THE REPUBLIC

OF THE GAMBIA

NATIONAL NUTRITION POLICY
(2018 – 2025)

FOOD

HEALTH

CARE

NUTRITION SECURITY

ENVIRONMENT

EDUCATION

COMMUNITTY EMPOWERMENT

ECONOMIC EMPOWERMENT

NaNA dedicated to working with communities to achieve better health and nutrition

2018

COUNTRY PROFILE

The Gambia is in West Africa and occupies an area of 11, 365 square kilometres. It is a small subtropical country bordered to the north, south, and east by Senegal and has an 80 kilometres coast to the west.

The 2013 Census puts the country's population at approximately 1.86 million people, with an annual growth rate of 3.1 percent (between 2003 and 2013). The country has one of the highest population densities: 173 persons per square kilometre. Urban population has grown significantly due to an upsurge in rural-urban migration and immigration. A high dependency ratio puts a growing demand and strain on household income, the food budget, and social services. Fertility rate stands at 5.9 (2013 Census). Literacy stands at 63 percent among the age group 15 years and over (2013 Census).

The country's economy is predominantly agrarian with crop production, livestock rearing and fishing being the major activities. Services are emerging as a significant contributor to the economy. Tourism is today the second largest employer and revenue generating source for the country, contributing 12 - 15 percent of gross domestic product (GDP). Industries are very limited and mainly light. The 2016 World Human Development Index ranks the country 173 out of 188 countries, making it one of the World's poorest and least developed countries.

JUSTIFICATION

Investing in nutrition is judicious and beneficial as it improves physical work capacity, cognitive development, school performance, and health, by reducing morbidity and mortality, which in turn, leads to increased productivity, socio-economic growth and development, and poverty reduction.

The Government of The Gambia's recognition and acknowledgement of the crucial and central role nutrition plays in a nation's socio-economic growth and development led it to formulate and adopt a National Nutrition Policy (NNP) in 2000, covering a four-year period. At its expiration, a new one was articulated to continue the quest to improve the nutritional status of the population over the next 10 years, 2010 to 2020, which included new nutrition and nutrition-related issues that had emerged in the preceding years. The current policy has reached half it's life span and the strategic plan that accompanies its implementation has expired, coupled with the global shift from MDGs to SDGs necessitates the review of the policy. This comprehensive National Nutrition Policy 2018-2025, complemented by a costed Strategic and Business Plans to enable its implementation over the designated period, should assure significant improvements in the nutritional status of The Gambia's population, and contribute to the country's realization of the United Nation's Sustainable Development Goals (SDGs) and the National Development Plan.

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PRIORITY AREAS AND IMPLEMENTATION STRATEGIES

The new National Nutrition Policy's focus will be on the following priority areas:

- Improving maternal nutrition;
- Promoting optimal infant and young child feeding;
- Improving food and nutrition security at the national, community and household levels;
- Improving food standards, quality and safety;
- Nutrition and infectious diseases;
- Preventing and managing micronutrient malnutrition;
- Preventing and managing diet-related Non-Communicable Diseases;
- Caring for the socio-economically deprived and nutritionally vulnerable;
- Nutrition and HIV/AIDS;
- Nutrition in emergencies;
- Nutrition surveillance; and
- Nutrition Research.

The implementation of these priority areas will be through:

- Community Nutrition Programming;
- Mainstreaming nutrition into development policies, legislations, strategies and programmes;
- Policy Implementation Framework;
- Social and Behaviour Change Communication; and
- Resource Mobilisation.

VISION

A malnutrition free Gambia that assures a healthy and sustainable living for all.

GOAL

To improve The Gambian population's nutritional status especially that of the most vulnerable groups.

1: IMPROVING MATERNAL NUTRITION

Preamble

Good nutritional status is essential for the health, productivity and survival of every individual throughout the life cycle. The body's ability to function normally is impaired when there is insufficient energy and nutrient supply. In The Gambia, malnutrition still continues to be a major public health problem with the most vulnerable groups being women and children. It is evident that the majority of Gambian women, especially those living in rural areas are in a constant state of energy deficit due to poor dietary habits, heavy workload and frequent infections. According to the SMART Survey (2015), 17.7% of non-pregnant women of child bearing ages were underweight, while 14.9% and 9.2% were overweight and obese respectively. Amongst pregnant women, 3.7% were reported to be wasted. The DHS (2013) also reported that 60.3% of women 15 – 49 years are anaemic and among pregnant women the rate is 67.9%. This is an indication that both under-nutrition and over-nutrition as well as micronutrient deficiency are prevalent amongst women. The Maternal Mortality Ratio has improved over the years but it still remains unacceptably high at 433 per 100,000 live births. Low birth weight is also reported to be 12% (DHS, 2013).

Women who are of short stature are at a greater risk of developing obstetric complications due to their smaller pelvic size. Also, women who are wasted are at a greater risk of delivering LBW babies, which leads to the intergenerational effect of malnutrition, as LBW babies are likely to become small as adults. Addressing maternal nutrition requires the life cycle approach since the problem tends to start in utero and continues into infancy, childhood, adulthood and old age.

Over the years, efforts instituted to address maternal malnutrition in The Gambia include training of health workers on basic nutrition using the life cycle approach, promotion of dietary diversification, with the support to establishing communal or backyard gardens, iron/folate supplementation of pregnant women and the promotion of optimal infant and young child feeding practices.

Goal

To improve the nutritional status of women before, during and after pregnancy

Objectives

1.1 To reduce the prevalence of malnutrition among women of child bearing ages.
1.2 To reduce the prevalence of micronutrient malnutrition among women of child bearing ages

Strategies

1.1.1 Support capacity building of stakeholders on the prevention and control of malnutrition
1.1.2 Strengthen the Micronutrient Supplementation especially iron/folate supplementation of pregnant and lactating women.
1.1.3 Advocate for the adoption of international standards of food fortification, their application and enforcement.
1.1.4 Expand and strengthen the Integrated Community-based Anaemia Control Programme
1.1.5 Strengthen inter and intra-sectoral collaboration on the prevention and control of maternal malnutrition

1.1.6 Support the intensification of SBCC on the causes, consequences, prevention and control of maternal malnutrition
1.1.7 Advocate for the provision of labour and time saving devices
1.1.8 Advocate for the enrolment and retention of the girl child in school
1.1.9 Strengthen and expand the BFHI and BFCI
1.1.10 Advocate for the enforcement of the Women's Act and the implementation of the Gender and Women's Empowerment Policy
1.1.11 Promote the adherence to the Maternity Care Guidelines
1.1.12 Support adult literacy and related programmes

Targets

1.1. Prevalence of underweight amongst women 15 – 49 years reduced by 40% from 17.7% to 10.6% by 2025
1.2. Prevalence of obesity amongst women 15-49 years reduced by 40% from 9.2% to 5.5% by 2025
1.3. Prevalence of anaemia amongst women of child bearing ages reduced from 60.7% to 30.4% by 2025

2. PROMOTING OPTIMAL INFANT AND YOUNG CHILD FEEDING

Preamble

Sound nutrition is the foundation for child survival, growth and development. Good nutrition is recognized by the Convention on the Rights of the Child as one of the child rights for the enjoyment of the highest attainable standard of health. Good nutrition, especially in the first 1,000 days (from conception to two years of age) of a child's life, also offers massive returns in health, education and productivity. In the first fragile years of life, under-nutrition affects a child's physical and intellectual development. An undernourished girl may well become an undernourished mother, risking foetal brain damage, low birth-weight and neo-natal death, thus resulting in a cycle.

