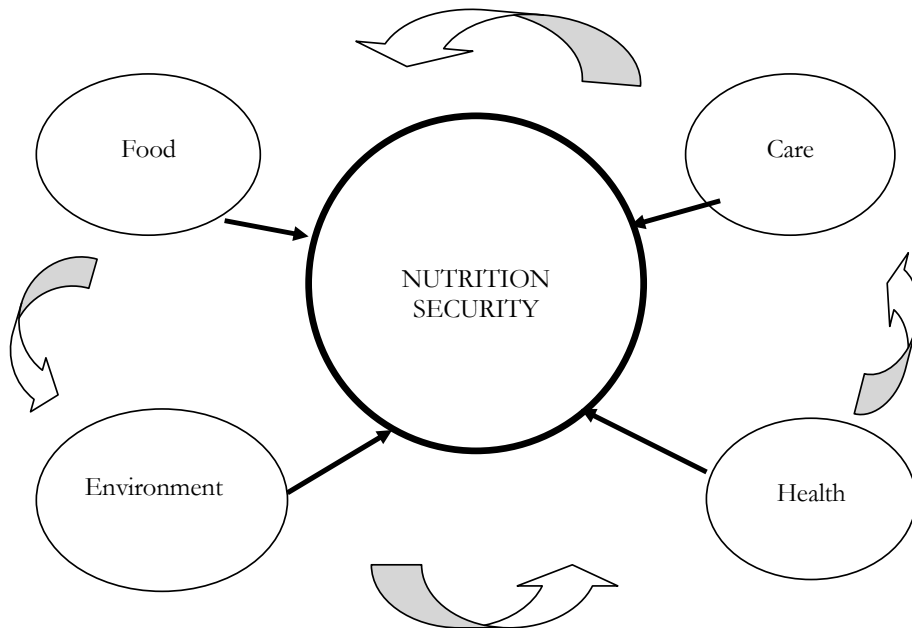


THE REPUBLIC



OF THE GAMBIA

# NATIONAL NUTRITION POLICY (2000 – 2004)



November 1999

# FORWARD

Nutrition is now recognized as a crucial component of any development plan. The National Nutrition Policy 2000 – 2004 should therefore be used as a guide for incorporating nutrition into our national development plan.

The multi-sectoral nature of nutrition is demonstrated by the composition of the body which formulated this policy. This included sectors such as Health, Agriculture, Finance, Women's Affairs, Education, NGO and the Private sector.

The Policy has numerous strategies which are all relevant towards achieving our goal of improving nutrition in The Gambia. However, it is realistic to expect that all may not be implemented within the time frame stipulated in the policy but will be prioritised depending on the availability of resources.

On behalf of the National Nutrition Council, I wish to thank the World Bank for supporting the formulation of the policy through the Participatory, Health, Population and Nutrition Project (PHPNP). I also wish to thank all our development partners particularly UNICEF for the support they have given to nutrition in The Gambia throughout the years.

H.E. Mrs. Isatou Njie Saidy  
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Chairperson, National Nutrition Council

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## EXECUTIVE SUMMARY

Nutrition security for socio-economic development can only be achieved if food, health, care and the environment are adequate. The National Nutrition Policy 2000 to 2004, is a framework, which demonstrates that nutrition is a crosscutting issue, involving all partners working in development. Its implementation will therefore involve major sectors such as Health, Agriculture, Education as well as Non Government Organisations and the Private sector..

The Goal of the policy which is to attain the basic nutritional requirements of the Gambian population and assure a healthy and productive living, will be realised through 7 priority substantive areas

- Protecting, promoting and Supporting Breastfeeding
- Improving food security at the national, community and household levels
- Improving food standards, quality and safety
- Preventing and managing infectious diseases
- Preventing and managing micro-nutrient malnutrition
- Preventing and managing diet related non-communicable diseases
- Caring for the socio-economically deprived and nutritionally vulnerable

and 4 principal instruments to address these areas:

- Nutrition Information, Education and Communication
- Assessing, analysing and monitoring nutrition situations
- Incorporating nutrition objectives into development policies and programmes
- Institutional arrangements for policy implementation

Various strategies have been identified as follows:

Infant mortality rates will be reduced through improved feeding practices and the prevention of a number of diseases including those resulting from micronutrient deficiencies. This will include revising the current maternity leave as well as the adoption and enforcement of a National Code of Marketing of Breastmilk substitutes. Community based programmes will also be encouraged and supported under this policy.

