds are available and there is cooperation of the general public
Objective 5.2: **That by 2020 the prevalence rate of all non-communicable diseases will be reduced by 50%**			

Strategic Activities	Measurable Indicators	Means of Verification	Important Assumptions and Risks
Establish the baseline for non-communicable diseases by 2010,	More statistics on communicable diseases being available	Baseline information	Management shows interest and funds are available
Strengthen the surveillance system (clinicians, public health officers, lab staff and communities) by training staff on case identification, management and reporting.	Better surveillance system	Training report	Funds are available
Provide mobility and other logistics support	Staff accessing mobility with relative ease	Vehicles and other logistical support	Funds are available
Sensitisation of communities on non communicable diseases and their prevention and control.	Communities being more knowledgeable on non communicable	Sensitisation reports	Funds are available and communities cooperate
Capacitise laboratories for enhanced surveillance activities (provision of equipment, infrastructure, training and reagents).	Laboratories staff offering more surveillance service	Infrastructure and reagents).	Funds are available
Set up a budget line for emergency preparedness and response	Instant response for emergency cases	Budget	Funds are available
Mission Component 6 (Goal) **To strengthen and support Health** *and Social Welfare* **Communication Programmes;**			
Objective 6.1: **To develop a comprehensive health and social welfare advocacy communication policy and strategy by 2010:**			

- **Health education**
- **Health advocacy**
- **Health communication**
- **Health promotion**

Strategic Activities	Measurable Indicators	Means of Verification	Important Assumptions and Risks
Recruit a consultant to develop the health and social welfare education and communication policy	Health and social welfare education and communication policy being developed by the consultant	Consultancy report	Funds are available
Ensure approval and implementation of policy.	Health education and communication policy being used by the ministry	Health education and communication policy document	Funds are available
Develop the health education and communication strategic plan	Health education and communication strategic plan being developed	Strategic plan document	There is a strategy formulation team/consultant

Mission Component 7 (Goal)

To ensure reduction in the frequency of environmental health and safety related problems and diseases

Objective 7.1:

By 2014, 80% of food standards and safety parameters are met.

Strategic Activities	Measurable Indicators	Means of Verification	Important Assumptions and Risks
By 2010 finalise and produce specific and documented standards (regulations) for various foods.	Food safety awareness being increased	Food hygiene and safety standards documents	The municipalities and area councils support the move

By 2012 all food standards or regulations would have been implemented at 80% safety level.	Food standards regulations being observed	Food standards documents	There is support of the public
Liaise with and sensitize stakeholders such as Fisheries, livestock, agriculture, phytosanitary, NEA, Customs, Police through training in food safety issues and the enforcement of the Food Act by the ministry of health/fisheries/agriculture/livestock	All concerned partners enforcing Food Safety Act	Sensitisation report	All concerned partners are committed
Objective 7.2: **To promote the attainment of basic nutritional requirements of the Gambian population in collaboration with partners.**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
Establishment of policy analysis and research unit	Policy and research unit formed and operational	The unit structure	There is support from the senior management.
Improve maternal nutrition	Lesser cases of child or infant illnesses related to maternal nutrition	Maternal cases reports	There is the cooperation of the entire population
Promote optimal infant and young child nutrition	A healthy child population	Child health reports	There is cooperation of parents
Improve food standards, quality and safety	Lesser cases of malnutrition	Clinic/ hospital cases reports	The public cooperates
Prevent micro-nutrient deficiency disorders	Lesser cases of micro-nutrient deficiency disorders	Clinic/ hospital cases reports	There is the cooperation of the population
Prevent child related non	Lesser cases of non	Clinic/ hospital cases reports	There is the cooperation of the

communicable diseases	communicable diseases on children		population
Promote nutrition for infectious diseases control	Lesser cases of infectious diseases	Promotional campaign materials	There is cooperation of the public
Promote effective nutrition education	Population more aware of benefit of nutrition	Sensitisation report	There is cooperation of the population
Objective 7.3: **To reduce the frequency of environmental health and safety related problems and diseases by 50% by 2015**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
By 2010, conduct a survey to determine the baseline and parameters (in terms of frequency) and use of HMIS routine data for more frequent analysis of assessing the relationship between disease and the environment.	Data on disease and environment relationship	Survey results	Funds are available
Advocate for the enforcement of the Public Health Act, 2001,	Public Health Act being enforced	Public Health Act	There is support of cabinet and the National Assembly
By 2010, design and implement requisite interventions within 3 months of the results of either the baseline or routine HMIS data analysis.	Timely intervention by the Ministry based on HMIS analysis	HMIS data and intervention reports	There is cooperation between the management and HMIS unit
Put a mechanism for the continuous review and updates of the relevance of environmental and health safety regulations.	Great importance attached to environmental and health safety regulations.	Environmental and health safety regulations.	Funds are available

Objective 7.4: **To ensure 70% enforcement of the Environment related legislations by 2013 (public health act, occupational health and safety policy and the sanitation policy)**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
By 2010 develop and finalise the public health regulations (hand to WHO).	Public health regulations being finalised	Public health regulations document	Management supports the process
By 2011 launch the enforcement drive and begin to measure the progress in enforcement and produce annual enforcement reports.	Public health regulations being observed	Annual enforcement reports	Management is committed
By 2011 begin the training of public health officers in the handling of enforcement of the Acts	Health Act being enforced by the public health officers	Training report	Management is committed
Objective 7.5: **To make The Gambia free of vectors and vector borne diseases**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
Strengthening the human capacity of the vector control unit	the vector control unit being effective in its operations	Human resources	Funds are available
Conduct public sensitisation on vectors and vector borne diseases, environmental sanitation, food safety,	Public awareness on vectors and vector borne diseases	Sensitisation reports	Funds are available

Provision of furniture, computers, photocopiers, printers, chemicals, sprayers, protective gears, rodenticides,	The vector control unit being well equipped	Available furniture and equipment	Funds are available
Collaborate with relevant institutions/authorities e.g. National Malaria Control Programme (NMCP), National Environment Agency (NEA), WHO on eliminating vector borne diseases	Partner institutions collaborating in eliminating vector borne diseases	Collaboration agreement/arrangements	There is the willingness of the institutions to collaborate
Mission Component 8(Goal) **To establish a mechanism for health services financing risk protection for all**			
Objective 8.1 **Develop for possible implementation a health service financial risk protection scheme for all by 2020.**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
finalise and send health financing policy to cabinet for approval by 2010	health financing policy document being approved	health financing policy	Policy is finalised and submitted to cabinet
develop health financing strategy plan and validate it by 2010	Health financing strategy plan being developed	Health financing plan	There is commitment from responsible team
implement the plan by 2011			
Objective 8.2 **Ensure that 15% of the national budget is consistently allocated to health by 2012**			

