

Is The Gambia on target to meet the Millennium Development Goals?

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Candidate number:

Extended Essay Final Draft

Supervisor: Mr M. Cook

Word count: 3,767

Abstract

The ongoing concern relating to poverty encouraged world leaders to launch the Millennium Development Goals (MDGs) in 2000. These goals aim to reduce poverty by 2015 in countries that are considered to be Less Economically Developed. The Gambia is one such country. For this reason the object of my research was to examine - **‘Is The Gambia on target to meet the Millennium Development Goals?’** By examining each of the goals individually I was able to analyse the affect the goals were having on the community. Further analysis was accomplished by the contrasting of Gambian data with world figures and the study of each of the targets. The village of Gunjur is used as a representative of The Gambia during this essay. Whilst in Gunjur for a month I interviewed local Gunjur Gambians from the health clinic, local school and the non-governmental organisation TARUD (Trust Agency for Rural Development). Joined with personal observation and research from a variety of sources the information and statistics collected were compared against Gambian data.

From the findings Gunjur is likely to reach the MDGs. Conversely The Gambia seems less likely to achieve all eight goals. It is on target to accomplish two of them namely achieving universal primary education and ensuring environment sustainability. From the research and my visit it is clear that where a LEDC community has had close and continued support from an MEDC community (in this case Gunjur and the Marlborough Brandt Group (MBG)) the likelihood of the goals being reached is much enhanced. The value of education both formal and informal cannot be undervalued.

Word count: 264

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Is The Gambia on target to meet the Millennium Development Goals?

The Millennium Development Goals (MDGs) are a set of eight targets that aim to combat poverty in its many forms. The targets range from eradicating hunger to environmental sustainability. The eight goals were officially established in 2000 at the Millennium Summit, where all 193 United Nation member states and at least 23 international organisations agreed to achieve the goals by the deadline of 2015¹.

Countries seeking to achieve the MDGs will be working internally and in collaboration with each other to reach the MDGs. More Economically Developed Countries (MEDCs) which have already reached developed status are working in partnership with Lesser Economically Developed Countries (LEDCs) *'based on good governance and expanded trade, aid and debt relief especially to help finance the infrastructure and human capital needed to attract private investment'*². One example of partnership is the UK and South Africa. In 2008 G8 financial ministers agreed to provide funds of \$40-55 billion to The World Bank, The International Monetary Fund (IMF) and the African Development Bank (ADB), the aim being to cancel the debt of countries suffering from severe poverty, thus allowing them to use resources saved from foreign debt on social programmes for improving education, health and to diminish poverty.³ Along with the eighth MDG (Develop a Global Partnership for Development) these are ways in which countries are aiming to meet the target date of 2015.

The eight MDGs are:

1. Eradicate Extreme Hunger and Poverty
2. Achieve Universal Primary Education
3. Promote Gender Equality and Empower Women
4. Reduce Child Mortality
5. Improve Maternal Health
6. Combat HIV/AIDS, Malaria and other diseases
7. Ensure Environmental Sustainability
8. Develop a Global Partnership for Development⁴



Figure 1 - Map showing the regions where the MDGs apply in practice. www.bbc.co.uk

¹ www.wikipedia.org/wiki/Millennium_Development_Goals#Background

² www.earth.columbia.edu

³ www.un.org/millenniumdevelopmentgoals/

⁴ www.unmillenniumproject.org/goals/index.htm

The worlds less economically developed countries (LEDCs) have been divided into different regions in order for data to be collected and analysed in an efficient manner. These regions are shown in Figure 1 above. Gambia is in the Sub-Saharan region of Africa on the west coast and has a population of 1,840,454 (July 2012 EST.)⁵. It is the seventh smallest country on the African continent.⁶ Gunjur is a fishing village 3.4km from the coast of Gambia. It has a population of approximately 25,000. Gunjur has an area of three square miles and is the largest village in the west of [The Gambia](#) without running water and electricity.

