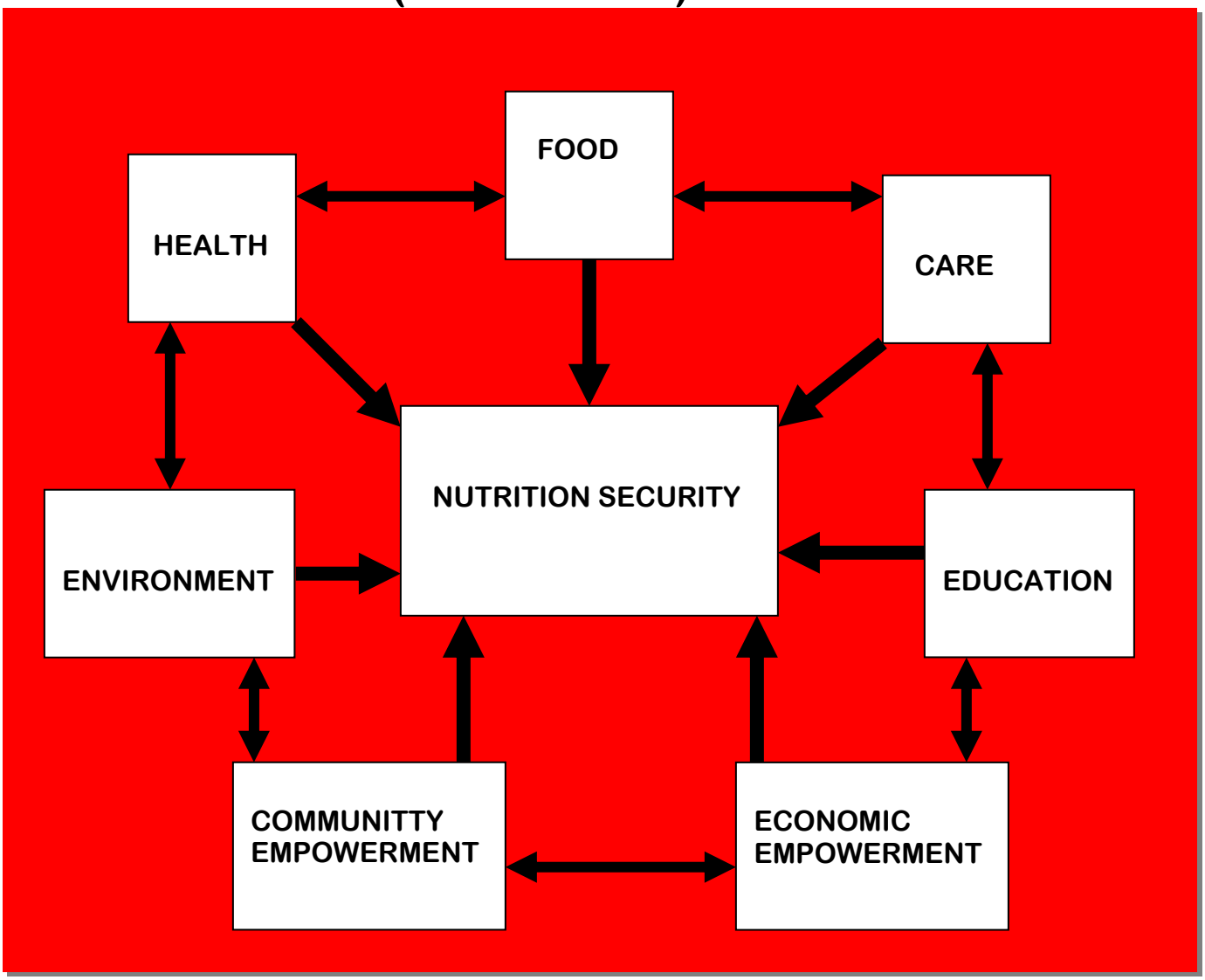
THE REPUBLIC OF THE GAMBIA

NATIONAL NUTRITION POLICY
(2010 – 2020)



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

2010

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The revised Policy was subjected to a series of regional consultations by the Technical Advisory Committees (TACs) in all the seven Administrative Regions. Our appreciation goes to the TACs for their valuable contribution and the keen interest shown in the Policy demonstrated by the excellent attendance including the Mayors and Governors in all the regions.

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The Cover Page illustrates the interlinkages between Nutrition Security and Food, Health, Care, Education, Environment, Community and Economic Empowerment.

FOREWORD

Malnutrition as characterized by under-nutrition, over-nutrition and micronutrient deficiencies has a negative impact on the socio-economic development of any nation. Malnutrition erodes social and economic gains made and put countries in a vicious cycle of poor nutritional status, high disease burden and increased poverty. Malnutrition has a significant inter-generational effect and must be addressed in its entirety for any meaningful development to take place. It causes low work productivity, absenteeism from work and school due to illnesses and poor intellectual performance among school children. Malnutrition contributes to about 60% of childhood mortality in the world. Therefore, to achieve the nutrition-related Millennium Development Goals (MDGs), it is imperative to put in place, mechanisms for sustained funding for nutrition programmes.

The Gambia, like most developing countries, is faced with the "double burden of malnutrition" as we try to contain under-nutrition and micronutrient deficiencies on one hand and the growing incidence of diet-related non-communicable disease such as diabetics, obesity, hypertension and some cancers on the other hand.

The good news is that malnutrition can be both prevented and managed. There exists a large body of scientific knowledge and proven nutrition intervention strategies to prevent and manage malnutrition. Investing in nutrition is a pro-poor and pro-national developmental strategy as well as a human rights issue.

The revised National Nutrition Policy (2010 – 2020) seeks to address the major nutritional problems in The Gambia. It is accompanied by a Strategic and Action Plan, which if implemented properly can significantly reduce the burden of malnutrition among the vulnerable groups in particular as well as the general population. The policy also takes into consideration the MDGs, the Poverty Reduction and Strategy Paper (PRSP), Pro-Vision 2020 and other Sectoral Policies.

With assistance from partners like UNICEF, FAO, WHO, CILSS, HKI, WAHO, IBFAN and the World Bank, adequate resources can be mobilised to scale up proven nutrition intervention strategies to achieve national coverage. I am convinced that with the current political commitment, the requisite financial and human resources in place and an improved coordination among the various actors in the field of nutrition, implementation of this policy can achieve a reduction in malnutrition to an acceptable level in The Gambia.

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Her Excellency, Dr. Aja Isatou Njie-Saidy
Vice President and Minister of Women's Affairs

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Acronyms

BCC	Behavioural Change Communication
BFCI	Baby Friendly Community Initiative
BFHI	Baby Friendly Hospital Initiative
CBOs	Community Based Organisations
CILSS	Permanent Inter-State Committee for Drought Control in the Sahel
CREDD	Curriculum Research, Education Development Directorate
EPI	Expanded Programme On Immunisation
FAO	Food and Agriculture Organization
GDP	Gross Development Product
HIV/Aids	Human Infectious Virus/Acquired Immuno Deficiency Syndrome
HKI	Helen Keller International
IBFAN	International Baby Food Action Network
IDA	Iron Deficiency Anaemia
IDD	Iodine Deficiency Disorders
IEC	Information, Education and Communication
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
LBW	Low Birth Weight
MDGs	Millennium Development Goals
MoH/SW	Ministry of Health and Social Welfare
NaNA	National Nutrition Agency
NCC	National Nutrition Council
NCDs	Non Communicable Diseases
NGOs	Non Governmental Organisations

NPIU	Nutrition Programming Implementation Unit
PARPU	Policy Analysis Research and Planning Unit
PHC	Primary Health Care
PLHW	People Living with HIV/Aids
PRSP	Poverty Reduction Strategy Paper
RCH	Reproductive and Child Health
UNICEF	United Nations' Children Fund
VAS	Vitamin A Supplementation
WAHO	West Africa Health Organization
WHO	World Health Organization

BACKGROUND

1.1 Location, Size and Climate

The Gambia is located on the West Coast of Africa and forms a narrow enclave in the Republic of Senegal except for a short seaboard on the Atlantic Coastline. It is the smallest country on mainland Africa, spanning only 11,295 km^2, of which about 20% is considered as wetland [1,2]. The country runs in an East-West direction and lies between latitudes 13° and 14° North, cutting across Senegal for over 330 km, but is only about 50 km wide at its widest point. It is very level with an altitude not exceeding 50 metres[1].