According to SMART Survey (2015), The Gambia has a high stunting prevalence among children under-five years, estimated at 22.9% and underweight of 21.6%. The prevalence of acute malnutrition, with Global Acute Malnutrition (GAM) level estimated at 10.3%, is above the acceptable threshold of 10%. A pooled analysis of 10 prospective studies from Africa, Asia and Latin America found that children under 5 years that are malnourished are at a greater risk of dying[1].

Infants and young children have high nutritional requirements because of their rapid growth and development. Adequate nutrition is essential for the infant and young child to reach their full growth potential. Optimal feeding practices of children 0 to 24 months are critical in breaking the cycle of malnutrition. Breastmilk is the ideal food for optimal infant growth and development. Breastfeeding is beneficial to both maternal and infant health. However, the full benefits of breastfeeding can only be realised if optimal infant and young child feeding is practised. Exclusive breastfeeding for the first six months of life followed by appropriate complementary feeding and continued breastfeeding up to 2 years and beyond will prevent childhood malnutrition and eventually reducing childhood morbidity and mortality.

Sub-optimal infant and young child feeding is common in The Gambia. According to DHS (2013), almost all children in The Gambia have ever been breastfed (99%), only 52% are breastfed within an hour of birth and 48% are Exclusively Breastfed. The low prevalence of exclusive breastfeeding may be due to cultural, economic, social and political factors. In addition, among breastfed children 6 to 23 months, 55% were introduced to complementary foods. However, only 8% of children age 6-23 months are fed in accordance with all IYCF practices (DHS, 2013). Although the prevalence of HIV is low in The Gambia as shown in the results from the HIV Sentinel Surveillance (2015), (1.5% of pregnant women are HIV Positive), optimal infant and young child feeding is still beneficial.

In order to address optimal infant and young child feeding adequately, the country adopted the WHO/UNICEF Global Strategy for Infant and Young Child Feeding. The following programmes

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[1] Olofin I, et al (2013). Associations of suboptimal growth with all-cause and cause-specific mortality in children under five years: a pooled analysis of ten prospective studies. PLoS One 8 (5): e64636.

are being implemented to ensure Optimal IYCF: BFHI, BFCI, PMTCT, SBCC, IMAM and other capacity building interventions.

Goal

To improve the nutritional and health status of infants and young children.

Objectives

2.1 To promote optimal infant and young child feeding practices
2.2 To create an enabling environment for mothers and care givers to make and implement informed feeding choices
2.3 To raise public awareness on the main problems affecting infant and young child feeding.
2.4 To treat and control acute malnutrition in underfive children

Strategies

2.1.1 Promote the use of nutritious, safe and locally available complementary foods
2.1.2 Increase awareness of legislators, policy makers, Councillors and the public on the importance of optimal infant and young child feeding
2.1.3 Advocate for the provision of an enabling environment to facilitate breastfeeding at workplaces
2.1.4 Support implementation of community-based programmes, which promote, protect and support optimal infant and young child feeding practices
2.2.1Strengthen and expand the Baby Friendly Hospital Initiative (BFHI) to all health facilities
2.2.2 Strengthen and expand the Baby Friendly Community Initiative (BFCI) to all communities
2.2.3 Improve capacity of health care providers, community based extension workers and community representatives on infant and young child feeding
2.2.4 Advocate for the incorporation of infant and young child feeding into the curricula at all levels of the formal, non-formal and Madrassa education system including the health training institutions
2.2.5 Strengthen monitoring systems to effectively track progress of infant and young child feeding trends
2.2.6 Advocate for the incorporation of infant and young child feeding issues into other relevant sectoral policies and plans
2.2.7 Promote the implementation of Early Childhood Development interventions that stimulate and encourage responsive feeding
2.3.1 Strengthen the enforcement of the Breastfeeding Promotion Regulation 2006
2.3.2 Support interventions that promote improved water, hygiene and sanitation practices
2.3.4 Strengthen and scale-up the implementation of all the components of the Integrated Management of Acute Malnutrition (IMAM) Protocol.
2.3.5 Strengthen growth monitoring and promotion at health facility level.

Targets

1. Percentage of children under five years of age who are stunted reduced from 22.9% in 2015 to 13% by 2025
2. Percentage of children under five years of age who are underweight reduced from 21.6% in 2015 to 12% by 2025

3. Percentage of children under five years of age who are wasted reduced from 10.3% in 2015 to less than 5% by 2025
4. Percentage of children under five years of age who are obese maintained below 7% by 2025
5. Increase Exclusive Breast feeding rate from 48% in 2013 to 60% by 2025

3. FOOD AND NUTRITION SECURITY AT NATIONAL, COMMUNITY AND HOUSEHOLD LEVELS

Preamble

'Food security exists when all people, at all times, have access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life'[35]. Nutrition security is achieved for a household when secure access to food is coupled with a sanitary environment, adequate health services, and knowledgeable care and support to ensure a healthy life for all household members[2]. Households in The Gambia experience both acute and chronic food insecurity. According to WFP (2013) re-classification of January 2011 Vulnerability Analysis and Mapping (VAM) baseline data, two-thirds of Gambian households face some form of food insecurity and are especially vulnerable during the pre-harvest lean season from June to September.

The Gambia is classified as a Low Income Food Deficit Country (by FAO) which produces only about 50% of the total national food consumption needs. The 2016 Comprehensive Food Security and Vulnerability Analysis (CFSVA) revealed that at the national level about 8% of the total population is food insecure or vulnerable to severe food insecurity during normal times. According to IHS (2016) 55.1% of the population is food insecure, and 35.9% of the population would not meet their daily food requirements of 2400 kcals even if they allocated all their consumptions to food. Despite the relative increasing trend of cereal net production, the country's cereal needs has been consistently above local production due to high population growth. Since 1991, national population has increased by half a million with a corresponding increase also in food requirement. However, agricultural production has been contracting due to climate change related phenomenon (erratic rainfall and early cessation of rainfall).

Achieving the nutrition-related goals of the SDGs, Agenda 2063 and NDP, 2021 requires that national and sectoral development policies and programmes are complemented by effective community-based actions aimed at improving household food and nutrition security. Over the years several programmes have been implemented to address food and nutrition insecurity such as supporting households and communities to establish gardens, technological transfers, capacity building, social safety nets and value addition.

Goal

To achieve food security, improved nutrition and promote sustainable agriculture

Objectives

3.1 To promote the utilization of diverse and safe foods of high nutritional value
3.2 To advocate for the adoption of agricultural value chain development approach

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[2] Food security (is) a situation that exists when all people, at all times, have physical social and economic access to sufficient, safe, and nutritious food that meets their dietary needs and food preferences for an active healthy life.