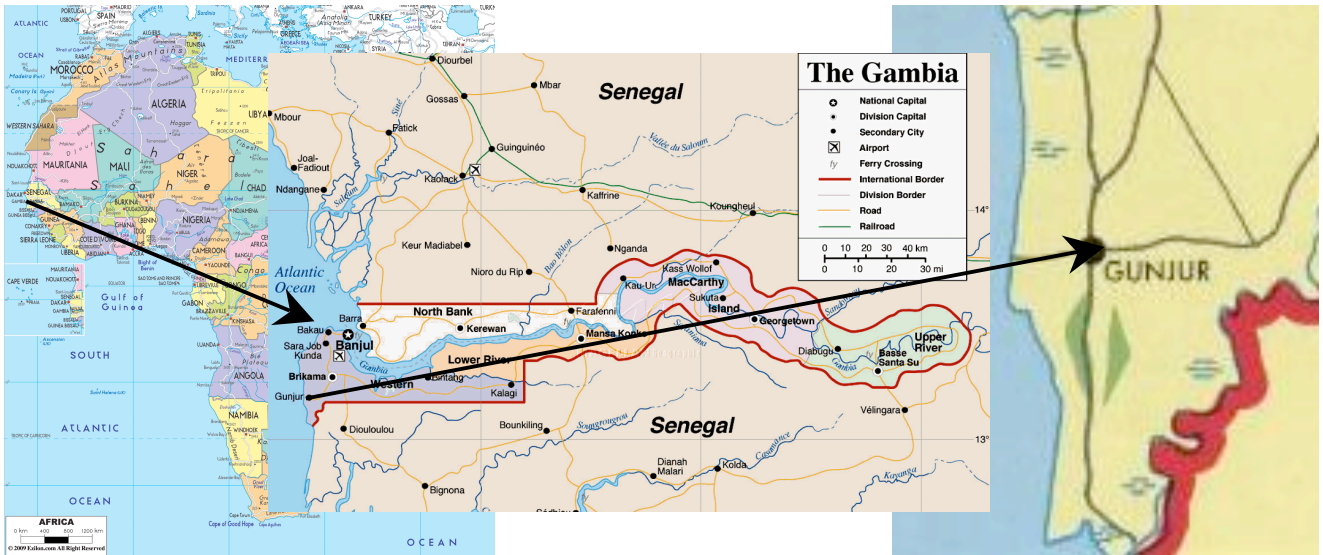


Figure 2 – Location maps with imposed country borders to show where Gunjur is located in Africa.

www.google.co.uk/search?hl=en&q=location+map+of+gambia

Gunjurs’ main economic activity derives from the exporting of primary products, especially mangoes, fish and peanuts. As a village close to the coast it relies heavily on income from the fishing industry. The climate in Gambia results in very distinct seasons – a rainy season from June to October and a dry season from October to the end of the following May. This has an impact on the crops that can be grown and harvested, thus making the income seasonal. Women grow rice during the rainy season and vegetables during the dry season. Men with higher skills are more likely to travel to the capital and other large cities, Banjul and Serekunda, for work while the women stay at home and sell home-grown produce.

The Gambia is an LEDC. This can be seen in the relatively low average life expectancy of 63.82 (rank 173 in the world)(UK 79.91), the low adult literacy rate 40.2%, the high infant mortality rate 69.58

⁵ www.cia.gov/library/publications/the-world-factbook/geos/ga.html

⁶ www.joinafrica.com/Country_Rankings/area_africa.htm

deaths/ 1,000 births (4.8 per 1000 in UK) and the fact that only 67% of the population has access to basic sanitation. The MDGs are clearly applicable to The Gambia. Gunjur is 95% Islamic and typical of The Gambia in many ways and shows characteristics of an LEDC throughout the village. Gunjur has a poor economy with few exports, a low average income, a poor transport infrastructure, poor housing, large average family size, high unemployment particularly amongst men, a majority of low skilled employment, poor sanitation and the prevalence of certain diseases e.g. malaria and non communicable disease e.g. diabetes and hypertension. All of these are features of a LEDC and are common to both Gunjur and Gambia as a whole.

As Gunjur is typical of The Gambia I will be able to use information collected there to assess whether the MDGs are being reached, and if so whether this is positive or negative. My justification will focus on interviews with Gunjur Gambians and non Gambians who live there on a permanent basis. I will be using first-hand experience supported by visual assessment. If the MDGs are having a positive impact within Gunjur I will be able to witness an improvement in areas that certain goals target. In addition I may observe from the data collected that Gunjur is more developed, on average, than The Gambia as a whole. However, there may be limits to this approach; for example the lack of statistical data may allow false assumptions to be drawn.