Strategic Activities	Measurable Indicators	Means of Verification	Important Assumptions and Risks
advocate for increased budgetary allocation to MOHSW	More budgetary allocation to MOHSW	Vouchers/payslips	There is approval by PMO and MOF
Develop a 3 year MTEF for MOHSW	MOHSW having a mid term review	Review framework	Management supports the review framework
Objective 8.3 **Ensure 50% decentralized health budget management to all regions by 2012**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
negotiate with DNT for setting up regional accounts units by end of 2010	Regional accounts units being formed	Regional accounts units	There is support from the MOF
form the units and equip with materials and human resources in all the six regions by 2011	Operational regional accounts units	Offices with personnel and facilities	Funds are available and personnel are available
the units and the central level agree on a monitoring and supervision mechanism by 2011	Proper monitoring and supervision of the units by the central office	Monitoring and supervision arrangements	Regional units are formed
get the unit to be fully operational by 2011	The regional units functioning as the central office	The units structure	Management supports the initiative
Mission Component 9 (Goal) **To provide quality social welfare services to all vulnerable and needy persons.**			

Objective 9.1 **Establish by 2012 an effective and efficiently functioning DSW**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
Restructure the management, professional and technical systems bringing together social work and technical skills to focus upon individual and group needs of clients	Needs of clients being elaborated on by the experts	Management structure	Management is committed to the restructuring
Strengthen the managerial and monitoring infrastructure of the DSW: -Sustain the consistency of the SMT framework	-Better services of the SMT	-SMT activities reports	-there is cooperation of the SMT
-Set up a monitoring and evaluation system to ensure timely feedback to SMT for corrective measures	-issues addressed timely by the SMT	-Monitoring and Evaluation system	-the SMT supports the formation of the monitoring and evaluation system
-Develop a Plan of Operations manual that provides information and guidance for all staff so that they are fully conversant with the aims and objectives, management expectations of service delivery and development and the values on which they are derived from.	-better services from the entire staff	-annual reports	-management and entire staff are committed

Advocate for the provision of legislation for the enactment of a, Social Welfare Act, Registered Homes Act, Care Standards Act, and Disability Act	The said Acts being submitted to cabinet	The legalised Acts	There is support of the cabinet
Objective 9.2 **Ensure availability of appropriate and adequate human resources at the institutional and community levels**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
Employ and appoint staff with adequate and appropriate qualifications commensurate with their professional, technical and clerical duties.	A highly qualified staff	Staff profile	There are personnel available to recruit from
Integrate and include services to operate within a common theoretical framework	Better organised services	Operational framework	Management is committed to the theoretical framework
Set minimum acceptable standards of practice for all personnel	Staff operating on an acceptable standard	Code of conduct documents	There is commitment from the senior staff
Decentralise service provision to the rural areas	Social welfare services offered in rural areas	Rural centre/offices	There are personnel available
Objective 9.3 **Strengthen the unit of the Department responsible for the survival, anticipation, development in respect to child rights and Persons with disabilities in order to facilitate the planning necessary for the proper implementation of the United Nations Convention on the**			

Rights of the Child and persons with disabilities, the African Charter on Rights and Welfare of the Child by 2011			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
Facilitate the arrangements for the proper care, custody and maintenance of children in cases of family crisis	Children in broken homes readily accommodated	Childcare documents	There is cooperation of the communities
Facilitate proper care arrangements for orphans and other vulnerable children (OVC)	Orphans and OVC readily accommodated	Orphans and OVC adoption documentation	There is cooperation of the communities
Provide guidance to agencies involved in the investigation of complaints of abuse and neglect of children and ensure appropriate care for child victims	Proper investigation and care for child victims	Training/briefing report	There is cooperation of the agencies
Catalogue existing services and interventions for children in difficult circumstances operated by DSW and its partners detailing procedural and access arrangements	The public knows the various services offered by DSW	Services catalogue	Management is committed to the process
Facilitate the proper administration of juvenile justice by giving guidance relevant to disposal of individual cases and contributing to the supervision and care arrangements for individuals and groups of children accused of or convicted of offending	proper administration of juvenile justice	Guidance/training report	There is support from justice department

Strengthen partnerships between the DSW, government departments and institutions with a mandate for child survival, protection, participation and development,	Stronger cooperation with government departments and institutions with a mandate for child survival, protection, participation and development,	Partnership agreements	There is commitment from all concerned parties
Draw up a National Plan of Action for the survival, protection, participation and development of children	Children taken care of in accordance with stipulated programme	National Plan of Action	Management is committed
Objective 9.4 **Create an enabling legal environment for a Child Friendly Gambia by 2014**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
Advocate for and influence the enactment of a Social Welfare Act, Registered Homes Act, Care Standards Act, and Disability Act	Acts being enacted	Acts documents	Cabinet and management are cooperative
Objective 9.5 **Facilitate the resolution of social problems of adult clients**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
Support services for clients directly seeking assistance and support in respect of problems associated with family and relationships.	Family and relationships problems easily supported	Annual activity reports	Funds are available

Strengthen the linkages with institutions such as prisons, hospitals and homes accommodating people requiring specialized care and supervision.	Collaborative services with sister institutions	Linkages agreements	There is cooperation between DSW and the institutions
Strengthen the links with welfare organizations offering assistance and support to the needy and to vulnerable members of society.	Collaborative services with welfare organisations	Linkages agreements	There is cooperation between DSW and the organisations
Network and support organizations seeking to grapple with major social issues such as early marriage, teenage pregnancy, domestic violence and poverty.	Supporting organisations addressing social problems	Network and support arrangements	Funds are available
Enhance service delivery through direct assistance, counseling and home visits	Intensified service delivery	Activity report	Funds are available
Strengthen community support in service delivery.	Communities benefitting more from service delivery	Activity report	Funds and personnel are available
Strengthen partnerships with stakeholders through developmental exchanges such as skill and information sharing.	Better services from social welfare	Partnership agreement	DSW and stakeholders are very cooperative
Strengthen the monitoring and follow up system	Better monitoring and follow up services	Monitoring reports	Funds are available

