

**PROPOSAL FOR WOMEN’S CENTER IN THE GAMBIA**

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# Introduction

The Gambia is a small country in West Africa with a surface area of 10,690sq km with a population of about 1.8 million. The Gambia is considered one of the poorest countries in the world. Over 60% of its population lives in extreme poverty most of who are women and children.

The Government of the Gambia has taken initiatives to protect the rights of women and children. In 2005, it signed the South African Parliament's Children’s Act 38 to protect the rights of children (which constitute 42% of the Gambia’s population) to health, primary education and protect girls from harmful traditional practices such as early marriage and Female Genital Mutilation. To uphold this act, the millennium development goals and other related international treaties, it established policy objectives to ensure: free education for girls in rural areas; allow pregnant girls to return to school upon delivery; and targeting girls and women in science and technology.

In 2010, it was one of the first African nations to ratify and enact the Women’s Act which aims to protect the social and economic right of women. These have registered success in closing the gender disparity gaps in the Gambia. However, there are no legislations to protect domestic abuse and harmful traditional practices such as Female Genital Mutilation and early marriage. This and the lack of effective healthcare system in the Gambia have deterred the advancement of women.

While basic healthcare in the Gambia is theoretically free for all citizens, there are not enough health facilities and health workers to serve the entire population. The ratio of physicians to every 10,000 people is less than 0.5 (WHO, 2009). WHO estimated that there were six nursing and midwifery personnel to serve every 10,000 population in the Gambia in 2009. Therefore, over 40% of births in the Gambia are home births that are not attended by trained healthcare personnel leading to a maternal mortality ratio of 400 deaths per every 10,000 live births which is more than double the MDG target for 2015. (WHO, 2009) The infant mortality ratio per 1,000 live births also doubles the MDG target of 51 for 2015.

The meager number of medical practitioners available are trained in general practices and not specialized in women’s health. There are less than five facilities in the entire country that are specialized for women’s care and these facilities are not equipped for routine preventive care such as mammograms and pap smears to early detect breast and cervical cancers. Most of the cancers are detected at the advance stages when it is often too late to treat them.

To address some of these inequities faced by women in the Gambia, there is a dire need for an effective women’s clinic. It should be established to address the needs of women to reduce the gender disparity gaps. An effective clinic requires:

**Criteria**

* Preventive care
* Access to essential medicines and equipment
* Well trained and motivated workers.
* Accessibility and affordability for the population to be served.

## Safe Hands for Girls

Safe Hands for Girls (hereinafter called SHFG) is a non-profit organization dedicated to providing for survivors of Female Genital Mutilation (FGM) and protecting girls who are the risk of being subjected to FGM. Staff and volunteers work together with youths and women to provide them with a safe space and assist them with services including education, social services and advocacy, as they rebuild their lives in the greater Atlanta area. Safe Hands for girls works primarily in Clarkson, Georgia and South West Atlanta. Both communities have a thriving immigrant community, mostly from Gambia, Senegal, Somalia, Ethiopia and Eritrea. Safe Hands for Girls also works on other gender based issues such as child marriage.

SHfG’s key area of focus is preventing FGM and other forms of violence against women by promoting women and children’s rights and gender equality. This includes capacity building, advocacy, and youth empowerment.

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# HEALTH STATUS OF WOMEN

In order to improve women’s health in the Gambia, the following areas must be addressed:

## PREVENTIVE CARE

 The high ratio of maternal and child mortality in the Gambia is primarily due to lack of preventive care and screening. Hemorrhages account for 25 percent of maternal deaths while hypertension and sepsis account for 16 percent and 10 percent of deaths respectively. 29 percent of maternal deaths are listed as indirect which includes deaths related to female Genital mutilation, a harmful practice with over 78 percent prevalence rate currently. Over 50 percent of maternal deaths in the Gambia are of preventable causes which would have been averted if women had access to proper screening and preventable care measures prior to and during pregnancy. Perinatal events not only account for maternal mortality rates in the Gambia but 30-40 percent of infant mortality are also attributable to lack of perinatal care.

## ACCESS TO ESSENTIAL MEDICINES AND EQUIPMENT

In 2014, WHO estimated 11 hospital beds to serve every 10,000 population in the Gambia. There are 1.79% health centers per every 100,000 population. Only 0.11% of these are specialized hospitals for every 100,000 people. There are 17.1% mammogram units to serve almost a million women in the Gambia. Women in need of medical care have to travel to neighboring Senegal to receive proper medical care which is often too late by the time they start receiving treatment. Breast cancers and cervical cancers are detected at the advanced stages when suffering and ultimately death are inevitable.