Food security at the national, community and household levels will be improved through collaboration with the Agricultural and Fisheries sectors for increased production. However, the policy will also advocate for better use of traditional crops and the provision of adequate infrastructure for production, processing, storage, marketing and distribution of food commodities.

The improvement of food quality and safety, a much-neglected area, will be achieved through raising public awareness on its importance. Legislation, guidelines, standards and codes of practice on food quality and safety will be reviewed, updated or formulated including enforcement. The formation of Consumer protection groups will be encouraged and IEC on environmental sanitation will be strengthened.

The Nutrition Policy will compliment the Health Policy in the prevention and management of infectious diseases. However the former will focus on reducing the prevalence of malnutrition among the vulnerable groups and improving their nutritional status during sickness. The practice of an integrated management of childhood illnesses will be promoted.

Micronutrient malnutrition will be controlled through information, education and communication (IEC) on the use of locally produced micronutrient rich foods as well as support for community based programmes. Supplementation programmes and legislation on fortification will also be supported where applicable.

Diet-related non-communicable diseases formerly overshadowed by diseases related to under-nutrition will also be addressed through IEC and the development of dietary guidelines. Furthermore, caring for the socio-economically and nutritionally vulnerable groups will be improved through advocacy for community participation as well as efforts to reduce women's workloads, improve infant feeding practices, particularly weaning practices.

Various instruments will be employed to operationalise the policy and a fundamental one is the establishment of a permanent mechanism to co-ordinate the implementation of the policy and national plan of action. A National Nutrition Agency will be located under the Office of the Vice President. This will remove the sectoral bias of nutrition being either a health or an agricultural issue and will ensure that nutrition is regarded as an issue of development with all sectors being partners. Furthermore, it will provide for the effective co-ordination of nutrition activities in the country, resulting in the optimum use of resources for the well being of all Gambians. The Agency will be supported by a National Nutrition Council, Technical Advisory Committee and 5 Divisional Coordinating Committees

The need to sensitise and involve all stakeholders is crucial and therefore a strong IEC component targeting not only communities but also policy and decision-makers has been included. Finally, the incorporation of nutrition objectives into all development programmes and policies will be advocated through increased multi-sectoral collaboration and co-ordination.

# 1. BACKGROUND



## 1.1 Location, Size and Climate

Located on the West Coast of Africa, The Gambia extends about 400 kilometres inland with widths varying from 24 to 28 kilometres. The country has an approximate land area of 11,000 square kilometres and is bordered on the East, North and South by the Republic of Senegal and on the West by the Atlantic Ocean. The land is generally low lying with the highest point less than 50 metres above sea level. It 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. Drought conditions have been experienced in the 1980s, but the rainfall pattern has shown improvement in recent years.

## **1.2 Population and Health**

The population of The Gambia is estimated at about 1.2 million. Rapid population growth is being experienced as a result of a high birth rate and high immigration from neighbouring countries due mainly to political instability. As a result, The Gambia, has one of the highest population growth rates in the World. 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 97 persons per sq. km. This imposes extreme pressure on productive land and the provision of social services.

The Gambia is characterised by a youthful population with forty - four 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, housing and food. Average life expectancy is 46 years (1995) and is on the rise.

The Gambia's fertility rate is high at 6.0 and the crude birth rate is stable at 41.6 per 1000. The mortality rates for infants and under-fives are 78 per 1000 and 107 per 1000 respectively. The maternal mortality rate is 11 per 1000. Nonetheless, a decline is now being experienced due to the rise in antenatal care (90%), and immunization coverage (85%). Despite substantial improvement in the health sector indicators, fertility and maternal and infant/child morbidity and mortality rates remain unacceptably high. The morbidity pattern is characterised by malaria, diarrhoeal diseases and respiratory tract infections, which together account for about 60% of the Infant Mortality Rate.

The health service delivery system is a three-tier system, based on the strategy of Primary Health Care. There are presently three hospitals at the tertiary level, 36 health facilities at the secondary level and about 460 health posts at the primary level. This is further complimented by a number of private clinics and NGOs providing health services and also traditional healers.

### **1.3 Literacy**

Currently, the literacy rate in The Gambia, which is barely 40% is higher among males (55%) than females (27%). The literacy rate for females 10 years and above is 35% and 71% for males in the same age group. There is an improvement, however, as the current primary gross enrolment rate is 70% of which young girls' enrolment represents 44.2%. The low literacy rate has major implications for the nutritional status of Gambians.

