REPUBLIC OF THE GAMBIA

POVERTY AND SOCIAL IMAPCT ANALYSIS REPORT

2009

The Gambia Bureau of Statistics
P.O. Box 3504
Serekunda
Tel: (220) 437-7847
Fax: (220) 437-7848
E-mail: gamcens@qanet.gm
Website: www.

Contents

PREFACE

Presented in this report are the findings of the Poverty and Social Impact Analysis (PSIA) which is to measure the burden of accessing basic education (grade 1-9) and basic clinical care package on individuals and households. The study was conducted by the National Planning Commission (NPC) in collaboration with the Gambia Bureau of Statistics. This light survey was meant to bridge the data gap between the 2003/2004 Integrated Household (IHS) and the 2009/2010 IHS to establish achievements as well as to identify constraints in achieving the targets at mid point in the implementation of the Poverty Reduction Strategy Paper II (PRSP II).

I wish to express my sincere gratitude to the task force that was set up to steer this important national exercise, which was accomplished with success. Similar sentiments are also extended to Mr. Abu Camara and Alieu Saho for putting together this report. I also wish to express my sincere gratitude to the Director of Development Planning, Implementation and Coordination of the National Planning Commission who was responsible for the implementation of the survey in providing logistics and technical support to the Gambia Bureau of Statistics throughout the implementation of the study.

On behalf of The Gambia Government, I wish to express my sincere thanks to the Belgian government in providing funds through the Belgian Trust Fund administer by UNDP for this important exercise.

Alieu Ngum
Chairperson
National Planning Commission

Executive Summary

The poverty and social impact analysis was a country wide survey. The objectives of the survey is to

provide information on the burden of accessing basic education (grade 1-9) and basic clinical care package on individuals and households. The information collected will assist policy makers, planners, program managers and development partners in a number of important ways that include; providing additional information on the likely challenges of the attainment of the MDGs and the overall poverty reduction objectives.

Generally, the survey show different access rates in health and education that highly correlates with poverty differentials across locality and other socio economic characteristics of households.

- Of all the households interviewed, only 13.1 per cent reported that a household member was sick during the two weeks preceding the survey. Kuntaur Local Government Area has the highest proportion of households who reported that a household member was ill during the reference period with 16.2 per cent and Banjul had the lowest (7.9%).

- For those who were sick and visited a health facility, most of the respondents (40.3%) visited facilities in other village in the district and the proportion was highest in the rural than in the urban areas (56.1% compared to 12.8%). This is followed by those who reported same village/settlement and the proportion was highest in the urban areas with 37.2 per cent. For Banjul and Kanifng, most the household members who were sick visited the health facility in their place of residence with 82.4 and 96.2 per cent respectively. Only 0.3 per cent of the households reported their household members were treated outside the Gambia.

- Most of the people who visited the health facility did so within 24 hours of the onset of the illness (99.6%) and there is not much variation across Local Government Areas and place of residence. Those who reported to have visited a health facility after 24 hours accounted for less than 1 per cent.

- Most of the respondents who visited a health facility (71.4%) were treated within one hour. Those who reported to have spent two to three hours accounted for 25.1 per cent and the proportion was highest in Basse (37.2%) and lowest in Mansakonko (11.5%). The remaining 3.4 per cent of health service seekers reported to have spent more than three hours and the proportion ranges from 1.3 per cent Mansakonko to 5.1 per cent in Banjul and Kerewan. Although there are some differences by Local Government Area, there is not much variation by rural/urban for the different times spans.

- Regarding satisfaction with the services offered at the health facilities, the majority (87.3%) reported to have been satisfied.

- The major reason given for dissatisfaction was lack of medical supplies, (37.2%) was highest in Banjul, Kanifing and Brikama followed by waiting time too long with 31.7 per cent and the proportion of these respondents was highest in Janjanbureh with 58.1 per cent and lowest in Banjul with 14.3 per cent. Distance to the facility and no faith in healing power accounted for 8.1 per cent each of the above factors. Services too expensive and unfriendly staff account for 6.2 and 3.3 per cent respectively. High cost of services as a reason for dissatisfaction was highest in Mansakonko with 17.6 per cent and lowest in Kanifing with 1.4 per cent.

- Mode of travel and time spent to a health facility generally influence outcomes of treatment especially critical referral cases such as pregnancies and fatal illnesses. From the table it could be seen that most people (54.0%) tend to walk to the facility they visited. Kerewan had

the highest proportion (65.7%) and Basse had the lowest (39.6%). Motorized transport mode accounted for the second highest and the proportion ranges from 56.9 per cent in Banjul to 18.6 per cent in Kuntaur.

- Regarding whether they have participated in any sensitization on the policy, out of the 31.7 per cent who reported to be aware of the policy, only 21.4 per cent reported to have participated in an orientation on the policy. For those who reported to be senisitized on the policy, the proportion ranges from 10.9 per cent in Kerewan to 36.7 per cent in Kuntaur.

Access to Education

- For household members 3 years and over and have never been to school, the household head was asked reasons for not attending. The major reason given for not attending school was religion (34.2%). The proportion ranges from 28.3 per cent in Janajanbureh to 38.1 per cent in Banjul. Other reasons given, was individual too young (20.4%), affordability (6%), and distance (1%).

- Primary/lower basic was the highest level of educational attainment by most household members (44.4%).This was followed by those who have completed Middle/upper basic and high/senior secondary education with 18.6 per cent and 16.1 per cent respectively. Those who attended tertiary education accounted for 0.3 per cent.

- Of all the households interviewed, 13.5 per cent were reported to attend madrassah and the major reason given by households for attendance was religion (90.9%). Other than Banjul and Basse, all the other LGAs have rates higher than the national average for religion as a reason why some of their household members have attended madarassah. For Kunatur, religion was the only reason, why their household members attended madrassah. Other reasons reported by households as why some of their household members attended madrassah includes economic (3.6%), proximity (1.2%) among others.

- For household members who were reported to have been to school, 12.2 per cent were reported to have had an interruption for a month or more during their educational career. For those who reported to have had an interruption, Barikama reported the highest with 15.3 per cent and Mansakonko and Kerewan reported the lowest with 4.7 and 7.3 per cent respectively.

- For those who were reported to have an interruption during their schooling, the main reason givien was inability to pay fees (63.5%). Banjul, Kanifing and Brikama had rates of 70.5, 65.5 70.4 per cent respectively which are higher than the national average (63.5%).It is worth noting that a significant number of children in these three administrative regions attend private for profit and private for non-profit schools. In the other regions, public schools are the main providers of basic and secondary education.

- Like the case of those who have never been to school and those who had an interruption during their educational career, affordability was also the main reason reported by households why some of their household members are not currently attending school (31.8%). The proportion ranges from 18.8 per cent in Kerewan to 61.5 per cent in Banjul.

Household Expenditure

- Of all the LGAs, Kanifing and Brikama have the highest total expenditure, about D3.8 and D3.5 billion respectively. The same trend was observed in the 2003 Integrated Household Survey. Other than Banjul these two LGAs are richer than the other LGAs as evident during the 2003

Integrated Household Survey. Kuntaur the poorest region in the country again registered the lowest expenditure (D404 million). As has been observed in all LGAs, households in the poorest economic quintiles have the lowest total expenditure compared to households in the other poverty groups. The same trend has been observed when the data is analyzed by place of residence but households in the poorest quintiles in the rural areas have higher total expenditure than those in the urban areas in the poorest quintile. (D385 million compared to D289 million). It is observed that, the richer or wealthier the household, the more their total expenditure. This is an indication that the socio – economic status of the household largely influences the choice of schools for their children `s education and thus the expenditure patterns of the households. Possible explanations for some of these findings are; the richer households tend to send their children to private schools which are more expensive.

- The average expenditure annually by households is D73, 975 at the national level which is slightly higher than that of the 2003 Integrated Household Survey (D71,572). Banjul, Kanifing and Brikama which have lower poverty rates have higher mean expenditure and Kuntaur which is the poorest LGA, had the lowest expenditure. By place of residence, the urban areas had higher average expenditure compared to the rural settlement areas.

- Out of total expenditure of D11,820,123,084 by households, D248,646,968 were spent on basic household health clinical services representing 2.1 per cent of total expenditure by households. The expenditure was lowest in poorest quintiles and highest in the richest (D13,305,458 compared to D115,864,247). Kanifing and Brikama had the highest total expenditure and and Kuntaur the poorest region had the lowest. By place of residence, as expected the expenditure was higher in the urban than in the rural areas.

- In all the LGAs other than Kuntaur, the poorest quintile spent least on health and the richest households have the highest expenditure on health. For Kuntaur, a different pattern is observed. The richest households spent least on health compared to other economic quintiles.

- As expected, the richer the household, the higher their mean expenditure on health. The averages range from D3,627 for the richest households to as low D416 in the poorest households. Analyzing the data by LGA shows that Basse had higher average expenditure of D2711 higher than all the LGAs. By place of residence, there is no much difference on mean household expenditure between the urban and rural areas (D1557 compared to D1555).

- At the national level, total expenditure by households on education is D589,876,628 which doubles that of the health (D248,646,968) meaning that households spend more on education than on health. It is observed that the richer the household or the LGA the more they spend on education. Kuntaur being the poorest region in the country has the lowest expenditure on education. Households in the urban areas also have higher expenditure on education than those in the rural areas.

- The mean household expenditure on education was highest in the richest households (D9,200) and lowest in the poorest households (D811). It is only households in the fourth quintile and richest households that have averages higher than the national average. The LGAs of Banjul, Kanifing and Brikama had averages higher than the national average whilst households in the

other LGAs which are predominantly rural have averages lower than the national average and was lowest in Kuntaur with D1,299. When the data was analyzed by place of residence, urban households that are relatively richer have higher mean household expenditure on education than their rural counterparts.

Conclusion

The results of the poverty and social impact analysis show that household expenditure on health and education are 2 and 5 per cent respectively of the total household expenditure. The 2003 Integrated Household Survey shows that expenditure on health and education was 1 and 1.1 per cent respectively. This shows an increase of household expenditure on health and education but still the percentage shares are low. But since household incomes have not changed much since 2003, the result could be interpreted as an increase burden on households on providing especially basic education for their children. Whilst the results have not shown any significant denial of access to basic clinical care for households, the results show that a percentage of children were denied basic education for some time due to inability to pay fees.

Finally, although, the percentage shares are low, it is evident from the report that affordability, access in terms of distance and quality of services are issues to be addressed specially in underprivileged localities.

Recommendation

The results of the survey show marked variation across regions and place of residence indicating the need for targeting of interventions in areas and on
sub populations that are underprivileged if overall objectives of attaining policy targets and goals are to be attained.

Concepts and Definitions

Employer

This is a person who operates his or her own economic enterprise or engages independently in an economic activity, and hires one or more employees.

Household

This consists of a person or group of persons who live together in the same house or compound, share the same house-keeping arrangements and are catered for as one. It is important to remember that members of a household may not necessarily be related (by blood or marriage) as for instance, maid-servants may form part of a household.

Own Account Worker

This is a person who operates his/her own economic enterprise(s) without employing other people as helpers and work for his/her own consumption or profit.

Predominantly Rural LGAs (Areas)

Are Local Government Areas (LGAs) in which the number of rural settlements or, the population of rural settlements is more than the population of urban settlements. The predominantly rural LGAs are, Mansakonko, Kerewan, Kuntaur, Janjanbureh and Basse

Rural: Settlements that do not meet the criteria of an urban settlement described below are considered rural

Urban: According to the 2003 Population and Housing Census, a settlement is considered urban if it satisfies most of the following:

- Has commercial importance
- Has institutional importance
- Majority of the population should be non-agricultural in occupation
- Population should be 5,000 and above
- Density should be high
- Some degree of infrastructure should be available

Unpaid Family Worker

Refers to a member of a household who works in an enterprise operated by a relative living in the same household or at times in a different household without pay or profit

Objective of the Survey

National Planning Commission in collaboration with the Gambia Bureau of Statistics conducted the Poverty and Social Impact Analysis (PSIA) to provide information on the burden of accessing basic education (grade 1-9) and basic clinical care package on individuals and households. The information collected will assist policy makers, planners, program managers and development partners in a number of important ways that include; providing additional information on the likely challenges of the attainment of the MDGs and the overall poverty reduction objectives.
The PSIA will therefore focus on addressing indicators as it relates to the following:

- PRSP II
- National Education Policy 2004-2015
- Health Policy 2007-2020
- The Constitution of The Gambia 1997

The PSIA outputs are expected to support the mid-term review of PRSP II and the re-prioritization and

crafting of new strategies to accelerate poverty reduction. The report will also provide information for the crafting or review of the National Health and Basic Education Financing Policies.

The study is expected to provide the following specific outputs:

- Household expenditure on basic education grade 1-9 as a proportion of the overall household income
- Household expenditure on accessing the basic clinical care package and as a proportion of the overall annual household income
- Opportunity costs to households in providing basic education for their children
- Opportunity costs to households in accessing the basic clinical care package
- Number and percentage of children denied basic education due to household poverty
- Number and percentage of household members denied access to the basic clinical care package due to poverty

Questionnaires

During the survey, only a household questionnaire was used which collect data on housing conditions, household ownership of durable goods, water and sanitation, waste management, household expenditure on health and education and their income and expenditure as well.

Training

The first phase of the fieldwork was the training of the field staff. The training was for three days from 9th – 12th October 2009 at the Regional Education Office in Kanifing. The training was organized for 47 enumerators and 9 supervisors. The training programme was designed to familiarize the enumeration staff with the questionnaires and pre–test the instruments.

For the first two days of the training, the questionnaires were reviewed and attempts made to translate the questions into Mandinka, Wollof and Fula, the three main local languages of The Gambia. This translation exercise was aimed at standardizing the translation among enumerators. By the end of the training standard translation of terminology used in the questionnaires was achieved.

Personnel of The Gambia Bureau of Statistics and Ministries of Health and Education conducted the training for the fieldwork. They shared their experience with the field staff.

A day was allocated for the pre–test of the questionnaires and the last day of the training was used to review the questionnaires completed during the pre–test. Individual problems in completing the questionnaires were identified and remedies found.

Fieldwork

Nine teams were constituted for the data collection with each headed by a supervisor. Some of the teams consisted of five enumerators and others six. Each team also had a supervisor and a driver. Supervisors were assigned the task of the day–to–day supervision of data collection and served as the liaison between the team and the coordinators of the survey. The survey coordinators were responsible for the overall supervision of the fieldwork and arrangements for the logistics of the survey at the field level in their respective areas. .