Objective 9.6 **Strengthen the Disability Unit for the promotion, advocacy and implementation of international instruments in particular the United Nations Standard Rules on Equalization of Opportunities for Persons with Disabilities in respect of the prevention of disability, rehabilitation of Persons with disabilities and promotion of the rights of Persons with disabilities**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
Set up a National Committee on the prevention of disability, rehabilitation of Persons with disabilities and promotion of the rights of Persons with disabilities.	Disability problems easily addressed	Committee reports	There is support from the communities
Develop a national plan of action for the prevention of disability and rehabilitation of Persons with disabilities by 2011	Disability problems easily addressed	Activity reports	Funds are available and there is support from the communities
Promote and strengthen the DSW for the local production of technical aids for Persons with disabilities.	technical aids for Persons with disabilities being produced locally	Technical aids	Expertise and funds are available
Maintain, supply and adapt technical aids and assistive devices for Persons with disabilities	Adequate supply of technical aids and assistive devices	Technical aids and assistive devices	Funds are available
Build capacity of organizations of persons with disabilities to develop and implement plans of action and provide	organizations of persons with disabilities developing plans of action	Training report	Funds are available

technical assistance and support.			
Provide direct support services and guidance to Persons with disabilities and their families.	Persons with disabilities and their families receiving more support	Annual/Activity reports	Funds are available
Maintain and strengthen a data base on all Persons with disabilities and disability related issues	Information on all Persons with disabilities being available	Data base	Funds and experts are available
Objective 9.7 **Advocate for the mainstreaming and inclusion of Persons with disabilities in all spheres of national development**			
Strategic Activities	**Measurable Indicators**	**Means of Verification**	**Important Assumptions and Risks**
Advocate for the inclusion of sign language on national foras and gatherings, television etc to ensure that the deaf are not excluded from accessing the information as a basic human right.	The deaf accessing the information they need at all national foras , gatherings, television etc	sign language on national foras and gatherings, television	Funds are available and there is cooperation from the media institutions
Advocate for the provision of Brailles in all public learning institutions	The blind reading and writing in public schools	The Brailles in schools	Funds are available
Advocate for affirmative action policies for Persons with disabilities in education and work (where qualifications and skills are equal)	Policies operational for Persons with disabilities in education and work	Policy document	DSW and cabinet are committed

Strengthen and support the Advocate for Municipalities and Area Councils to allocate a portion of their resources on disability issues	Disability issues being resourced at the regional level	Budget allocations	Funds are available and the regional governments are cooperative
In collaboration with the Child and Adult Units, institutionalize a follow-up visiting and monitoring system to educational institutions catering for children and adults with special needs and provide necessary support and guidance	Better monitoring at educational institutions catering for children and adults with special needs	visiting and monitoring arrangements	There is cooperation with the institutions
Advocate for the establishment of a National Trust Fund for Persons with disabilities	Guaranteed funding for Persons with disabilities	National Trust Fund account	There is support from government and stakeholders
Advocate for measures to facilitate easy accessibility to public facilities, structures and roads by persons with disabilities	persons with disabilities accessing public facilities with ease	Designs in public facilities, structures and roads	There is support from government and stakeholders

4.2 Institutional Structure

The structure of an organisation details in a snapshot the communication framework and work related relationships resulting from the normal interactions of teams and people in that organisation.

Strategic planning is change planning, and given this, it is obvious that the new changes will require an appropriate structure. This structure must be able to meet the requirements of the strategic fit of the new orientation.

The organisation chart in 5.2 encapsulates the current structure of the MOH&SW, which is not necessarily aimed at meeting structural changes needed to meet the implementation requirements of the new strategic focus.

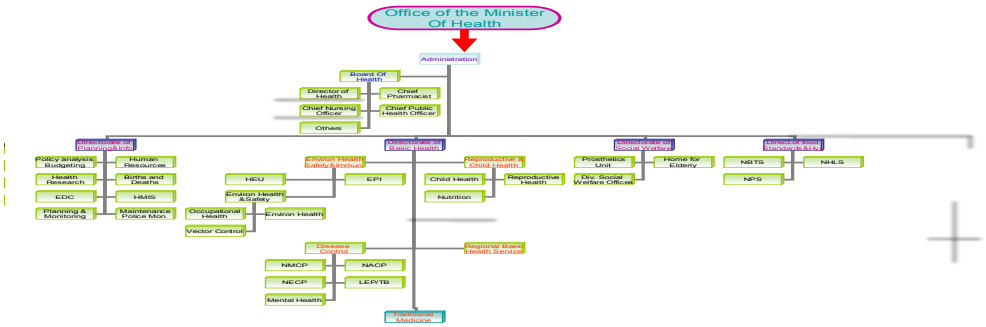
It is recognised that the MOH&SW like other government ministries cannot have their structures significantly overhauled in this assignment. Instead, this will require a government-wide functional analysis, the results of which may lead to a change in the structures of ministries. Despite this difficulty, it is important that the structures of the ministries included in this strategy process be reviewed to determine their suitability for the new strategic endeavour. In pursuit of this, a limited functional analysis was undertaken and showed that each ministry must evolve if it does not already have one, a structure within its framework for coordination of the implementation of its strategic plan. This will be the unit or directorate that will as well be responsible for coordinating the performance managements system (PMS) that will follow this tools development activity.

The MOH&SW unlike most government ministries has a defined planning function in its structure. It has a planning directorate that is headed by a Director and many educated and highly skilled young staff.