The Gambia extends inland with widths varying from 24 to 28 kilometres along the river of same name (River Gambia) that divides the country into two banks (North and South). In addition to being a useful mode of transportation, the River Gambia also provides water for irrigation and serves as good fishing grounds[3]. The river and seacoast are lined with mangrove swamps. Further inland, the land is seasonally flooded by the river. Sandy plateaus extend along the sides of the river to the borders with Senegal[1].

The Gambia lies in the Sahelian agro-climatic zone and has a tropical semi-arid or Sahelian climate characterised by two seasons – a five month wet season (mid June – mid October), with rainfall highest in August, and seven month dry season the rest of the year. Average annual rainfall ranges between 900 and 1,100 mm except in the South-western part (West Coast Region, Banjul and Kombo districts) where it can reach 1,400 mm in some localities [1,2]. In recent years rainfall has diminished and a decline in the length of the rainy season has been observed with a shift in the onset of the rainy season from mid-June to early July.

1.2 Economy

The Gambia ranks among the least developed and poorest countries; ranked 168 out of 182 countries in the Human Development Index of 2009 with a per capita Gross Domestic Product (GDP) of about US$ 300[4]. The Gambia's economy is heavily dependent on agriculture, with groundnuts being its principal export. In recent years, the service sector has emerged as a major economic activity. Due to The Gambia's location and favourable tariffs, the transit and re-export trade continues to be an important contributor to national revenue. Since the early 1980s, tourism has become a major foreign exchange earner contributing to over 12% of GDP[6].

Like many developing countries, The Gambia's economic performance deteriorated substantially in the late 1970s and early 1980s, following the world oil shocks. Per capita GDP declined, current account and government budget deficits increased and the foreign debt payments accumulated. Since the mid-eighties, The Gambia has undertaken major and comprehensive economic reforms such as the Economic Recovery Programme (ERP), Programme for Sustained Development (PSD) and the Enhanced Structural Adjustment Programme (ESAF) to re-establish macro-economic equilibrium. In 2007, macroeconomic performance was very strong, and the economy grew by 6.3%, mainly due to the Construction, Telecommunication and Tourism Sectors with the Agriculture sector recording only a 4% increase[7].

Though the country has implemented several programmes aimed at addressing poverty, poverty reduction continues to be elusive. According to the latest National Household Poverty Survey in 2003[8], 61% of the population live below the poverty line. Over the past 15 years the poverty situation has shown little sign of improvement. In rural areas 68% of the population is poor. Urban poverty is also on the rise and affects 40% of the people living in the urban areas[9]. Youth unemployment particularly in urban areas and low productivity in the agricultural sector are contributing factors to income poverty and food insecurity. In rural areas limited access to social services is making poverty worse[9]. Poverty is a fundamental cause of household food insecurity and consequently under-nutrition. Findings from the Household Poverty Survey of 1998[10], revealed food poverty in 37% of the total population.

1.3 Population and Health

According to the Population and Housing Census conducted in April 2003, the population of The Gambia was 1,360,681[11]. From 1993 to 2003, the population grew by 31% amounting to an average annual growth rate of 2.7%, a slight decrease from 4.2% in 1993. This decline in growth rate may be due to a number of factors such as the out-flow of refugees either by returning home or resettling in Europe and the Americas, declining fertility levels and migration of youths out of the country. The Gambia's fertility rate has slightly decreased from 6.0 in 1993 to 5.4% in 2003[11] and the crude birth rate is stable at 41.6 per 1000. The decrease in fertility may be attributed to an increase in girls' education and retention in school thus a delay in age of marriage and childbearing and an increased use of contraceptives. The population is projected to reach 1.7 million by the year 2015. The Gambia being one of the smallest countries in Africa has the fourth highest population density of 128 persons per square kilometre[11]. This imposes extreme pressure on productive land and the provision of social services.

The Gambia is characterised by a youthful population with 42 percent below the age of fifteen. The age group above 65 years account for about 3.4 percent of the population. The estimated 50.4 percent dependency rate makes a high and increasing demand on household income and food budget as well as social facilities such as schools, health, water and housing. Life expectancy has been increasing and stands at 63 years for both males and females[11].

The health service delivery system is a three-tier system, based on the strategy of Primary Health Care. There are presently five hospitals at the tertiary level, 36 health facilities at the secondary level and about 500 health posts at the primary level. This is further complemented by a number of private clinics and NGOs and traditional healers providing health services.

The mortality rates for infants and under-fives are 75 per 1000 and 99 per 1000 live births respectively. In the 2001 national survey on Mortality and Contraception Prevalence, the maternal mortality ratio was 730 per 100,000 live births[12] declining from 1050 per 100,000 live births. The Gambia Multiple Indicator Cluster Survey (MICS) Report of 2005/2006[13] has shown a rise in women receiving antenatal care (97.8%) and Tetanus immunization (75.6%) which may be among some of the factors responsible for the decline being experienced in the Maternal Mortality Rate.

Despite substantial improvements in the health indicators over the past years, fertility, maternal, infant and child morbidity and mortality rates remain unacceptably high. The morbidity pattern in children is characterised by malaria, diarrhoeal diseases and respiratory tract infections, which together account for about 60% of the Infant Mortality Rate.

While still relatively low, HIV prevalence in adults has increased from 0.6% in 1995 to 2.8% in 2008[14]. The main route of transmission is through heterosexual contact. However, in children, the major mode of spread is by transmission from mother to child during pregnancy, delivery and through breastfeeding.

1.4 Literacy

An increase in public expenditure has led to considerable progress in access and enrolment to education at all levels of the formal system. From 1990/91 to 1996/97, enrolment grew at an average annual growth rate of 8%. However, during the period 1996/97 to 2000/03, enrolment grew at only 4% instead of the targeted 7%. In 2003, the literacy rate in The Gambia, was 52% and higher among males (62%) than females (34%). Gross Enrolment Ratio (GER) increased from 70% (1996) to 91% (2003), with Madrassa enrolment adding about 10% of the age group to the enrolment ratios in both years[15]. In the 15 to 24 year olds, about one in four is without education, and there are two times more females than males with no education. As well, GER is 30% higher in boys than girls[11]. The literacy rate for females 10 years and above is 40% and 65% for males in the same age group. However, there is encouraging trend in girls' enrolment in that it grew at an annual rate of 6% compared to that of the boys' which grew at only 2%[15]. The low literacy rate especially low female literacy levels, has major implications for the nutritional status of Gambians, as evidence has shown that educated mothers tend to have less malnourished children than non educated mothers.