Data Processing

Personnel engaged for the data processing included 10 data entry clerks, one computer programmers and 2 data entry supervisors. However, before the data entry began, 15 Coders were engaged to code the open – ended questions of the completed questionnaires to allow a smooth data entry exercise. The data entry clerks were trained for two days after which the data entry screens were tested. The data entry lasted for 20 days after which 2 staff who worked on the data entry were engaged in the data cleaning exercise. Census and Survey Processing System (CSPro) version 4.0 software was used for the data entry. After thoroughly cleaning the data, a team of statisticians analyzed the data using Statistical Package for Social Sciences (SPSS) software version 13.1.

Sampling

Selecting the sample

The sample for the poverty and social impact analysis was designed to provide estimates on a large number of indicators on household expenditure on basic education and basic clinical services in the eight local government areas of the country. The regions were identified as the main sampling domains. The sample was selected in two stages in each domain or sub-domain.

The method of sampling employed in the selection of clusters is probability proportional to size (pps) cluster sampling at the first stage of sample selection and a planned twenty households were chosen from each cluster at the second stage. A total of hundred and fifty clusters were selected and this translates to two thousand, nine hundred and ninety six households for the interviews. The table below gives a breakdown of the distribution of households by LGA and place of residence.

Table 1: Number of households selected by LGA and place of residence

LGA	**Number of Households**	**Percent**
Banjul	120	4.0
Kanifing	758	25.3

Brikama	879	29.3
Mansakonko	180	6.0
Kerewan	380	12.7
Kuntaur	159	5.3
Janjanbureh	220	7.3
Basse	300	10.0
Total	**2996**	**100.00**
Residence	**Number of Households**	**Percent**
Urban	1697	56.6
Rural	1299	43.4
Total	**2996**	**100.00**

The table above shows the number of households selected by local government area and by rural/urban. The number of households allocated to a district was proportional to size of the district in terms of households. Similarly, the number of enumeration areas (EAs) allocated were also proportional to the size of the district. The households were selected by simple random sampling without replacement. During the data collection, the field staff conducted a listing of households in an EA after which 25 households were selected at random. The number of EAs sampled was 67 in urban settlements and 13 in the rural areas.

Background

The Gambia is a small country in West Africa with an estimated population of 1.3 million in 2003, an average per capita GDP of US$320 (2007) and a ranking of 168 out of 182 countries in the 2009 United Nation's Human Development Index. Poverty as measured by the head count index was 69 per cent in 1998. It decreased to 58.0 per cent according to the 2003 Integrated Household Survey (IHS). In 2008, the Poverty Assessment exercise was jointly conducted by the World Bank, the Gambia Bureau of Statistics (GBoS) and the Department of State for Agriculture (DOSA). In this assessment, it was estimated that the head count index had dropped to 55.5 per cent. The assessment was simulation exercise based on the 2003 Integrated Household Survey Poverty profile that incorporated impact of growth, remittances and internal migration in the simulation exercise.

The poverty rates differed widely among LGAs. In 2003, it ranges from below 10 per cent in Banjul to 94 per cent in Kuntaur. From the table, it could also be seen that Banjul, Kanifing and Brikama which

account for 54.9 per cent of the population have lower poverty rates compared to the other LGAs in 2003. Like the 1998 poverty study, the poverty rates are higher in the rural than in the urban areas in 2003 (67.8% compared to 39.6%).

Table 2: Overall Poverty Rates by region, 1998 and 2003

Region/Municipality	**1998**	**2003**	**2003 Population**
	%	%	
Banjul	50.0	7.6	35,061
Kanifing	53.0	37.6	322,735
Western Region	69.0	56.7	389,594
Lower River Region	80.0	62.6	72,167
North Bank Region	80.0	69.8	172,835
Central River Region-N	74.0	94.	78,491
Central River Region-S		75.7	107,212
Upper River Region	80.0	67.9	182,586
National Average	69.0	58.0	1,360,681

Source: GoTG , 1998; Census 2003 & Integrated Household Survey (IHS), 2003

As the focus of the survey is on household expenditure on basic education and basic health and clinical health care package, there is need to give an overview of these two sectors.

In The Gambia, the education sector continues to be one of the areas given priority by Government. Government attaches lots of importance to the sector in view of increasing need for trained manpower for the country to attain her development objectives. This is reflected in the national education policy 2004 – 2015, The Gambia MDG reports, PRSP as well as the Vision 2020. The policy provides the policy framework for the attainment of quality education for all in furtherance of the objective of the attainment of the MDG goals. Among the objectives of the policy is to increase basic education Gross Enrolment Ratio (GER) by 2015, taking into account enrollment in the Madrassas, to increase the completion rates in basic education to 100 per cent by 2015 and to increase the share of female enrolment of total enrolment at the levels of basic and secondary education by 2015.

Legal and policy instruments that promote rights to basic, early childhood and secondary education such as the 1997 Constitution and the Education policy 2004 – 2015 exist in the Gambia.

Section 30 of the 1997 Constitutions states that;

- All persons shall have the right to equal educational opportunities and facilities
- Basic education shall be free, compulsory and available to all

The 2004-2015 Education policy defines basic education to include:

- Primary school education including Early Childhood Education and Junior Secondary Education

In the recent past, considerable gains have been made in improving enrolment at the primary level. The sector has also benefited a lot from external assistance in particular the Education for All fast Track

Initiative (EFA, FTI) which has contributed significantly in the enrollment ratios in junior and secondary schools across the country.

Most of the basic education institutions in the Gambia are owned by government and there are some private institutions including faith based organizations

Overall, net enrolment rates have improved considerably over the years for both sexes and the gender gap also narrowing. The Net Enrolment Rates (NER) for both sexes was estimated at 46.3 per cent in 1991/92 which gradually increased to 77 per cent in 2008/09. In 1991/92 male net enrolment was 54.2 per cent compared to 38.5 per cent for females. Corresponding estimates for 2008/09 are 75 per cent and 78 per cent for males and females respectively.

In the Gambia, many policies exist dealing with health issues and the most notable is the National Nutrition Policy, Reproductive and Child Health Policy, the National Health Policy among others. The National Health Policy 'Health is Wealth' seek to address the common health desires of the population through a number of initiatives both in the area of preventive and curative health services. The policy seeks to promote equity in access and affordability of quality services. In the Gambia, health services provided by government health institutions are complemented by services provided by the private sector and non – government organizations. Individuals and NGO's have established a number of health facilities, mainly in the urban areas. Probably due to higher costs involved in the provision of health services by non government actors, only a small proportion of the population is able to afford their services, hence the increasing demand for services from public funded health facilities.

There are four government hospitals in the country which are located in Banjul, Bwiam, Farafenni and Bansang. The Royal Victoria Teaching Hospital located in Banjul is the main referral hospital in the Gambia and together with the polyclinic provide health services to Banjul and the surrounding urban area. Farafenni hospital provides referral services to people of the North Bank Region and adjacent rural areas. Sulayman Junkung Hospital at Bwiam provides referral services to surrounding villages in both the Western Region and some parts of the Lower River Region. Bansang Hospital serves the eastern part of the country.

Notable achievements have been registered in the health sector in the areas of longevity, infant and child mortality and immunization. Longevity or life expectancy has increased from 59.3 years in 1993 to 63.4 years in 2003. There has been marked improvements in mortality (infant and under-five) over the inter-censal period (1993 to 2003). Under-five mortality has dropped from 135/1000 in 1993 to 99/1000 in 2003. Infant mortality rate has also dropped from 84/1000 to 75/1000 over the inter-censal period. The national immunization coverage for measles in 1990 was 87 per cent; which increased to 92 per cent in 2000 and declined to 89 per cent in 2000 and increased in 2006 and 2008 to 92.4 and 91 per cent respectively.

CHAPTER 1

CHARACTERISTICS OF HOUSEHOLDS

During the survey, basic demographic and socio – economic characteristics of the sampled population as well as basic housing facilities and conditions were collected.

Table 1.0 presents the age of the household heads by five–year age group by LGA. In the 2966 households successfully interviewed in the survey, the majority (58.9%) were below 50 years of age. Those aged 35-39, 40-44 and 45 – 49 accounted for the highest proportion and the elderly, those between 60 – 64 years to 80 years and above accounted for the lowest proportion. Only 9.0 per cent of the household heads were below 30 years.

Table 1.0: Percentage distribution of the age of the respondents by five year age group by LGA

Age	Banjul	Kanifing	Brikama	Mansakonko	Kerewan	Kuntaur	Janjanbureh	Basse	Total
15-19	0.8	0.1	0.5	0.0	0.5	0.0	0.0	0.0	0.3
20-24	4.1	3.0	1.9	2.2	1.3	0.6	0.9	1.7	2.1
25-29	9.8	10.5	5.7	4.4	3.4	3.8	4.1	6.7	6.6
30-34	12.2	15.2	9.9	7.7	6.9	6.3	4.1	8.4	10.1
35-39	16.3	15.5	13.0	12.2	12.5	10.6	11.5	9.0	13.0
40-44	12.2	15.5	16.0	11.6	15.9	9.4	11.1	7.0	13.8
45-49	11.4	13.5	13.5	14.9	10.9	12.5	13.4	12.7	13.0
50-54	8.9	8.1	11.6	10.5	12.5	13.8	14.7	12.7	11.1
60-64	4.1	4.5	6.8	8.8	8.8	9.4	10.1	9.0	7.1
65-69	4.1	4.4	5.2	6.1	6.4	3.1	8.3	5.0	5.3
70-74	3.3	1.6	2.4	8.8	4.8	4.4	1.8	4.0	3.1
75-79	0.8	1.2	2.7	1.7	2.4	5.6	2.8	5.4	2.6
80 +	0.8	1.3	2.5	4.4	5.3	6.3	4.1	6.7	3.3
Not reported	0.8	0.4	0.0	0.0	0.0	1.3	1.4	0.0	0.3
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

Table1.1: Percentage distribution of household size by LGA

Local government area	Mean
Banjul	5.7
Kanifing	6.5
Brikama	9.1
Mansakonko	7.7
Kerewan	10.1
Kuntaur	11.7
Janjanbureh	11.7
Basse	14.1

The Gambia	**9.2**
Area	**Mean**
Urban	7.34
Rural	11.11

Table 1.1 shows the average household by LGA. At the national level, the average household size is 9.2 ranging from 5.7 in Banjul to 14.1 per cent in Basse. The data shows that the predominantly rural areas have averages higher than the national average whilst Banjul, kanifing and Brikama had average household size lower than the national average but was highest in Brikama with 9.1 per cent.

Table 1.2: Percentage distribution of sex of households heads, household size and place of residence, The Gambia 2009

	Residence		
Sex of household head	**Urban**	**Rural**	**Total**
Male	77.7	22.3	51.7
Female	88.7	11.3	48.3
Total	83.0	17.0	100
Number of household members	**Urban**	**Rural**	**Total**
1	2.0	1.0	1.5
2	7.6	3.5	5.6
3	7.5	3.1	5.4
4	10.6	5.1	7.9
5	10.8	4.9	7.9
6	14.3	7.7	11.1
7	9.7	7.5	8.7
8	7.3	10.3	8.8
9+	30.2	56.8	43.1

Total	**100**	**100**	**100**

Table 1.2 shows the household composition of the surveyed population. The proportion of households headed by males is high in both places of residence but is higher in the rural areas. The proportion of female-headed households is higher in the urban areas. Rural areas have larger household sizes than urban settlements. About 57per cent of rural households have more than 9 members compared to 30.2 per cent of urban households. The population who live alone (single person's households) was 1.5 per cent and the proportion was higher in the urban areas with 2.0 per cent.

Table 1.3: Percentage distribution of household heads by marital status by LGA

LGA	Never Married	Married Monogamous	Married Polygamous	Divorced	Separated	Widowed	Total
Banjul	11.5	64.8	9.8	4.1	0.0	9.8	100
Kanifing	8.3	62.0	15.9	2.9	0.9	9.9	100
Brikama	3.6	60.0	25.3	1.9	1.0	8.1	100
Mansakonko	6.1	53.0	32.0	0.6	0.0	8.3	100
Kerewan	4.0	48.8	41.6	0.8	0.0	4.8	100
Kuntaur	0.6	49.4	42.5	1.3	0.0	6.3	100
Janjanbureh	2.8	49.3	42.8	0.0	0.0	5.1	100
Basse	4.3	50.7	39.3	1.0	0.0	4.7	100

Total	**5.2**	**56.6**	**28.3**	**1.8**	**0.5**	**7.6**	**100**

Presented in table 1.3 is the marital status of household heads by LGA. The majority of the households heads were married (84.9%) and the proportion was highest in Kuntaur with 91.9 per cent and lowest in Banjul with 72.6 per cent. For those who reported to be married, 56.6 per cent were in monogamous relationship and 28.3 per cent in polygamous relationship. For the former, the proportion was highest in Banjul, Kanifing and Brikama and for the latter; the proportions were highest in the predominantly rural areas. Households heads reported to be never married were only 5.2 per cent and those widowed were 7.6 per cent. About 2 per cent and 0.5 per cent of household heads reported to be divorced and separated respectively.

Table 1.4: Percentage distribution of households heads by educational attainment by LGA

LGA	None	Primary	Secondary	Higher	Other	Total
Banjul	47.2	13.0	31.7	6.5	1.6	100
Kanifing	48.5	10.4	30.7	9.1	1.2	100
Brikama	67.4	8.4	18.8	4.9	0.5	100
Mansakonko	81.8	7.2	7.2	3.9	0.0	100
Kerewan	80.4	7.4	9.8	1.9	0.5	100
Kuntaur	90.0	5.6	3.1	1.3	0.0	100
Janjanbureh	83.9	6.0	7.8	1.8	0.5	100
Basse	87.7	6.0	4.7	1.3	0.3	100
Total	**68.7**	**8.4**	**17.5**	**4.8**	**0.6**	**100**

From the table above it could be seen that majority of the household heads reported to have never been to school (68.7%) and the proportion was highest in Kuntaur (90.0%) and lowest in Banjul (47.2%). Other than Banjul, Kanifing and Brikama, all the other LGA's have higher rates than the national average for those who have never been to school. For those who attained primary, secondary and tertiary education, the proportions were highest in Banjul, Kanifing and Brikama.