### **1.4 Economy**

The Gambia's economy is heavily dependent on agriculture, with groundnuts being its principal export. It provides employment for about 52 percent of the workforce, contributing 23.8 percent of the Gross Domestic Product (GDP)(1994/95). In recent years, the service sector has emerged as a major economic activity. Due to The Gambia's location, 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 nearly 10 percent of GDP.

Like many African 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. The Gambia has undertaken major and comprehensive economic reforms since the mid-eighties, such as the Programme for Sustained Development and the Enhanced Structural Adjustment Programme (ESAF) to re-establish macro-economic equilibrium. The Gambia ranks among the least developed countries, with a GDP of US\$ 337 (1998). Preliminary data from the 1998 National Household Poverty Survey suggest an increase from 33% in 1993 to 69%, in the proportion of the population below the overall poverty line. Poverty is a fundamental cause of household food insecurity and consequently under-nutrition.

### **1.5 Nutrition Situation**

#### **1.5.1 *Under-nutrition***

Malnutrition continues to be a major public health problem in The Gambia, 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”, 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.

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. 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.

Children under five are vulnerable due to poor feeding practices, inadequate care and increasing exposure to infections with poor environmental sanitation being a major contributory factor. Although breastfeeding is a universal practice in The Gambia, exclusive breastfeeding is practiced by only 17.4% of mothers and the weaning diet is nutritionally inadequate, as well as unsafe, due to the high level of bacterial contamination. Protein Energy Malnutrition (PEM), specifically marasmus, is more prevalent among children under five years of age. A 1998 national anthropometric study of children under five conducted in the dry season, indicated 16.8% stunting, 6.8% wasting and 17.1% underweight. Rainy season figures would have been much higher due to food shortage, inadequate care and higher rate of infections. Other vulnerable groups include the elderly and adolescents, especially female and the urban poor. However, very little data is available on their situation.

### **1.5.2 *Over-nutrition***

Diet - related non-communicable diseases such as diabetes, hypertension and obesity are on the increase especially among the urban population. A study found 16.5% of urban women obese as compared to 1.1% rural women. Diabetes mellitus is estimated to affect about 1% of the population. This increase is related to a change in dietary habits and lifestyle, with management of these diseases exerting immense pressure on an already over-stretched health budget.

## 1.6 Justification

Nutrition is an important aspect of development and nutritional well-being is a necessity for a healthy and productive population. Due to the multi-sectoral nature of nutrition, the implementation of a nutrition policy must involve priority sectors such as health, agriculture, education, environment, trade and labour, and the other socio-economic development areas of the government. Government, non-governmental organizations (NGOs), the private sector and communities must work together to ensure nutrition security for all.

Currently, both Government and NGOs have in place strategies to address the problem of malnutrition. However, the lack of co-ordination of nutrition activities, inadequate resources such as human, technical and financial, are constraints to the achievement of government objectives of reducing malnutrition in the country.

The Gambia National Nutrition Policy, therefore, encompasses the four major areas of food, care, health and environment, to ensure nutrition security for the nation. As a result of the foregoing, the nutrition policy is a coherent set of goals, objectives, strategies, priorities and decisions adopted by Government to foster national development.

The National Nutrition Policy focuses on seven priority areas; **1-7** and 4 principal instruments; **8-11**, to address these areas.

- 1. Protecting, promoting and supporting breastfeeding;**
- 2. Improving food security at the national, community and household levels;**
- 3. Improving food standards, quality and safety;**
- 4. Preventing and managing infectious diseases;**
- 5. Preventing and managing micronutrient malnutrition;**
- 6. Preventing and managing Diet-related Non-Communicable Diseases;**
- 7. Caring for the socio-economically deprived and nutritionally vulnerable;**
- 8. Nutrition information, education and communication**
- 9. Assessing, analysing and monitoring nutrition situations;**
- 10. Incorporating nutrition objectives into development policies and programmes;**
- 11. Institutional arrangements.**

The Gambia National Nutrition Policy is founded on the following vision and goal.

### **VISION**

**Improvement of the nutritional status of the Gambian population, particularly women and children.**

### **GOAL**

**To attain the basic nutritional requirements of The Gambian population, to assure a healthy and productive living.**

## **2.0 PROTECTING, PROMOTING AND SUPPORTING BREASTFEEDING**

### **2.1 PREAMBLE**

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 breastfeeding, specifically exclusive breastfeeding is practised. Exclusive breastfeeding for the first six months is a rare practice globally and is practised by only 17.4% of mothers in The Gambia. The low prevalence of exclusive breastfeeding may be due to cultural, economical, social and political factors.