Despite a fertility rate of six children per woman in the Gambia, Only 13% of women have access to contraceptives. This leaves more than 22% unmet need for family planning.

## Well Trained and Motivated Workers

One of the major challenges in the health system of the Gambia is inadequate staffing and lack of proper training for health personnel. Health workers are paid minimal wages and not lack social status. Therefore, health workers lack the passion and drive to provide quality care. Most often seek opportunities abroad and leave the Gambia for better opportunities abroad. About 60 percent of live births are not attended to by trained physicians. Only 70 percent of women in receive prenatal care when care from a healthcare provider

## Accesible and affordable

The Gambia has a 6 health centers to serve every 100,000 of its population. Most of which are a located in urban areas. Women in rural areas lack access to health facilities. They often have to travel to the Gambian cities or neighboring Senegal to receive healthcare. WHO estimates that people with easier to access to health facilities are more likely to receive treatment for disease at an initial stage where complications have not occurred yet.

# THE WOMEN’S CENTER

To improve women’s access to basic health in the Gambia, Safe Hands for Girls seeks to establish a women’s center which provide services at minimal cost. The women’s center is a health facility that focuses on women and children’s health. It will provide services for prevention, treatment and diagnosis of diseases. Like any effective health center, it will be equipped with essential medicines and equipment to diagnose and treat diseases.

It will provide Screening services such as pap smears, mammograms and other services that are currently not available in the Gambia. The women population which constitute about half of the Gambian population will have access to preventive care without having to travel to neighboring Senegal.

Prioritizing women’s health is crucial in ensuring a sustained healthcare delivery system. It will coordinate the diagnoses and care of mental health issues with general health care practices. This includes professionals with specialized knowledge in both cases working together for better overall healthcare delivery.

The women’s center will be operated by qualified, experienced and specialized healthcare workers both from in and out of the Gambia. In partnership with the ministry of health and social welfare of the Gambia, Edward Francis teaching hospital, and local government and NGOs, the women’s clinic will:

* Train and task primary care workers to identify women’s health issues and Offer treatment and referring those beyond their scope to better equipped healthcare providers.
* Adopting an organizational culture that ensures flexibility and efficient delivery of comprehensive service across the national healthcare system.
* Make the delivery of care patient centered.
* Educate, sensitize local communities about women’s health and reproductive health. This will provide support for women who have suffered violence such as rape and Female Genital Mutilation. Rape exams, screening and treatment where possible can be administered to victims of rape and domestic violence.
* Conduct Effective record keeping for patients and ensuring easy access across the board for all health professionals concerned.
* Ensure easy access for all women regardless of socio economic status.
* Constantly review and assess performance of health workers, quality of care and patients’ needs and identifying ways of improving care delivery.

# ADDITIONAL FEATURES

In addition to healthcare delivery, the women’s center also seeks to empower and engage girls in leadership development, economic empowerment and protective the rights of women and girls through the following features:

## Young Women’s Skills center

The young women’s health clinic is an educational entity that exists to provide teen girls and young women with carefully researched health information, educational programs, and conferences. It will provide peer outreach, education, and training services to a community of women with limited income. Programs to train advocates in women’s health will be developed to further the goal of the women’s center. Advocates will be trained in a broad range of women’s health issues such as FGM and other forms of violence against women, family planning and sexually transmitted diseases. Women can also be trained about nutrition for their children and means of providing healthy nutrition to ensure proper growth and development for their children. This project also aims to address issues in maternal health and educate women about maternal health. Advocates will be used for community outreach programs with the use of trained health educators to enrich local communities.

## Legal Aid Clinic

Young women lack access to legal representation due to financial constraints and other barriers in instances when they are abused and exploited. The Centre will have a Legal Aid Clinic in which victims and survivors of abuse will seek information in terms of protections and access to justice. Law students as Paralegals will be trained by the National Agency for Legal Aid (NALA), Government organ that is statutorily tasked, as per the Legal Aid Act 2008, with the management and administration of legal aid in The Gambia. Supervision and legal representation will be done by lawyers such as the current member of TYW Board, young lawyers as well as seasoned ones. Partnership will also be done with the Female Lawyers Association-Gambia (FLAG).

## State-of-the-art computer lab and Library:

This will enhance training programs by providing information and access to computers and information technology to produce advocacy material. It will be also provide media access for research in health and capacity building. It can also be used for career development and enhancing women’s capabilities and translating it into resumes to compete in a competitive job market.