The Marlborough Brandt Group based in Marlborough, Wiltshire has been engaged in a partnership programme with Gunjur since 1981. This has involved the exchange of some 1500 people between the two communities, always living in each other's homes and compounds; a major development programme in Gunjur delivered through the NGO TARUD (Trust Agency for Rural Development) focusing on early childhood education, water and sanitation, women's literacy and livelihoods, health education, malaria eradication and micro-credit, and a new programme working with disabled young people; and a development education programme in Wiltshire particularly focussing on schools. Some 27 schools now have partnerships with schools in The Gambia enabling children at both ends to understand the global context in which they are living and will work.

During the summer of 2012 I participated in the Marlborough Brandt Group (MBG) educational exchange programme in which sixth form students from Marlborough College and St. John's International Academy in Marlborough lived in Gunjur for a month. While there, we each lived within a family's compound and were therefore totally immersed into the local culture and tradition. Over the month we helped build a market building; this now enables the women of Gunjur to sell their produce (fish, vegetables and fruit) under shelter.

While in Gunjur I conducted visits to persons of both a professional and non-professional nature. I consulted with people from the non-governmental organisation TARUD (Trust Agency for Rural Development), the health clinic and the local school. By doing this I was able to gather both first hand information and statistical information on topics concerning the Millennium Goals.

When looking at goal one, 'Eradicate extreme hunger and poverty' I spoke to project staff within TARUD. The data held by TARUD shows that the average Gunjur Gambian earns over the international poverty line. In 2008 the lowest level of income internationally was believed to be \$1.25 a day.⁷ The average person in Gunjur is likely to earn \$41.09 (1500 dalasi) = £30 a month and a skilled labourer could earn \$1.47 – \$2.94 (50 – 150 dalasi) a day. From this information it is clear that Gunjur is not below the poverty threshold and is therefore not in extreme poverty. From personal experience there were very few people suffering from hunger. However The Gambia as a whole is in a '*hunger season*' which started in March of this year.⁸ This is due to the poor rainy season that caused the groundnut harvest to fail around the country.

Goal two is to 'Achieve Universal Primary Education'. In Gunjur there is only one Lower Basic School, children aged 6 to 12 years (grades 1 – 6) attend there. However, another is due to open in December 2012. There is no schooling fee for children in grades 3 – 9. This allows more children to attend and complete their primary education. When the child is not in the free school years, there is a cost of 30 dalasi (\$0.88) a school year. For the majority of families this school fee is a priority within their budgeting. Students are required to purchase uniform, school shoes, a bag, books and pencils, to be able to attend school. The Lower Basic School has a total of 2032 pupils, 990 males and 1042 females, with a drop out rate of 1%. 30% of children in Gunjur are still not involved in primary education. The opening of the new school hopes to combat this. Discussions with young people showed that the majority value their education immensely. Numerous students intend to complete their schooling and then move to more urban towns where skilled employment is greater.

'Promote Gender Equality and Empower Women' is the third goal. In Gunjur there is one Upper Basic School attended by students aged 12 to 15 years. Boy's education has traditionally been very important; to promote the education of girls there is no school fee for female students attending the Upper Basic. There have been a larger number of girls attending both the Lower and Upper Basic

⁷ www.globalissues.org/article/26/poverty-facts-and-stats

⁸ www.actionaid.org/2012/03/hunger-season-has-already-started-gambia

Schools than boys, since the free education policy. Alongside this “mother clubs” have started up in Gunjur to help mothers and to encourage girls to go to school. The Women’s Act 2010 protects those girls that are in school enabling them to complete their education without fear of discrimination. In July 2010 the Gambian government released the Women’s Act. This act prohibits the ‘*discrimination against women in employment*’. It covers areas such as equal treatment within the work place, maternity, training, choice of profession, right to promotion, job security and benefits. Allowing women to earn an income, as well as men, increases the earnings coming into a household. This is encompassed into professional life in Gunjur ensuring women have equal rights as men within the workplace. In a study carried out in Gunjur in 2010 by Lilli Loveday an ex student from St John’s Academy, it was found that people in Gunjur considered that the single greatest impact on the community as a result of the 28 year relationship with the people of Marlborough had been the change in the relations between men and women. Women had been empowered and had much greater control of their lives and that of the community. This was put down to the self confidence given to girls and women that had visited Marlborough and the solidarity between girls and women from Marlborough and more widely and their women hosts in Gunjur which again had given women in that community greater confidence.