### **2.2 GOAL**

**To empower all mothers to breastfeed their children exclusively for up to six months, and to continue breastfeeding with appropriate complementary foods, well into the second year and beyond.**

### **2.3 OBJECTIVES**

- **To protect, promote and support breastfeeding nation-wide.**
- **To create an enabling environment for mothers to practise optimal breastfeeding including exclusive breastfeeding.**

### **2.4 STRATEGIES**

- Review and update current maternity policy.
- Increase awareness of legislators, policy makers and the public on the importance of breastfeeding.
- Review, adopt and enforce The Gambia Code of Marketing of Breastmilk Substitutes.

- Establish linkages between breastfeeding and family planning programmes
- Promote use of nutritious, safe and locally available weaning foods.
- Sensitise employers, both formal and informal, to facilitate breastfeeding at workplaces.
- Provide breastfeeding education at ante-natal and post-natal services for women.
- Encourage and support communities to implement community - based programmes, which protect and support breastfeeding.
- Train health care providers and all community based extension workers on breastfeeding promotion and lactation management.
- Incorporate breastfeeding into the curricula at all levels of the formal, non -formal and madrassa education system.
- Strengthen and expand the Baby Friendly Hospital Initiative (BFHI) strategy to all health facilities.
- Strengthen and expand the Baby Friendly Community Initiative (BFHI) strategy to all communities.
- Monitor breastfeeding trends.

## **3.0 IMPROVING FOOD SECURITY AT THE NATIONAL, COMMUNITY AND HOUSEHOLD LEVELS**

### **3.1 PREAMBLE**

Food security means 'access by all people at all times to the food needed for an active and healthy life'. The Gambia suffers from an adverse food deficit situation and consequently, spends considerable financial resources on the importation of food to meet the food needs of the growing population. Rural communities suffer most, especially during the rainy season, referred to as the "hungry season". This influences food prices in the urban areas, thus affecting the nutritional status of the urban poor as well.

Food produced in The Gambia constitutes about 50 percent of national requirements. As a net food importer, The Gambia spent on average, for the last 4 years, about 40% of its total import of 2.1 billion dalasis on food and food-related items. The prevailing climate, with its periodic droughts, calls for stronger food security measures. The Gambia ranks 165 out of 174 countries in terms of food security.

In recognition of the importance of food security to overall socio-economic development, The Gambia subscribes to the resolution and plan of action of the World Food Summit (Rome 1996) by incorporating food rights in its constitution.

### **3.2 GOAL**

**To ensure a reliable and uninterrupted supply and proper utilisation of adequate, safe and nutritious foods at affordable prices.**

### 3.3 OBJECTIVES

- **To ensure stable and sufficient supply and utilisation of a diversity of safe foods of high nutritional value.**
- **To ensure accessibility and affordability of food countrywide.**

### 3.4 STRATEGIES

- Advocate the provision of adequate infrastructure for production, processing, storage, marketing and distribution of food commodities.
- Advocate the prioritisation of traditional crops and the conservation and utilisation of plant and animal genetic resources.
- Raise the level of production, incomes and improving asset ownership, particularly women and other vulnerable groups.
- Advocate the integration of the agriculture and natural resources sector, with industry and manufacturing to accelerate the agri -food and nutrition industrial base, including cottage industries.
- Develop effective instruments to implement the right to food.
- Promote optimal breastfeeding practices including exclusive breastfeeding for up to six months.
- Promote use of nutritious, safe and locally available weaning foods
- Intensify and expand nutrition education outreach programs in both formal and non-formal sectors for wider coverage.
- Mount IEC campaigns on the role of environmental sanitation, including access to clean safe water supplies, the management of agricultural waste, personal hygiene, food hygiene and safety.
- Strengthen research and extension linkages drawing upon indigenous knowledge and improved input supply.
- Establish joint public-private sector research and development initiatives in the area of food transformation.
- Support self-sustaining producer groups/associations at production, processing, marketing and services level.
- Support sustainable targeted feeding programs and food distribution schemes for vulnerable groups.
- Initiate public works programs for food security.
- Develop the national capacity to assess, analyse and monitor and evaluate food security situations.
- Strengthen the National Preparedness Planning and Emergency ~Relief Program and early warning systems.