Strategies

3.1.1 Support the improvement of access by all people, particularly vulnerable people, to safe, nutritious and sufficient food all year round
3.1.2 Support SBCC interventions on food and nutrition security
3.1.3 Promote optimal infant and young child feeding practices
3.1.4 Promote multi-stakeholder collaboration in addressing food and nutrition security issues
3.2.1 Advocate for the availability, affordability and accessibility of food including animal sources countrywide
3.2.2 Support implementation of food-based interventions focusing on local production, processing, preservation and utilisation at community level
3.2.3 Advocate for the provision of adequate infrastructure for production, processing, storage, marketing and distribution of food commodities.
3.2.4 Support self-sustaining producer groups or associations at community level in production, processing, packaging and marketing
3.2.5 Advocate for the strengthening of national capacity to assess, analyze, monitor and evaluate food and nutrition security situations
3.2.6 Support the food rights advocacy groups
3.2.7 Support and promote the implementation of sustainable and resilient agricultural practices
11.1.8 Advocate for the construction of a Food Balance Sheet for The Gambia.

Indicators/Target

1. Prevalence of food insecurity reduced from 8% in 2016 to 5% by 2025
2. Proportion of households with high dietary diversity scores increased from 64.2% to 80% by 2025

4. PREVENTING MICRONUTRIENT DEFICIENCIES

Preamble

Micronutrients are vitamins and minerals needed by the human body in small quantities for proper growth, development and wellbeing. In The Gambia, micronutrient deficiencies of public health importance are Iodine Deficiency Disorders (IDD), Vitamin A Deficiency (VAD) and Iron Deficiency Anaemia (IDA) among others. The main causes are inadequate intake of foods rich in these micronutrients and their impaired absorption and or utilization. Poor absorption of micronutrients can be caused by the consumption of inhibitors as well as intestinal parasites, malaria, diarrhoea and infections which deplete the micronutrient reserves.

Micronutrient deficiencies are responsible for a number of serious health issues including compromised immune systems, metabolic disorders and delayed or impaired physical growth and mental development. Morbidity and mortality due to micronutrient deficiencies are greatest in those who are least advantaged i.e. the vulnerable groups such as women and under-five children.

The country has made significant strides in addressing micronutrient deficiencies, however, there still remains challenges. The 2013 DHS estimated that 76% of households consume iodised salt, 73% of the children suffered from some level of anaemia with 4% being severely anaemic. The prevalence of anaemia was higher among children in rural areas (78%) compared to urban areas (67%). Vitamin A Supplementation coverage for children 6 – 59 months has declined from 80.1% (MICS, 2010) to 69% (DHS, 2013) and there was low coverage for deworming with only 34% of children 1-5 years receiving deworming tablets (DHS, 2013).

The Gambia is committed to resolutions of the World Summit for Children (September, 1990), the Dakar Consensus Conference (October, 2004) and numerous other resolutions to reduce, prevent or eliminate micronutrient deficiency disorders. Multiple interventions to address micronutrient deficiencies are required to reduce human suffering and economic losses. Such interventions include: dietary diversification which are long term and sustainable ways of addressing micronutrient deficiencies. Supplementation and Fortification are short and medium term interventions respectively.

Various interventions to combat micronutrient deficiencies are being implemented. These include iron/folate supplementation, Vitamin A supplementation, promotion of the consumption of micronutrient rich foods, deworming, promotion of the use of iodized salt and SBCC. Regulations have been promulgated to support the prevention and control of micronutrient deficiencies such as the Food Fortification and Salt Iodization Regulation (2006).

Despite these interventions, the prevention and management of micronutrient deficiencies is still a challenge. Hence, the need for strengthening existing interventions as well as the prevention and control of emerging micronutrient deficiencies such as zinc and selenium.

Goal

To prevent and control micronutrient deficiencies among the population especially women and children under-five.

Objectives

4.1 To increase awareness on micronutrient deficiencies in the general population
4.2 To increase household consumption of iodised salt
4.3 To reduce the prevalence of diseases related to micronutrient deficiencies among the general population especially women and children.

Strategies

4.1.1 Promote behavioural change communication for collective action to improve knowledge, attitude and practices on micronutrient deficiencies. .
4.1.2 Promote the production, processing, preservation and consumption of foods rich in micronutrients.
4.1.3 Promote nutrition sensitive programing in education system
4.1.4 Review and update the Food Fortification and Salt Iodization Regulation 2006 to include fortification and bio-fortification of certain foods.
4.2.1 Support the enforcement of the Food Fortification and Salt Iodisation Regulation
4.3.1 Strengthen collaboration and linkages with stakeholders.
4.3.2 Strengthen micronutrient supplementation programmes at all levels specifically for the identified vulnerable groups
4.3.3 Strengthen micronutrient interventions with other public health measures such as EPI/RCH services, malaria programs, water, sanitation and hygiene.
4.3.4 Promote home fortification through the use of Multiple Micronutrient Powders (MMP) in improving complementary foods for children under the age of 2 years.
4.3.5 Revive and strengthen the National Micronutrient Coordination Body
4.3.6 Advocate for the implementation of Food Fortification and Bio-fortification programmes
4.3.7 Support the functioning of the National Alliance for Food Fortification.

Targets

- Proportion of households consuming adequately iodised salt increased from 76% in 2013 to 90% by 2025
- prevalence of vitamin A deficiency in children under five reduced from 64% (1999) to 20% by 2025
- Proportion of children aged 6 - 59 months supplemented with a high dose of vitamin A in the past six months increased from 68.7% in 2013 to 80% by 2025
- Prevalence of anaemia in pregnancy reduced from 68% (2013) to 35% by 2025.
- Proportion of children 12 – 59 months who received deworming tablet in the last 6 months increased from 34% (2013) to 75% by 2025

5: IMPROVING FOOD STANDARDS, QUALITY AND SAFETY

PREAMBLE

Safe and adequate food supply is not only essential for proper nutrition but also for trade. An effective food control system throughout the food chain is necessary for improved nutritional wellbeing. To support nutrition improvement, an integrated control of the whole food chain must assure that procedures for producing, preparing, storing, distributing and consuming food is hygienic with little or no contamination. Research has shown that contaminated weaning foods account for a substantial proportion of diarrhoeal diseases in infants and young children due largely to unsafe and unhygienic food.

The quality and safety of most foods prepared for and consumed by the public in The Gambia, especially, complementary foods, street foods, fast foods and perishable foods, though improving, leaves much to be desired. The situation can largely be attributed to the limited knowledge, awareness and behaviour of producers, processors, food handlers and consumers on the role of food standards for good health and improved nutritional status. Over the years there has not been major reported food poisoning outbreaks, but there were sporadic cases.

As a result of increasing concern on food safety that has become widely recognized, the public sector has responded with the formulation and enactment of the Food Safety and Quality Act 2011, which establishes the Food Safety and Quality Authority to ensure that foods produced, manufactured, sold, distributed, imported and exported are safe and of high quality. The enactment of the Food Safety and Quality Act 2011 aims to control the conditions of production, transport and sale, to eliminate or minimise as far as is reasonably practicable, the occurrence of known or potential hazards to the health of the consumer. The Act established structures such as the Board, Food Control Advisory Board, Authority, Scientific Committee and Stakeholders Consultative Forum to support its smooth implementation. However, there is need for the continuous coordination and support of these structures and the implementation of the provisions of the Act to ensure safety, quality and standards.