Table 1.5: Percentage distribution of households by tenure of occupation by LGA

LGA	Owning	Renting	Rent Free	Other	Total
Banjul	29.5	65.9	4.7	0.0	100
Kanifing	35.3	53.0	11.7	0.0	100
Brikama	69.3	18.2	12.2	0.3	100
Mansakonko	74.6	17.7	7.7	0.0	100
Kerewan	85.7	9.8	4.2	0.3	100
Kuntaur	93.1	2.1	4.8	0.0	100
Janjanbureh	93.3	5.3	1.3	0.0	100
Basse	81.7	14.3	4.0	0.0	100
Total	**65.6**	**25.8**	**8.5**	**0.1**	**100**

Presented in table 1.5 is tenure of households by Local Government Area. The data shows that the majority of households, 65.6 per cent, own the dwelling they live in, followed by those who are renting and occupying houses rent free with 25.8 per cent and 8.5 per cent respectively. From the table it could be seen that, the proportion of households that own dwellings was higher in the predominantly rural areas compared to the urban settlements of Banjul, Kanifing and Brikama. For those renting, the proportion was higher in Banjul, kanifing, and Brikama. For those who reported to occupy dwelling rent free, the proportion was highest in Kanifing and Brikama with 11.7 per cent and 12.2 per cent respectively.

Table 1.6: Percentage distribution of households by main source of drinking water by LGA

LGA	Piped indoors/ compound	Public stand pipe	Well in compound	Well with pump (public)	Well without pump (public)	Total
Banjul	98.4	1.6	0.0	0.0	0.0	100
Kanifing	74.4	22.1	2.9	0.1	0.5	100
Brikama	22.4	45.5	17.6	8.9	5.6	100
Mansakonko	4.4	63.5	5.5	12.7	13.8	100
Kerewan	4.5	52.0	3.2	28.3	12.0	100
Kuntaur	0.0	20.6	1.3	54.4	23.8	100
Janjanbureh	5.6	25.5	6.0	21.3	41.7	100
Basse	4.7	57.5	2.7	18.1	17.1	100
Total	**31.2**	**38.1**	**7.4**	**13.2**	**10.1**	**100**

During the survey, data was collected on sources of drinking water with a view to assessing the quality of drinking water in households. Safe drinking water is an absolute necessity for good health. Unsafe drinking water can be a transmission medium for diseases such as trachoma, cholera, typhoid among others. Whilst access to adequate sanitary facilities is an important requirement if adverse health effects of poor sanitation are to be avoided.

Presented in table 1.6 is household's main source of drinking water . At the national level, pipe indoors/compound and public stand pipes which are considered as improved sources of drinking water were reported as the main source of drinking water with 31.2 per cent and 38.1 per cent respectively. For the former, the proportion was highest in Banjul with 98.4 per cent and lowest in Kuntaur with (0.0%) as none of the sampled households in the LGA reported it as main source of drinking water. For the latter, the proportion was highest in Mansakonko and lowest in Banjul with 63.5 per cent and 1.6 per cent respectively.

For all type of wells as main source of drinking water, the proportion was highest in the predominantly rural areas. Wells without pump or unprotected well as a source of drinking water, which is an unsafe source of drinking water was 10.1 per cent and the proportion was highest in Janjanbureh with 41.7 per

cent.

Table 1.7: Percentage distribution of households by type of toilet facility by LGA

LGA	Own flush toilet	Shared flush toilet	Own bucket/pan	Shared bucket/pan	Own pit latrine	Public pit	No Toilet (bush)	Improved pit latrine	Total
Banjul	39.8	42.3	0.0	0.0	1.6	1.6	0.0	14.6	100
Kanifing	40.2	7.3	0.7	0.1	16.9	12.4	0.1	22.2	100
Brikama	9.5	0.7	0.5	0.2	53.6	10.6	0.7	24.2	100
Mansakonko	3.3	0.6	0.6	0.6	80.7	5.0	2.8	6.6	100
Kerewan	1.6	0.3	0.0	0.3	78.5	2.9	4.5	11.9	100
Kuntaur	0.0	0.6	0.0	1.3	69.8	4.4	8.8	15.1	100
Janjanbureh	1.9	0.0	0.0	0.5	71.8	6.5	7.9	11.6	100
Basse	2.0	1.7	0.0	0.0	86.7	6.0	0.7	3.0	100
Total	**15.3**	**4.1**	**0.3**	**0.3**	**52.5**	**8.3**	**2.1**	**17.2**	**100**

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoeal diseases and polio. Generally accepted safe drinking water facilities include: flush or pour flush to a piped sewerage system, septic tank, or latrine; ventilated improved pit latrine (VIP) and pit latrine with slab.

Table 1.7 shows that most of the households surveyed were using their own pit latrines (52.5%), Basse had the highest proportion with 86.7 per cent and Banjul has the lowest with 1.6 per cent. This is followed by households reported to be using improved pit latrine (17.2%) and Kanifing and Brikama had the highest proportions with 22.2 per cent and 24.2 per cent respectively. Flush toilet which is considered as one of the most improved sanitary facility accounted 15.3 per cent of which Banjul and Kanifing had the highest proportion with 39.8 per cent and 40.2 per cent respectively. The data also shows that 2.1 per cent of households reported to have no toilet facilities and the proportions were highest in the predominantly rural areas.

Table 1.8: Percentage distribution of households by ownership of durable goods by LGA

Household durables	Banjul	Kanifing	Brikama	Mansakonko	Kerewan	Kuntaur	Janjanbureh	Basse	The Gambia
Motor Car	15.5	15.0	9.6	2.2	3.7	0.7	1.3	7.7	8.8
Motor Cycle / Scooter	0.8	2.3	3.8	4.9	4.3	4.8	7.6	27.7	6.1
Other motorised vehicle	0.0	0.3	1.7	0.0	0.8	2.1	0.4	2.7	1.1
Cycle	26.4	28.5	48.4	39.3	44.7	49.7	65.2	79.3	45.9

Radio	82.2	85.1	85.1	77.6	80.9	70.3	74.9	83.7	82.3
Television	73.6	68.8	43.2	15.8	21.5	11.0	15.0	20.0	40.5
Video /Cassette	54.3	56.6	29.2	7.1	12.2	14.5	9.3	17.0	30.3
Fixed telephone line	19.4	14.9	7.9	8.2	3.7	2.8	2.6	6.4	8.9
Mobile telephone	92.2	91.9	85.3	76.5	74.5	71.7	70.0	73.7	82.4
Computer	6.2	12.0	5.3	2.2	1.9	1.4	0.4	1.0	5.4
Musical instrument	1.6	4.0	3.3	0.5	0.5	4.1	1.8	0.3	2.5
Sewing Machine	4.7	7.2	5.9	3.8	5.1	2.8	1.8	13.0	6.2
Refrigerator / Freezer	51.9	50.4	11.1	5.5	4.3	2.8	3.1	9.3	20.4
Electric/Gas Cooker / Oven	7.8	9.2	2.5	3.3	0.5	0.7	1.3	3.3	4.1
Washing Machine / Dryer	0.8	0.8	0.3	0.0	0.3	0.0	0.0	0.0	0.4
Generator	9.3	9.5	15.9	5.5	8.8	1.4	2.7	9.7	10.1
Any other electrical appliance	50.4	33.6	7.4	2.7	3.5	0.7	2.2	7.0	14.3
Iron	17.8	16.4	12.3	1.1	1.9	11.0	7.1	8.0	10.7
Horse cart/Donkey cart/oxen	0.0	0.0	11.4	13.7	31.5	35.2	41.2	41.6	17.1
Wheel barrow	6.2	14.0	25.6	13.1	15.0	13.8	14.2	23.1	18.0
Plough	0.0	0.0	3.4	6.2	38.9	44.2	30.7	38.0	16.5
Tractor	0.0	0.0	0.2	2.8	1.1	0.0	1.8	2.7	0.9
Power Tiller	0.0	0.0	0.2	4.0	0.8	3.6	4.6	0.3	1.1
Weeder	0.0	0.0	6.5	10.2	46.8	51.1	44.1	45.1	21.0
Seeder	0.0	0.0	5.4	10.8	43.7	51.4	41.4	44.2	20.0

During the survey, household ownership of durable goods was collected. This together with other information like basic housing condition was used to calculate Wealth Index (WI), which was used as a proxy to establish the welfare of the sampled population.

The most common durable goods owned by households are cell phones. At the national level, 82.4 per cent of households surveyed own cell phones, followed by radio, bicycles and TVs with 82.3, 45.9 and 40.5 percentage points respectively. The least common durable goods owned by households are washing machine/dryer (0.4%).

The table shows marked variation in ownership of these assets across LGA and type of asset. Ownership is greatly determined by welfare status as well as occupation of household members, availability of social services such as electricity as well as place of residence etc (see table 1.8).

Table 1.9: Percentage distribution of households by method of waste disposal by LGA

LGA	Burning	Buried	Dump Site	Recycled	Private firm	Municipal/ Area Council	throw at backyard	Other	Total
Banjul	0.0	0.0	2.3	0.0	0.0	95.3	2.3	0.0	100

Kanifing	6.6	5.0	27.0	0.4	4.2	45.4	5.8	5.4	100
Brikama	9.2	4.2	58.6	0.1	0.6	4.0	21.1	2.3	100
Mansakonko	2.7	0.0	9.3	0.5	0.0	1.6	85.2	0.5	100
Kerewan	9.5	3.7	46.4	0.5	0.3	0.3	38.7	0.5	100
Kuntaur	1.4	0.7	57.2	0.0	0.7	0.0	40.0	0.0	100
Janjanbureh	0.9	1.3	48.9	0.0	0.0	0.0	48.5	0.4	100
Basse	1.7	0.7	27.7	2.7	0.7	6.3	60.0	0.3	100
Total	**6.0**	**3.2**	**39.7**	**0.5**	**1.4**	**17.5**	**29.5**	**2.2**	**100**

The reduction of the harmful effect of waste materials on people and the environment has gained more focus and attention recently. This is evidenced by the mainstreaming of environmental protection in development at all levels of the development process. It is widely agreed that human activities such as cutting down of forests and the burning of fossil fuels and inappropriate waste management system contribute immensely to the degradation of the environment, hence global warming.

Waste management practices differ for urban and rural areas in The Gambia. Waste management in urban areas is the responsibility of local government authorities, while at the domestic level management of waste is usually the responsibility of the households. However, many areas, especially those in the rural areas, do not have a formal waste-collection system in place.

Overall, 39.7 per cent of households reported using dumpsites for disposal of solid waste at a dumpsite. Brikama reported the highest proportion of households using this method of solid waste disposal (58.6 per cent). Throwing waste at backyard was the second most reported method of waste disposal by households (29.5%) and the proportion was highest in Mansakonko with 85.2 per cent and lowest in Banjul with 2.3 per cent.

Regarding collection of solid waste for disposal by municipal councils, only about 18 per cent of households reported it and was reported more by households in Banjul and kanifing with 95.4% and 45.4% respectively. Despite the existence of municipal councils in the other Local Government Areas other than Banjul and Kanifing, refuse collection by municipalities is low according to the data.

Burning waste is also a disposal method in some communities. Overall, 6.0 per cent of the households interviewed in this study reported burning their solid waste. Although the proportion is 6.0 per cent, it can be significant considering that burning mixed waste can harm local populations. Other methods used by households are burying and recycling. Only 1.4 per cent of households reported their waste is collected by private firms (see table 1.9).

Table 1.10: Percentage distribution of households by main source of light by LGA

LGA	Electricity	Kerosene	Candles	Solar	Improvised torch light	Total
Banjul	82.2	0.0	14.0	0.0	3.9	100
Kanifing	72.1	1.2	24.8	0.1	1.7	100
Brikama	18.6	5.0	58.4	3.0	15.0	100
Mansakonko	13.1	4.4	69.9	0.5	12.0	100
Kerewan	14.6	2.7	55.4	1.6	25.7	100
Kuntaur	3.6	5.8	55.5	2.2	32.8	100

Janjanbureh	8.1	5.4	66.4	0.4	19.7	100
Basse	17.0	3.0	64.7	6.7	8.7	100
Total	**32.4**	**3.4**	**49.4**	**1.9**	**12.9**	**100**

During the survey, all household heads were asked their main source of light. Candles have been reported as the main source of light (49.4%) and the proportion was highest in Janjanbureh with 66.4 per cent and lowest in Banjul with 14.0 per cent. This is followed by electricity with 32.4 per cent and as expected, the proportion was highest in Banjul and Kanifing with 82.2 per cent and 72.1 per cent respectively. Improvised torch light was the third largest source of light reported, and the proportion was highest in kuntaur with 32.8 per cent and lowest in Kanifing with 1.7 per cent. (table 1.10).

Table 1.11: Percentage distribution of households by main cooking fuel by LGA

LGA	Firewood	Charcoal	Gas	Electricity	Solar	Don't cook	Total
Banjul	21.1	55.5	9.4	0.0	0.0	14.1	100
Kanifing	39.0	45.9	6.4	0.4	0.0	8.4	100
Brikama	82.7	14.5	0.7	0.1	0.2	1.7	100
Mansakonko	93.4	2.7	1.1	0.0	0.5	2.2	100
Kerewan	94.9	2.4	1.3	0.0	0.3	1.1	100
Kuntaur	95.9	2.1	0.0	0.0	0.0	2.1	100
Janjanbureh	96.5	1.8	0.0	0.0	0.0	1.8	100
Basse	88.6	8.4	1.3	0.0	0.0	1.7	100
Total	**73.5**	**19.8**	**2.6**	**0.1**	**0.1**	**3.9**	**100**

The type of fuel used for cooking depends on economic status of the households as well as the availability and cost of the fuel. Studies have shown that varieties of human activities contribute to higher temperatures and reduced rainfall. Among the activities that influence climate change is the cutting down of trees for use as firewood, which could result in undesirable environmental consequences.

Majority of the households (73.5%) reported firewood as their main cooking fuel followed by charcoal with 19.8 per cent. From the table, it can be seen that other than Banjul and Kanifing Local Government Areas, where the proportion of households using firewood was 21.1 and 39.0 per cent respectively, all the other LGA's had rates higher than the national average (73.5%). Charcoal use, which constitute 19.8 per cent is also an important cooking fuel and is mainly used by households in Banjul and Kanifing with 55.5and 45.9 per cent respectively. Other sources of fuel used by households are electricity, gas and solar. About four per cent of the households reported they do not cook and as such, do not use any cooking fuel. In spite of Government efforts aimed controlling logging, banning the production and sale of charcoal, dependency on firewood and charcoal for cooking remains high. This should be cause for concern.

CHAPTER 2
HEALTH

This chapter covers expenditure on basic clinical care package by individuals and households. All household heads were asked if any member of their households were sick in the two weeks preceding the survey. Information on type of illness, type of health care provider consulted, whether they were satisfied with the services or not, distance to the facility, expenditure on health related expenses by item and other health related issues was collected. There was also a section on mortality. The information collected was whether any member of a household died in the last 12 months preceding the survey, whether the deceased consumed health services and the amount spent on the treatment on the individual if there was any.

