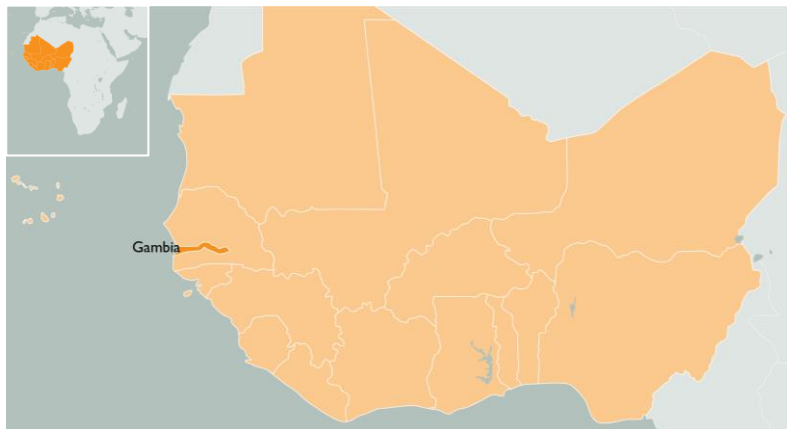


# Nutrition Policy in The Gambia



## What does this brief tell you?

This brief summarizes nutrition-relevant policies in The Gambia.

We examine i) nutrition context, policy objectives, indicators, budget, and activities, ii) key beneficiaries, actors and coordination, iii) monitoring, evaluation, and accountability, and iv) whether current policies are aligned with the World Health Assembly (WHA) global targets.

## Key messages

### Why was this brief developed?

- To strengthen understanding of the current direction of nutrition-relevant policy in The Gambia and its implications. It was developed in response to partners' request and priorities.

### What are the key findings?

- Nutrition is featured most prominently in nutrition, health, agriculture/food security, economic, social and education policies.
- Young children, women of reproductive age, pregnant and lactating women are the most frequently mentioned groups and targeted beneficiaries.
- Of the six WHA targets and their indicators, policies' content focuses most on U5 stunting and U5 wasting followed by WRA anemia and exclusive breastfeeding.
- Most of the policies point to the importance of multisectoral coordination.

### What are the policy recommendations?

- Address gaps and incoherence in nutrition-relevant policies, clearly aligning nutrition targets, objectives, activities and indicators.
- Prioritize nutrition across policy areas, including water/sanitation/hygiene, environment/climate/resource management or other cross-cutting policies.
- Build and sustain strong vertical and horizontal coordination mechanisms to tackle mutually reinforcing issues which call for multi-stakeholder engagement.
- Mainstream nutrition in policies and strategies that are now being drafted to overcome shortcomings identified in current policy documents.

## The state of nutrition in The Gambia

The Gambia is on-track to achieve the World Health Assembly (WHA) 2025 target on children under five (U5) wasting (prevalence of 5% in 2020<sup>i</sup>) and Exclusive Breastfeeding (EBF) (54% in 2020<sup>ii</sup>). Despite improvements in Low Birth Weight (LBW) (from 17.2% in 2012 to 16.8% in 2015<sup>iii</sup>), The Gambia is not on-track to meet the LBW WHA target. Important progress was made towards achieving the target for U5 stunting, while 18%<sup>iv</sup> of children under 5 years are still stunted. Anemia in women of reproductive age (WRA) has shown some progress since 2013 (60% in 2013 and 44% in 2020<sup>v</sup>). The U5 overweight rate is still aligned with the WHA target, showing a prevalence of 2% in 2020 against 3.2% in 2013<sup>vi</sup>. With relation to micronutrient deficiency, half of U5 children are anemic (50.2%), while vitamin A deficiency affects 18.2% of children in the same age group<sup>vii</sup>. There is a double burden of underweight and overweight/obesity in the adult population, whereby 14% of WRA were thin and 36% of WRA were affected by overweight/obesity affected in 2020<sup>viii</sup>.

## Current nutrition policy landscape in The Gambia

Nine nutrition-relevant policies currently in use or in the advanced drafting stage are included in this brief (see **Table 1**). They are in the areas of nutrition ( $n=1$ ), health ( $n=2$ ), agriculture/food security ( $n=2$ ), economic/social ( $n=3$ ) and education ( $n=1$ ), with an additional cross-cutting gender policy ( $n=1$ ). No nutrition-relevant policies identified in the areas of water/sanitation/hygiene, environment/climate/resource management or other cross-cutting policies were found to be sufficiently nutrition-oriented following their assessment based on the policy review's inclusion criteria and were therefore excluded from this brief.