Another Agency established is the Gambia Standards Bureau which has the responsibility of setting food safety and quality standards. Over the years, a reasonable number of food standards have been gazetted, which seeks to compliment the food control system.

GOAL

To contribute to the assurance of safe and quality Food Control System in The Gambia

OBJECTIVES

- To contribute towards ensuring that food produced and/or consumed by the Gambian population is of high nutritional value and safe
- To raise public awareness on the importance of quality and safe food to nutrition

STRATEGIES

- Support the development of standards on foods
- Support the review, update and/or formulation of legislations, guidelines, standards and code of practices on food and nutrition
- Promote regional and international co-operation in the area of food standard and safety
- Support the functioning of Consumer Protection Groups
- Strengthen public information and/or educational activities to sensitize the population on quality, safe and nutritious food
- Support research to provide a robust evidence base for health and nutrition improvement
- Strengthen the public private partnership in Food Safety, Quality and Standards (Work in partnership with government and stakeholders in improving the nutritional quality and safety of foods consumed in the country)
- Support the integration of Hazard Analysis and Critical Control Point (HACCP) approaches in infant and young child feeding programmes
- Support the application of Food Safety Management Systems by value chain actors
- Advocate for strengthening of Accredited food testing laboratories
- Support the development of standards and technical regulations on foods
- Strengthen the public private partnership in Food Safety, Quality and Standards in improving the nutritional quality and safety of foods consumed in the country

Targets

1. Number of Regulations gazetted increased from 0 in 2016 to 15 by 2025
2. Number of national food standards published increased from 25 to 100 by 2025
3. Reduce the prevalence of food borne diseases
4. At least one accredited food testing laboratory established by 2025

6. NUTRITION AND INFECTIOUS DISEASES

Preamble

The interaction between infectious diseases and malnutrition has a major impact on health status, particularly among the vulnerable groups. Malnutrition and infections influence each other through a vicious cycle. Poor nutritional status lowers one's immune status and this may eventually result to infections. It takes a longer time for poorly nourished individuals to recover from infections. On the other hand, infections often lead to malnutrition, as sick people are often anorexic and may suffer from diarrhoea and mal-absorption as well as increase severity in micronutrient deficiencies. Severe Acute Malnutrition (SAM) is one of the most common causes of morbidity and mortality among children under 5 years of age worldwide with 54% of child mortality associated with under nutrition. In the Gambia, the leading SAM co-morbidities for children under five years of age in 2015 are: Respiratory Tract Infections (RTI), diarrhoea and malaria (HMIS 2015). At programme level, most malnourished children who fail to respond to treatment tend to have underlying Tuberculosis, HIV and AIDS and Congenital abnormalities.

Improving the nutritional status of people is a major contributor to the prevention and management of infectious diseases. Some strategies and interventions put in place in The Gambia include the Expanded Programme on Immunisation (EPI), Vitamin A Supplementation, the Integrated Management of Neonatal and Childhood Illnesses (IMNCI), Malaria Control, Tuberculosis Control, Integrated Management of Acute Malnutrition (IMAM) and the promotion of Water Sanitation and Hygiene (WASH) in nutrition care**.** Also being done, is the regular screening of children for malnutrition at RCH clinics and during the bi-annual nutrition surveillance. The challenge is to ensure that stakeholders appreciate the importance of good nutritional status in both the management and prevention of infectious diseases.

Goal

To reduce the incidence of malnutrition especially among the vulnerable groups through the management and prevention of infectious diseases

Objectives

6.1 To improve the nutritional status of the population particularly children under five, pregnant and lactating women.
6.2 To ensure that stakeholders appreciate the importance of a good nutritional status in both the management and prevention of infectious diseases

Strategies

6.1.1 Continuous promotion of optimal infant and young child feeding practices at all levels
6.1.2 Strengthen the screening and management of moderately and severely malnourished children at community and health facility levels
6.1.3 Support the dietary management of people with infections
6.1.4 Support the systematic collection, efficient management and dissemination of epidemiological information on infectious diseases
6.1.5 Advocate for standards and the enforcement of legislations and regulations related to environmental sanitation

6.1.6. Promote water, hygiene and sanitation at all levels
6.1.7. Advocate for the establishment of nutrition support teams in Paediatric Units of hospitals
6.1.8 Strengthen SBCC in the prevention and management of infectious diseases.
6.1.9 Advocate for the strengthening of the immunization services and the implementation of the IMNCI, IDSR, IMAM and Maternity Care Guidelines
6.2.1 Support the strengthening of inter-sectoral partnership for the reduction of the impact of infectious diseases on the nutritional wellbeing of vulnerable groups
6.3.1 Advocate for the strengthening of the collection, management and timely reporting of health and nutrition information.

Targets:

- Number of communities carrying out active screening increased from 11 (2016) to 45 in 2025
- Proportion of households with proper sanitation (Toilets) increased from 37% (2013) to 75% in 2025
- Maintain and consolidate the proportion of households with portable water supply above 90%
- Maintain and consolidate the immunization coverage (BCG, Penta3 and Measles) above 90% for Urban areas and 85% for Rural areas

7. PREVENTING AND MANAGING DIET - RELATED NON-COMMUNICABLE DISEASES

Preamble

The Gambia is grappling with the burden of infectious diseases but now non-communicable diseases/conditions (NCDs) such as diabetes, cancer, chronic respiratory infections, Cardio-Vascular Diseases (hypertension), have become public health priorities. The changing lifestyles due partly to urbanization and globalisation have influenced an increased tobacco use, consumption of unhealthy diets such as highly processed, high in fats, sugar, salt and mycotoxins in particular aflatoxin. Low levels of physical activity also contribute to the increasing prevalence of NCDs. These demographic, nutritional and epidemiological transitions further aggravate the NCD burden. Inadequate investment in prevention is also a major contributing factor to the rapid and continuous rise of the NCD burden in The Gambia. These conditions have serious implications for both the health service and the population at risk. NCDs lower the quality of life of people, impair the economic growth of the country and place a heavy demand on the family and national budget.

The 2014 NCDs Country profile by WHO reported that NCDs account for 32% of total deaths, in which, cardiovascular disease was 12%, cancers 3%, chronic respiratory disease 2%, diabetes 2% and other NCDs 13%. The probability of dying between the ages of 30 - 70 years from the four main NCDs is 19%. Moreover, nationally, 3% of children are overweight, 17% of women are thin (Body Mass Index (BMI) below 18.5) and 23% are overweight or obese (SMART Survey, 2015).

The STEPWISE Survey (2010) revealed that about 2% of the adult population, aged 25 – 64 years, drink alcohol; the average mean number of days for fruits and vegetable consumption among adult males and females estimated at 3.3 and 5.0 respectively and about 22% of the adult population have a low level of physical activity.

In addressing Diet related NCDs, the following programmes and strategies have been implemented and/or developed: SBCC on the prevention and control of NCDs, the establishment of an NCD Unit in the MOHSW, conducting nutrition counselling at NCD clinics, the development of the NCD Policy and the formulation of Food Standards.