Table 2.0: Percentage distribution households who were sick in the two weeks preceding the survey by LGA and place of residence

LGA	**Yes**	**No**	**Total**
Banjul	7.9	92.1	100
Kanifing	8.3	91.7	100
Brikama	15.1	84.9	100
Mansakonko	9.6	90.4	100
Kerewan	13.3	86.7	100
Kuntaur	16.2	83.8	100
Janjanbureh	15.9	84.1	100
Basse	13.5	86.5	100
Total	**13.1**	**86.9**	**100**
Area	**Yes**	**No**	**Total**
Urban	11.4	88.6	100
Rural	14.3	85.7	100
Total	**13.1**	**86.9**	**100**

During the survey, household heads were asked if any member of their household was sick in the two weeks preceding the survey. Of all the households interviewed, only 13.1 per cent reported that a household member was sick during the reference period. Kuntaur Local Government Area has the highest proportion with 16.2 per cent and Banjul had the lowest (7.9%). Analyzing the data by place of residence shows that, rural households were more likely to have a member reported to be sick than urban households (14.3% compared to 11.4%).

Table 2.1: Percentage distribution of Location of the facility used by LGA and place of residence

LGA	**Banjul**	**Kanifing/ KMC**	**Other district in the region**	**Other village in the district**	**Same village/ Settlement**	**Outside The Gambia**	**Total**
Banjul	96.2	0.0	1.9	0.0	1.9	0.0	100
Kanifing	8.7	82.4	4.5	0.9	3.6	0.0	100
Brikama	5.3	11.3	8.8	22.6	51.5	0.5	100
Mansakonko	2.1	1.0	4.2	33.3	59.4	0.0	100
Kerewan	3.4	0.5	3.4	55.4	37.0	0.2	100

Kuntaur	1.0	0.0	4.9	70.1	24.0	0.0	100
Janjanbureh	4.2	0.0	3.0	65.6	27.3	0.0	100
Basse	1.3	0.0	12.0	65.1	21.2	0.4	100
Total	**5.8**	**13.5**	**6.8**	**40.3**	**33.3**	**0.3**	**100**
Area	**Banjul**	**Kanifing/ KMC**	**Other district in the region**	**Other village in the district**	**Same village/ Settlement**	**Outside The Gambia**	**Total**
Urban	10.5	33.8	5.4	12.8	37.2	0.3	100
Rural	3.1	1.8	7.6	56.1	31.1	0.3	100
Total	**5.8**	**13.5**	**6.8**	**40.3**	**33.3**	**0.3**	**100**

For those who were sick and visited a health facility, most of the respondents (40.3%) visited facilities in other village in the district and the proportion was highest in the rural (56.1%) than in the urban areas (12.8%). This is followed by those who reported same village/settlement and the proportion was highest in the urban areas with 37.2 per cent. For Banjul and Kanifng, it is observed that most the people visited the health facility in their place of residence, 82.4 and 96.2 per cent respectively. Only 0.3 per cent of the households reported their household members were treated outside the Gambia. (table 2.1)

Table 2.2: Percentage distribution of the time the respondents took to seek the services of a health care provider on the on set of the illness by LGA and place of residence

LGA	**Within 24 hours**	**Within 25-48 hours**	**after 48 or more hours**	**Total**
Banjul	100.0	0.0	0.0	100
Kanifing	100.0	0.0	0.0	100
Brikama	99.3	0.3	0.3	100
Mansakonko	100.0	0.0	0.0	100
Kerewan	100.0	0.0	0.0	100
Kuntaur	98.4	1.6	0.0	100
Janjanbureh	99.6	0.4	0.0	100
Basse	100.0	0.0	0.0	100
Total	**99.6**	**0.3**	**0.1**	**100**
Area	**Within 24 hours**	**Within 25-48 hours**	**after 48 or more hours**	**Total**
Urban	99.5	0.3	0.2	100
Rural	99.7	0.2	0.1	100
Total	99.6	0.3	0.1	100

The timely and prompt seeking of health services is important for survival.
From the table above it could be seen that most of the people visited the health facility within 24 hours of the onset of the illness (99.6%) and there is no much variation across Local Government Areas and place of residence. Those who reported to have visited a health facility within 25-48 hours and after 48 hours accounted for less than 1 per cent and the proportions were slightly higher in the urban than in the rural areas for both time spans.

Table 2.3: Percentage distribution of the time it took for the patients to be attended by the care provider by LGA and place of residence

LGA	**Within one hour**	**two to three hours**	**more than three hours**	**Total**
Banjul	66.7	28.2	5.1	100
Kanifing	64.6	31.0	4.4	100
Brikama	77.8	20.2	2.0	100
Mansakonko	87.2	11.5	1.3	100
Kerewan	65.0	29.9	5.1	100
Kuntaur	81.6	14.6	3.9	100
Janjanbureh	74.8	22.4	2.8	100
Basse	57.9	37.2	4.8	100
Total	**71.4**	**25.1**	**3.4**	**100**
Area	**Within one hour**	**two to three hours**	**more than three hours**	**Total**
Urban	71.9	24.6	3.4	100
Rural	71.2	25.4	3.4	100
Total	71.4	25.1	3.4	100

Presented in table 2.3 is the time those who were sick spent at the health facilities before being attended by a health provider. Most of the respondents (71.4%) were treated within one hour and the proportion range from 64.4 per cent in Kanifing to 81.6 per cent in Kuntaur. Those who reported to have spent two to three hours accounted for 25.1 per cent and the proportion was highest in Basse (37.2%) and lowest in Mansakonko (11.5%). The remaining 3.4 per cent of health service seekers reported to have spent more than three hours and the proportion ranges from 1.3 per cent Mansakonko to 5.1 per cent in Banjul and Kerewan. Although there are some differences by Local Government Area, there is not much variation by rural/urban for the different time spans.

Table 2.4: Percentage distribution of the respondents if they are satisfied by the services of the health care provider by LGA and place of residence

LGA	**Yes**	**No**	**Total**
Banjul	86.5	13.5	100
Kanifing	81.3	18.8	100
Brikama	95.2	4.8	100
Mansakonko	82.7	17.3	100
Kerewan	87.7	12.3	100
Kuntaur	95.6	4.4	100
Janjanbureh	75.7	24.3	100
Basse	81.4	18.6	100
Total	**87.3**	**12.7**	**100**
Area	Yes	No	**Total**
Urban	87.9	12.1	100
Rural	87.0	13.0	100
Total	**87.3**	**12.7**	**100**

Regarding satisfaction of services with the services offered at the health facilities, the majority (87.3%) reported to have been satisfied and about 13 per cent reported not have been satisfied. For those who reported to have been satisfied, Kuntaur accounted for the highest proportion (95.6%) and Janjanbureh accounted for the lowest (75.5%). For those who reported not to have been satisfied, the proportion range from 4.4 per cent in Kuntaur to 24.3 per cent in Janjanbureh. There is no much difference regarding satisfaction and dissatisfaction by place of residence.

Table 2.5: Percentage distribution of the respondents who are not satisfied by the services of the health care provider, by reasons for dissatisfaction by LGA and place of residence

	Banjul	**Kanifing**	**Brikama**	**Mansakonko**	**Kerewan**	**Kuntaur**	**Janjanbureh**	**Basse**	**Total**
Too far	0.0	2.6	0.0	5.9	3.7	22.2	4.7	19.7	8.1
Too expensive	14.3	1.3	9.6	17.6	1.9	11.1	2.3	10.3	6.2
Waiting time too long	14.3	23.4	23.1	41.2	29.6	22.2	58.1	23.1	31.7
No privacy	0.0	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.2
Lack of medical supplies	42.9	49.4	50.0	17.6	27.8	11.1	27.9	39.3	37.2
No faith in healing power	14.3	9.1	7.7	17.6	25.9	22.2	2.3	0.9	8.1
Unfriendly staff	0.0	7.8	1.9	0.0	1.9	0.0	1.2	4.3	3.3
Other	14.3	5.2	7.7	0.0	9.3	11.1	3.5	2.6	5.0
Total	**100.0**	**83.1**	**84.6**	**94.1**	**87.0**	**88.9**	**100.0**	**67.5**	**83.8**

Of all the households interviewed, about 13 reported not to have been satisfied with the services of the health care provider. The major reason giving for dissatisfaction is lack of medical supplies (37.2%) which was highest in Banjul, Kanifing and Brikama followed by waiting time too long with 31.7 per cent and the proportion of these respondents was highest in Janjanbureh with 58.1 per cent and lowest in Banjul with 14.3 per cent. Distance to the facility and no faith in healing power account for 8.1 per cent each. Services too expensive and unfriendly staff account for 6.2 and 3.3 per cent respectively. High cost of services as a reason for dissatisfaction was highest in Mansakonko with 17.6 per cent and lowest in Kanifing with 1.4 per cent.

Table 2.6: Percentage distribution of the respondents if they have paid for the services of the health care provider by LGA and place of residence

LGA	**Yes**	**No**	**Total**

Banjul	52.9	47.1	100
Kanifing	57.3	42.7	100
Brikama	66.9	33.1	100
Mansakonko	74.7	25.3	100
Kerewan	52.5	47.5	100
Kuntaur	41.7	58.3	100
Janjanbureh	69.4	30.6	100
Basse	68.5	31.5	100
Total	**62.5**	**37.5**	**100**
Area	**Yes**	**No**	**Total**
Urban	59.7	40.3	100
Rural	64.1	35.9	100
Total	**62.5**	**37.5**	**100**

At the national level, 13.1 per cent of household members who were sick reported to have consulted a health provider of which, 62.5 per cent reported to have paid for the services and 37.5 per cent reported not to have paid for the services. For the former, the proportion was highest in Mansakonko (74.7%) and lowest in Banjul (52.9%). For the latter, the proportion was highest in Kuntaur (58.3%) and lowest Mansakonko (25.3%). Analyzing the data by place of residence, those reported to have paid for the services; the proportion was highest in the rural areas (64.1%) and those who did not pay for the services, the proportion was highest in the urban areas (40.3%).

Table 2.7: Percentage distribution of the respondents for those who have paid for the services of the health care provider by mode payment and LGA

LGA	Cash	Institutional Insurance scheme	Given opportunity to pay later (credit)	Private health insurance	Waived/ exempted	Don't know	Other	Total
Banjul	96.9	0.0	0.0	0.0	3.1	0.0	0.0	100
Kanifing	99.0	0.5	0.0	0.5	0.0	0.0	0.0	100
Brikama	97.0	0.3	0.0	0.5	1.2	1.1	0.0	100
Mansakonko	98.7	0.0	1.3	0.0	0.0	0.0	0.0	100

Kerewan	97.4	1.3	0.0	0.0	0.9	0.0	0.4	100
Kuntaur	100.0	0.0	0.0	0.0	0.0	0.0	0.0	100
Janjanbureh	99.2	0.8	0.0	0.0	0.0	0.0	0.0	100
Basse	99.1	0.0	0.0	0.0	0.0	0.0	0.9	100
Total	**98.1**	**0.4**	**0.1**	**0.2**	**0.6**	**0.4**	**0.2**	**100**

Regarding the mode of payment for the services of the health care provider, the majority was out – of – pocket payments (98.1%) and there is no much difference by local government area. This is followed by those reported to have been exempted with 0.6 per cent and was only reported by households in Brikama. Those who reported to have benefited from an institutional insurance scheme was 0.4 per cent and Kererwan accounted for the highest proportion with 1.3 per cent and Brikama had the lowest (0.3%). None of the households in Banjul, Mansakonko, Kuntaur and Basse reported to have paid for the services of a health care provider through an institutional medical insurance scheme. Only 0.2 per cent of households has paid for the services through private health scheme and was reported by households in Kanifing and Brikama only each with 0.5 per cent. Only 0.4 per cent of the households reported they don't know the mode of payment for the services of the health care provider by their household members. Those who reported were given the opportunity to pay later for the services accounted for only 0.1 per cent.

Table 2.8: Percentage distribution of household members who visited health facilities nearest to their homes by LGA

LGA	**Yes**	**No**	**Total**
Banjul	64.7	35.3	100
Kanifing	71.4	28.6	100
Brikama	76.3	23.7	100
Mansakonko	90.6	9.4	100
Kerewan	85.9	14.1	100
Kuntaur	85.4	14.6	100
Janjanbureh	93.8	6.2	100
Basse	88.3	11.7	100
Total	**82.2**	**17.8**	**100**
Area	**Yes**	**No**	**Total**
Urban	75.6	24.4	100
Rural	85.9	14.1	100
Total	**82.2**	**17.8**	**100**

Table 2.8 shows that most of the household members (82.2%) visited facilities that were closer to their

homes. Janjanbureh had the highest proportion (93.8%) compared to Banjul (64.7%) which had the lowest. The rural – urban differentials had shown that, household members in the rural areas visited facilities that were closer to their homes than those in the urban areas (85.9% compared to 75.6%).

Table 2.9: percentage distribution of households who by passed facilities nearest to their homes and reasons for the by passing by LGA

LGA	Unfriendly staff	Long waiting time	Medicine unavailable	Staff are unqualified	Services are expensive	Would have paid	Was referred	Other	Total
Banjul	5.6	5.6	0.0	5.6	33.3	16.7	16.7	16.7	100
Kanifing	2.2	11.8	23.7	4.3	17.2	3.2	16.1	21.5	100
Brikama	0.5	2.8	49.5	6.5	4.7	1.9	11.2	22.9	100
Mansakonko	0.0	25.0	12.5	0.0	12.5	0.0	50.0	0.0	100
Kerewan	3.7	3.7	24.1	1.9	3.7	1.9	25.9	35.2	100
Kuntaur	0.0	3.4	24.1	13.8	13.8	0.0	24.1	20.7	100
Janjanbureh	4.2	4.2	20.8	0.0	0.0	4.2	25.0	41.7	100
Basse	0.0	3.9	31.4	0.0	9.8	5.9	35.3	13.7	100
Total	**1.4**	**5.3**	**34.6**	**4.9**	**9.0**	**3.1**	**18.5**	**23.2**	**100**

Household members who were sick in the two weeks preceding the survey and sought treatment from other health facilities than those closer to their homes was 17.8 per cent. The major reason given for bypassing the facilities is the non availability of the required medication (34.6%). The proportion varied across regions. It was highest in Basse with 31.4 per cent and was not advanced as a reason by household members in Banjul for by passing the facilities closer to their homes. The other major reason given was that they were referred (18.5%) and the proportion was highest in the predominantly rural areas. The other category accounted for 23.2 per cent and it was mainly those who reported they were used to the facility they visited or the required services are not available in the facilities closer to their homes. Affordability as reason was 9.0 per cent and was highest in the urban settlement of Banjul and Kanifing with 33.3 and 17.2 per cent respectively. Unfriendly staff, long waiting time, unqualified staff and would have paid were also reported as reasons for by passing facilities closer to their homes accounted for about 15 per cent.