1.5 Agriculture

Agriculture plays an important role in The Gambia's economy by providing employment for about 75 percent of the workforce, and thus contributing to 33 percent of the Gross Domestic Product (GDP)[7]. It accounts for about 90% of export earnings, groundnuts and groundnut products making up about 70% of exports[2,3]. However, the agriculture sector receives a relatively low allocation in the development budgets, 7% and 8% in 2004 and 2005 respectively[6,16]. Agriculture is also the only means of income generation for the majority of rural households below the poverty line, about 91 percent of the extremely poor and 72 percent of the poor[7].

Agriculture is characterized mainly by subsistence farming of cereals (millet, maize, rice and sorghum) and horticultural production, and by semi commercial production of groundnuts, cotton and sesame. More than one-third (123,000 Ha) of The Gambia's arable land is devoted to millet, and another third (116,000 Ha) to groundnuts. Sorghum, maize and rice (dry land, irrigated and swamp) account for 15,000 - 26,000 Ha each[17-25]. Groundnuts are the most important cash and food crops grown in The Gambia[18]. Domestic grain production meets only about 50% of national requirements. Production and productivity in the agricultural sector is generally considered low but there is a potential for expansion[17].

Agriculture, dependent on rain-fed crop production, faces numerous challenges including decreasing and erratic rainfall, limited access to farming inputs and credit, storage and processing facilities, inadequate access to markets primarily due to poor access roads, and weak producer support/extension systems[6,9]. The low productivity of the agricultural sector, especially in the dominant area of groundnut production, is a major obstacle to improve rural incomes which disproportionately affects women[9].

According to the 2001/2002 Agricultural Census of The Gambia, the land tenure system in the country is mainly characterized by 47% family ownership, 35% individual ownership, 14% borrowed land and 3% community ownership[26].

1.6 Livestock

Livestock production in The Gambia is extensive and plays an important role in attaining food and nutrition security especially in terms of direct consumption (meat, milk, poultry and eggs), as commercialisation of production is very limited[17]. However, imports of milk, eggs and meat to meet consumption requirements are very high[19-25]. Due to increasing income and rapid urbanization, demand for livestock products have increased, although yields have remained unchanged for the last fifteen years[27]. Results from the recently concluded food vulnerability survey in the urban areas of Banjul and Kanifing Municipality (VAMU)[28] showed that 37% and 27% of household consumed meat and eggs respectively.

1.7 Fisheries

Fish constitutes a cheap source of animal protein for a significant proportion of the Gambian population. The industrial fish sector is limited but it is becoming an important foreign exchange earner[10]. There are indications that high valued demersal species are under threat from over exploitation. Artisanal fish production has increased from 7,426 metric tons in 1985

to 33,000 metric tons in 2002 (an increase of 164%). Per capita consumption is higher in the coastal urban areas than in rural areas, 36kg/caput/annum in Banjul compared to 18kg/caput/annum in URR[17]. Results from VAMU[28] indicated that households' consumption of fish and sea food is high at 89%.

Most recent research conducted in 1986 on demersal fish stocks indicated that major fish stocks are over-fished or fully exploited[39]. As no research work has been conducted on it, fish catch potential of inland fishery is not known. However, there is a strong belief that the fish resources of the River Gambia are still under exploited. Although fishing in the Gambia is carried out by men, women also play an important role in the fishing industry. Fish processing is dominated by women and they also own fishing canoes and therefore become owners of a complete fishing unit[39].

1.8 Nutrition Situation

In The Gambia, under-nutrition continues to be a major public health problem exacerbated by poverty, food deficit, rural-urban migration, environmental degradation, poor dietary habits, low literacy level, poor sanitation, infections, and a high population growth rate. The seasonal agricultural pattern also contributes to acute food shortages in the rainy season often referred to as the "hungry season" (July to September), as households exhaust their food supply before the harvest period. The low purchasing power of poor urban and rural households also has serious nutrition and health implications.

As with many developing countries, The Gambia is experiencing the 'double burden of malnutrition' with the emergence of Diet-related Non-Communicable Diseases (NCDs) such as diabetes, hypertension, coronary heart disease, obesity and some forms of cancers. NCDs are on the increase in The Gambia, especially in the urban areas. Factors such as change of diet and lifestyle, specifically among the affluent, have contributed to the increased prevalence of these diseases. With infectious diseases being a major public health burden, the increase in prevalence of diet-related non-communicable diseases poses the challenge for difficult decisions on the allocation of scarce resources and is exerting immense pressure on an already over-stretched health budget.

1.8.1 Under-nutrition

With under-nutrition, the most vulnerable groups are women and children under - five years of age. There is evidence that the majority of Gambian women who live in rural areas are in a constant energy - deficient state caused by poor dietary intake, heavy workload and a high infection rate. This is reflected in the high prevalence of low birth weight babies especially in the rainy season. Birth weight is a good indicator of a mother's health and nutritional status and a predictor of the newborn's chances of survival, growth, long-term health and psycho-social development. MICS (2005/2006) showed 19.9% of babies weighed at birth have low birth weights (less than 2.5 kg).

Children under five are vulnerable to malnutrition due to poor feeding practices, inadequate care and increasing exposure to infections with poor environmental sanitation being a major contributory factor. Although breastfeeding is universally practiced in The Gambia, exclusive

breastfeeding for six months is practiced by 41% of mothers and the weaning diet is nutritionally inadequate. In addition, there is the risk of bacterial contamination due to poor environmental sanitation. Protein Energy Malnutrition (PEM), specifically marasmus, is more prevalent among children under five years of age.

MICS (2005/2006) indicated 22.4% stunting, 6.4% wasting and 20.3% underweight in children under five. According to the WHO classification for assessing severity of malnutrition in population groups by prevalence ranges, for children less than 5 years of age, The Gambia is ranked medium for stunting and wasting and high for underweight.

Micronutrient malnutrition namely, iron deficiency anaemia (IDA), vitamin A deficiency (VAD) and iodine deficiency disorders (IDD) are highly prevalent in the country with dire consequences for the population especially women and children. A survey[29] conducted by NaNA in 2001 showed 64% of children under five of years are deficient in vitamin A and 76% anaemic. Anaemia, due to iron deficiency, is also very common among women, especially during pregnancy, and is a major contributory factor to the high maternal morbidity and mortality rates. The same study showed that 73% and 56% of pregnant women and lactating mothers respectively are anaemic. It also found that 34% and 16% of pregnant women and lactating mothers respectively are deficient in vitamin A. Another study[30] showed that the Total Goitre Rate, a manifestation of IDD, was 16% which is considered mild.

Deficiencies of some micronutrients such as zinc and selenium are also demanding increasing attention from the public health point of view. Daily supplementation with zinc at home has been shown to reduce infant mortality by 70% and in May 2004 WHO/UNICEF issued a joint statement recommending zinc in the treatment for diarrhoea, along with oral rehydration therapy. However, in The Gambia, there is not enough data at the moment on the magnitude of the problem of these two micronutrients, although intervention trials carried out in the country suggest that zinc may play a role in the reduction of morbidity due to malaria[31].

Other vulnerable groups include the elderly and adolescents, especially females and the urban poor, although very little data is available on their situation. Results from the VAMU[28] survey revealed that over 50% of households in the urban areas of Banjul and the Kanifing Municipality were experiencing some form of food insecurity. The study also found 9% of urban women to be undernourished.