Goals four, five and six focus on health, namely infant mortality, maternal mortality and disease prevalence. To obtain information about these subjects I interviewed Dr Tilly Chirobokow. From this consultation I discovered that infant mortality in Gunjur is much lower than it was five years ago. From April of this year there have only been four recorded infant deaths; two natal deaths (deaths during/after birth) and two infant deaths (children aged one to five years old). However it is difficult for the clinic to gain reliable data about the number of deaths that occur in Gunjur. The reasons for this are:

- People do not bring their dead to the health clinic, due to a lack of education surrounding the need for a death certificate and the necessity of establishing the cause of death
- There is a five dalasi charge from the health clinic to dispose of the body. For this reason families, who are unable to afford the fee, deal with the body themselves without reporting the death.

This inhibits the clinic gaining precise data about the infant mortality in Gunjur.

Target five focuses on maternal and reproductive health. When talking about maternal mortality Dr Chirobokow stated that it “*has really decreased*”. She believes that “*there is a 90% chance of achieving the target*” to reduce the mortality ratio by three quarters in Gunjur. She bases this

statement on the fact that there were only two maternal deaths in the month of June. The women in Gunjur have access to a maternal clinic and a reproductive health clinic twice a week. Alongside this there are seven outreach stations where vitamins and immunisations can be administered to both mother and child. The goal also looks at the availability of reproductive health. The subject of reproductive health is being confronted in many different ways. For example; family planning clinics available to everyone; people from the health clinic visit rural communities to give information for free; Gunjur has a health worker that provides talks, advice and facts to institutions.

Goal six centres on combating 'HIV/AIDS, Malaria and other diseases'. When looking at HIV and AIDS it is clear that the number of sufferers will decline however it will not be 'combated' by 2015. The incidence of HIV infection is 2.3% This is largely due to the fact that over 95% of men are circumcised and this reduces dramatically the transmission rate of HIV infection from male to female and vice versa. Two years ago the health clinic was seeing three to five infected pregnant mothers a week, that has since fallen to one case a month. Over the past month there have only been two deaths due to HIV and AIDS throughout the population of Gunjur. Gunjur itself does not have suitable medicine to treat HIV or AIDS. Patients needing medication have to travel to Brikama (approx 7.5 miles) and other nearby towns. To bring awareness to the people of Gunjur and Gambia about health issues such as HIV and AIDS there are a variety of projects being initiated to educate people including billboards, talks and outreach centres.

Malaria does not always present itself and so there is no accurate way of knowing how many people have contracted the disease. It is considered a significant health issue. In Gunjur health workers from the clinic visit communities and issue free mosquito nets to everyone in a family with the aim of reducing the number of malaria sufferers. 1800 nets have been provided through a malaria eradication programme "the starfish project" funded by the Marlborough Brandt Group. However, there are cultural issues stopping people from using the nets. There is a tradition in Gunjur that following a death the body is covered with a white cloth. Sleeping beneath a white mosquito net has been associated with this tradition resulting in the nets not being used. In Gambia and Gunjur there is a strong belief in demons. As a result some people suffering from malaria believe that they are possessed and call the witch doctor rather than seeking modern medical help. To prevent the infection and spread of malaria there needs to be an increase in education to promote the use of mosquito nets and the importance of medication.

Anaemia, diabetes, pneumonia, asthma and high blood pressure (HBP) are all regularly diagnosed conditions and are probably due to the diet of the Gunjur people. Diabetes and HBP frequently result in death. The onset of these conditions is thought to be due to the lack of fluid intake, caused by concerns of illness from contaminated water. This is unlikely to be halted by 2015 and requires

further education concerning the importance of boiling the water and the need for disciplined use of medicines. MBG and TARUD are currently working with a newly installed local radio station Janneh Koto FM which will play a crucial role in broadcasting health education messages to the population of Gunjur and more widely.