Table 2.10: Percentage distribution of the mode of transport by household members to the health facility by LGA

LGA	Foot	Vehicle	Cart	Bicycle/ motorcycle	Ferry/ Boat	Other	Total
Banjul	43.1	56.9	0.0	0.0	0.0	0.0	100
Kanifing	55.0	44.1	0.0	0.3	0.0	0.6	100
Brikama	59.3	38.3	1.4	0.9	0.0	0.1	100
Mansakonko	68.4	23.5	5.1	1.0	1.0	1.0	100
Kerewan	65.7	25.5	6.3	1.5	0.2	0.7	100
Kuntaur	50.5	18.6	20.1	6.2	4.6	0.0	100
Janjanbureh	43.3	22.6	26.8	6.1	0.0	1.1	100
Basse	39.6	29.5	6.1	20.4	1.8	2.6	100
Total	**54.0**	**32.2**	**7.3**	**5.1**	**0.7**	**0.8**	**100**
Area	**Foot**	**Vehicle**	**Cart**	**Bicycle/ motorcycle**	**Ferry/ Boat**	**Other**	**Total**

Urban	39.6	42.5	5.3	7.0	0.0	13.0	35.9
Rural	60.4	57.5	94.7	93.0	100.0	87.0	64.1
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**

Mode of travel and time spent to a health facility generally influence outcomes of treatment especially critical referral cases such as pregnancies and fatal illnesses.
From the table it could be seen that most people (54.0%) tend to walk to the facility they visited. Kerewan had the highest proportion (65.7%) and Basse had the lowest (39.6%). Motorized transport mode accounted for the second highest and the proportion ranges from 56.9 per cent in Banjul to 18.6 per cent in Kuntaur.
The table gives information on other mode of travel to facilities by LGA and rural/urban area of residence. These results of the survey sought information on mode of travel or transportation to health facilities.

Table 2.11: Percentage distribution of the respondents who are aware of the Health Policy by LGA

LGA	Yes	No	Total
Banjul	13.8	86.2	100
Kanifing	37.4	62.6	100
Brikama	26.2	73.8	100
Mansakonko	48.6	51.4	100
Kerewan	26.8	73.2	100
Kuntaur	27.8	72.2	100
Janjanbureh	35.4	64.6	100
Basse	36.2	63.8	100
Total	**31.7**	**68.3**	**100**

During the survey, all the household heads were asked if they are aware of the Health Policy and whether they have participated in any sensitization on the policy. Only 31.7 per cent of the households reported to be aware of the policy. The majority (68.3%) reported not to be aware of the policy. Household heads in Mansakonko (48.6%) were more likely to be aware of the Policy and those in Banjul were the least likely (13.8%)

Table 2.12: Percentage distribution of the respondents who are aware of theHealth Policy and have participated on any orientation on the policy by LGA

LGA	Yes	No	Total
Banjul	26.7	73.3	100
Kanifing	19.2	80.8	100
Brikama	23.3	76.7	100
Mansakonko	11.2	88.8	100
Kerewan	10.9	89.1	100
Kuntaur	36.7	63.3	100
Janjanbureh	20.9	79.1	100
Basse	33.6	66.4	100
Total	**21.4**	**78.6**	**100**

Regarding whether they have participated in any sensitization on the policy, out of the 31.7 per cent who reported to be aware of the policy, only 21.4 per cent reported to have participated in an orientation on the policy. For those who reported to be senisitized on the policy, the proportion ranges from 10.9 per cent in Kerewan to 36.7 per cent in Kuntaur.

Table 2.13: Distribution of the number of deaths in last 12 months preceding the survey by LGA

LGA	1	2	3	Total
Banjul	2	0	0	2
Kanifing	24	5	0	29
Brikama	64	7	0	71
Mansakonko	9	10	0	19
Kerewan	38	5	0	43
Kuntaur	11	1	0	12
Janjanbureh	18	17	1	36
Basse	44	4	0	48
Total	**210**	**49**	**1**	**260**

During the survey, all household members were asked if any member of their household have died in the last 12 months preceding the survey and the number of deaths. From the data it could be seen that the total number of deaths reported was 260. Of which households who reported a single member have died accounted for the highest (210) and the proportion was highest in Brikama (64) and lowest in Banjul with 2. This is followed by households where two members have died (49) and the number was highest in Janjanbureh (17) and lowest in Kuntaur (1). For Banjul none of the households reported to have lost two members of their households. Of all the LGAs, it is only in Janabureh where a household lost three members in the last 12 months preceding the survey (table 2.13).

Table 2.14: Percentage distribution of the deceased who consumed health services before he/she dies by LGA

LGA	Yes	No	Total
Banjul	0.0	100.0	100
Kanifing	82.1	17.9	100
Brikama	87.7	12.3	100
Mansakonko	62.5	37.5	100
Kerewan	79.2	20.8	100
Kuntaur	66.7	33.3	100
Janjanbureh	92.3	7.7	100
Basse	90.6	9.4	100
Total	**83.3**	**16.7**	**100**

For the households who reported a household member have died during the reference period, 83.3 per cent were reported to have consumed health services and about 17 per cent did not. Basse had the highest proportion of households whose deceased has consumed health services before they died and in Banjul, none of the deceased were reported to have consumed health services before they died.

Table 2.15: Percentage distribution of the time it took the deceased to seek consultation by LGA

LGA	Less than 24 hrs	Between 24 & 48 hrs	More than 2 days /48hrs	Total
Banjul	100.0	0.0	0.0	100
Kanifing	56.5	30.4	13.0	100
Brikama	34.3	34.3	31.4	100
Mansakonko	84.6	15.4	0.0	100
Kerewan	53.7	22.0	24.4	100
Kuntaur	40.0	40.0	20.0	100
Janjanbureh	21.7	21.7	56.5	100
Basse	38.3	40.4	21.3	100
Total	**43.2**	**30.6**	**26.2**	**100**

For those who reported to have died, 43.2 per cent were reported to have sought medical care less than 24 hours on the onset of the illness and the proportion was highest in Banjul (100%) and lowest in Janjanbureh with 21.7 per cent. About thirty one per cent of the deceased were reported to have sought medical care between 24 and 48 hours. Those who reported to have consulted a service provider after two days after the onset of the illness was 26.2 per cent. The proportion ranges from 13.0 per cent in Kanifing to 24.4 per cent in Kerewan. None of the deceased in Banjul and Mansankonko sought health consultation after two days.

Table 2.16: Percentage distribution of the time the deceased received care before he/she passed away by LGA

LGA	Less than a week	Between 2 & 3 weeks	More than 3 weeks	Total
Banjul	100	0	0	100
Kanifing	34.8	26.1	39.1	100
Brikama	23.9	25.4	50.7	100
Mansakonko	69.2	23.1	7.7	100
Kerewan	34.1	19.5	46.3	100
Kuntaur	20.0	30.0	50.0	100
Janjanbureh	18.2	31.8	50.0	100

Basse	34.0	19.1	46.8	100
Total	**31.4**	**23.6**	**45.0**	**100**

Presented in table 2.16 is the duration the deceased was treated before he/she passed away. From the table, it could be seen that most of deceased passed away after 3 weeks of seeking medical care and the proportion was highest in Brikama with 50.7 per cent followed by Kuntaur and Janjanbureh each with 50.0 per cent. This is followed by those who died less than a week and between two to three weeks with 31.4 and 23.6 per cent respectively. For the former, the proportion was highest in Mansakonko with 69.2 per cent and for the latter, it was highest in Janjanbureh with 31.8 per cent.

Table 2.17: Distribution of the mean household expenditure by households on the medication of the deceased by LGA

LGA	**Mean(D)**
Banjul	1,500.00
Kanifing	3,328.13
Brikama	2,099.70
Mansakonko	1,403.33
Kerewan	3,792.95
Kuntaur	1,481.82
Janjanbureh	1,423.13
Basse	3,527.88
Total	**2,694.16**
Area	**Mean**
Urban	2,566.60
Rural	2,754.42
Total	**2,694.16**

Table 2.17 above shows the mean household expenditure on the medical care of the deceased before he/she passed away by Local Government Area and place of residence. The mean household expenditure at the national level is D2, 694.42 lower than that of the rural areas (D2, 754.42) but higher than the urban areas (D2,566.60). Kanifing, Kerewan and Basse mean household expenditure is higher than the national average but among the LGAs, Kerewan had the highest (D3,792.95) followed by Basse (D3,527.88) meaning the predominantly rural areas spent more than the urban areas. Mansakonko had the lowest average (D1, 403.33).

CHAPTER 3
Education

This chapter covers the proportion of household members aged 3 years and over who have been to school. Information collected include: the type of school they attended and their level of educational attainment, whether the individual experienced an interruption for a month or so during his/her schooling, reasons for the interruption, distance to the facility, those not currently attending school and reasons for not currently attending, those attending madrassah and reasons for attending madarassah. There is also a section dealing with household expenditure on education by items for children in grade 1 -10. There is also a module on non formal education and literacy.

Table 3.0: Percentage distribution of the household members who have ever attended school by LGA

LGA	Yes	No	Total
Banjul	67.3	32.7	100
Kanifing	68.0	32.0	100
Brikama	59.3	40.7	100
Mansakonko	45.5	54.5	100
Kerewan	42.4	57.6	100
Kuntaur	27.9	72.1	100
Janjanbureh	31.8	68.2	100
Basse	26.5	73.5	100
Total	**48.3**	**51.7**	**100**

During the survey all household heads were asked if members of their household aged 3 years and over

have ever attended school. Those who reported to have ever been to school were 48.3 per cent and the urban settlements of Banjul and Kanifing had the highest proportions 67.3 and 68.0 per cent respectively. Whilst Basse and Kuntaur had the lowest rates (26.5% and 27.9% respectively).

Table 3.1: Percentage distribution of the household members who have never been to school and reasons for not attending by LGA

LGA	Work	Too expensive	Too far	Not useful	Married	Religious	Too young	Handicap	Don't Know	Other	count	Total
Banjul	10.8	13.9	0.5	6.2	1	38.1	16	3.6	5.2	4.6	194	100
Kanifing	13.3	13.7	0.2	6.5	6.1	31.9	17.7	1.8	5.8	2.9	1,319	100
Brikama	10.5	4.3	0.9	5.5	7.1	28.2	26.8	0.9	11.5	4.3	2,210	100
Mansakonko	30.6	3.5	0.2	2.4	13.4	29.6	19.1	0.8	0	0.6	633	100
Kerewan	25.8	3.6	1.1	1.9	2.2	39.8	22.8	0.1	1.1	1.6	1,844	100
Kuntaur	10.2	6.3	4	7.5	5	40.3	17	0.2	7.9	1.7	1,030	100
Janjanbureh	28.2	5.9	1.4	4.9	6.7	28.3	19.3	0.3	4.1	0.9	1,466	100
Basse	20.4	4.2	0.2	1.8	7.6	38	17.4	0.7	2.4	7.3	2,658	100
Total	**19**	**5.8**	**1**	**4.1**	**6.3**	**34.2**	**20.4**	**0.7**	**5**	**3.5**	**11,354**	**100**

Any household member aged 3 years and over and reported to have never been to school, the household head was asked reasons for not attending. The major reason giving was religion (34.2%). The proportion ranges from 28.3 per cent in Janajanbureh to 38.1 per cent in Banjul. This is followed by the individual too young with 20.4 per cent and the proportion was highest in Brikama (26.7%) and lowest in Banjul with 16.0 per cent. Affordability as a reason for household members not attending school was about 6 per cent and the proportion was highest in Banjul and Kanifing, each with about 14 per cent. This is followed by Kuntaur with 6.3 per cent which was the poorest region according to the 2003 Integrated Household Survey. Distance to the facility was not an issue as was reported by only 1.0 of households and the proportion was again higher in Kuntaur (4.0%). Other reasons advanced by households for household members not attending school are married, not useful and disability. Only 5.0 per cent of households reported not have known why members of their households aged 3 years and over have never attended school.

Table 3.2: Percentage distribution of the highest educational attainment of household members by LGA

LGA	Nursery	Primary/ lower basic	Middle/ Upper Basic	Secondary	High/ Senior Secondary	Vocational	Tertiary	Other	Counts	Total
Banjul	12.2	29.7	15.5	12.2	23.9	1.2	4.2	1	401	100
Kanifing	9.8	30.3	18.7	8.3	25	1.5	5.7	0.7	2,791	100
Brikama	10	41.7	20.2	8.1	15.9	1	2.8	0.2	4,076	100
Mansakonko	8.9	59.8	16	5	7.7	0.2	2.4	0	505	100
Kerewan	8.2	53.3	18.5	4.1	11.9	0.1	1.2	2.6	1,367	100
Kuntaur	13.8	56.5	13.8	3	10.9	1	0.7	0.2	405	100
Janjanbureh	7.3	56.6	20.6	4.8	9.1	0	1.1	0.6	714	100
Basse	8.4	69.2	14.1	2.4	4.5	0.4	0.4	0.4	905	100
Total	**9.6**	**44.4**	**18.6**	**6.8**	**16.1**	**0.9**	**3**	**0.7**	**11,164**	**100**

Presented in table 3.2 are household members who have ever been to school and the highest level they have completed. Primary/lower basic was the highest level of educational attainment by most household members (44.4%). The proportion was highest in the predominantly rural areas. It was highest in Basse with 69.2 per cent and lowest in Banjul with 29.7 per cent. This is followed by those who have completed Middle/upper basic and high/senior secondary education with 18.6 per cent 16.1 per cent respectively. For the former, the proportion was highest in Janjanbureh with 20.6 per cent and lowest in Basse with 14.1 per cent. For those who obtained secondary education, the proportion was highest in Banjul and Kanifing with 23.9 and 25.0 per cent respectively. Banjul and Kanifing again had the highest proportion of those who have attained tertiary education, 4.2 and 5.7 per cent respectively.