**Table 1: List of nutrition-relevant national policies**

NR	Area	Policy Name	Acronym	Start	End
1	Nutrition	National Nutrition Policy	NNP	2010	2020
2	Health	National Health Policy "Health is Wealth"	NHP	2012	2020
3		National Policy Guidelines on HIV and AIDS	NPHIV	2014	2020
4	Agriculture/Food security	Agriculture and Natural Resources Policy	ANR	2017	2026
5		Gambia Second Generation National Agricultural Investment Plan	GNAIP II / FNS	2019	2026
6	Economic/Social	The Gambia National Development Plan	NDP	2018	2021
7		The Gambia National Social protection Policy 2015-2025/ National Social Protection Implementation Plan 2015-2020	GNSPP/ NSPIP	2015	2025
8	Cross-cutting	The Gambia National Gender Policy	GNGP	2010	2020
9	Education	Education Sector Policy	ESP	2016	2030

## Methods

All nutrition-relevant national policies, strategies, and action plans currently in use or in the advanced drafting stage as of September 2020 were included in this brief. Inclusion criteria were the presence of a nutrition objective, a budget for nutrition, and/or a nutrition indicator. Policies were not included in our analysis when i) we did not have access to the policy documents; ii) they were released or updated after expert consultation (September 2020).

We obtained potentially relevant documents from a systematic search that included pre-identified websites (e.g., relevant national government ministries, United Nations agencies and nongovernmental organizations), a Google search, a reference search, and country expert consultation. Targeted consultations with regional and in-country experts were used to access documents not available online and for validation. We screened identified documents (see Annex 1) against our eligibility criteria. Nine documents met our inclusion criteria. Coding, data extraction, and content analysis for these documents was carried out with NVivo qualitative analysis software and Excel.



## PROBLEM

### What is the focus of policies' presentations of the nutrition context and what problems are highlighted?

Eight of the nine policies included provide some nutrition context. This context is most comprehensive in some of the nutrition, health and agriculture policies, namely the NNP, NHP and GNAIP II/FNS. Across policy areas, the nutrition context focuses predominantly on the country level, with only one policy (GNAIP II/FNS) in the agriculture policy area, mentioning the supranational/regional level. Five policies in the nutrition (n=1), health (n=1), agriculture (n=2), and social protection (n=1) recognize geographical and rural/urban disparities and four policies, in the nutrition (n=1), health (n=1), agriculture (n=1) and cross-sectional/gender (n=1) policy areas, present sex-disaggregated data in their nutritional context. Socioeconomic disparities are mentioned in two policies, nutrition (n=1) and agriculture (n=1). Other disparities mentioned are seasonal variations which impact on vulnerability, as well as individual and household disease burden.

Across policy areas, the focus is on undernutrition, with particular emphasis on stunting and wasting. Only three policies (NNP, NHP and GNAIP II/FNS) provide a more holistic view of malnutrition issues. Specifically, these present prevalence data on micronutrient deficiencies, namely vitamin A, iodine, iron, zinc and selenium deficiency, overweight/obesity and non-communicable diseases (NCDs), such as diabetes and cardiovascular diseases. The role of nutrition in contributing to communicable and non-communicable diseases is

clearly spelled out only in a few policies, in the nutrition (NNP), health (NHP) and cross-sectional/gender (GNGP) policy areas, while this link is not emphasized in documents from other areas. Notably, these policies which are more comprehensive in their analysis of the nutrition situation also take into account concomitant disease burdens which add to the vulnerability of individuals, households and communities targeted by the policies, in some cases with particular attention to clearly defined key age groups.

Four policies (NNP, NHP, NPHIV and GNAIP II/FNS) outline causes and/or consequences of nutrition problems. Causes include environmental factors, poverty, low levels of education, dietary habits and changing lifestyles, inadequate practices, e.g. with relation to breastfeeding and weaning, and inadequate health/nutrition services. Consequences include mortality, morbidity, negative cognitive impacts, reduced productivity, economic growth and general wellbeing.

**Table 2** highlights policies that include WHA indicators in their nutrition context. The WHA indicators that are most frequently included are U5 stunting and U5 wasting, mentioned in four policies (NNP, NHP, GNAIP II/FNS and GNGP), with one policy (NNP) mentioning all WHA target indicators except U5 overweight, and one additional policy (NPHIV) focusing on exclusive breastfeeding. The presence of WHA target indicators is evenly distributed across policy areas, with the nutrition policy being predictively the most comprehensive. Importantly, however, U5 overweight is not mentioned in any of the policies. It is important to note that only policies from the nutrition (NNP), agriculture/food security (GNAIP II/FNS), social protection (GNSPP/

NSPIP) and cross-sectional/gender policy areas explicitly frame malnutrition as a multisectoral issue.