## **4.0 IMPROVING FOOD STANDARDS, QUALITY AND SAFETY**

### **4.1 PREAMBLE**

Safe and adequate food quality and supply is essential for proper nutrition. An effective food quality control system throughout the food chain is necessary for improved nutritional well-being of the population.

In spite of numerous public and private sector efforts to combat malnutrition in The Gambia, there have been very little improvements in the quality and safety of foods consumed by The Gambian population. Legislation on food standards are inadequate and not vigorously enforced.

The quality and safety of most foods prepared for and consumed by the public, especially street foods, fast foods and imported perishable foods, leave much to be desired. The unsatisfactory situation can be attributed largely to lack of consumer knowledge and awareness of food standards for good and improved nutritional status, and lack of adequate intersectoral and interdisciplinary collaboration and networking on food standards.

### **4.2 GOAL**

**To ensure food produced and/or consumed by the Gambian population is of high quality and safe.**

### **4.3 OBJECTIVES**

- **To formulate and establish codes of practice for food standards, quality and safety.**
- **To ensure the existence of a sanitary environment for proper food production, processing, preservation, distribution, preparation and consumption.**
- **To raise public awareness on the importance of food quality and safety.**



#### 4.4 STRATEGIES:

- Develop compositional standards for weaning foods.
- Develop marketing guidelines for weaning foods both locally prepared and imported.
- Review, update and /or formulate legislation, guidelines, standards and codes of practices on food quality and safety.
- Promote regional and international co-operation in the area of food standard, safety and quality control.
- Strengthen the institutions involved in the implementation of the World Trade Organisation agreement on sanitary and phytosanitary measures.
- Promote multi -sectoral involvement to protect public health and the environment.
- Promote optimal breastfeeding practices including exclusive breastfeeding for up to six months.
- Sensitise and educate the public on importance of food quality and safety, and advising the food industry on laws, regulations and standards.
- Advocate and facilitate the creation of Consumer Protection Groups on food standard, quality and safety.
- Mount IEC campaigns on the role of environmental sanitation, including access to clean safe water supplies, the management of waste, personal hygiene, food hygiene and safety.
- Develop alternative cost-effective technologies for maintaining food standard, quality and safety.
- Strengthen and broaden collaborative research in the area of food standard, quality and safety.
- Strengthen the National Public Health Laboratory through the establishment of linkages and networking with other national laboratories both locally and overseas.
- Establish a co-ordinated national system, including infrastructure, for the enforcement of legislation on food standards and quality control.

## 5.0 PREVENTING AND MANAGING INFECTIOUS DISEASES

### 5.1 PREAMBLE

Malnutrition Infection Complex (MIC), which is the interaction between low nutritional status and exposure to infection remains the most prevalent public health problem in The Gambia. This is a major contributory factor to the high morbidity and mortality rates among infants and children under five.

Malnutrition Infection Complex in The Gambia is characterised by malaria, diarrhoea, respiratory tract infections, parasitic diseases. Other emerging and re-emerging infectious diseases such as measles, meningitis, tuberculosis and HIV/AIDS also contribute to MIC. Food contamination, unsafe water, poor sewage disposal and other poor environmental sanitation conditions aggravate Malnutrition Infection Complex.

The Gambia has adopted the strategy of Integrated Management of Childhood Illness (IMCI) to address the Malnutrition Infection Complex.

### 5.2 GOAL

**To reduce the morbidity and mortality rates of infectious diseases.**

### 5.3 OBJECTIVES

- **To reduce the prevalence of malnutrition among the under-fives, pregnant and lactating mothers and other vulnerable groups.**
- **To reduce the prevalence of infectious diseases among the vulnerable groups.**
  
- **To improve the nutritional status of vulnerable groups during the management of infectious diseases.**

- **To improve environmental sanitation, water supply, waste management, housing and civil works.**
- **To improve food hygiene, safety and inspection standards.**
- **To promote and encourage community involvement and participation in nutrition intervention programs.**
- **To improve on the monitoring and evaluation of all nutrition programs.**