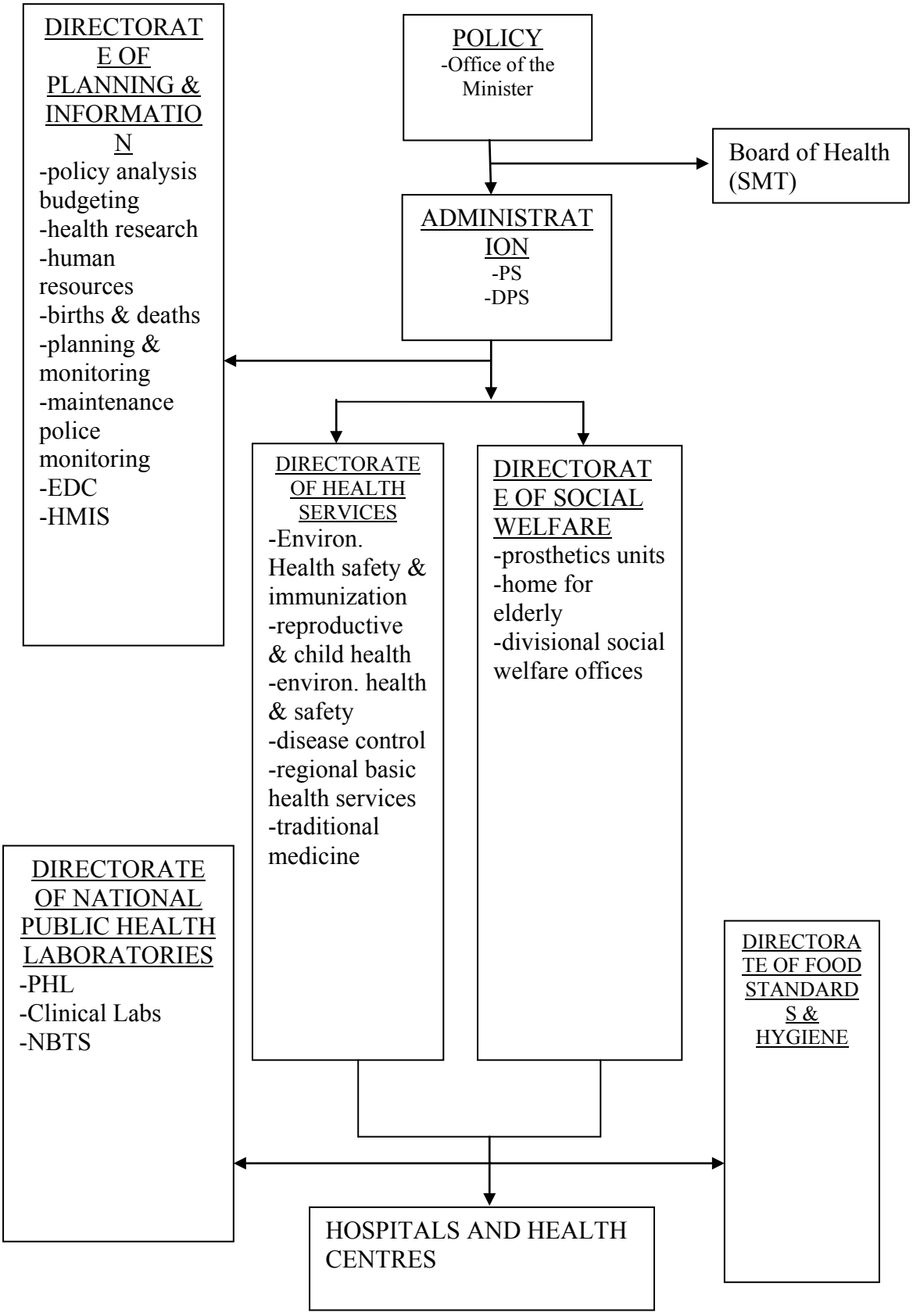
Despite the existence of a planning directorate and that it has a good crop of young and educated personnel, the directorate continues to be lacking in terms of effective planning leadership and systems. The Director of planning should a seasoned health planner and full of strength and gut to push through required institutional changes that will ensure effective health planning, financing, plan implementation and reviews. This done, the current piecemeal planning that is mostly directed from the Office of the Permanent Secretary will be avoided and given that personnel stability is more predictable at the directorate levels downwards, with the positions of minister and permanent secretary at this ministry shown to have been most unstable, the ministry will assume and consistently resonate systems that are not subject to changes at the top of the ministry.

It is therefore recommended that the current structure of the MOH&SW is good enough. However, there is need to support this planning directorate in the areas of weakness already alluded to here.