Contaminated water causes other health issues. For example in a nearby town, Kartong, 85% of people have cataracts due to drinking water infected by battery chemicals, according to Dr. Chirobokow.

Other factors are also affecting the health of people in Gunjur. Religious traditions, such as Ramadan, where people fast from both food and water can cause a rise in diabetes. Environmental factors such as the seasons can also affect health. During the rainy season there are more parasites (mosquitoes), humidity is higher and the risk of floods and water contamination are greater. During the dry season the average diet is not as varied resulting in malnutrition of certain vitamins.

Goal seven 'Ensure Environmental Sustainability' includes factors such as access to drinking water and basic sanitation. I spoke to the water and sanitation coordinator for Gunjur to increase my knowledge of the situation. Gunjur is the largest village in the west of Africa without running water; as installing piped water is very expensive. There have been a number of initiatives to get clean drinking water into Gunjur. In 2001 there was a large outbreak of dysentery from which five people died. The MBG sent water testing kits so that wells could be tested for contamination. UNICEF supplied chlorine to cleanse the wells; however this was not a sustainable measure. After the outbreak TARUD wrote to different embassies asking for money in order to buy hand pumps. They were successful and were able to install eleven hand pumps for drinking water. A water committee in each of the 8 kabilos (wards) was formed to ensure the pumps were kept in good condition. Through this scheme people within the community have been trained to look after and repair the pumps. A bylaw has since been created, that states if a family or individual destroys or damages the pumps, they will be suspended from using them for a period of time. Levy charges have also been put in place. This means that households and businesses pay five dalasi a month in order to use the hand pumps. This cost enables the upkeep of the pumps by the two trained technicians. TARUD and MBG also wrote a water supply proposal to both the governmental and the Islamic Development Bank. Through this application Gunjur has since gained funding for the digging of two boreholes, which will become bigger land pumps. The importance of clean water is becoming clearer to the people of Gunjur, for this reason TARUD have an office solely for water and sanitation to ensure that problems can be managed easily and effectively. The National Water and Electricity Company (NAWEC) are currently installing treated piped water which will be available from July 2013. Sanitation is defined as the *'conditions relating to public health, especially the provision of clean drinking water and adequate*

sewage disposal'.⁹ Due to climate change Gunjur has been experiencing higher rainfall than normal. This increased rainfall has been known to cause houses and latrines to collapse, thus leading to water infections. There has been no major help from outside organisations concerning waste disposal. Within schools sanitation communities have been set up, these communities consist of both teachers and students who are trained in basic sanitation. Hygiene (hand washing, teeth brushing) has started to be taught in schools. To combat the issue of collapsing latrines new toilets have been made at four schools. A proposal written by MBG was sent to Medicore applying for money so Gunjur could build pit latrines. They received enough money to construct 150 pit latrines throughout the village; these are less likely to collapse as they have proper sides and solid lids to stop water from entering. A further proposal is currently being considered by a potential funder for a further 150 concrete lined latrines. Amongst these are girls only latrines for the primary and secondary schools as studies have found that there is a direct correlation between the provision of private, girls-only latrines and a reduction in drop-out rates of girls from education. A block of six, women-only latrines is also to be provided at the central market which will mean women not having to leave their produce stalls and walk as far as a mile to their compounds, and should increase the income they generate at the market. Another proposal concerns a vehicle and trailer which will pick up waste and excretion dumped by people. This project will hopefully reduce the amount of water contamination and waterborne illnesses caused by waste being washed into wells. The main illnesses caused by lack of sanitation and water issues in Gunjur are; diarrhoea, dysentery and stomach problems.

The 2015 target year is very close and countries need to ensure that they are on target to meet the goals. When looking at Gunjur as representative of The Gambia the overall picture is positive. Gunjur seems to be on target to reach goal one, to eradicate poverty and hunger. However from my research The Gambia as a whole appears to be in a phase of hunger.¹⁰ To ensure success Gambia may need to change its farming policies. At the moment the people are reliant on a minimal number of crops, introducing a more diverse variety of plants could reduce the dependence on one harvest. Education on how to store food (drying, salting) would help to reduce the number of people suffering from hunger.