1.8.2 Over-nutrition

Diet - related non-communicable diseases such as diabetes, hypertension and obesity are on the increase especially among the urban population. A study in 1997[32] found 2.3% obesity in a 1% population sample of adults over 15 years of age. MICS (2005/2006) also showed 2.3% of children under five of years are obese. A hospital/health facility based study[33] showed hypertension and diabetes prevalence rates of 24.2% and 1.5 to 2% respectively. The same study also showed a high incidence of hepatocellular and cervical cancers in men and women respectively. The VAMU Study[28] found 25% and 17% of the women living in the urban area of Banjul and Kanifing to be overweight and obese respectively. This increase can be attributed mainly to a change in dietary habits and lifestyle. The VAMU survey has also shown that even in the least diversified food group (2 - 6 food groups), fats and oils are included with 85 percent of households consuming fats and oils. .

1.9 Justification

'Good nutrition is a basic building block of human capital and, as such, contributes to economic development. In turn, sustainable and equitable economic growth in developing countries will convert these countries to "developed" states'[34]. There exist ample evidence showing the two-way relationship between nutrition and economic development. Malnutrition undermines economic growth and consequently brings about poverty. It is obvious that the world's poor progress towards attaining the Millennium Development Goals (MDG) especially poverty reduction is due to the failure to tackle malnutrition by the international community and most governments in developing countries over the years. Persistent malnutrition has contributed immensely to the failure to meet the MDGs of eradicating extreme poverty and hunger, achieving universal primary education, promoting gender equity, reducing child mortality, improving maternal health, combating HIV/AIDS, malaria and other diseases.

Investing in nutrition is judicious and beneficial in that it yields very high returns such as improved physical work capacity, cognitive development, school performance and health by reducing morbidity and mortality which in turn leads to increased productivity, economic development and poverty reduction. It is now quite apparent that nutrition is a crucial component of any development plan and should be made central to development so that a wide range of economic and social improvements that depend on nutrition can be achieved. In recognition of this fact, The Gambia Nutrition Policy 2000-2004 was formulated and approved by the National Assembly and Cabinet in 2000. The Policy is a framework, demonstrating nutrition as a crosscutting issue, involving all partners working in development.

The Nutrition Policy has helped greatly in placing nutrition high on the agenda of the Government of The Gambia for national development. It has also provided the necessary legal and institutional framework for nutrition planning, implementation, monitoring and evaluation and coordination in the country. The policy also brought about changes in the means and methods of addressing nutrition in the country; nutrition interventions are no longer addressed on an adhoc basis, but through sustainable and well defined structures. The adoption of the policy has also contributed immensely towards reducing the burden of malnutrition and in improving the health and nutritional status of The Gambian population in general.

The lifespan of the Nutrition Policy has elapsed and since its adoption in 2000, many developments in the area of nutrition and nutrition related issues has emerged and therefore, the need for these issues to be in incorporated into the policy. The Nutrition Policy (2000-2004) also did not have a comprehensive Action Plan and most importantly a budget to finance its implementation.

Therefore, the rationale for a revised Nutrition Policy is to include emerging issues and those that were not adequately covered in the first policy such as Nutrition and HIV/AIDS, Nutrition in Schools and Emergency Situations, Nutrition in relation to the Food Control System, community empowerment and poverty reduction. The issues or themes in the first Policy that are still relevant in combating malnutrition are maintained. With a comprehensive Action Plan and budget for implementation, the revised Nutrition Policy (2010-2020) will contribute significantly in improving the nutritional status of the Gambian population and thus help in achieving the MDGs and Vision 2020.

2.0 Priority Areas and Methods of Implementation

In working towards improving the nutritional status of The Gambian population and thereby reducing malnutrition, the National Nutrition Policy will focus 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 emergency situations
- Nutrition surveillance
- Research

The priority areas will be implemented through the following:

- Community Nutrition Programming
- Mainstreaming nutrition into development policies, strategies and programmes
- Policy Implementation Framework
- Promoting effective Nutrition Education and
- Resource Mobilisation

The National Nutrition Policy is founded on the following Mission, Vision and Goal

MISSION STATEMENT

The overall mission of the National Nutrition Agency (NaNA) is to improve the nutritional status thus reducing malnutrition, morbidity and mortality among the general population, especially the most vulnerable groups; pregnant and lactating women and children under five years of age, thereby contributing to the productivity of The Gambian population and the socio-economic development of the country and to transform the Agency into a viable and sustainable Centre of Excellence in the area of nutrition policy formulation, research, capacity building, public health nutrition planning and programming in the region of Africa. This will contribute immensely towards the realisation of the Millennium Development Goals (MDGs) and Vision 2020, to which the Government of The Gambia is fully committed. This mission can be realised by working with all stakeholders including communities and community based organisations involved in nutrition and nutrition related areas, mainstreaming nutrition into other sector policies, programmes and strategies and better coordination of nutrition interventions in the country. Information, education and communication (IEC) and behaviour change communication (BCC) will play a major role towards achieving this mission.

VISION

A Gambia Free of Malnutrition

GOAL

To attain optimal nutritional requirements of The Gambian population, to assure a healthy and sustainable livelihood.

1. IMPROVING MATERNAL NUTRITION

Preamble

Good nutritional status is essential for the health 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. Consequently, the prevalence of low birth weight (LBW) babies, maternal mortality and infant mortality are high. LBW is a proxy indicator of the nutritional status of the mother before and/or during pregnancy. There is also a link between foetal malnutrition, under-nutrition and chronic diseases later on in life.

Poor feeding practices, inadequate care, inadequate knowledge and poor environmental sanitation are some of the factors responsible for the high prevalence of malnutrition in children. If these are not corrected early, the children, especially girls will grow to become undernourished adolescents and adults. Stunting in childhood leads to reduced adult size, and this has implications to the potential mother who is expected to bear children, a phenomenon referred to as intergenerational cycle of malnutrition. Women who are of short stature are at a greater risk of developing obstetric complications due to their smaller pelvic size. Also, smaller women are at a greater risk of delivering LBW babies, leading to an intergenerational effect, 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.

Goal

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

Broad Objective

1.1 To reduce the prevalence of malnutrition among women of child bearing age

Strategies

1.1.1 Support capacity building of stakeholders on the prevention and control of malnutrition
1.1.2 Strengthen the Micronutrient Supplementation/Fortification Programmes
1.1.3 Expansion of the Integrated Community-based Anaemia Control Programme
1.1.4 Strengthen inter and intra-sectoral collaboration on the prevention and control of maternal malnutrition
1.1.5 Support the intensification of IEC/BCC on the causes, consequences, prevention and control of maternal malnutrition
1.1.6 Support nutritional status assessment of women of child bearing age
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 BFCI strategy to all communities
1.1.10 Advocate for the domestication of the ILO Maternity Protection Convention 183
1.1.11 Support adult literacy and related programmes
1.1.12 Involve men in advocacy process.

2. PROMOTING OPTIMAL INFANT AND YOUNG CHILD FEEDING

Preamble

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 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 (early initiation of breastfeeding, exclusive breastfeeding, frequent and on-demand feeding, timely introduction of complementary foods and continued breastfeeding up to 2 years or beyond) 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.