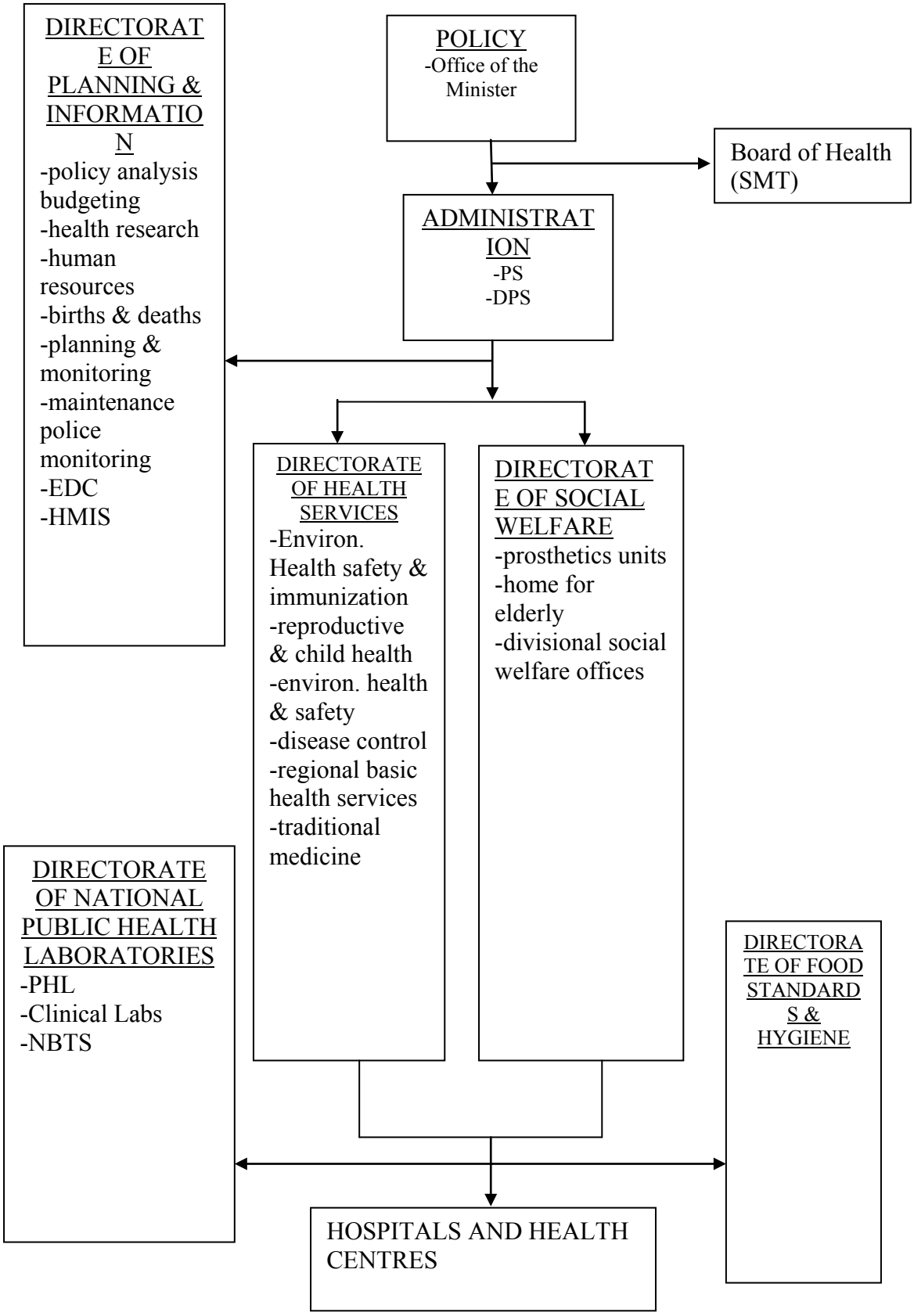
4.2.1 The Position Organogram



4.2.2 Current Functional Organogram



4.2.3 Recommended Functional Organogram



Section V: Appendices

5.1 External Factor Evaluation Matrix

OUR MOST CRITICAL OPPORTUNITIES
Present government is very accommodating to the health sector and accords it priority
Stable economic growth over the past years augurs well for growth in health budgetary provision
Increased budgetary allocation to the health sector
High response of people to modern treatment
Increased global partnership in health delivery and management
OUR MOST CRITICAL THREATS
Turnover of policy makers is significantly high
High attrition at technical level
Global economic crises has reduced donor support to the health sector
Shift in funding approach from government to NGO's
Limited access to secondary and tertiary healthcare (e.g. geographic distance, poorly developed, ill staffed and ill equipped facilities)
Fluctuating exchange rates affect the health ministry's procurement of goods and services
Yet to meet the Abuja target…(now 7.8%, below the Abuja target of 15% of national budget)
Inadequate resources allocation by GG for emergency preparedness in pandemics and natural disasters

5.2 Internal Factor Evaluation Matrix

OUR MOST CRITICAL STRENGTHS
Existing structures of coordination by management teams at both central and regional levels
Determination and will of the health work force
Top and middle management are well educated, experienced and committed
Accelerated training of health workers through increased intakes of health trainees (nursing, public health) and other health professionals (UTG)
High coverage and affordable basic health services (e.g PHC strategy)
High immunization coverage and excellent surveillance system
OUR MOST CRITICAL WEAKNESSES
High attrition of health workers
Limited specialized personnel
Research units ill-equipped(human and physical)
Limited transport services
Slow decentralization of health financing

5.3 Objectives and Strategies

Vision Statement Quality and Affordable Health Services For All By 2020.	
Goal 1 To Promote and protect the health and welfare of the population by providing a comprehensive healthcare and social welfare packages in partnership with all relevant stakeholders.	
Objective	**List Strategies Needed to Implement It**
Objective 1.1 To provide for each RHT adequate management structures and 90% of staff requirements in numbers and qualifications by 2015.	By 2010, the ministry would have reviewed the Staffing Norms Study Report, and determine actions to be taken on recommendations relating to structures of Regional Health Centres (RHTs), staff adequacy and qualifications, and update the study if necessary,
	Recommend a course of action for achieving the 90% staff requirements to RHTs in numbers and qualifications
	By 2010, establish the supply structure and trends of health workers by generating projections from regular sources/categories that include the schools of Nursing (Community health nurse/midwives, state enrolled nurses), School of nursing and midwifery (nurses and midwives) the University of The Gambia (nurses, public health officers, and doctors), school of pubic health (public health officers), health technicians from RVTH and MRC, MDI for health administrators, and the in-service training programme of the Ministry of Health and Social Welfare (continuous professional development for all categories of health workers), external sources (Malaysia, Venezuela, Taiwan, Ghana, Cuba, Russia).
Objective 1.2 To increase immunization coverage to at least 90% for all regions and to sustain 96% coverage for Penta 3 nationally by 2012.	By 2010 increase the immunization coverage by ensuring antigens availability, mobility and the functionality of the cold chain system, and adequate supply of trained manpower.
	By 2010, initiate and begin a programme of information, education and communication that will bring mothers to the clinics in the rural areas by fully implementing the communication plan of the MOHSW,
Objective 1.3	To put in a place a mechanism of control that will ensure rational drug use, minimize pilferage,

That by 2014 all clinical services will be provided with 90% of essential drugs, vaccines and other medical supplies that are safe, efficacious and of good quality in time.	adequate appropriate storage and hygiene, cooling systems by 2010.
	By 2010 put in place a strategy for consistent supply of adequate pharmaceutical personnel and timely procurement of drugs,
	Undertake public expenditure review and a medium term expenditure framework for the health sector and ensure cabinet approval of a three-year envelope of financial resources to the sector by 2011.
	By 2011 advocate for adequate and reliable water and power supply systems in the regions and ensure the harmonization of the divided solar and diesel energy supply systems
Objective 1.4 By 2012 the regional referral hospitals, namely Bansang, AFPRC, Sulayman Junkung and Serrekunda would have attained referral status of at least 80% of RVTH level.	By 2010, conduct a study/assessment and determine disparities in referral ability between the existing hospitals, and establish the elements that are most critical in defining a functional referral hospital, for example finance, personnel, equipment, drugs, supplies, utilities, infrastructure and etc and evolve strategies for transforming the listed hospitals to at least 80% of RVTH by 2012,
	The study should also recommend a system for improvement from the RVTH standard
Objective 1.5 That by 2020 the number of efficient referral hospitals would have increased by three (3).	By 2011 finalise a plan for upgrading Basse and Kuntaur health centres to hospitals and build a new hospital in Brikama.
	Canvass for and secure funding for the implementation of the strategy for upgrading and building the new hospitals and begin the projects by 2013.
Objective 1.6 Increase geographical access to essential healthcare services from 85% to 90% by 2020.	By 2013 to achieve the desired geographical access by building new health facilities at the following communities: -*Jallow Kunda Niani* -Panchang , Upper Saloum -Kalaji, Foni -Jangjangbureh, CRR
	In addition to building the new health facilities there will be upgrading of these existing health facilities:

	-Kiang Karantaba Health Centre (more staff) -Nana Niamina West (upgrade to health centre),
Objective 1.7 Strengthen partnership with relevant stakeholders by providing and implementing a definitive structure of cooperation to provide comprehensive healthcare and social welfare packages for all by 2020.	By 2010 review the present memoranda arrangements with stakeholders in the health and social welfare sector and propose implementing a definitive structure of cooperation framework (including advocacy),
	Undertake annual review and reporting of the effectiveness and efficiency of the new cooperation framework
Objective 1.8 To establish structures of cooperation and coordination between traditional and modern medicine by 2014	By 2010 undertake a joint review of the structural framework of the traditional healing system and evolve a standard practice through generating a policy that will address issues such as code of conduct, qualifications for entry, registration, accreditation and etc.
	Through the joint review create a platform for dialogue and cooperation between the two health delivery systems.
Objective 1.9 To increase the national health and social welfare sector staff levels to about 70% of staff requirements through recruitment and training by 2012	By 2010, undertake a review of the norm study and the human resource situational analysis, establish current situation and determine gaps,
	Conduct a training need assessment of health and social welfare staff to determine the training needs of the staff.
	Generate strategy for recruitment and training, and establish a training plan.
	Formulate staff posting policy
Objective 1.10 To rehabilitate/reconstruct 90% of village health posts by 2015.	By 2010 undertake a review and evaluation of the financing needs of the rehabilitation of the existing 492 village health posts.
	Establish cost, advocate for financing and begin implementation of the programme by 2011.
Objective 1.11 To create and increase incentive packages to 50% of all health and social welfare personnel by 2012.	Upon receipt of the impact study report on incentives the ministry will generate and compile a remuneration package framework that will reduce attrition, attract recruitment of critical skills into health and social welfare service and acceptance of rural postings and exposure to risks.
	Canvass for funding of this framework.

Objective 1.12 To ensure a fully computerised birth and death registration system and achieve a 100%registration coverage by 2020	provide offices at all regions and equip them with furniture and computers with accessories (printers, servers)
	provide adequate registration materials and develop verbal autopsy and declaration forms for all levels
	Providing national networking system from all regions to central level and linking all services areas at peripheries to regional levels
	Review birth and death registration act and upgrade features on the certificates through: -Including community registration in the Act -Consultation on the forms and contents of birth and death certificates -adopting more features (including security features) on the birth and death certificates -Advocating for timely registration of births and deaths -Providing quality and durable birth and death certificates
Objective 1.13 To ensure a well coordinated maintenance system.	Review the maintenance policy
	Develop a strategic plan to implement the maintenance policy
	Coordinate all future designs and contracts
	Introduce standards of procedure to ensure efficiency and effectiveness of the maintenance system
	Advocate for more logistical support from government and donors
	Decentralise maintenance activities
	Exploit new financing avenues
	Liaise with the HMIS for timely dissemination of information to the maintenance system
Objective 1.14 That by December 2011 all regional social welfare offices will be open and functional.	Finalise postings and deploy staff to the various regions
	Rent and furnish office space
Objective 1.15 That by end of 2011 the current social	Submit policies to cabinet for approval

welfare, children, and disability policies will be reviewed and finalised and its implementation commenced	
Objective 1.16 That by 2014 the department will increase its service coverage from 50% to 75% of the country	Implementation of social welfare programmes and activities at administrative and community levels
	To set up additional 20 Community Child Protection Committees at different communities nationwide
	To expand the Community Based Rehabilitation Programme (CBR) project in collaboration with Organisations of Persons with Disabilities (OPDs) and other partners to 50% of the regions
	To implement community and family strengthening programmes in support of 100 needy and elderly persons
	That at least 2000 Orphans and other Vulnerable Children (OVC) benefit from educational and or other support and protection services

Goal 2
To ensure high coverage of basic healthcare services.

Objective	**List Strategies Needed to Implement It**
Objective 2.1 Build the management capacity of 30% of middle level staff on health management in all regional health and social welfare management teams and specialized units by 2015.	By March 2010 conduct an overall HR capacity baseline assessment, and develop an operational plan for the middle level staff capacity building.
	By June 2010 implement the operational plan for the middle level staff capacity building.
Objective 2.2 To meet the minimum staffing norms at all levels of care by 2014	Establish a system of continuous determination of congruence between the nominal roll and the required staffing norms at care level and establish gaps
	Institutionalise the system
Objective 2.3 Increase access to laboratory services to all by 70%, by 2015	Recruit and train more laboratory technicians
	Staffing all existing labs
	Resourcing all existing labs(equipment and reagents)
	Rehabilitate and refurbish existing labs
	All major and minor health facilities to be provided with laboratory service facilities
	Finalise and secure Cabinet approval for the national health laboratory policy by 2010
	Develop a strategic plan for the national laboratory service by September 2010
Objective 2.4	Put in place an infrastructure for proper screening and storage of blood,

To enhance the availability of sufficient and safe blood by 100% by 2012	Establish and police structures and procedures for access to blood and utilisation and eliminate incidence of error in transfusion,
	Develop a national blood transfusion policy by December 2010
	Increase advocacy for the search and acquisition of blood to ensure adequacy of all blood types.
Objective 2.5 Increase health research by at least 30% by 2013	By December 2009 have cabinet approval of the Health Research Policy
	Implement the research policy by 2010
Objective 2.6 To increase access to quality mental healthcare to all by 2015.	By December 2009 have cabinet approval of the Mental Health Policy
	By 2010 implement Mental Health policy
Objective 2.7 Ensure 70% diseases surveillance coverage by 2016	Put in place a mechanism for continuous updating of diseases of surveillance importance,
	Strengthen the surveillance system (clinicians, public health officers, lab staff and communities) by training staff on case identification, management and reporting.
	Provide mobility and other logistics support,
	Sensitise communities on these diseases and how to prevent them.
	Capacitise laboratories for enhanced surveillance activities (provision of equipment, infrastructure and reagents).
	Establish a mechanism for evaluating and measuring the level of surveillance progress made.
Objective 2.8 To ensure proper procurement, operation, maintenance and replacement of vehicles to guarantee a reliable fleet.	institutionalise a proper maintenance system
	conduct training for operators on vehicle management
	coordinate future vehicular purchases
Goal 3: To achieve Staff training and retention.	
Objective	**List Strategies Needed to Implement It**
Objective 3.1 That by 2020 all categories of health and social welfare staff would have had minimum professional and management training required for each level	By 2010 develop a training plan with intention to establish training needs at all categories,
	By 2010 liaise with existing tertiary institutions and agree a strategy for implementing the training plan,
	By 2010 canvass for budgetary and extra budgetary funding of the plan
Objective 3.2	By 2010 review the suitability of auxiliary