With the opening of the new primary school in December the number of children not in primary education will decrease dramatically. Conversely, it depends on whether the family can afford to send

⁹ www.oxforddictionaries.com

¹⁰ www.actionaid.org/2012/03/hunger-season-has-already-started-gambia

their child to school, this is a very influential factor in deciding whether a child will attend school or not. The Gambia is said to be on track to reach goal two according to the UN. The average school life expectancy is believed to be approximately nine years. Very little is spent on education by the government namely 2% of the countries GDP (2004). This places Gambia as the 154th country in the world in relation to expenditure on education. To guarantee that target two is met the government may need to invest more in the educational sector.

The introduction of the 'Women's Act' in 2010 has drastically improved the lives of women in The Gambia. This can be seen in the ratio of girls to boys in both the Lower and Upper Basic School's. Nationwide women have been able to fill more skilled work placements. Tradition is a large part of life in The Gambia, for this reason some women are unable to get jobs as they feel that their 'place' is in the family home but the majority of these women are involved in income generating activities such as vegetable growing and selling (but see also above, the Lilli Loveday study).

Both goals four and five seem to be making good progress in Gunjur, with only four infant deaths and two maternal deaths in four months. This is a dramatic decrease on the previous data. When looking at these figures however, it has to be remembered that they are not particularly reliable. With an increase in vaccinations and inoculations for both mother and child there is a hope that both infant and maternal mortality will decrease. Internationally Gambia has the 20th highest infant mortality rate with 69.58/1,000 live births and the 28th highest maternal mortality rate 360/100,000 live births.¹¹ By promoting research, healthy choices and access to prenatal and infant care the risk of mortality will decrease.

Gunjur has made good progress in combating HIV/AIDS. To further improve this the health centre could invest in anti-retroviral medicine to treat the disease, so patients do not have to travel to receive medication. By having outreach clinics and people being issued mosquito nets there has been a slight decline in the number of patients seen with malaria. Six beds designated solely for the use of patients suffering from malaria in the health clinic were closed in 2010 due to the drop in the number of cases coming to the clinic. To overcome the fear of sleeping under a white net, simple measures such as dyeing the cloth another colour could help to prevent cases of malaria. More education about common diseases and their symptoms will help individuals to recognise illness, and thus seek medical assistance. The TARUD health education team and the local radio have an important role to play.

¹¹ www.cia.gov/library/publications/the-world-factbook/geos/ga.html

Nationally HIV/AIDS prevalence in 15 to 49 year olds is considered low at 2%. HIV1 is the main virus infecting individuals, HIV2 however appears to be on the decline. The Gambian government has worked with the UNDP (United Nations Development Programme) to educate and build awareness around the disease through the National AIDS Control Programme. This involves workshops, billboards, educational materials targeted at all ages and messages during television programmes. This increase in education has led to a higher level of awareness especially among the youth of Gambia.¹²

Although Gunjur is the largest village in the West of Africa to not have running water, it is making progress to change this state of affairs and treated piped water will be available to the majority of the 25,000 population by August 2013. On a national scale urban areas are experiencing a shortage of water; this is due to the sinking level of ground water and previous shortages. New bore holes and overhead tanks are the only way that this problem can be improved. The economic situation of Gambia means that projects have to be examined carefully and critically, thus delaying the schemes.¹² However whilst The Gambia is above the West and Central African regional coverage of 58% access to safe water, lots of work is needed to reach the global target of 74% by 2015.

The increase in investment into sanitation has had a positive impact in Gunjur. The growth of education and the number of new latrines has reduced the risk of waterborne illnesses and water contamination within the village. Countrywide the percentage of the population with improved sanitation facilities stands at 67%. This is being improved through initiatives focusing on hygiene education and promotion, and the provision of sanitary facilities. UNICEF has started to provide hygiene training materials to communities and schools.

From my research of both The Gambia and Gunjur, it appears that Gunjur is more on target to reach the MDGs than the country as a whole. The close link between the MBG and the village has undoubtedly had an impact. This link provides a focus to areas of need easily and effectively, for example the improvements in sanitation and safe water. Following education and culture change, laws such as the 'Women's Act 2010' has enabled The Gambia to move forward in meeting the MDGs.

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