Exclusive breastfeeding for the first six months is a rare practice globally and is practised by 41% of mothers in The Gambia. The low prevalence of exclusive breastfeeding may be due to cultural, economic, social and political factors. About 48% of mothers initiate breastfeeding within the first hour of birth and 33% of children aged 6–9 months received adequate complementary foods while at the same time being breastfed. In order to address optimal infant and young child feeding adequately, the WHO/UNICEF supported Global Strategy for Infant and Young Child Feeding should be adopted.

Although the prevalence of HIV is low in The Gambia as shown in the results from the Sentinel Surveillance of 2007 (1.4% for HIV 1 and 0.5% for HIV 2[14]) optimal infant and young child feeding is beneficial even in the context of HIV/AIDS.

Goal

To improve the nutritional and health status of children.

Broad 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.

Strategies

2.1.1 Promotion of the use of nutritious, safe and locally available complementary foods
2.1.2 Increasing awareness of legislators, policy makers 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 communities to implement 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) strategy to all health facilities
2.2.2 Strengthen and expand the Baby Friendly Community Initiative (BFCI) strategy to all communities
2.2.3 Support capacity building 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 Support the monitoring 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 Support Early Childhood Development interventions
2.3.1 Enforcement of the Breastfeeding Promotion Regulations 2006
2.3.2 Support interventions to promote personal hygiene and environmental sanitation
2.3.3 Support the timely and appropriate identification and management of severe acute malnutrition.

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[34].

In The Gambia, only half (50%) of our national food consumption requirements is met by local production and consequently, considerable financial resources is spent on the importation of food commodities to meet the needs of the growing population. Sixty eight percent of the rural population is poor and urban poverty affects 40% of the urban population[9]. The Household Poverty Survey of 1998[10], showed food poverty in 37% of the total population.

Achieving the nutrition-related goals of the MDGs and Vision 2020 requires that national and sectoral development policies and programmes are complemented by effective community-based actions aimed at improving household food and nutrition security. Therefore, attention needs to be given to increasing and diversifying local production, processing, packaging and consumption of food and ensuring that people have access to adequate quantities of safe and nutritious food at all times of the year.

Goal

To achieve a reliable supply and proper utilisation of a variety of safe, adequate and nutritious foods at affordable prices at all times.

Broad Objectives

3.1 To promote the utilization of diverse and safe foods of high nutritional value
3.2 To contribute to the diversification of the food production base.

Strategies

3.1.1 Support IEC/BCC campaigns on environmental sanitation, including access to safe water supplies, the management of agricultural waste, personal hygiene, food hygiene and safety
3.1.2 Promotion of optimal infant and young child feeding practices
3.1.3 Promotion of inter-sectoral collaboration in addressing food and nutrition security issues.
3.2.1 Advocate for the availability, affordability and accessibility of food including animal sources countrywide
3.2.3 Support implementation of food-based interventions focusing on local production, processing, preservation and utilisation at community level
3.2.4 Advocate for the provision of adequate infrastructure for production, processing, storage, marketing and distribution of food commodities

3.2.5 Support self-sustaining producer groups or associations at community level in production, processing, packaging and marketing

3.2.6 Advocate for the strengthening of national capacity to assess, analyze, monitor and evaluate food and nutrition security situations

3.2.7 Support the food rights approaches

3.2.8 Support poverty reduction strategies and programmes.

4. PREVENTING MICRONUTRIENT MALNUTRITION

Preamble

Micronutrient malnutrition of public health importance prevalent in The Gambia are Iodine Deficiency Disorders (IDD), Vitamin A Deficiency (VAD) and Iron Deficiency Anaemia (IDA). The main causes are inadequate intake of foods rich in these micronutrients and their impaired absorption and or utilization. Morbidity and mortality due to micronutrient malnutrition are greatest in those who are least advantaged i.e. the vulnerable groups such as women and children.

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.

Various interventions to combat IDA are being implemented. Under the Reproductive and Child Health (RCH) Programme, all pregnant women upon registration at all health facilities are given iron/folate tablets until 6 weeks postpartum. Also, there is ongoing and intensive IEC for the consumption of iron-rich foods with communities encouraged and assisted (where possible) to have communal/individual gardens.

In 2000, The Gambia's vitamin A supplementation (VAS) programme commenced. All children 6 - 59 months and post-partum mothers within eight weeks after delivery are supplemented with high-dose vitamin A, routinely administered through EPI services.

In 2003, NaNA started working with some of the local salt producers to increase the amount of salt produced and iodised. In 2006, the Food Fortification and Salt Iodisation Regulation was enacted to ensure that all salt imported and produced locally for human and animal consumption are iodised (Food Fortification and Salt Iodisation Regulation, 2006). IEC on the consumption of iodised salt has also been intensified.

Despite these interventions, the prevention and management of micronutrient malnutrition is still a priority. Hence, the need for strengthening existing interventions and carrying out research especially into the effects and causes of emerging micronutrient deficiencies such as zinc and selenium.

Goal

To prevent and control micronutrient malnutrition among the population especially women and children.

Broad Objectives

4.1 To increase awareness on causes, consequences and prevention of micronutrient malnutrition in the general population

4.2 To increase household consumption of iodised salt from 7% in 2005 to 90% by 2015

4.3 To eliminate vitamin A deficiency and its consequences among the general population

4.4 To reduce the prevalence of diseases related to micronutrient deficiencies among the general population especially women and children

4.5 To reduce the morbidity and mortality rates related to iron deficiency anaemia in all age groups.

Strategies

4.1.1 Promotion of the production, processing, preservation and consumption of foods rich in micronutrients

4.1.2 Revision and updating of legislation on micronutrient fortification of both locally produced and imported foods

4.1.3 Implementation of IEC/BCC on the importance of foods rich in micronutrients

4.1.4 Advocate for the introduction of nutrition education in the curricula at all levels of the education system

4.2.1 Support the enforcement of the Food Fortification and Salt Iodisation Regulation 2006

4.2.2 Monitoring national standards for iodized salt, producer compliance, quality assurance and measuring iodine nutrition

4.4.1 Strengthen collaboration and linkages between communities, Government, NGOs, private and informal sectors

4.4.2 Support the implementation of appropriate micronutrient supplementation programmes for the identified groups at risk (pregnant and lactating mothers, infant and young children, and other vulnerable groups)

4.4.3 Advocate for the integration into the EPI/RCH services, routine de-worming for all children aged 12 - 59 months at 6 monthly intervals.

5. IMPROVING FOOD STANDARDS, QUALITY AND SAFETY

Preamble

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, is unsatisfactory. The situation can largely be attributed to lack of knowledge and awareness of producers, processors, food handlers and consumers on the role of food standards for good health and improved nutritional status.

Safe and adequate quality 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 well-being. The food control system in The Gambia is a shared responsibility of several institutions with various sectoral legislations and uncoordinated programmes.

Over the years, there has been increasing concern on food safety that has become widely recognized and the public sector has responded with the formulation and enactment of the Food Act 2005 to ensure that foods produced, manufactured, sold, distributed, imported and exported are safe and of high quality. In the same year the National Codex Committee (NCC) was also reactivated. The citizenry also responded by establishing the Consumer Protection Association, The Gambia (CPAG), a Civil Society Organisation.

The enactment of the Food Act aims to improve the coordination of the food control systems in the country. The Act established structures such as the Food Control Advisory Board and Compliance Committee 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.

Currently new developments including the drafting of the Food Safety and Quality Bill 2010 and the proposed establishment of a Food Safety and Quality Authority are at an advanced stage. Once established, NaNA will relinquish these responsibilities to the Food Safety and Quality Authority while continuing to support them.