Goal
To reduce the prevalence of diet-related non-communicable diseases

Objectives
7.1 To increase awareness on the risk factors and major determinants of diet-related NCDs
7.2 To reduce the mortality associated with obesity and diet-related NCDs

Strategies

7.1.1 Strengthen SBCC on the causes, prevention and management of diet-related NCDs
7.1.2 Build capacity of health facility and community based service providers on the prevention and management of diet-related NCDs
7.2.1 Support the strengthening and broadening of the scope of integrated disease surveillance system
7.2.2 Strengthen the promotion of optimal maternal, infant and young child feeding practices
7.2.3 Strengthen and scale up the nutrition and lifestyle counselling for people with NCDs
7.2.4 Advocate for the formulation of a policy for the prevention and management of diet-related NCDs
7.2.5 Advocate for the recruitment, training and deployment of Dieticians to be placed at Hospital and Major Health Centres
7.2.6 Coordinate the development of partnership with public, private sector and CSOs in the prevention and management of diet-related NCDs
7.2.7
Advocate for increased public recreational facilities and their usage.
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7.2.8 Advocate for the strengthening of Physical and health education in schools.
7.2.9 Advocate for good food production, processing, storage, distribution, marketing and consumption practices to reduce mycotoxins in particular aflatoxin contamination.
7.2.10 Develop Food Based Dietary Guidelines.
7.2.11 Promote the increased consumption of fruits and vegetable

Targets:

1. Prevalence of overweight and obesity among adults reduced to below 15% from 23% by the end of 2025
2. Prevalence of overweight and obesity amongst children under 5 halted by the end of 2025.

8. CARING FOR THE SOCIO-ECONOMICALLY DEPRIVED AND NUTRITIONALLY VULNERABLE

Preamble

Care refers to the provision in the household and community of time, attention, support and skills to meet the physical, mental and social needs of the socio-economically deprived and nutritionally vulnerable groups. Amongst these groups, the growing child is the most vulnerable, but others include women, the elderly, persons with disabilities, internally displaced persons, refugees, those in isolated communities, the rural and urban poor, the unemployed, people living with HIV/AIDS, chronically ill persons, people in institutional care settings, street children, orphans and children in difficult circumstances. Individuals most at risk of malnutrition are those who are both physiologically vulnerable and socio-economically deprived. The overall prevalence of disability in The Gambia is 1.2% (census, 2013). The Economic Dependency Ratio in The Gambia was 202 per 100 employed persons in 2013 increasing from 182 in 2003 (Census, 2013).

In The Gambia, the provision of care is primarily the responsibility of the family. The skills and abilities of the primary care giver, who is usually the mother, are crucial to the quality of care, particularly the selection and preparation of food for the family. The role of government should be to provide a supportive environment for family- and community-based care and direct services when additional care is needed. However, society also has an obligation to assist those who cannot care for themselves.

A National Social Protection Policy 2015 – 2025, Child Protection Strategy and the Minimum Care Standards have been developed and being implemented. Social transfers are being provided to to the poor and most vulnerable groups and individuals.

Goal

To improve the care and nutritional status of the socio-economically deprived and nutritionally vulnerable groups

Objective

8.1 To establish an effective nutritional care and support system for the socio-economically deprived and nutritionally vulnerable groups

Strategies

8.1.1 Capacity building for the provision of nutritional care and support to build resilience for the socio-economically deprived and nutritionally vulnerable persons and households
8.1.2 Strengthen the promotion of optimal maternal, infant and young child feeding practices
8.1.3 Promote male participation in the provision of nutritional care and support for women and their families
8.1.4 Advocate for food and nutrition security programmes directed at vulnerable groups.

8.1.7 Support the implementation of the Minimum Care Standards
8.1.8 Support the implementation of the Social Protection Policy
8.1.9 Advocate for the mainstreaming of the Social Protection Policy in multi-stakeholder programmes

9. NUTRITION AND HIV/AIDS

Preamble

Nutrition is being recognized as important in all aspects of human development. Over the years, its relationship with HIV/AIDS has been well documented. Adequate nutrition is important both in the prevention and management of HIV/AIDS. It is well known that nutritional deficiencies affect immune functions in ways that influence viral expression and replication which affect HIV disease progression and eventually mortality.

Nutrition also plays a critical role in the comprehensive care and support of people living with HIV and AIDS (PLHIV). Poor nutrition compromises the immune system whereas good nutrition is key in maintaining and improving the nutritional status of PLHIV. In the management of PLHIV, nutritional advice, support, comprehensive care and monitoring are crucial.

The DHS (2013) reported that 1.9% of the adult population aged 15-49 years are HIV positive (with women - 2.1% and men - 1.7%). A survey on PLHIV (2011) found that 21.9% were underweight and 16.3% were either overweight or obese. The same study found that only 3.6% were food secure.

Over the past years, efforts have been made to address issues relating to nutrition and HIV/AIDS. These include the provision of nutrition support to clients on Anti-retroviral Therapy (ART), the implementation of the policy on the Prevention of Mother to Child Transmission of HIV (PMTCT), drafting of the Nutrition and HIV/AIDS Policy. Development of a manual on nutritional care and support for people living with HIV and AIDS. However, the interventions needs to be harmonized and strengthened in scope and coverage.

Goal

To improve the nutritional status and quality of life of people infected and affected by HIV and AIDS.

Objectives

9.1 To increase awareness on the relationship between nutrition and HIV/ AIDS

9.2 To provide nutritional information, comprehensive care and support to people infected and affected by HIV/AIDS.

Strategies

9.1.1 Intensify Nutrition and HIV/AIDS education through outreach programmes and grass root organizations through collaboration with relevant stakeholders.
9.1.2 Contribute to the promotion of HIV prevention activities
9.2.1 Implement the guidelines on nutritional care and support for PLHIV
9.2.2 Build the capacity of community based service providers on the nutritional care and support to PLHIV.
9.2.3 Support communities to provide care and support for PLHIV.
9.2.4 Support the implementation of the Guidelines on PMTCT.
9.2.5 Strengthen income generating activities for PLHIV
9.2.6 Ensure the provision of nutrition support and care to PLHIV

Targets

- Prevalence of underweight in PLHIV decreased from 21.9% in 2011 to 8% by 2025.
- Proportion of PHLIV who are food secured increase from 3.6% in 2011 to 10% by 2025.

10. NUTRITION IN EMERGENCIES

Preamble

All people need to consume quality and safe food for their health and wellbeing. Natural and human induced disasters can cause havoc on the life, livelihood and properties of individuals, families and communities. The Gambia does experience emergencies such as flash floods, fire, droughts as well as crop failures due to erratic rainfall and/or shortened cropping season and a periodic influx of refugees from the sub-region. The country has never experienced internally displace people situation caused by conflict or natural disasters, where a community's capacity to access food is compromised leading to emergency food aid intervention becoming the primary form of assistance. Without access to adequate food, other forms of humanitarian assistance are likely to be less effective.