#### 5.4 STRATEGIES

- Advocate the review, updating and enforcement of an effective legislation governing the import, preparation, storage and sale of foodstuff.
- Promote inter-sectoral collaboration on the prevention and management of infectious diseases.
- Promote optimal breastfeeding practices including exclusive breastfeeding for up to six months.
- Educate mothers on the timely introduction, preparation and preservation of nutritionally appropriate, safe and locally available weaning foods.
- Increase awareness on the importance of adequate food intake during the management of infectious diseases.
- Increase the involvement of community leaders, and village support groups in disseminating information on the role of nutrition intervention programmes in the prevention and management of infectious diseases.
- Mount IEC campaigns on the role of environmental sanitation, including access to clean safe water supplies, the management of domestic and commercial waste, personal hygiene, food hygiene and safety, in the prevention and control of infectious diseases.
- Strengthen the existing nutrition and infectious diseases intervention programmes.
- Control helminthic infestation among vulnerable groups specifically children.
- Control malaria epidemics through the promotion of impregnated bednets.
- Promote the practice of Integrated Management of Childhood illnesses (IMCI) at community and health facility level.
- Promote oral health.
- Strengthen nutrition and infectious diseases surveillance.
- Develop and implement appropriate monitoring and evaluation tools for the intervention programmes.

## 6.0 PREVENTING MICRONUTRIENT MALNUTRITION

### 6.1 PREAMBLE

Micronutrient malnutrition or the 'Hidden Hunger' referring to Iodine Deficiency Disorders (IDD), Vitamin A Deficiency (VAD) and Iron Deficiency Anaemia (IDA) affect the nutritional status, health and development of a significant proportion of the population. The main causes are inadequate intake of foods rich in these micronutrients and their impaired absorption and/or utilization.

In The Gambia, Iron Deficiency Anaemia is common among children and women of childbearing age. Iron Deficiency Anaemia in pregnancy is a major contributing factor to high maternal morbidity and mortality.

The Gambia subscribes to resolutions of the World Summit for Children and the Dakar Consensus Conference to formulate and implement strategies that will reduce or prevent micronutrient deficiency diseases.

### 6.2 GOAL

**To prevent and control micronutrient malnutrition among the population.**

### 6.3 OBJECTIVES

- **To increase the availability and consumption of foods rich in iodine, iron and vitamin A.**
- **To eliminate vitamin A deficiency and its consequences among the general population.**
- **To reduce the prevalence of goitre and other related diseases caused by iodine deficiency.**
- **To reduce the morbidity and mortality rates related to iron deficiency anaemia in all age groups.**

## 6.4 STRATEGIES

- Develop a multi-sectoral program aimed at intensifying joint actions with communities.
- Advocate the enactment of legislation on the micronutrient fortification of both locally produced and imported foods.
- Promote optimal breastfeeding practices including exclusive breastfeeding for up to six months.
- Educate communities on food production, processing, preservation and utilization of micronutrient rich foods.
- Raise public awareness and knowledge on the types and importance of foods rich in micronutrients.
- Advocate for the introduction of nutrition education in the curricula at all levels of the education system.
- Strengthen collaboration and linkages between communities, Government, NGOs, private and informal sectors.
- Introduce and/or maintain appropriate micronutrient supplementation programmes for the identified groups at risk (pregnant and lactating mothers, infant and young children, and other vulnerable groups).

# 7.0 PREVENTING AND MANAGING DIET-RELATED NON-COMMUNICABLE DISEASES

## 7.1 PREAMBLE

The Gambia is undergoing an epidemiological transition wherein it faces a double burden of diseases. The morbidity and mortality burden attributable to Diet-related non-communicable diseases (NCDs) such as diabetes, hypertension, coronary heart disease, obesity and cancers are on the increase at an alarming rate especially in the urban areas and particularly among women. This phenomenon is mainly associated with rapid changes in diet, urbanization and lifestyle specifically among the affluent lifestyle.

With infectious diseases as a major public health problem, the emergence and prevalence of NCDs poses a challenge in deciding how and which to give priority in allocation of The Gambia meagre resources.

### 7.2 GOAL

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

### 7.3 OBJECTIVES

- **To prevent the development of diet-related non-communicable diseases in susceptible individuals and communities.**
- **To maintain the health and quality of life of individuals with diet-related non-communicable diseases.**
- **To educate the public on diet-related non-communicable diseases.**
- **To support research on diet-related non-communicable diseases**

### 7.4 STRATEGIES

- Review and implement policy on diet-related Non-communicable diseases
- Increase awareness on the relationship between lifestyles and NCDs .
- Promote optimal breastfeeding practices including exclusive breastfeeding for up to six months.
  - Ensure adequate trained personnel for the prevention and management of diet-related NCDs
  - Conduct a situation analysis as a basis for defining programme activities.
  - Develop and disseminate dietary guidelines.
  - Promote multi-sectoral collaboration in the prevention of diet-related NCDs.
  - Provide assistance to support groups
  - Monitor the trend of NCDs.