Table 3.3: Percentage distribution of the type of school attended by household members by LGA

LGA	Government	Private	Mission/ grant-in-aid	Madrassah	Counts	Total
Banjul	67.4	19.3	11	2.3	399	100
Kanifing	62.7	25.4	6.4	5.5	2,789	100
Brikama	65	13.7	6.5	14.8	4,080	100
Mansakonko	80.7	1.7	3.2	14.3	524	100

Kerewan	70.8	8.6	1.1	19.5	1,371	100
Kuntaur	92	3	0.5	4.5	400	100
Janjanbureh	88.1	2	0.6	9.4	714	100
Basse	59.8	1.3	5	34	957	100
Total	**67.9**	**13.4**	**5.1**	**13.5**	**11,234**	**100**

The majority of the household members who were reported to have been to school have attended government schools (67.9%). The proportion was highest in Kuntaur with 92.0 per cent and lowest in Basse with 59.8 per cent. This is followed by those who attended Madarassah and private schools with 13.5 and 13.4 per cent respectively. For the former, the proportion was highest in Basse and lowest in Banjul (34.0% compared to 2.3%). For the latter, the proportion was highest in kanifing and Banjul with 25.4 per cent and 19.3 per cent respectively and lowest in Kunatur and Janjanbureh with 3.0 and 2.0 per cent respectively. Only 5.1 per cent of the households were reported to have attended mission/grant in aid schools of which Banjul had the highest rate (11,0%) and Kuntaur had the lowest with 0.5 per cent.

Table 3.4: Percentage distribution of the household members who attended madarassah, reasons for attending madrassah by LGA

LGA	Economic	Religious	Nearness	Appropriate for girls	Other	Total
Banjul	14.3	71.4	0.0	14.3	0.0	100
Kanifing	1.5	92.4	2.3	2.3	1.5	100
Brikama	2.5	91.4	2.2	1.7	2.2	100
Mansakonko	0.0	94.1	2.9	2.9	0.0	100
Kerewan	4.5	94.9	0.0	0.0	0.6	100
Kuntaur	0.0	100.0	0.0	0.0	0.0	100
Janjanbureh	9.4	84.9	0.0	0.0	5.7	100
Basse	5.0	88.0	0.3	6.3	0.3	100
Total	3.6	90.9	1.2	2.8	1.4	100

Of all the households interviewed, 13.5 per cent were reported to attend madrassah and the major reason giving by households for attendance was religion (90.9%). From the data it could be seen that other than Banjul and Basse, all the other LGAs have rates higher than the national average for religion as a reason why their household members have attended madarassah. For Kuntaur, religion was the only reason, why their household members attended madrassah. Other reasons reported by households as why some of their

household members attended madrassah includes economic (3.6%) higher than the others proximity (1.2%) and is appropriate for girls (2.8%).

Table 3.5: Percentage distribution of household members who have interruption for a month or more during his/her school by LGA

LGA	Yes	No	Total
Banjul	11.9	88.1	100
Kanifing	10.7	89.3	100
Brikama	15.3	84.7	100
Mansakonko	4.7	95.3	100
Kerewan	7.3	92.7	100
Kuntaur	14.6	85.4	100
Janjanbureh	13.3	86.7	100
Basse	12.7	87.3	100
Total	**12.2**	**87.8**	**100**

Of all the household members who were reported to have been to school, 12.2 per cent were reported to have an interruption for a month or more during their educational career. Those who reported to have an interruption was highest in Brikama with 15.3 per cent and lowest in Mansakonko and Kerewan with 4.7 and 7.3 per cent respectively.

Table 3.6: Percentage distribution of household members who have interruption for a month or more during his/her schooling and reasons for interruption by LGA

LGA	Unable to pay fees	Necessity to work	Illness	Suspension	Travel	Other	Count	Total
Banjul	70.5	2.3	6.8	0.0	2.3	18.2	44	100
Kanifing	65.3	9.7	11.9	0.4	1.5	11.2	268	100
Brikama	70.4	6.3	7.7	1.5	2.6	11.6	588	100
Mansakonko	62.5	18.8	12.5	0.0	0.0	6.3	16	100
Kerewan	45.2	14.0	16.1	1.1	3.2	20.4	93	100
Kuntaur	37.3	25.5	11.8	0.0	7.8	17.6	51	100
Janjanbureh	51.9	17.3	8.6	1.2	6.2	14.8	81	100
Basse	54.8	17.3	6.7	1.0	4.8	15.4	104	100
Total	**63.5**	**10.0**	**9.4**	**1.0**	**3.0**	**13.1**	**1245**	**100**

For those who were reported to have an interruption during their schooling, the main reason given was inability to pay fees (63.5%). Banjul, Kanifing and Brikama have rates of 70.5, 65.5 and 70.4 per cent respectively which is higher than the national average (63.5%). The predominantly rural LGAs had rates lower than the national average. Mansakonko had the highest proportion (62.5%) and Kuntaur had the lowest (37.3%). Work as a reason for interruption was 10.0 per cent and there is a marked difference

across LGAs as Janjanbureh and Basse had the highest proportion each with 17.3 per cent. Whilst Banjul had the lowest proportion (2.3%). Illness as a reason for interruption accounted for 9.4 per cent. The proportion was highest in Kerewan (16.1%) and lowest in Basse with 6.7 per cent. Suspension and travel as reasons for interruption accounted for less that 5 per cent combined but the later had the highest proportion (3.0%) and was highest in the predominantly rural areas.

Table 3.7: Percentage distribution of household members who are not currently attending school and reasons for not attending by LGA

LGA	Work	Too expensive	Too far	Not useful	Married	Not appropriate	Completed	Illness	Other	Total
Banjul	23.1	61.5	0.0	0.0	7.7	0.0	0.0	0.0	7.7	100
Kanifing	30.0	15.0	0.0	0.0	15.0	0.0	32.5	5.0	2.5	100
Brikama	19.7	30.6	0.5	7.1	12.0	1.6	16.9	2.7	8.7	100
Mansakonko	28.6	51.4	0.0	0.0	0.0	0.0	20.0	0.0	0.0	100
Kerewan	52.1	18.8	0.0	10.4	0.0	2.1	4.2	2.1	10.4	100
Kuntaur	23.7	21.1	0.0	10.5	7.9	0.0	13.2	5.3	18.4	100
Janjanbureh	20.9	39.5	2.3	9.3	0.0	0.0	9.3	0.0	18.6	100
Basse	29.4	47.1	0.0	2.9	2.9	0.0	2.9	0.0	14.7	100
Group Total	**26.3**	**31.8**	**0.5**	**6.2**	**7.6**	**0.9**	**14.5**	**2.3**	**9.9**	**100**

Just as the case of those who have never been to school and those who had an interruption during their educational career, affordability was also the main reason reported by household heads why some of their household members are not currently attending school (31.8%). The proportion ranges from 18.8 per cent in Kerewan to 61.5 per cent in Banjul. This is followed by those who are not currently attending school because they have to work with 26.3 per cent. Kerewan had the highest proportion with 52.1 per cent Briakma had the lowest with about 20 per cent. About 15 per cent of household members were not currently attending school and this is because they have completed their education. Distance or proximity was not issue an was reported by only 0.5 per cent of households, and was only reported by households in Brikama and Janjanbureh.

LITERACY

During the survey there was a non-formal training and literacy module that was administered for all persons aged 15 years and over not currently attending school. Information collected was the type of non – formal or literacy training course attended, amount spent on registration, books/materials, whether they can read and write a simple sentence in English, Arabic or other language, whether the individual can write a simple sentence in English or whether they can do written calculations using Roman, Arabic or any other numerals.

Table 3.8: Percentage distribution of the household members by type of literacy classes they attended by LGA

LGA	Non-Formal	Literacy	Both	None	Total
Banjul	0.83	2.22	0.00	96.94	100
Kanifing	6.22	0.81	0.08	92.88	100
Brikama	3.45	2.13	0.53	93.89	100
Mansakonko	5.85	0.18	0.00	93.97	100
Kerewan	5.18	0.86	0.31	93.65	100
Kuntaur	7.89	5.42	0.00	86.69	100
Janjanbureh	2.67	2.33	0.17	94.83	100
Basse	7.69	1.89	0.10	90.32	100
Total	**5.11**	**1.77**	**0.24**	**92.88**	**100**

Of all the household members fifteen years and over and not currently attending school, 92.88 per cent were reported not to have attended non formal or literacy classes. For those who have attended non formal or literacy classes, 5.11 per cent attended non-formal education, 1.77 per cent attended literacy classes and 0.24 per cent reported to have attended both. For those who attended non formal education, Kuntaur and Basse had the highest proportions with 7.89 and 7.69 per cent respectively and Banjul had the lowest (0.83%). Kuntaur again had the highest proportion of those who attended literacy classes (5.42%) and Mansakonko had the lowest (0.18%).

Table 3.9: Percentage distribution of household members who can read and write a simple sentence in English and have never attended formal education

LGA	Yes	No	Total
Banjul	75.0	25.0	100
Kanifing	24.6	75.4	100
Brikama	47.3	52.7	100
Mansakonko	40.6	59.4	100
Kerewan	32.3	67.7	100
Kuntaur	21.8	78.2	100
Janjanbureh	22.2	77.8	100
Basse	26.7	73.3	100
Total	**32.0**	**68.0**	**100**

From the table above it could be seen that Banjul had the highest proportion of their household members aged 15 years and over who have never attended formal education but can read and write simple sentence in English with 75.0 per cent followed by Brikama with 47.3 per cent. Kuntaur and Janjanbureh had the lowest proportion of their household members aged 15 years and over with no formal education but can read and write a simple sentence in English with 2.18 and 22.2 per cent respectively.

Table 3.10: Percentage distribution of household members who can read and write a simple sentence in other language by LGA

LGA	Yes	No	Total
Banjul	50.0	50.0	100
Kanifing	35.1	64.9	100
Brikama	58.7	41.3	100
Mansakonko	47.1	52.9	100
Kerewan	51.5	48.5	100
Kuntaur	61.5	38.5	100
Janjanbureh	64.8	35.2	100
Basse	57.5	42.5	100
Total	**53.0**	**47.0**	**100**

Overall, 53.0 per cent of the household members aged 15 years and over were reported to be able to read a simple sentence in other language. The proportion ranges as low as 35.1 per cent in Kanifing to 64.8 per cent in Janjanbureh. Brikama, Kuntaur, Janjanbureh and Basse had rates higher than the national average (53.0%) for those who can read and write a simple sentence in other language.

Table 3.11: Percentage distribution of household members who can write a simple Letter in English by LGA

LGA	Yes	No	Total
Banjul	50.0	50.0	100
Kanifing	21.1	78.9	100
Brikama	36.1	63.9	100
Mansakonko	12.1	87.9	100
Kerewan	24.2	75.8	100
Kuntaur	21.8	78.2	100
Janjanbureh	16.7	83.3	100
Basse	21.6	78.4	100
Total	**24.9**	**75.1**	**100**

At the national level, about 25 per cent of the household members were reported to be able to write a simple letter in English. Of which, Banjul had the highest proportion with 50.0 per cent and Mansakonko

had the lowest proportion 12.1 per cent.

Table 3.12: Percentage distribution of household members who can do written calculations using Roman, Arabic or any other numbers by LGA

LGA	Yes	No	Total
Banjul	50.0	50.0	100
Kanifing	64.1	35.9	100
Brikama	62.2	37.8	100
Mansakonko	42.4	57.6	100
Kerewan	60.0	40.0	100
Kuntaur	55.1	44.9	100
Janjanbureh	51.9	48.1	100
Basse	39.4	60.6	100
Total	**54.9**	**45.1**	**100**

For those who were able to do written calculations using Modern, Arabic or any other language was about 55 per cent. Other than Kanifing, Brikama, Kerewan and Kuntaur all the other LGAs had rates lower than the national average but close to 50 per cent with the exception of Mansakonko (42.4%) and Basse (39.4%).

Table 3.13: Percentage distribution of the respondents who are aware of the Education Policy by LGA

LGA	Yes	No	Total
Banjul	17.9	82.1	100
Kanifing	42.3	57.7	100
Brikama	30.8	69.2	100
Mansakonko	48.6	51.4	100
Kerewan	27.9	72.1	100
Kuntaur	27.8	72.2	100
Janjanbureh	39.0	61.0	100
Basse	36.6	63.4	100
Total	**34.9**	**65.1**	**100**

Of all the household heads interviewed, only about 35 per cent were aware of the Education Policy, which is slightly higher than those who are aware of the Health Policy (31.7%). Manakonko had the highest proportion (48.6%) and Banjul had the lowest (17.9). The same trend was observed in the case of the Health Policy as well.

Table 3.14: Percentage distribution of the respondents who are aware of the Education Policy and have participated on any orientation on the policy by LGA

LGA	Yes	No	Total
Banjul	18.3	81.7	100
Kanifing	16.3	83.7	100
Brikama	24.5	75.5	100
Mansakonko	12.9	87.1	100
Kerewan	11.7	88.3	100
Kuntaur	44.9	55.1	100
Janjanbureh	22.0	78.0	100
Basse	29.0	71.0	100
Total	**21.9**	**78.1**	**100**

Out of the 34.9 per cent of the household heads who reported to be aware of the Education Policy, about 22 per cent reported to have participated in sensitization on the policy. The proportion ranges from 11.7 per cent in Kerewan to 29.0 per cent in Basse. Although the proportion of household heads who reported to be aware of the Education Policy was higher in Mansakonko (48.6%), only 12.9 per cent reported to have participated in sensitization on the policy.

These findings reveal that urban dwellers, despite having high literacy levels are found to have less knowledge or awareness of government policies and programmes. This calls for reviews of targeting development information especially through the media used at least for urban areas. Similar findings were arrived at on knowledge about HIV/AIDS and its symptoms. Example the Multiple Indicator Cluster Survey III. (see table 3.14)

CHAPTER 4

EMPLOYMENT

As part of the survey, all household members aged 7 and over were asked about their main occupation in the 30 days preceding the survey. For those who reported to be working, they were asked their employment status, location of their work place, distance to their work place, mode of transport to their work place, how much they earn, how long they have been working in the past 12 months and whether they are entitled to pension or social security benefit or paid leave with their current employment. For those who reported they were not working, they were asked if they were looking for a job for the past 30 days preceding the survey.