However, in the initial stage of emergencies, timely access to adequate food for the maintenance of a good nutritional status is a critical determinant of peoples' survival. Malnutrition can be the most serious public health problem and leading cause of death, either directly or indirectly. The most commonly affected are children between the ages of 6 months and 5 years and the elderly, though younger infants (below 6 months), older children (above 5 years), adolescents, pregnant women, breastfeeding women, refugeesand other adults may also be affected. For infants and children interrupted breastfeeding and inappropriate complementary feeding increase the risk of malnutrition, illness and mortality.

In addressing emergency situations, the Government has established a National Disaster Management Agency and developed a National Contingency Plan. However, there is need to incorporate appropriate nutrition support in the policies, programmes and contingency plans of the National Disaster Management Agency.

Goal

To prevent malnutrition among the vulnerable during emergencies.

Objective

To effectively and timely provide food and nutrition response to affected populations in emergencies

Strategies

10.1 Support rapid nutritional needs assessment
10.2 Provide nutritional support including emergency food aid where appropriate to the affected population
10.3 Capacity development of stakeholders to manage nutrition in emergency situations
10.4 Develop food and nutrition related disaster preparedness tools and early warning systems
10.5 Provide counselling to mothers, families and care givers to practice optimal maternal, infant and young child feeding in emergency situations
10.6 Strengthen the institutional mechanisms for timely access to adequate and quality food for people in emergency situations.
10.7 Advocate for the provision of safe water, sanitation and other basic needs.

10.8 Develop guidelines for coordination and delivery of nutrition supports and care during emergency
10.9 Support affected communities and individuals to build resilience (building back better)

11. NUTRITION SURVEILLANCE

Preamble

Nutrition Surveillance is a crucial element and vital tool for effective management of nutrition situations. It is also important for evidence based planning, informed decision-making, monitoring and evaluation of all nutrition situations. Data collection, analysis and general monitoring of nutrition situations should be timely and managed by well-trained and competent staff.

The National Nutrition Surveillance Programme was first piloted in 1984 before being expanded to all Primary Health Care (PHC) villages. It is the most institutionalised Nutrition programme, conducted twice each year covering children 6-59 months in all the PHC villages. However, the Nutrition Surveillance Programme which is limited to only children under 5 years needs to scaled up to non PHC villages. The Surveillance Programme is being used as one of the basis for the development of an Early Warning System and to identify the most effective intervention strategies to prevent or address existing and/or emerging nutritional situations.

The nutrition surveillance methodology used the Nabarro Thinness Chart which is changed to the use of the Mid Upper Arm Circumference tape. The use of the Mid-Upper Arm Circumference (MUAC) and the presence of bilateral oedema is valuable in tracking Global Acute Malnutrition (GAM) trends in the country. Therefore, the surveillance provides information on areas with high burden of acute under-nutrition and can be compared to other survey data. However, there is need to link the nutrition surveillance with the community registration activity.

Goal

To achieve an effective and efficient Nutrition Information System (NIS) for informed decision making, policy formulation and programming

Objective

11.1 To make nutrition information available to all stakeholders for appropriate planning, policy development, programming and decision making

Strategies

11.1.0 Develop a protocol and guidelines for the nutrition surveillance programme
11.1.1 Strengthen institutional capacity at all levels, to efficiently assess, compile, analyse and monitor nutrition and nutrition related situations
11.1.2 Expand the scope of the nutrition surveillance programme to include other nutrition related indicators
11.1.3 Advocate for the inclusion of nutrition indicators in all household surveys
11.1.4 Support the establishment of an effective integration mechanism for all organizations and stakeholders involved in assessing, analysing, monitoring and evaluating nutrition and nutrition - related surveillance
11.1.5 Awareness creation of all stakeholders including the households on the importance and use of a Nutrition Information System
11.1.6 Disseminate nutrition and nutrition related information to all stakeholders including the households

11.1.7 Incorporate nutrition indicators into the Early Warning Systems.

12. Nutrition Research

Preamble

Nutrition Research is the pursuit of new knowledge to improve the understanding between nutrition and human health and encompasses studies in five major areas: biomedical and behavioural sciences, food sciences, nutrition monitoring and surveillance, nutrition education and impact on nutrition intervention programmes and socio-economic factors. Nutritional epidemiology being the main driver of human nutrition research focuses specifically on the relationship between diet and disease. It combines nutritional knowledge with epidemiological methods developed to investigate the determinants of health and disease in populations including nutritional disorders. It also proposes measures in addressing and controlling these deficiencies. Appropriate human nutrition research can inform the development of nutrition policy and thus enable policy makers and other stakeholders understand how cultural, socio-economic and environmental factors affect nutritional status and wellbeing of populations.

The Gambia is well known around the world in the area of nutrition research through work done by MRC and its Human Nutrition Group and to some extent the National Nutrition Agency. Despite all the work done on nutrition research so far, there are still gaps (not enough data) regarding the magnitude of some of the nutritional problems in the country. As knowledge on the relationship between diet and health has increased, so also are concerns on the role of hunger, undernutrition, food insecurity, overweight, obesity, dietary knowledge, attitudes and behaviour on overall wellbeing of populations. This necessitates the building up of knowledge and skills through nutrition research for effective and efficient nutrition interventions.

It is not only enough to conduct relevant research but to create the enabling environment to communicate research findings to policy makers, colleagues and the general public. There is need to adopt relevant nutrition research methodologies that are expanded to cover the basic nutrition sensitive interventions annually. Nonetheless, other periodic surveys can also be undertaken to provide information on human nutrition and its related interventions to inform efficient policy decision making. Even though there is a lot of research conducted in the country, the findings of these studies are rarely translated into policy and programmes.

Goal

To promote excellence in human nutrition research in The Gambia

Objective

12.1 To create an enabling environment for human nutrition research

Strategies

12.1.1 Strengthen and/or establish nutrition research coordination mechanisms at the national level

12.1.2 Build national capacity in nutrition research

12.1.3 Strengthen collaborative research in the relevant areas

12.1.4 Support the dissemination of research findings

12.1.5 Strengthen the development of evidence based nutrition – related policies, strategies and interventions

13. Social and Behaviour Change Communication

Preamble

Good nutrition enables a society to be active and productive. People who are "nutritionally literate" know how to make good food and lifestyle-choices and develop good eating habits for themselves and for others, which enhances their health and well-being. The most appropriate and most effective means of making people "nutritionally literate" is through community mobilization and social and behavioural change communication, which affords people the knowledge, skills and motivation that they need to make wise dietary and lifestyle choices, and build a strong foundation for a healthy and productive life.

SBCC has evolved from IEC and health education, which in the past, focused on the power of communication to influence individual to change their health behaviors through the provision of information. Many interventions are based on theories that individuals will take steps to avoid risks if they are fully informed, but we know that simply giving correct information - while important - does not change behavior by itself and focusing at the individual level is not enough either. The focus then shifted to BCC, which emphasizes analysis of behaviours and determinants to affect changes in: knowledge, attitudes and practices.

Now**,** the focus is on SBCC, which employs a more comprehensive approach. Social and Behavioural Change Communication (SBCC) provides the national framework to guide the delivery, monitoring and evaluation of communication interventions for improved nutrition and health outcomes and ownership by the communities and other stakeholders. Therefore the policy will use the SBCC strategy in implementing health and nutrition interventions.