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**Deleted:** Diet-related non-communicable diseases (NCDs) such as diabetes, hypertension, coronary heart disease, obesity and some forms of cancers 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 as 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.¶

## **8.0 CARING FOR THE SOCIO-ECONOMICALLY DEPRIVED AND NUTRITIONALLY VULNERABLE**

### **8.1 PREAMBLE**

Care includes provision in the household and community of time, attention and support to meet the physical, mental and social needs of socio-economically deprived and nutritionally vulnerable groups. These groups include children, women, the elderly, urban poor, street children, the disabled, refugees and internally displaced persons.

In recent years, The Gambia has experienced an influx of refugees, among whom a high rate of malnutrition and micronutrient deficiencies is evident as well as infectious diseases and other health problems.

The provision of adequate care, including the basic nutrient requirements is therefore essential to the well - being of these vulnerable groups. It will also contribute to the overall reduction of morbidity and mortality rates.

### **8.2 GOAL**

**To improve care, with emphasis on nutritional requirements, for the socio-economically deprived and nutritionally vulnerable groups.**

### **8.3 OBJECTIVES**

- **To provide care, including basic nutrient requirements, for vulnerable groups to enable them reach their potential and become self-supporting.**
- **To incorporate the Care Initiative into nutrition programming and planning.**

#### **8.4 STRATEGIES**

- Establish effective social security and institutional safety nets for the really vulnerable segments of the population.
- Promote optimal breastfeeding practices including exclusive breastfeeding for up to six months.
- Educate communities on maternal nutritional requirements and appropriate weaning practices.
- Increase public awareness on the Care Initiative for vulnerable groups.
- Encourage and foster community awareness to promote and ensure its own nutritional development including adequate care of its vulnerable households and individuals.
- Conduct research on the extent of malnutrition among specific groups.
- Strengthen care programmes directed at vulnerable groups.
- Reduce women's workload using appropriate labour and energy saving devices.



## **9.0 NUTRITION INFORMATION, EDUCATION AND COMMUNICATION (IEC)**

### **9.1 PREAMBLE**

Nutrition Information, Education and Communication (IEC) activities in the form of community sensitisation and social mobilisation campaigns, counselling and motivational services have been conducted within the framework of diverse programmes. However, the major shortcoming is the lack of harmonisation and co-ordination of activities, which in certain cases lead to diverse and confusing messages being delivered to the same target groups.

In The Gambia, capacity to undertake nutrition IEC activities is limited as a result of inadequately trained personnel. This is further compounded by the lack of awareness of the National IEC strategy.

### **9.2 GOAL**

**To raise public awareness on the nutrition policy and programmes.**

### **9.3 OBJECTIVES**

- **To institutionalise and develop the capacity for Nutrition IEC.**
- **To influence the attitude and behaviour of the population towards nutrition.**

### **9.4 STRATEGIES**

- Develop mechanisms for the co-ordination of Nutrition IEC activities.
- Strengthen and expand IEC nutrition peer educators network.
- Promote nutrition and nutrition - related activities using formal and informal media interventions.
- Facilitate community participation in programme planning, implementation, monitoring and evaluation.
- Provide adequate financial, human and material resources for effective Nutrition IEC.
- Integrate Nutrition IEC in the curriculum at all levels of the education system including medical and health professionals.

# 10.0 ASSESSING, ANALYSING AND MONITORING NUTRITION SITUATIONS

## 10.1 PREAMBLE

Data collection, analysis and general monitoring of nutrition situations should be timely, accurate and managed by well-trained and competent staff through an efficient Nutrition Information System. The current situation depicts the limited monitoring activities, with The Gambia Nutrition Surveillance Programme (GNSP), being the only source of information on the nutrition situation. The lack of systematic and timely compilation and utilisation of data, the inadequate collaboration by the various sectors and institutions involved in nutrition data collection and the inadequate capacity are some of the constraints highlighted. The use of data on nutrition and nutrition-related activities is crucial for decision-making.

## 10.2 GOAL

**To establish an effective and efficient Nutrition Information System (NIS) for policy and programming.**

## 10.3 OBJECTIVE

**To enhance national capacity to assess, analyse and monitor nutrition and nutrition-related situations.**

## 10.4 STRATEGIES

- Improve and strengthen the existing nutrition information system.
- Strengthen existing institutional capacity at all levels, to efficiently compile, assess, analyse and monitor nutrition situations.
- Incorporate nutrition indicators in all household surveys.
- Establish an effective coordinating mechanism for all organizations and stakeholders involved in assessing, analysing and monitoring and evaluating nutrition and nutrition - related information.
- Raise the awareness of all stakeholders, including policy-makers on the importance and use of a Nutrition Information System.