That by 2011 a training programme for all auxiliary nurses/health attendants, medical laboratory assistants, technicians and scientists, and trainee social workers, trainee rehabilitation technicians and trainee mechanical technicians would have been provided for their training and redeployment.	nurses/health attendants stock of staff for training,
	Over time and in accordance with normal retirement procedures, phase out this category of people when the existing un-trainable stock have all retired.
	By 2010 enrol the trainable into the SEN and CHN schools for training,
	By 2010 increase SRN, PHO, SEN and CHN institutional training capacities to significantly increase the availability of trained personnel.
	By 2010 collaborate with the UTG to develop a training institute for medical laboratory assistants, technicians and scientists
Objective 3.3 That by 2015, a comprehensive retention programme would have been launched to ensure that staff attrition is below 10%.	By 2010, to undertake consultations on a health sector specific retention programme for submission to the PMO as part of the civil-wide incentive and retention regime.
Goal 4: To ensure the reduction of maternal and infant mortality and morbidity	
Objective	**List Strategies Needed to Implement It**
Objective 4.1 To reduce maternal mortality rate from 730/100,000 (2001) to 263/100,000 live births by 2015	conduct maternal mortality survey,
	Based on the outcome of the survey develop and launch a plan to reduce it by 30% by 2020,
	Strengthen major health centres to provide comprehensive emergency obstetrics care (EMOC). There would have been needed manpower i.e. doctors, labs, anaesthetics nurses with relevant skills and equipment. Staff quarters with water and power supply would also be available to keep them motivated,
	Strengthen minor health centres to provide basic EMOC
	Liaise with medical school of the UTG for possibility of including emergency obstetrics care (EMOC) in curriculum,
	Repositioning of family planning and ensure contraceptive availability.
	Perinatal audit systems
	training and retraining of service providers on maternity care
	monitoring, supervision and research on maternity care
	conduct community education
	male involvement
Objective 4.2	training of trainers of service providers on

To reduce infant mortality rate from 75/1000 (2003) to 28/1000 by 2015.	IMNCI(Integrated Management of Neonatal and Childhood Illness)
	training of service providers on case management
	monitoring and supervision
	procurement of recording tools
	nutrition supplementation interventions
	behavioural change communication sensitisation exercise
Objective 4.3 To reduce under-5 mortality rate from 99/1000(2003) to 45/1000 by 2015.	Training and retraining of service providers on IMNCI(Integrated Management of Neonatal and Childhood Illness)
	training of service providers on case management
	behavioural change communication sensitisation exercise
	monitoring and supervision
	procurement of recording tools
	nutrition supplementation interventions
Goal 5: **To ensure reduction of communicable and non communicable diseases**	
Objective	**List Strategies Needed to Implement It**
Objective 5.1 That by 2020 the prevalence rate of all communicable diseases will be reduced by 50%	Establish the baseline for communicable diseases by 2010,
	Strengthen the surveillance system (clinicians, public health officers, lab staff and communities) by training staff on case identification, management and reporting
	Provide mobility and other logistics support
	Sensitise communities on these diseases and the preventive methods.
	Capacitise laboratories for enhanced surveillance activities (provision of equipment, infrastructure, training and reagents).
	Ensure reduction of HIV/AIDS prevalence in The Gambia from 1.4%(2007) to 1% by end of 2010 through: -Conducting training and retraining of HIV/AIDS service providers -Conducting monitoring and supervision of services including supportive supervision for social workers and other service providers -Conducting annual sentinel surveillance (antenatal) -Conducting HIV population survey (male and female) aged 15-49 years. -Conducting massive community sensitisation campaigns across the country -Conducting basic training for TBAs, VHWs and MDFTs on HIV/AIDS across the country. -Scaling up HCT (VCT), PMTCT and ART services -Procuring equipment, drugs and supplies. - Conducting monitoring and supervision of

	laboratory services -Ensure the availability of free laboratory services for HIV diagnosis
Objective 5.2 That by 2020 the prevalence rate of all non-communicable diseases will be reduced by 50%	Establish the baseline for non-communicable diseases by 2010,
	Strengthen the surveillance system (clinicians, public health officers, lab staff and communities) by training staff on case identification, management and reporting.
	Provide mobility and other logistics support,
	Sensitisation of communities on non communicable diseases and their prevention and control.
	Capacitise laboratories for enhanced surveillance activities (provision of equipment, infrastructure, training and reagents).
	Set up a budget line for emergency preparedness and response

Goal 6: To strengthen and support Health and Social Welfare Communication Programmes	
Objective	**List Strategies Needed to Implement It**
Objectives 6.1 To develop a comprehensive health and social welfare advocacy communication policy and strategy by 2010: • Health education • Health advocacy • Health communication • Health promotion	Recruit a consultant to develop the health education and communication policy,
	Ensure approval and implementation of policy.
	Recruit a consultant to develop the health and social welfare education and communication policy,

Goal 7: To ensure reduction in the frequency of environmental health and safety related problems and diseases	
Objective	**List Strategies Needed to Implement It**
Objective 7.1 By 2014, 80% of food standards and safety parameters are met.	By 2010 finalise and produce specific and documented standards (regulations) for various foods.
	By 2012 all food standards or regulations would have been implemented at 80% safety level.
	Liaise with and sensitize stakeholders such as Fisheries, livestock, agriculture, phytosanitary, NEA, Customs, Police through training in food safety issues and the enforcement of the Food Act by the ministry of health/fisheries/agriculture/livestock
Objective 7.2	Establishment of policy analysis and research unit