Goal

To improve the Food Control System in The Gambia

Broad Objectives

5.1 To contribute towards ensuring that food produced and/or consumed by the Gambian population is of high quality and safe.
5.2 To raise public awareness on the importance of food quality and safety

Strategies

5.1.1 To Support the establishment of the Food Safety and Quality Authority
5.1.2 Support the development of standards for foods
5.1.3 Support the review, update and /or formulation of legislation, guidelines, standards and codes of practices on food quality and safety
5.1.4 Promotion of regional and international co-operation in the area of food standard, safety and quality control
5.1.5 Support the functioning of the National Codex/Sanitary and Phytosanitary Committee, Compliance Committee and Food Control Advisory Board
5.1.6 Support the functioning of Consumer Protection Groups
5.1.7 Support the functioning of National Laboratories to ensure food quality and safety
5.1.8 Coordination of intersectoral actions towards the implementation of the Food Act 2005
5.2.1 Strengthen public information and/or educational activities to sensitise the population on food quality and safety
5.2.2 Awareness creation of the food industry stakeholders on the food control laws, regulations and standards
5.2.3 Support the mobilisation of resources for proposed Food Safety and Quality Authority.

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. It is a major cause of disability, morbidity and mortality among infants and young children as well as an important contributor to maternal ill health. 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.

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 Programme, the Integrated Management of Neonatal and Childhood Illnesses (IMNCI), Malaria Control, Tuberculosis Control and the Protocol on the Management of Severe Malnutrition. The challenge is to ensure that stakeholders appreciate the importance of a 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

Broad Objectives

6.1 To improve the nutritional status of children under five, pregnant and lactating women and other vulnerable groups

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 management of moderately and severely malnourished children at community and health facility levels

6.1.3 Strengthen environmental sanitation programmes in the communities

6.1.4 Support the strengthening of inter-sectoral partnerships for the reduction of the impact of infectious diseases on the nutritional well being of the vulnerable groups

6.1.5 Support the dietary management of people with infections

6.2.1 Support the systematic collection, efficient management and dissemination of epidemiological information on infectious diseases

6.2.2 Advocate for the enforcement of legislations and regulations related to environmental sanitation

6.2.3 Strengthen IEC/BCC on the role of nutrition in the prevention and management of infectious diseases.

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

Preamble

Like many developing countries, The Gambia is experiencing the 'double burden of malnutrition' whereby overweight and obesity co-exist with under-nutrition. The emergence and prevalence of Diet-related Non-Communicable Diseases (NCDs) such as obesity, hypertension, diabetes and some cancers can be largely attributed to changes in dietary habits and physical activity patterns, termed the 'nutrition transition' and the adoption of a more westernized lifestyle due to economic development and market globalization[36].

Diabetes Mellitus is estimated to affect about 1% of the population, and a study[37] found obesity prevalence to be 4% but higher (32.6%) among urban women 35 years or older. The same study also concluded that under-nutrition co-exists with over-nutrition. Another study[32] in 1997 concluded that 'hypertension appears to be very prevalent in The Gambia, with a substantial population at risk of developing target organ damage'. In the recently concluded VAMU study[28], 24.6% and 17.3% of women were overweight and obese respectively, and these conditions are risk factors for hypertension, diabetes and cardiovascular diseases.

An analysis[38] of causes of mortality in Banjul over a 55 year period (1942 – 1997) showed an increase in death from NCDs along with a concomitant decline in death from infectious and maternal and child health related diseases. The emergence and prevalence of diet related NCDs pose a challenge in the allocation of scarce resources. A review of admissions and treatment of diabetes cases over a one year period showed that 3.6% of the health budget was spent on the management of diabetes alone. The inadequacy of trained personnel and resources, the non decentralisation of services and insufficient up to date data for planning is a major concern that needs urgent addressing.

Goal

To reduce the incidence of diet-related non-communicable diseases

Broad Objectives

7.1 To increase awareness of the risk factors and major determinants of diet-related NCDs
7.2 To reduce the mortality associated with diet-related NCDs
7.3 To improve the health and quality of life of individuals with diet-related NCDs

Strategies

7.1.1 Strengthen the IEC/BCC on diet-related NCDs
7.1.2 Capacity building of community based service providers on the prevention and management of diet-related NCDs
7.2.1 Support integrated disease surveillance aimed at quantifying the burden and trends of diet-related NCDs
7.2.2 Strengthen the promotion of optimal infant and young child feeding practices including exclusive breastfeeding for up to six months

7.2.3 Continuation of the nutrition counselling for people with NCDs
7.3.1 Advocate for the formulation of an evidence based policy on diet-related NCDs
7.3.2 Support the development of partnership with public, private sector and NGOs in the prevention and management of diet-related NCDs
7.3.3 Advocate for increased recreation facilities and their usage to improve physical activity.

8. CARING FOR THE SOCIO-ECONOMICALLY DEPRIVED & 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. Within these groups the growing child is the most vulnerable, but others include women, the elderly, the differently able, internally displaced persons, refugees, those in isolated communities, the urban poor, the unemployed, people living with HIV/AIDS, chronically ill persons, people in institutional 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.

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 to provide direct services when additional care is needed. However, society also has an obligation to assist those who cannot care for themselves.

Goal

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

Broad 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 the socio-economically deprived and nutritionally vulnerable persons and households
8.1.2 Strengthen the promotion of optimal infant and young child feeding practices
8.1.3 Promotion of male participation in the provision of nutritional care and support for women and their families
8.1.4 Advocate for food and nutrition programmes directed at vulnerable groups.

9. NUTRITION AND HIV/AIDS

Preamble

Nutrition is gradually being recognized as important in all aspects of development and over the years, the relationship between nutrition and 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/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, care and monitoring are crucial.

Over the past years, efforts have been made to address issues relating to nutrition and HIV/AIDS. These include the incorporation of nutrition supplementation in Anti Retroviral Therapy (ART) protocol and in the development of a policy on the prevention of mother to child transmission of HIV. However, the interventions are fragmented and limited in scope and coverage. There are no set dietary guidelines for PLHIV, and though food supplements are given their availability and timeliness remains a problem.

The country should therefore endeavour to address Nutrition and HIV/AIDS in a more holistic manner, considering the planned scaling-up of ART, the effectiveness of which largely depends on the nutritional status of the recipients.

Goal

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

Broad Objectives

9.1 To increase awareness on the relationship between nutrition and HIV/AIDS
9.2 To provide nutritional information, care and support to people infected and affected by HIV/AIDS.

Strategies

9.1.1 Intensification of Nutrition and HIV/AIDS education through outreach programmes and grass root organizations
9.1.2 Contribute to the promotion of activities of primary HIV prevention
9.1.3 Strengthened collaboration with other institutions working in HIV/AIDS
9.2.1 Awareness creation of the general public on the nutritional needs and care of people infected and affected by HIV/AIDS
9.2.2 Development and dissemination of appropriate guidelines on nutritional care and support for PLHIV
9.2.3 Capacity building of community based service providers on the nutritional care and support of PLHIV

9.2.4 Strengthen nutrition counselling, education and support for PLHIV
9.2.5 Support communities to provide care and support for PLHIV.
9.2.6 Support the adoption of safe infant feeding options.