# **11.0 INCORPORATING NUTRITION OBJECTIVES INTO DEVELOPMENT POLICIES AND PROGRAMMES**

## **11.1 PREAMBLE**

The importance of nutrition to overall development and its cross-cutting sectoral character makes it imperative to incorporate nutrition objectives into national development policies and programs, especially the macro-economic and key sectoral policies. 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.

Currently sectoral policies are formulated without due consideration given to nutrition objectives.

## **11.2 GOAL**

**To ensure the incorporation of nutrition objectives into national development policies and programs.**

## **11.3 OBJECTIVES**

- **To sensitise policymakers on the importance of nutrition as an input and output in all development policies and programmes.**

## **11.4 STRATEGIES**

- To develop capacity for nutrition and nutrition-related developmental policy analysis, re-formulation and monitoring.
- Raise the awareness of policy makers on the importance of nutrition and development.
  - Establish a Nutrition Policy Analysis and Planning Unit.
  - Strengthen the existing planning capacity at central, divisional and community levels.
  - Advocate for Nutritionists to be included in sectoral planning committees.
  - Establish an effective co-ordination mechanism.

## 12.0 INSTITUTIONAL ARRANGEMENTS

### 12.1 RATIONALE

A number of government institutions and non-governmental organizations are actively involved in nutrition and nutrition-related activities in The Gambia. However, a coherent, systematic and strategic mechanism for coordinating all these diverse activities is absent, compounded more by the lack of a definitive nutrition policy.

Due to the cross-sectoral and crosscutting nature of nutrition, an institutional framework has to be put in place, to ensure that the different and diverse activities are focused and harmonised to meet the desired goal and objectives.

### 12.2 STRUCTURES

A two-tier institutional arrangement will be established for the implementation of the Nutrition Policy namely:

1. A National Nutrition Council (NNC) with a membership of 12, composed of the following:
  - **Vice - President (Chairperson)**
  - **Office of The President responsible for Fisheries and Natural Resources**
  - **Secretary of State – Health, Social Welfare and Women’s Affairs**
  - **Secretary of State - Agriculture**
  - **Secretary of State - Education**
  - **Secretary of State - Finance & Economic Affairs**
  - **Secretary of State - Trade, Industry and Employment**
  - **Secretary of State - Local Government, Lands and Religious Affairs**
  - **Permanent Secretary – Health, Social Welfare and Women’s Affairs**
  - **Permanent Secretary - Agriculture**
  - **Permanent Secretary – Finance and Economic Affairs**
  - **Permanent Secretary – Office of the Vice-President**
  - **Executive Director – National Nutrition Agency (Secretary)**

The Council will be responsible for:

- Ensuring policy implementation and review
- Advocacy and support for key legislative issues
- Linkage with the relevant National bodies

2. A National Nutrition Agency (**NaNA**) will be responsible for:

- Co-ordination of policy implementation
- Resource mobilisation and co-ordination
- Piloting of nutrition interventions
- Secretariat for National Nutrition Council and Technical Advisory Committee
- Management of Resources
- Nutrition Policy Analysis and Indicative Planning
- Nutrition IEC
- Research and Documentation
- Monitoring and Evaluation

The Agency will be answerable to the Office of the Vice President and will be headed by an Executive Director. It will comprise the following:

- **Office of the Executive Director – OED.**
- **Policy Analysis & Planning Unit – PAPU.**
- **Information, Education and Communications Unit– IECU.**
- **Nutrition Implementation Unit – NIU.**

The proposed structure will evolve from the nucleus of the existing Nutrition Unit and the Office of the Nutrition Co-ordinator at the Department of State for Health, Social Welfare and Women's Affairs.

**Technical Advisory Committee (TAC)** composed of 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. Relevant multi-lateral

agencies will be accorded observer status. The Technical Advisory Committee will initially have three **Technical Working Groups (TWGs)** namely:

- **Food Standards and Safety**
- **IEC**
- **Assessing, Analysing & Monitoring**

The committee can constitute other **TWGs** as and when required.

At the community level, the **National Nutrition Agency** will work through and with existing **Divisional Co-ordinating Committees (DCCs)** for the co-ordination and monitoring of nutrition programmes.

# INSTITUTIONAL FRAMEWORK