To promote the attainment of basic nutritional requirements of the Gambian population in collaboration with partners.	Improve maternal nutrition
	Promote optimal infant and young child nutrition
	Improve food standards, quality and safety
	Prevent micro-nutrient deficiency disorders
	Prevent child related non communicable diseases
	Promote nutrition for infectious diseases control
	Promote effective nutrition education
Objective 7.3 To reduce the frequency of environmental health and safety related problems and diseases by 50% by 2015	By 2010, conduct a survey to determine the baseline and parameters (in terms of frequency) and use of HMIS routine data for more frequent analysis of assessing the relationship between disease and the environment.
	Advocate for the enforcement of the Public Health Act, 2001,
	By 2010, design and implement requisite interventions within 3 months of the results of either the baseline or routine HMIS data analysis.
	Put a mechanism for the continuous review and updates of the relevance of environmental and health safety regulations.
Objective 7.4 To ensure 70% enforcement of the Environment related legislations by 2013 (public health act, occupational health and safety policy and the sanitation policy)	By 2010 develop and finalise the public health regulations (hand to WHO).
	By 2011 launch the enforcement drive and begin to measure the progress in enforcement and produce annual enforcement reports.
	By 2011 begin the training of public health officers in the handling of enforcement of the Acts
Objective 7.5 To make The Gambia free of vectors and vector borne diseases	Strengthening the human capacity of the vector control unit
	Conduct public sensitisation on vectors and vector borne diseases, environmental sanitation, food safety,
	Provision of furniture, computers, photocopiers, printers, chemicals, sprayers, protective gears, rodenticides,
	Collaborate with relevant institutions/authorities e.g. National Malaria Control Programme, National Environment Agency, WHO on eliminating vector borne diseases
Goal 8: To establish a mechanism for health services financing risk protection for all	
Objective	**List Strategies Needed to Implement It**
Objective 8.1 Develop for possible implementation a health service financial risk protection scheme for all by 2020.	finalise and send health financing policy to cabinet for approval by 2010
	develop health financing strategy plan and validate it by 2010
	implement the plan by 2011
Objective 8.2	advocate for increased budgetary allocation to MOHSW

Ensure that 15% of the national budget is consistently allocated to health by 2012.	Develop a 3 year MTEF for MOHSW
Objective 8.3 Ensure 50% decentralized health budget management to all regions by 2012	negotiate with DNT for setting up regional accounts units by end of 2010
	form the units and equip with materials and human resources in all the six regions by 2011
	the units and the central level agree on a monitoring and supervision mechanism by 2011
	get the unit to be fully operational by 2011
Goal 9 To provide quality social welfare services to all vulnerable and needy persons.	
Objective	**List Strategies Needed to Implement It**
Objective 9.1 Establish by 2012 an effective and efficiently functioning DSW	Restructure the management, professional and technical systems bringing together social work and technical skills to focus upon individual and group needs of clients
	Strengthen the managerial and monitoring infrastructure of the DSW: -Sustain the consistency of the SMT framework -Set up a monitoring and evaluation system to ensure timely feedback to SMT for corrective measures -Develop a Plan of Operations manual that provides information and guidance for all staff so that they are fully conversant with the aims and objectives, management expectations of service delivery and development and the values on which they are derived from.
	Advocate for the provision of legislation for the enactment of a, Social Welfare Act, Registered Homes Act, Care Standards Act, and Disability Act
Objective 9.2 Ensure availability of appropriate and adequate human resources at the institutional and community levels	Employ and appoint staff with adequate and appropriate qualifications commensurate with their professional, technical and clerical duties.
	Integrate and include services to operate within a common theoretical framework
	Set minimum acceptable standards of practice for all personnel
	Decentralise service provision to the rural areas
Objective 9.3 Strengthen the unit of the Department responsible for the survival, protection, participation, development in respect to child rights and Persons with disabilities in order to facilitate the planning necessary for the proper implementation of the United Nations	Facilitate the arrangements for the proper care, custody and maintenance of children in cases of family crisis
	Facilitate proper care arrangements for orphans and other vulnerable children (OVC)
	Provide guidance to agencies involved in the investigation of complaints of abuse and neglect of children and ensure appropriate care for child victims

Convention on the Rights of the Child and persons with disabilities, the African Charter on Rights and Welfare of the Child by 2011.	Catalogue existing services and interventions for children in difficult circumstances operated by DSW and its partners detailing procedural and access arrangements
	Facilitate the proper administration of juvenile justice by giving guidance relevant to disposal of individual cases and contributing to the supervision and care arrangements for individuals and groups of children accused of or convicted of offending
	Strengthen partnerships between the DSW, government departments and institutions with a mandate for child survival, protection, participation and development,
	Draw up a National Plan of Action for the survival, protection, participation and development of children
Objective 9.4 Create an enabling legal environment for a Child Friendly Gambia by 2014	Advocate for and influence the enactment of a Social Welfare Act, Registered Homes Act, Care Standards Act, and Disability Act
Objective 9.5 Facilitate the resolution of social problems of adult clients	Support services for clients directly seeking assistance and support in respect of problems associated with family and relationships.
	Strengthen the linkages with institutions such as prisons, hospitals and homes accommodating people requiring specialized care and supervision.
	Strengthen the links with welfare organizations offering assistance and support to the needy and to vulnerable members of society.
	Network and support organizations seeking to grapple with major social issues such as early marriage, teenage pregnancy, domestic violence and poverty.
	Enhance service delivery through direct assistance, counseling and home visits
	Strengthen community support in service delivery.
	Strengthen partnerships with stakeholders through developmental exchanges such as skill and information sharing.
	Strengthen the monitoring and follow up system
Objective 9.6 Strengthen the Disability Unit for the promotion, advocacy and implementation of international instruments in particular the United Nations Standard Rules on Equalization of Opportunities for Persons with Disabilities in respect of the prevention of disability, rehabilitation of Persons with disabilities and promotion of the rights of Persons with disabilities	Set up a National Committee on the prevention of disability, rehabilitation of Persons with disabilities and promotion of the rights of Persons with disabilities.
	Develop a national plan of action for the prevention of disability and rehabilitation of Persons with disabilities by 2011
	Promote and strengthen the DSW for the local production of technical aids for Persons with disabilities.
	Maintain, supply and adapt technical aids and assistive devices for Persons with disabilities
	Build capacity of organizations of persons with disabilities to develop and implement plans of

	action and provide technical assistance and support.
	Provide direct support services and guidance to Persons with disabilities and their families.
	Maintain and strengthen a data base on all Persons with disabilities and disability related issues
Objective 9.7 Advocate for the mainstreaming and inclusion of Persons with disabilities in all spheres of national development	Advocate for the inclusion of sign language on national foras and gatherings, television etc to ensure that the deaf are not excluded from accessing the information as a basic human right.
	Advocate for the provision of Brailles in all public learning institutions
	Advocate for affirmative action policies for Persons with disabilities in education and work (where qualifications and skills are equal)
	Strengthen and support the Advocate for Municipalities and Area Councils to allocate a portion of their resources on disability issues
	In collaboration with the Child and Adult Units, institutionalize a follow-up visiting and monitoring system to educational institutions catering for children and adults with special needs and provide necessary support and guidance
	Advocate for the establishment of a National Trust Fund for Persons with disabilities
	Advocate for measures to facilitate easy accessibility to public facilities, structures and roads by persons with disabilities