Table 4.0: Percentage distribution of employment status of the household members 7 years and over by LGA

LGA	Employer	Own account worker	Family helper	Salaried employee - public	Salaried employee - private	Other Salaried employee	Total
Banjul	11.1	41.1	7.9	15.3	23.2	1.6	100
Kanifing	10.2	46.9	1.0	12.3	27.7	1.8	100
Brikama	8.4	55.7	10.0	10.0	14.2	1.7	100
Mansakonko	11.3	51.2	32.8	2.4	1.4	0.8	100
Kerewan	6.5	56.5	27.6	3.1	4.2	2.2	100
Kuntaur	2.6	55.0	38.5	1.5	2.0	0.5	100
Janjanbureh	2.8	53.6	40.1	2.3	1.1	0.2	100
Basse	1.0	66.0	29.8	1.1	1.3	0.8	100
Total	**5.6**	**56.2**	**23.6**	**5.2**	**8.2**	**1.2**	**100**

Regarding the employment status of the population aged 7 years and over, the majority were own account workers (56.2%) and the proportion was highest in the predominantly rural areas with Basse recording the highest 56.2 per cent. This is followed by family helpers, and again is highest in the predominantly rural areas and highest in Janjanbureh with 40.1 per cent. The reason why these categories of employees is higher in the rural than in the urban areas is attributable to the fact that, most people in the rural areas are engaged in agriculture and are therefore working for themselves (own account worker) or assist their families on the farm (family helper). Those employed in the public or private sector is 5.2 and 8.2 per cent respectively and was higher in Banjul, kanifing and Brikama. The scenario depicts the over concentration

of the 'modern' economy in Banjul, Kanifing and Brikama to the detriment of the 'traditional' economy' in the other LGA's. This shows a lopsided development that call for decentralization and diversification of the economy. Those who reported to be employers is 5.6 per cent. With exception of Mansakonko, the proportions are lowest in the predominantly rural areas.

Table 4.1: Percentage distribution of the mode of transport of those working to their work place by LGA

LGA	On Foot	By Bicycle	Motor-Cycle	By Car/ bus/ truck	By Cart	Other	Total
Banjul	63.8	1.9	0.6	33.1	0.0	0.6	100
Kanifing	45.9	2.5	1.7	49.8	0.0	0.1	100
Brikama	64.5	3.1	0.6	30.3	0.8	0.7	100
Mansakonko	89.4	2.0	0.7	7.5	0.0	0.4	100
Kerewan	80.0	3.0	0.5	7.9	8.1	0.6	100
Kuntaur	88.8	0.9	0.2	3.3	6.8	0.0	100
Janjanbureh	92.1	1.4	0.5	2.6	3.3	0.1	100
Basse	82.5	3.4	0.8	4.5	8.7	0.1	100
Total	**76.3**	**2.6**	**0.7**	**15.6**	**4.5**	**0.3**	**100**
Area	**On Foot**	**By Bicycle**	**Motor-Cycle**	**By Car/ bus/ truck**	**By Cart**	**Other**	**Total**
Urban	53.9	2.9	1.3	40.0	1.6	0.2	100
Rural	85.3	2.4	0.5	5.9	5.6	0.4	100
Total	**76.3**	**2.6**	**0.7**	**15.6**	**4.5**	**0.3**	**100**

The above table shows percentage distribution of the mode of transport for the employees to their respective places of work. From the table it could be seen that most of the employees (76.3%) travel by foot to their work places and the proportion ranges from 45.9 in Kanifing to 92.1 per cent in Janjanbureh. With the exception of Banjul, Kanifing and Brikama , all the other LGAs had rates higher than the national average for those who walk to their work places. These high rates in the rural areas could be attributed to the fact most of the population in the rural areas are engaged in agriculture and most of the time walk to their farms. This is followed by those who travel by car/bus/truck and the proportion is higher in the settlements of Banjul, Kanifing and Brikama. Other mode of transported was cart, which was more common in the predominantly rural areas and was reported by about 2 per cent in the urban areas as a means of transport by household members. This is followed by bicycle and motor cycle with 2.6 and 0.7 per cent respectively.

Table 4.2: Percentage distribution of the distance from the place of residence of those working to their work places by LGA

LGA	Less than 1 Km	1 to < 2km	2 to < 5km	5 to < 10km	10 to <20km	20km & above	Total
Banjul	44.4	31.8	10.6	2.6	8.6	2.0	100
Kanifing	34.5	18.9	23.6	13.8	5.6	3.6	100

Brikama	36.7	17.9	14.4	11.9	11.0	8.1	100
Mansakonko	50.6	29.8	13.5	3.1	1.8	1.3	100
Kerewan	43.6	43.5	8.7	0.5	0.9	2.8	100
Kuntaur	40.4	41.1	13.2	2.6	0.8	2.0	100
Janjanbureh	53.3	34.8	9.0	1.6	0.3	0.9	100
Basse	43.2	27.9	22.5	4.5	0.7	1.1	100
Total	**42.2**	**29.2**	**15.9**	**5.9**	**3.6**	**3.2**	**100**
Area	**Less than 1 Km**	**1 to < 2km**	**2 to < 5km**	**5 to < 10km**	**10 to <20km**	**20km & above**	**Total**
Urban	32.3	21.5	20.0	12.9	8.2	5.1	100
Rural	46.4	32.5	14.1	3.0	1.7	2.4	100
Total	**42.2**	**29.2**	**15.9**	**5.9**	**3.6**	**3.2**	**100**

From the table it could be seen that most of the workers travel less than a kilometer to their work places (42.2%). This was highest in Mansakonko (50.6%) and lowest in kanifing (34.5%). Those who travel between 1 to 2 kilometres accounted for 29.2 per cent. The proportion ranges from 43.5 per cent in Kerewan to 17.9 per cent in Brikama. It is observed that, the proportion of the workers reported to travel longer distance to their work places tend to reduce as the distance increases. The proportion ranges from 42.2 per cent for those who travel less than a Kilometre to 3.2 per cent for those who travel 20 kilometres and above. Analyzing the data by place of residence shows that other than those who travel less than a kilometer and between 1 to less than 2 kiolmetres which were highest in the rural areas, the urban dwellers had higher rates for those who travel from 2 to less than 5 kilometres to 20 kilometres and above.

Table 4.3: Percentage distribution of the location of the work place of those who are working by LGA

LGA	Owner's house	Some other fixed place (registered or authorised)	other fixed place (not registered)	No fixed place	Total
Banjul	18.3	56.5	9.4	15.7	100
Kanifing	17.9	49.8	15.2	17.1	100
Brikama	14.5	37.8	28.9	18.8	100
Mansakonko	7.9	17.7	53.6	20.8	100
Kerewan	4.6	11.4	73.7	10.2	100
Kuntaur	2.6	4.4	67.5	25.5	100
Janjanbureh	2.6	8.0	54.5	34.8	100
Basse	3.5	9.4	44.8	42.3	100
Total	**8.1**	**21.5**	**44.9**	**25.5**	**100**
Area	**Owner's house**	**Some other fixed place (registered or authorized)**	**other fixed place (not registered)**	**No fixed place**	**Total**
Urban	14.9	44.2	21.6	19.3	100
Rural	5.1	11.3	55.4	28.2	100
Total	**8.1**	**21.5**	**44.9**	**25.5**	**100**

Presented in table 4.3 is the location of the work place of those who are working. Most of those working reported their work place is located in a fixed place not registered (44.9%). The proportion is highest in the rural than in the urban areas (55.4 % compared to 21.6%), and highest in Kerewan with 73.7 per cent. This is followed by those with no fixed place. Janjanbureh has a higher rate compared to the other LGAs with 34.8 per cent and Banjul had the lowest with 15.7 per cent. The rural/urban differentials shows that the proportion is higher in the rural (28.3%) than in the urban areas (19.3%). Those who work in a fixed place either registered or authorized accounted for 21.5 per cent. These places are expected to be institutions either public or private and are found more in the urban than in the rural areas and this is what the data shows (44.2% compared to 11.3%). Those whose work places are located in their own houses accounted for the least among the locations with 8.1 per cent. Those in the urban areas almost triple that of the rural areas. (14.9% compared to 5.1%)

Table 4.4: Percentage distribution of the population 7 years and over who were are not working and were looking for job in the past 30 days by LGA

LGA	Yes	No	Total
Banjul	16.9	83.1	100
Kanifing	20.6	79.4	100
Brikama	13.8	86.2	100
Mansakonko	2.9	97.1	100
Kerewan	12.7	87.3	100
Kuntaur	3.9	96.1	100
Janjanbureh	4.6	95.4	100
Basse	1.3	98.7	100
Total	**10.3**	**89.7**	**100**

The population who reported not working were asked if they were looking for a job in the past 30 days. The table shows that the unemployment rate was 10.3 per cent with kanifing, Banjul, Brikama and kerewan recording rates of 20.6, 16.9, 13.8 and 12.7 percentage points. For the predominantly rural areas, other than Mansakonko, all the other LGAs have less than 5 per cent of those who were looking for work. It was highest in Janjanbureh with 4.6 per cent and lowest in Basse with 1.3 per cent.

Table 4.5: Percentage distribution of the population aged 7 years and over who are working and are entitled to pension or social security benefits by LGA

LGA	Yes	No	Total
Banjul	23.2	76.8	100
Kanifing	21.7	78.3	100
Brikama	12.9	87.1	100
Mansakonko	4.5	95.5	100
Kerewan	3.1	96.9	100
Kuntaur	1.3	98.7	100
Janjanbureh	2.3	97.7	100
Basse	1.2	98.8	100

Total	**7.5**	**92.5**	**100**
Area	**Yes**	**No**	**Total**
Urban	17.3	82.7	100
Rural	2.9	97.1	100
Total	**7.5**	**92.5**	**100**

Of all those who reported to be working, only 7.5 per cent reported to be entitled to pension or social security benefits. This is an indication that most of the working population are in the informal sector which is more prevalent in the rural than in the urban areas (2.9% compared to 17.3 per cent). It is observed that the LGAs of Banjul, Kanifing and Brikama had higher rates of those working and are entitled to pension. This could be attributable to the concentration of most employment opportunities in the private or public sector in the greater Banjul Area. The proportion ranges from 12.9 per cent in Brikama to 23.2 per cent in Banjul. Whilst for the predominantly rural areas, all the settlement had proportions lower than the national average. The rate is highest in Mansakonko with 4.5 per cent and lowest in Basse with 1.2 per cent.

Table 4.6: Percentage distribution of the population aged 7 years and over who are working and are entitled to paid leave by LGA

LGA	**Yes**	**No**	**Total**
Banjul	22.2	77.8	100
Kanifing	22.4	77.6	100
Brikama	12.3	87.7	100
Mansakonko	4.8	95.2	100
Kerewan	3.6	96.4	100
Kuntaur	1.4	98.6	100
Janjanbureh	2.6	97.4	100
Basse	1.0	99.0	100
Total	**7.6**	**92.4**	**100**
Area	**Yes**	**No**	**Total**
Urban	17.0	83.0	100
Rural	3.1	96.9	100
Total	**7.6**	**92.4**	**100**

Just as the case of those who reported to be entitled to pension, only about 8 per cent of the sampled working population reported to have been entitled for paid leave. Again Banjul ,Kanifing and Brikama had the highest proportions with 22.2,22.4 and 12.3 percentage points. For the predominantly rural areas, all the settlements have rates lower than the national average ranging from 1.0 per cent in Basse to 4.8 per cent in Mansakonko.

CHAPTER 5

TOTAL ANNUAL EXPENDITURE, ANNUAL EXPENDITURE ON HEALH AND EDUCATION BY HOUSEHOLDS

The main focus of the survey was the burden on households to access basic education and basic clinical care package. In the health and education modules, information on amount spent on various educational materials and health services was collected. This section deals with total household expenditure for one year preceding the date of interview, total household expenditure on health and education at the national level, by LGA and socio – economic status of the households (wealth quintile).

Table 5.0: Total annual household expenditure by LGA

LGA	Total	Std. Err
Banjul	537,600,160	31,891,014
Kanifing	3,761,289,558	126,691,833
Brikama	3,472,880,054	119,930,021
Mansakonko	432,725,775	25,991,465
Kerewan	1,160,054,670	62,668,960
Kuntaur	404,390,646	20,558,774
Janjanbureh	638,236,704	30,628,217
Basse	1,412,945,516	74,504,127
The Gambia	**11,820,123,084**	**212,535,391**

The table above shows the total household expenditure by Local Government Area. Kanifing and Brikama have the highest total expenditure, about D3.8 and D3.5 billion respectively. The same trend was observed in the 2003 Integrated Household Survey. Other than Banjul these two LGAs are richer than the other LGAs as evident during the 2003 Integrated Household Survey. Kuntaur the poorest region in the country again registered the lowest expenditure (D404 million).

Table 5.1: Total annual household expenditure by LGA and Quintiles

LGA	Quintiles	Total	Std. Err
Banjul	Poorest quintile	17,199,413	1,354,957
	Second Lowest quintile	28,813,953	981,965
	Middle quintile	68,110,934	1,322,871
	Fourth quintile	128,870,555	3,277,921
	Richest quintile	294,605,305	15,156,716
Kanifing	Poorest quintile	111,515,730	3,404,054

	Second Lowest quintile	215,332,201	2,525,736
	Middle quintile	384,598,183	3,106,270
	Fourth quintile	801,116,273	7,390,786
	Richest quintile	2,248,727,172	93,708,512
Brikama	Poorest quintile	163,734,657	4,516,183
	Second Lowest quintile	416,919,261	3,442,017
	Middle quintile	546,182,986	3,695,366
	Fourth quintile	789,786,050	7,592,765
	Richest quintile	1,556,257,100	82,658,430
Mansakonko	Poorest quintile	82,967,001	3,234,692
	Second Lowest quintile	63,668,882	1,453,828
	Middle quintile	107,492,928	1,434,301
	Fourth quintile	94,352,797	2,251,357
	Richest quintile	84,244,167	7,925,844
Kerewan	Poorest quintile	121,581,800	3,632,443
	Second Lowest quintile	196,149,761	2,351,180
	Middle quintile	233,587,873	2,346,767
	Fourth quintile	218,556,714	3,817,650
	Richest quintile	390,178,521	40,981,910
Kuntaur	Poorest quintile	54,062,222	2,673,441
	Second Lowest quintile	86,955,617	1,654,662
	Middle quintile	101,976,696	1,432,503
	Fourth quintile	95,622,389	2,280,786
	Richest quintile	65,773,722	4,502,203
Janjanbureh	Poorest quintile	70,977,263	2,494,502
	Second Lowest quintile	102,285,281	2,031,410
	Middle quintile	139,845,206	1,844,199
	Fourth quintile	185,450,361	3,703,263
	Highest quintile	139,678,594	13,633,214
Basse	Poorest quintile	52,654,551	2,059,402
	Second Lowest quintile	119,813,491	1,633,527
	Middle quintile	163,113,487	1,947,644
	Fourth quintile	267,063,078	4,504,726
	Richest quintile	810,300,909	43,907,844
Area	**Quintiles**	**Total**	**Std. Err.**

Urban	Poorest quintile	289,348,378	5,905,700
	Second Lowest quintile	609,033,580	4,182,341
	Middle quintile	986,871,859	4,968,624
	Fourth quintile	1,623,425,534	10,695,427
	Richest quintile	4,119,796,598	132,716,742
Rural	Poorest quintile	385,344,258	6,396,930
	Second Lowest quintile	620,904,866	4,308,074
	Middle quintile	758,036,436	4,199,679
	Fourth quintile	957,392,683	8,164,455
	Richest quintile	1,469,968,893	46,206,281

As has been observed in all LGAs, households in the poorest economic quintiles have the lowest total expenditure compared to households in the other poverty groups. The same trend has been observed when the data is analyzed by place of residence but households in the poorest quintiles in the rural areas have higher total expenditure than those in the urban areas in the poorest quintile. (D385 million compared to D289 million). It is observed from the table that, the richer or wealthier the household, the more their total expenditure. This is an indication that the socio – economic status of the household largely influences the expenditure patterns of the households.