It is believed that nutrition education, particularly in schools, can contribute significantly to sustainable development in poor countries. School-based nutrition education, properly done, touches on the three particularly important pillars among those that form the basis of a thriving nation, namely: nutrition, health and education. These three have a mutually reinforcing relationship that must be strengthened.

To facilitate nutrition education, National SBCC Strategy and Teaching and Learning Materials for Lower Basic Schools have been developed. Other interventions being implemented include nutrition counselling at clinics and in communities.

Goal

To create an informed society that adopts optimal nutrition behaviours

Objective

Mobilize communities and key influencers to create and support long term normative shift towards desired positive health and nutrition behaviours.

Strategies

- Support the mass and traditional media to inform, communicate and educate the Gambian populace on nutrition and nutrition-related activities.
- Build the capacity of advocacy groups, community structures and stakeholders to fully participate, formally and informally, in social and behavioral change communication (SBCC) and related activities.
- Strengthen nutrition education in the curriculum at all levels of the country's education system.
- Support effective community mobilization for social and behaviour change.
- Strengthen coordination mechanisms of nutrition education programs and activities in the country

14. Resource Mobilisation

Preamble

The Government of The Gambia through the National Nutrition Agency (NaNA) under the Office of The Vice President is committed to the fight against malnutrition as an integral part of poverty reduction efforts. Together with other partners, NaNA has made some tremendous achievements in the field of nutrition over the past few years and nutrition has now been accorded a high priority in the socio-economic development agenda of the country. This is as a result of the recognition of the fact that for any meaningful and effective development to take place, people of a nation should be well nourished. Nutrition can be both an input and an output of socio-economic development and therefore providing resources for Nutrition specific and sensitive inventions is necessary. Investing in nutrition will enable the country make considerable progress in meeting its SDG targets and other national blueprints.

Despite the tremendous achievements made with the limited resources available over the years, progress has stalled requiring a sustained effort in mobilizing adequate resources not only in terms of trained, qualified, skilled and experienced personnel but also technical, financial and material resources to support a coordinated response to the nutritional problems. The Agency is a semi-autonomous institution which has been mandated to mobilize resources for its functions and nutrition programming in the country and it is expected that the Agency's overall strategic and business plans as well as the Nutrition PROFILES will form the basis for the mobilization of the resources required for investing in nutrition.

Goal

To secure adequate and sustainable resources for effective nutrition programming at all levels.

Objectives

14.1 To increase the resource base of the Agency for effective functioning and investment in nutrition

14.2 To create the enabling environment to facilitate resource mobilization for multi-stakeholders for the effective and efficient implementation of their nutrition specific and sensitive programmes

14.3 To coordinate investment, track and report on resources invested in nutrition.

Strategies

14.1.1 Develop innovative resource mobilisation framework for both traditional and non-traditional partners

14.2.1 Update the Strategic Plan and Business Plan for nutrition investment and coordination

14.3.1 Develop mechanisms for rapidly correcting problems identified in consultation with stakeholders and development partners

14.3.2 Provide satisfactory reports and information on the use of government and donor funds

14.3.3 Advocate for increment of government budgetary contribution to nutrition

14.3.4 Advocate for the Coordination of donor support for nutrition activities in The Gambia

14.3.5 Advocate for and pursue partnership with both public and private sector investment in nutrition programs
14.3.6 Promote corporate alliances and pledging for nutrition investment
14.4.2 Advocate with Ministry of Finance and Economic Affairs to organize donor meetings/round tables for resource mobilization for nutrition.

15. MAINSTREAMING NUTRITION INTO DEVELOPMENT POLICIES, PROGRAMMES AND LEGISLATIONS

Preamble

Hunger and malnutrition are integral components of the inter-connected and overarching problems of poverty and deprivation. The Sustainable Development Goals and the National Development Blueprints have recognised hunger and malnutrition as significant factors impeding sustained human development. The challenges of the hunger and malnutrition complex are multi-faceted, including coherent and coordinated multi-sectoral approaches and public-private-civil society partnership.

Within the macroeconomic and sectoral policies, planning and budget development framework (including decentralised levels) there are no systematic approaches to mainstreaming nutrition. The importance of nutrition to overall development, due to its cross-cutting characteristics, makes it imperative to mainstream it into national development policies, programmes and budgets. This underscores the importance of nutritional well-being of the population as the nutritional status of the people is an indicator of a country's level of socio-economic development.

Over the years, efforts have been made to mainstream nutrition into several national policies such as the National Health Policy (2012 – 2020), the National Agriculture and Natural Resources Policy (2017 – 2025), National Agriculture Investment Plan and the Education Sector Policy (2016 – 2030). However, little was achieved in mainstreaming nutrition into other sectoral policies and programmes and their implementation. Efforts are continuing to mainstream nutrition into relevant policies, programmes and legislations.

Goal

To mainstream nutrition into the national and decentralised policies, legislations and programmes

Objective

15.1 To ensure that nutrition is mainstreamed in key development policies, legislations and programmes

Strategies

15.1.1 Provide adequate staff and resources for the effective Coordination and functioning of the Planning and Resource Mobilization Directorate of NaNA.
15.1.2 Support the capacity building of other Planning Units in nutrition planning programming and mainstreaming
15.1.3 Facilitate and support the establishment and functioning of networks of public, private sector and Civil Society Organizations for nutrition advocacy, networking, dialogue and action
15.1.5 Facilitate the incorporation of nutrition issues in sectoral policies, legislations and programmes.
15.1.6 Strengthen the functionality of nutrition governance and strategic management structures at national and decentralized levels

16. POLICY IMPLEMENTATION FRAMEWORK

Preamble

The National Nutrition Agency (NaNA) was established by the Food Act 2005. NaNA as a legal entity is mandated to coordinate nutrition, nutrition-related activities and advocate for the mainstreaming of nutrition into the macroeconomic and sectoral policy frameworks in The Gambia. The Agency over the period has strengthened the implementation capacity by staffing the programme Directorates with relevant and experienced staff for effective implementation of the Policy.

Structures

The institutional arrangement is legislated for the implementation of the Nutrition Policy namely:

1. A National Nutrition Council (NNC) composed of the following:
   - Vice President and Minister of Women's Affairs (Chairperson)
   - Minister of Health and Social Welfare
   - Minister of Fisheries, Water Resources and National Assembly Matters
   - Minister of Agriculture
   - Minister of Basic and Secondary Education
   - Minister of Finance and Economic Affairs
   - Minister of Trade, Industry, Employment and Regional Integration
   - Minister of Lands and Regional Governance
   - Minister of Higher Education, Research, Science and Technology
   - Minister of Youth and Sports
   - Minister of Information, Communication and Infrastructure
   - Chairperson - NaNA Board
   - Director General - NaNA (Secretary)

The Council is responsible for:

- Ensuring political commitment and prioritization of nutrition in national development
- Ensuring cross sectoral coherence
- Advocating for increased support for nutrition

The Chairperson shall preside at every meeting of the Council at which she or he is present and in her or his absence, the members present shall appoint one of their members to preside over the meeting. The minutes of every meeting of the Council shall be recorded and signed by the Secretary and the person who presided over that meeting after confirmation by the Council.