10. NUTRITION IN EMERGENCY SITUATIONS

Preamble

All people need to consume adequate food for their health and well being. The Gambia does sometimes experience emergency situations such as floods, fire, droughts, crop failures and also a periodic influx of refugees from the sub-region. In such situations, 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 and 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. 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.

Broad Objective

10.1 To improve timely access to adequate food by people in emergency situations

Strategies

10.1 Support assessment of the nutritional needs during emergencies
10.2 Provision of nutritional support including emergency food aid where appropriate to the affected population
10.3 Capacity building of stakeholders to manage nutrition in emergency situations
10.4 Incorporation of nutrition related disaster preparedness tools and early warning systems in to the National Disaster Management Plan
10.5 Support mothers, families and care givers to practice optimal infant and young child feeding in emergency situations
10.6 Support the institution of mechanisms for timely access to adequate and quality food for people in emergency situations.

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 PHC villages. It is the most institutionalised programme, conducted twice each year (dry and rainy seasons) with over 60,000 (sixty thousand) children assessed at each surveillance.

However, the Surveillance Programme is limited to only children under 5 years and done in PHC villages using only one indicator. The surveillance will be up scaled to all non-PHC villages to include other age groups and indicators with the involvement of all stakeholders. The Surveillance Programme will be 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.

Goal

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

Broad Objective

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

Strategies

11.1.1 Strengthen institutional capacity at all levels, to efficiently compile, assess, analyse and monitor nutrition and nutrition related situations

11.1.2 Expansion of the scope of the nutrition surveillance programme to include other nutrition related indicators and regions not covered

11.1.3 Advocate for the inclusion of nutrition indicators in all household surveys

11.1.4 Support the establishment of an effective integrating mechanism for all organizations and stakeholders involved in assessing, analyzing, 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 Dissemination of nutrition and nutrition related information to all stakeholders including the household

11.1.7 Incorporation of Nutrition indicators into Early Warning Systems.

12. Human Nutrition Research

Preamble

Human 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 of interventions programmes and socio-economic factors. Human nutrition must be seen to add value to life by building up knowledge and skills important for effective and efficient nutrition interventions. Appropriate human nutrition research can inform the development of nutrition policy and thus enable policy makers, donors and programme implementers understand how cultural, social, economic and environmental factors and changes affect nutritional status and wellbeing.

The Gambia is well known around the world in the area of nutrition research through work done by MRC and its 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 longer-term health has increased, so also have concerns on the role of hunger, undernutrition, food insecurity, overweight, obesity, dietary knowledge, attitudes and behaviour on overall wellbeing. 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 the research findings to policy makers, colleagues and the general public.

Goal

To promote excellence in human nutrition research in The Gambia

Broad Objectives

12.1 To create an enabling environment for human nutrition research

Strategies

12.1.1 Provision of leadership in human nutrition research
12.1.2 Build local capacity in nutrition research
12.1.3 Advocate for the strengthening of research in the diversification and development of food production, processing and preservation
12.1.4 Support research in micronutrient deficiencies
12.1.5 Strengthen collaborative research in the area of food standard, quality and safety
12.1.6 Support research on diet-related NCDs including traditional medicine
12.1.7 Support research on malnutrition among specific population groups
12.1.8 Mobilisation of resources for quality nutrition research.

13. PROMOTING EFFECTIVE NUTRITION EDUCATION

Preamble

Good nutrition education if properly delivered helps people to become "nutritionally literate". Nutritionally literate people will know how to make good food-and lifestyle-choices and develop good eating habits for themselves and for others. The most appropriate and effective means of achieving the above is through information and communication.

Given the important role of nutrition, health and education for an active society, interventions that address these factors are not only urgent but they also have the potential to make a major contribution to a country's overall economic and social development. Nutrition education is one such intervention as it provides the knowledge, skills and motivation that the people need to make wise dietary and lifestyle choices, thus building a strong basis for a healthy and productive life.

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.

Activities to promote nutrition education in The Gambia are conducted within the framework of diverse programmes which are inadequately harmonised and coordinated. The inadequate capacity to promote nutrition education through information and communication presents tremendous challenges to the few trained personnel that the country has.

Goal

To promote nutrition education as an essential development pillar throughout The Gambia.

Broad Objective

13.1 To inform and educate the Gambian population on the need for and importance of good nutrition, through effective information and communication mechanisms.

Strategies

13.1.1 Support all available media to inform, communicate to and educate the Gambian populace on nutrition and related activities
12.1.2 Provision of adequate financial, human and material resources for effective nutrition information, communication and education
13.1.3 Strengthen coordination mechanisms of nutrition education programmes and activities
12.1.4 Empowerment of community structures for full participation in nutrition education and related activities
13.1.5 Strengthen nutrition education in the school system through an extended nutrition curriculum
13.1.6 Capacity building of stakeholders to carry out nutrition education activities in both formal and informal settings.

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 investing in Nutrition is a necessity. Investing in nutrition will enable the country make considerable progress in meeting its MDG targets and some of the provisions of Vision 2020.

Despite the tremendous achievements made with the limited investment 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 will form the basis for the mobilization of the resources required for investing in nutrition.

Goal

To secure adequate and sustainable technical, material, human and financial resources for effective nutrition programming at the central, regional and community levels.

Broad Objectives

14.1 To improve on 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 various partners and stakeholders for the provision of adequate resources

14.3 To coordinate investment in nutrition.

Strategies

14.1.1 Exploration of creative approaches and innovative resource mobilisation techniques with non-traditional donors

14.1.2 Provision of adequate financial, human and material resources for effective nutrition interventions

14.2.1 Development of a strategic plan and a business plan for nutrition investment and coordination

14.3.1 Articulation of nutrition budgeting and costing into the PRSP and PAGE

14.3.2 Development of mechanisms for rapidly correcting problems identified in consultation with donors

14.3.3 Provision of satisfactory reports and information on the use of donor funds

14.3.4 Advocacy for increment of government budgetary contribution to nutrition

14.3.5 Coordination of donor support for nutrition activities in The Gambia

15. MAINSTREAMING NUTRITION INTO DEVELOPMENT POLICIES, STRATEGIES AND PROGRAMMES

Preamble

Hunger and malnutrition are integral components of the inter-connected and overarching problems of poverty and deprivation. The Millennium Development Goals and The Gambia's PRSP II and PAGE have recognised hunger and malnutrition as significant factors impeding sustained human development. The challenges of the hunger and malnutrition complex are multi-faceted, therefore requiring coordinated multi-sectoral approaches and public-private-civil society partnership interventions.

Within the national policy, planning and budget development framework (including decentralised level) there are no systematic logical approaches to mainstreaming nutrition. The importance of nutrition to overall development, due to its cross-cutting character, 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.

Goal

To mainstream nutrition into the national and decentralised policy, planning and budgeting frameworks

Broad Objective

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

Strategies

15.1.1 Provision of adequate staff and means for the effective functioning of the Policy Analysis, Planning and Research Unit of NaNA

15.1.2 Support the capacity building of other Planning Units in nutrition planning and mainstreaming

15.1.3 Facilitation and support of the establishment and functioning of networks of public, private sector and NGOs for nutrition advocacy, networking, dialogue and action

15.1.4 Collaboration with other institutions to mobilise resources for nutrition and nutrition related programmes

15.1.5 Conduct periodic reviews of sectoral policies and programmes.

16. POLICY IMPLEMENTATION FRAMEWORK

Rationale

The last policy (2000 - 2004) institutionalised the National Nutrition Agency (NaNA) mandating it to coordinate nutrition and nutrition-related activities in The Gambia. In 2005, the National Assembly enacted the Food Act 2005, which established NaNA as a legal entity with defined roles and responsibilities. A number of institutions and organizations are actively involved in the area of nutrition as a developmental issue. The recognition of the importance of nutrition security to national development necessitates the restructuring of NaNA's current organisational structure and the strengthening of its capacity for effective implementation of the policy.