Table 5.2: Average expenditure by households by LGA, quintiles and place of residence

	Mean	**Std. Err**
The Gambia	73,975	1,330
Quintiles	**Mean**	**Std. Err**
Poorest quintile	21,084	272
Second Lowest quintile	38,500	188
Middle quintile	54,620	204
Fourth quintile	80,786	421
Highest quintile	174,973	4,409
LGA	**Mean**	**Std. Err**
Banjul	84,001	4,983
Kanifing	93,040	3,134
Brikama	74,081	2,558
Mansakonko	45,076	2,707
Kerewan	57,240	3,092
Kuntaur	47,688	2,424

Janjanbureh	54,396	2,610
Basse	88,310	4,657
Area	**Mean**	**Std. Err**
Urban	84,287	2,053
Rural	60,503	1,405

From the table above it could be seen that the average expenditure annually by households is D73, 975 at the national level which is slightly higher than that of the 2003 Integrated Household Survey (D71, 572). It is also observed that the more affluent the household is, the higher their mean annual expenditure. Likewise, the lower the poverty rates of a Local Government Area, the higher the average expenditure of households as Banjul, Kanifing and Brikama which have lower poverty rates have higher mean expenditure and Kuntaur which is the poorest LGA, had the lowest expenditure. By place of residence, the urban areas had higher average expenditure compared to the rural settlements.

HEALTH EXPENDITURE

Table 5.3: Total annual households expenditure on health by quintile, LGA and place of residence

	Total	**Std. Err**
The Gambia	248,646,968	10,806,950
Quintile	**Total**	**Std. Err**
Poorest quintile	13,305,458	833,688
Second Lowest quintile	24,286,335	1,502,778
Middle quintile	41,317,670	2,990,335
Fourth quintile	53,873,259	4,046,787
Richest quintile	115,864,247	8,826,429
LGA	**Total**	**Std. Err**
Banjul	11,357,086	2,625,775
Kanifing	64,122,381	5,463,251
Brikama	68,437,405	5,160,502
Mansakonko	10,478,070	1,343,310
Kerewan	22,539,709	3,600,281
Kuntaur	9,386,909	919,165
Janjanbureh	18,943,327	2,970,735
Basse	43,382,082	5,258,668
Area	**Total**	**Std. Err**
Urban	140,938,109	8,322,229
Rural	107,708,859	6,897,037

Out of total expenditure of D11,820,123,084 by households, D248,646,968 were spent on basic household health clinical services representing 2.1 per cent of total expenditure on health by households. The expenditure was lowest in households in the poorest quintiles and highest in the richest (D13,305,458 compared D115,864,247). Kanifing and Brikama had the highest total expenditure and Kuntaur the poorest region had the lowest. By place of residence, as expected the expenditure was higher in the urban than in the rural areas. This is also attributable to the socio economic status of households as you have poorer households in the predominantly rural areas compared to the urban settlement areas (table 5.3).

Table 5.4: Total annual household's expenditure on Health by LGA and quintiles of the households

LGA	Quintiles	Total	Std. Err
Banjul	Poorest quintile	260,265	151,206
	Second Lowest quintile	481,790	181,091
	Middle quintile	1,020,830	266,055
	Fourth quintile	2,290,149	961,754
	Richest quintile	7,304,051	2,315,260
Kanifing	Poorest quintile	1,563,457	256,822
	Second Lowest quintile	2,476,705	340,095
	Middle quintile	9,809,352	1,913,349
	Fourth quintile	14,022,686	2,489,502
	Richest quintile	36,250,182	4,251,092
Brikama	Poorest quintile	3,651,341	431,609
	Second Lowest quintile	7,742,616	714,055
	Middle quintile	12,992,663	1,534,891
	Fourth quintile	17,004,869	2,092,645
	Richest quintile	27,045,916	4,146,942
Mansakonko	Poorest quintile	1,370,984	266,458
	Second Lowest quintile	2,175,848	553,239
	Middle quintile	2,148,436	324,989
	Fourth quintile	3,090,599	828,747
	Richest quintile	1,692,203	538,673
Kerewan	Poorest quintile	1,927,171	250,057
	Second Lowest quintile	2,852,100	459,051
	Middle quintile	5,158,061	1,329,895
	Fourth quintile	4,509,346	859,757
	Richest quintile	8,093,031	3,055,504
Kuntaur	Poorest quintile	1,215,668	210,794
	Second Lowest quintile	2,059,227	395,645
	Middle quintile	3,123,649	520,394
	Fourth quintile	1,827,839	298,083
	Richest quintile	1,160,526	404,036
Janjangbureh	Poorest quintile	1,763,526	373,299
	Second Lowest quintile	3,665,246	772,825
	Middle quintile	3,971,105	589,943
	Fourth quintile	4,365,989	653,875

	Richest quintile	5,177,461	2,593,954
Basse	Poorest quintile	1,553,044	306,543
	Second Lowest quintile	2,832,802	482,869
	Middle quintile	3,093,576	613,605
	Fourth quintile	6,761,782	1,721,593
	Richest quintile	29,140,877	4,314,169
Area	**Quintiles**	**Total**	**Std. Err**
Urban	Poorest quintile	5,054,509	487,029
	Second Lowest quintile	9,706,259	966,374
	Middle quintile	22,883,310	2,548,892
	Fourth quintile	30,061,873	3,270,432
	Richest quintile	73,232,158	6,771,088
Rural	Poorest quintile	8,250,949	675,210
	Second Lowest quintile	14,580,076	1,137,074
	Middle quintile	18,434,359	1,567,704
	Fourth quintile	23,811,386	2,367,757
	Richest quintile	42,632,089	5,607,078

Presented in table 5.4 is the household expenditure on health by LGA and socio – economic status of households. In all the LGAs, other than Kuntaur, households in the poorest quintile spent least on health and those in the richest quintiles have higher expenditure on health. For Kuntaur , a different pattern is observed. The richest households spent least on health compared to other economic quintiles.

Table 5.5: Mean household expenditure on by quintiles, LGA and place of residence

	Mean	**Std. Err**
The Gambia	1,556	68
Quintile	**Mean**	**Std. Err**
Poorest quintile	416	26
Second Lowest quintile	760	47
Middle quintile	1,293	94
Fourth quintile	1,686	127
Richest quintile	3,627	276
LGA	**Mean**	**Std. Err**
Banjul	1,775	410
Kanifing	1,586	135
Brikama	1,460	110

Mansakonko	1,091	140
Kerewan	1,112	178
Kuntaur	1,107	108
Janjanbureh	1,614	253
Basse	2,711	329
Area	**Mean**	**Std. Err**
Urban	1,557	92
Rural	1,555	100

Table 5.5 above shows the mean household expenditure on health by quintiles, LGA and place of residence. As expected the richer the household, the higher their mean expenditure on health. The averages range from 3,627 for the richest households to as low 416 in the poorest households. Analyzing the data by LGA shows that Basse had higher average expenditure of 2711 higher than all the LGAs. By place of residence, there is no much difference on mean household expenditure between the urban and rural areas (1557 compared to 1555).

Table 5.6: Share of households expenditure to total annual expenditure on health by quintiles, LGA and place of residence

	Share	**Std. Err**
The Gambia	2.10	0.09
Quintile	**Share**	**Std. Err**
Poorest quintile	1.97	0.12
Second Lowest quintile	1.97	0.12
Middle quintile	2.37	0.17
Fourth quintile	2.09	0.16
Richest quintile	2.07	0.15
LGA	**Share**	**Std. Err**
Banjul	2.11	0.45
Kanifing	1.70	0.14
Brikama	1.97	0.13
Mansakonko	2.42	0.29
Kerewan	1.94	0.31
Kuntaur	2.32	0.21
Janjanbureh	2.97	0.45
Basse	3.07	0.32
Area	**Share**	**Std. Err**
Urban	1.85	0.10
Rural	2.57	0.15

The table above shows the share of household expenditure to total expenditure on health by socio – economic status of the household, Local Government Area and place of residence. At the national level the share of household expenditure on health to total expenditure is 2.10 which by LGA range from as high as 3.07 in Basse which is higher than the national share to 1.70 in kanifing. Kuntaur and Janjanbureh which are among the poorest regions in the country had shares higher than the national average and higher than that of Banjul and Kanifing, regions with the lowest poverty rates in the country. These

regions being the poorest in the country and spending such percentage of their income on health could be burden on the households. This high expenditure on health in the predominantly rural areas could be attributed to access and cost of medical services in those settlements. By place of residence, the share is also higher in rural than in the urban areas (2.57 compared to 1.85).

ANNUAL EDUCATION EXPENDITURE

Table 5.7: Total annual household expenditure on education by quintiles, LGA and place of residence

	Total	**Std. Err**
The Gambia	589,876,628	20,710,591
Quintile	**Total**	**Std. Err**
Poorest quintile	25,947,116	2,611,133
Second Lowest quintile	53,083,987	3,713,433
Middle quintile	80,940,297	6,108,140
Fourth quintile	135,986,595	7,711,993
Richest quintile	293,918,633	15,370,993
LGA	**Total**	**Std. Err**
Banjul	23,829,565	3,383,678
Kanifing	224,688,528	15,027,055
Brikama	184,024,382	9,505,564
Mansakonko	24,471,469	4,815,979
Kerewan	53,948,054	4,940,882
Kuntaur	11,018,002	1,463,246
Janjanbureh	26,642,321	3,088,368
Basse	41,254,306	5,324,726
Area	**Total**	**Std. Err**
Urban	416,865,533	18,624,153
Rural	173,011,095	8,537,044

The data from the above table shows that total expenditure by households on education is D589,876,628 which is double that on health (D248,646,968) meaning that households spend more on education than on health. It is observed the richer the household or the LGA the more they spend on education. Kuntaur being the poorest region in the country has the lowest expenditure on education. Households in the urban areas also have higher expenditure on education than those in the rural areas.

Total 5.8: Mean annual household expenditure on education by quintiles, LGA and place of residence

	Mean	**Std. Err**
The Gambia	3,692	130
Quintile	**Mean**	**Std. Err**
Poorest quintile	811	82
Second Lowest quintile	1,662	116
Middle quintile	2,534	191
Fourth quintile	4,257	241
Richest quintile	9,200	481
LGA	**Mean**	**Std. Err**
Banjul	3,723	529
Kanifing	5,558	372
Brikama	3,925	203
Mansakonko	2,549	502
Kerewan	2,662	244
Kuntaur	1,299	173
Janjanbureh	2,271	263
Basse	2,578	333
Area	**Mean**	**Std. Err**
Urban	4,606	206
Rural	2,497	123

Presented in table 5.8 is the mean household expenditure on education. The mean household expenditure was highest in the richest households (9,200) and lowest in the poorest households (811). It is only households in the fourth quintile and richest households that have averages higher than the national average. The LGAs of Banjul, Kanifing and Brikama had averages higher than the national average whilst households in the other LGAs which are predominantly rural have averages lower than the national average and was lowest in Kuntaur with 1,299. When the data is analyzed by place of residence, urban households that are relatively richer spend more on education than their rural counterparts.

Table 5.9: Share of annual household expenditure on education

	Share	**Std. Err**
The Gambia	4.99	0.17
Quintile	**Share**	**Std. Err**
Poorest quintile	3.85	0.38
Second Lowest quintile	4.32	0.30
Middle quintile	4.64	0.35
Fourth quintile	5.27	0.30
Riches quintile	5.26	0.30
LGA	**Share**	**Std. Err**
Banjul	4.433	0.532
Kanifing	5.974	0.381
Brikama	5.299	0.268
Mansakonko	5.655	1.104
Kerewan	4.650	0.438
Kuntaur	2.725	0.364
Janjanbureh	4.174	0.450
Basse	2.920	0.341
Area	**Share**	**Std. Err**
Urban	5.46	0.23
Rural	4.13	0.19

From the table above it could be seen that the share of household expenditure on education is about 5 per cent of their total expenditure compared to that of the health which is 2 per cent. The socio – economic status of the household is a factor on the household expenditure on education as the wealthier the household, the larger their share on education. This is evident in the case of households in the fourth and richest quintiles compared to poorer households. The same is observed by LGA, as LGAs of Banjul, Kanifing and Brikama that have lower poverty rates compared to the other LGAs had larger share. By place of residence, unlike the case of the health expenditure where rural households had a larger share, urban households had a larger share in the case of education (5.46 compared to 4.13).

Conclusion

The results of the poverty and social impact analysis show that household expenditure on health and education are 2 and 5 per cent respectively. The 2003 Integrated Household Survey shows that expenditure on health and education was 1 and 1.1 per cent respectively. This shows an increase of household expenditure on health and education but still the percentage shares are low.

Although, the percentage shares are low, it is evident from the report that affordability, access in terms of distance and quality of services are issues to be addressed specially in underprivileged localities.

Recommendation

The results of the survey show marked variation across regions and place of residence indicating the need for targeting of interventions in areas and on
sub populations that are underprivileged if overall objectives of attaining policy targets and goals are to be attained.

As most of the funding of basic and secondary education (i.e. up to 80%) is through donor funding and has contributed significantly to the enrolment rates, would these gains be sustained when donor funding ceased?. As a result, there is a need to develop a National Education Financing Policy and Strategy.

A component of a National Education Financing Policy and Strategy should seek to ensure sponsorship scheme for needy children especially girls in less privilege localities where enrolments are low.

For the Health sector, the Cost Recovery Program of 1987 which introduced user fees and the Drug Revolving Fund is still the health financing strategy. The Ministry of Health has developed a Health Financing Policy and Strategy but this still remains in draft form as it has yet to be presented to Cabinet and possibly to the National Assembly. There is the need to fast track the process so that the document can be finalized.

Based on the findings of the survey, there is the need for a poverty mapping exercise to be conducted so as to have geographical profiles of spatial distribution of poverty by locality in terms of access to health and education.