The Council may at any time co-opt any competent Agency, institution or person to participate in their meeting

2. The National Nutrition Agency (NaNA) Board of Directors composed of the following as per the Food Act 2005:
   - A Chairperson

- Director General of NaNA
- Permanent Secretary Office of The Vice President
- Permanent Secretary, Ministry of Finance and Economic Affairs
- 2 representatives of the Civil Society
- A Secretary

3. The National Nutrition Agency (NaNA) headed by the Director General assisted by a Deputy and relevant Director
   - The Office of the Director General: responsible for the day-to-day administration and management of the Agency.
   - Directorate of Nutrition Programming: responsible for implementation of nutrition programmes and report to the Deputy Director General
   - Directorate of Planning and Resource Mobilization: responsible for Planning, Monitoring and Evaluation, Research and Documentation and report to the Deputy Director General
   - Directorate of Finance and Administration: responsible for the financial management, accounting and administrative matters and report directly to the Director General
   - Directorate of Social and Behaviour Change Communication: responsible for advocacy and report to the Deputy Director General

The Agency is headed by a Director General who reports to the Board of Directors and Office of The Vice President and Women's Affairs as its oversight Ministry. NaNA's core responsibilities include the following:

- Coordination of policy implementation
- Implementation of nutrition activities
- Secretariat of the National Nutrition Council
- Nutrition Policy Analysis, Research and Indicative Planning
- Monitoring of Nutrition interventions and programmes
- Mobilisation, Management and Coordination of Resources

In addition to the above structures, the Nutrition Multi-stakeholder Platform at the central level comprising heads of departments/units of key sector institutions, relevant Agencies, NGOs and private sector representatives will provide technical support to NaNA and ensure sectoral and institutional linkages and collaboration.

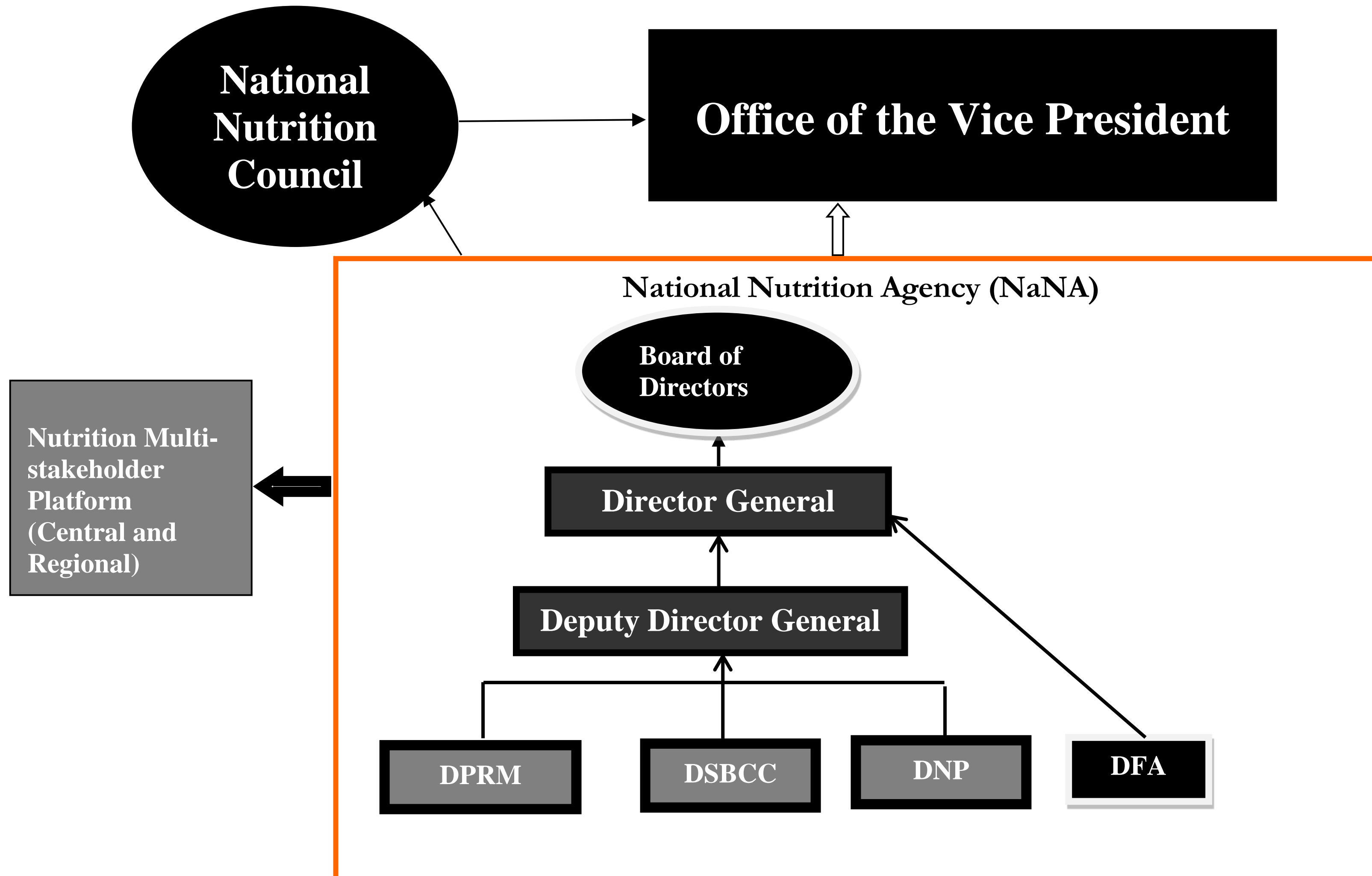
At the regional level, NaNA to be represented at the Regional Nutrition Multi-stakeholder Platform for effective coordination and monitoring of nutrition and nutrition related interventions. At the community level, NaNA will work through and with existing local government and community based structures to implement the policy.

For the successful implementation of the National Nutrition Policy 2018 - 2025 a National Nutrition Act shall be drafted for enactment.

A National Nutrition Stakeholders forum shall be established. The forum will serve as a platform/mechanism for nutrition coordination, dialogue, engagement and information sharing.

The membership will include the Government and non-state actors (private, civil society, expert and development partners).

INSTITUTIONAL FRAMEWORK



17. Human Resources for Effective Policy Implementation

Adequate, well trained and competent human resources are required to efficiently and effectively implement the mandate that NaNA and other stakeholders are entrusted with. The retention of the existing staff is crucial to not only maintain the momentum but also ensuring the effective utilisation of knowledge, skills and abilities. Likewise, it is also imperative that stakeholders are able to attract well-qualified and competent staff with the appropriate ability, ambition and integrity in the drive to attain optimal nutritional status for the Gambian population.

Goal

To ensure availability of competent human resources for effective implementation of the Nutrition Policy

Objective

- Retain existing and recruit additional staff as per the Scheme of Services

Strategies

- Support effective functioning of the Directorates of NaNA
- Support the development of a Human Resources Capacity Needs Assessment Framework
- Support capacity building for relevant actors engaged in the implementation of the policy