Structures

A two-tier institutional arrangement is legislated for the implementation of the Nutrition Policy namely: The National Nutrition Council is reconstituted with the new membership listed below, making it a council made up of Ministers, the Chairperson of the Agency Board and the Executive Director being the Secretary.

1. A National Nutrition Council (NNC) with a membership of 12, composed of the following:
    - Vice President and Minister of Women's Affairs (Chairperson)
    - Minister of Health and Social Welfare
    - Minister of Fisheries
    - Minister of Agriculture
    - Minister of Basic and Secondary Education
    - Minister of Finance
    - Minister of Trade, Employment and Regional Integration
    - Minister of Local Government and Lands
    - Minister of Higher Education, Research, Science and Technology
    - Minister of Youth and Sports
    - Chairperson - NaNA Board
    - Executive Director - NaNA (Secretary)

The Council will be responsible for:

- Ensuring political commitment to nutrition security
- Ensuring overall policy implementation and review
- 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 numbers to preside at that 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 person to act as an adviser at any of its meetings, but no person so co-opted shall be entitled to vote at any of its meetings.

2. The National Nutrition Agency (NaNA) is composed of the Agency Board (as defined in the Food Act 2005) and the Office of the Executive Director and Units as listed below:

- The Executive Director: Responsible for the day-to-day administration and management of the Agency.
- The Deputy Executive Director: Assists the Executive Director in the day to day administration and management of the Agency and reports to the Executive Director.
- Finance and Administration Unit: responsible for the accounts and administrative matters and report directly to the Executive Director
- Policy Analysis Planning and Research Unit (PAPRU): responsible for Monitoring and Evaluation, Research and Documentation and report to the Deputy Executive Director
- IEC Unit: responsible for advocacy and report to the Deputy Executive Director
- Nutrition Programme Implementation Unit (NPIU): responsible for implementation of nutrition programmes and report to the Deputy Executive Director

The Agency is headed by an Executive Director and answerable to the Office of the Vice President as its oversight ministry.

NaNA‘s core responsibilities will include the:

- 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

NaNA’s delegated responsibilities include:

- Coordination of the National Food Control System
- Secretariat of the Food Control Advisory Board
- Secretariat of the National Codex, Sanitary and Phytosanitary Committee

NaNA will continue to carry out these delegated responsibilities until a new institutional framework of the National Food Control System is established. Therefore the Food Control Advisory Board, Compliance Committee, and role of departments and state agencies will remain as listed within the Food Act 2005.

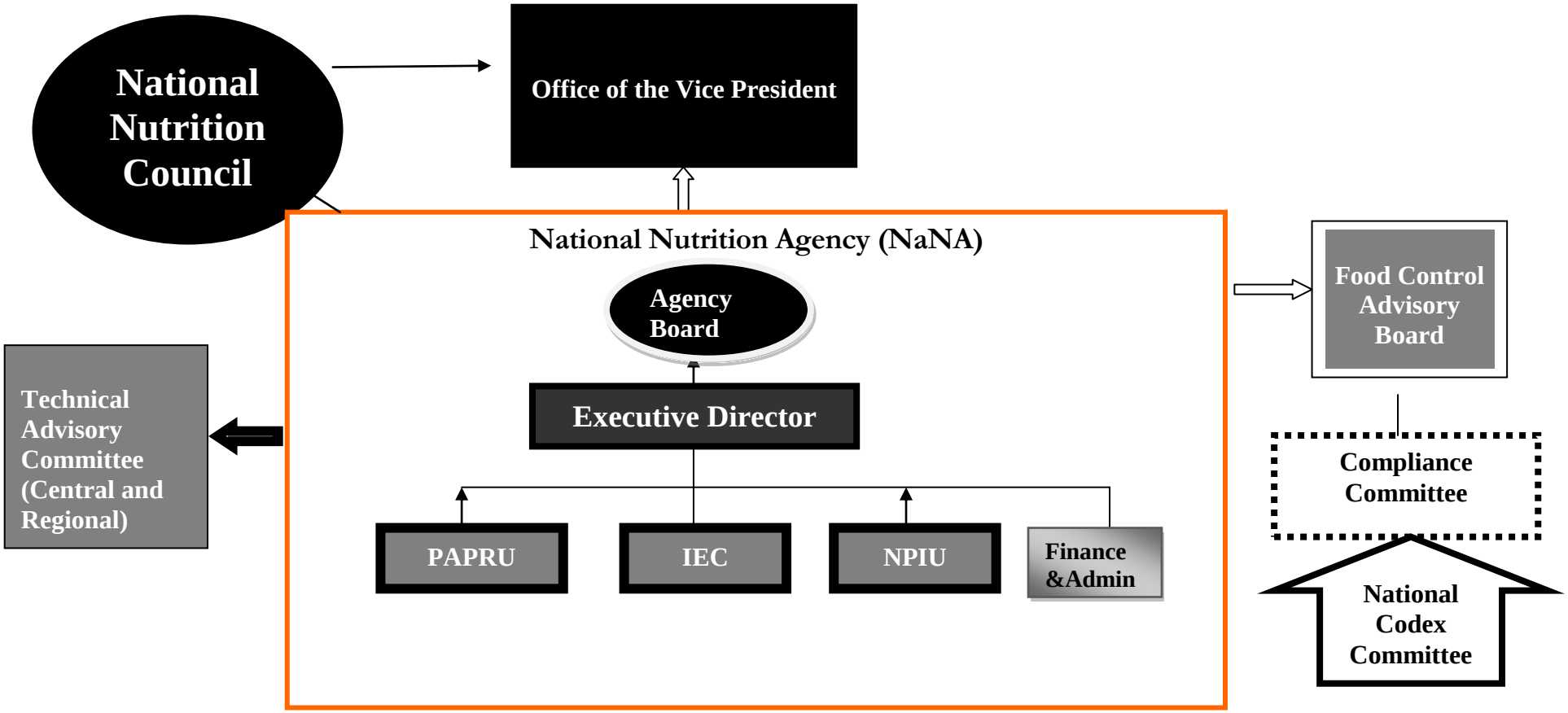
The Technical Advisory Committee at the central level comprising heads of departments/units of key sector institutions, relevant NGOs and private sector representatives will provide technical support to NaNA and ensure sectoral and institutional linkages and collaboration.

At the regional level, NaNA will work with Regional Technical Advisory Committees 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 2010 - 2020 there is the need to enact a Nutrition Act.

INSTITUTIONAL FRAMEWORK



17. Human Resources for Effective Policy Implementation

Adequate, well trained and motivated human resources are required to efficiently and effectively implement the mandate that NaNA is entrusted with. The retention of the existing staff is crucial to not only maintaining the momentum but in ensuring the effective utilisation of knowledge, skills and abilities. Likewise, it is also imperative that NaNA is 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 effective implementation of the Policy

Broad Objective

- Retain existing and recruit additional staff as per the Scheme of Service
- Build the capacity of the staff

Strategies

- Support effective functioning of the Units
- Support the training and motivation of staff

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