### Is the nutrition context evidence-based?

The nutrition context is evidence-based (i.e., cites references) in seven out of nine policies, with the exception of the GNDP and ESP. Across all policy areas, citations are predominantly for statistics rather than textual information. Cited data sources for evidence on the nutrition context in policies include the Multiple Indicator Cluster Survey (MICS), MICS Gender Profile, National Nutrition Agency (NaNA), Standardized Monitoring and Assessment of Relief and Transition (SMART) Survey, Assessment of Food Vulnerability in Urban Areas (VAMU), and the National Nutrition Policy (NNP).



## What is included in the relevant policies to address the highlighted problems?

As shown in **Table 2**, Five policies, across the nutrition, health, agriculture and cross-sectional/gender policy areas, include nutrition in their general and/or specific **objectives**. These objectives contain nutrition-specific (e.g., improving the nutritional status of the population) and nutrition-sensitive content (e.g., modernizing agriculture and fisheries for sustained economic growth and food and nutrition security). The included **nutrition indicators** are generally outcome indicators (e.g. U5 stunting), although policies in the nutrition (n=1) and agriculture (n=1), policy areas also include output indicators (e.g. household consumption of iodized salt). In terms of nutrition problems, indicators focus on undernutrition and, to a lesser extent, micronutrient deficiencies, with only one policy including NCDs. Beyond the focus on WRA/PLW, data on nutrition indicators is generally not disaggregated, for instance reporting aggregated data for children U5 without differentiating by gender. The WHA indicators most often found across policies are U5 stunting and wasting and, to a lesser degree, WRA anemia and exclusive breastfeeding. **Planned nutrition activities** are mentioned, with varying degrees of detail, in all of the policies. Policies in the health, social protection, cross-cutting/gender and education areas include highly specific activities for their key target groups, embracing a nutrition- and health-specific approach. Other policies, in the nutrition, agriculture/food security and economic/social development focus more prominently on creating and sustaining an enabling environment

through nutrition-sensitive activities, e.g. governance, capacity building, and building institutional capacity (e.g. for data collection, analysis and dissemination). Only two policies, namely the GNAIP II/FNS in the agriculture/food security area and the GNSPP/NSPIP in the social protection area, have a **budget for nutrition**. Content on **scaling up**, included in eight policies, focuses on guiding principles, mechanisms for implementing the policy or replicating and expanding policy components that have been proven to be effective [e.g., strengthening of governance, coordination, monitoring and evaluation, and administrative arrangements; use of piloted data surveillance program as basis for the development of Early Warning Systems; expansion of coverage of contributory and non-contributory schemes; improvements in the design, coordination and integration of ongoing schemes; extension of interventions from key vulnerable groups to excluded groups (e.g. wider population and informal sector workers); extension, where possible, of financial and staff capacities; introduction of mechanisms for covering periods of financial shock beyond routine reliable and predictable cash transfers; integration of social protection measures with social development interventions in other sectors; expansion of school feeding program across regions and integration of school-based initiatives with farming interventions]. The risks or challenges to scaling up mentioned in the policies are insufficient resources and capacities.

### How do policies' targets align with the WHA 2025 Global Targets?

**Table 2** shows two policies with nutrition indicators that coincide with the WHA indicators. Both policies,










from the agriculture/food security and economic/social areas, include targets for at least one of these indicators. The targets date varies across policies (GNAIP II/FNS: 2021, 2022, NDP: 2022). While Gambia's target date varies across policies, if they were met, they would put Gambia on track to meet WHA targets for U5 stunting and exclusive breastfeeding. However, the targets for wasting and anemia in WRA in both policies, even if met, would not necessarily put Gambia on track to achieve the WHA targets by 2025.

### Is there coherence within policies?

Policies with nutrition objectives would be expected to include both planned nutrition activities and nutrition indicators, while policies without nutrition objectives would be expected to include neither. Yet there are several instances (see Table 2) where this is not the case. Generally, this is not necessarily due to a lack of coherence within policies but because a) policies' objectives are broad and do not explicitly link to nutrition (while their indicators or planned activities are specific enough to make this link explicit), or b) indicators and/or planned activities are to be addressed in a separate programmatic document (which is sometimes noted in the main policy document). There are, however, some cases where there is incoherence within different parts of the same policy. The policy which presents the highest level of overall internal coherence is the GNAIP II-FNS, in the agriculture/food security area. Information on the nutrition context is well detailed and, although the objectives remain broad with relation to the identified challenges, the listed interventions are aligned to address these challenges and linked with relevant nutrition and coverage

indicators. Across policy areas, internal coherence is strongest between objectives and activities, which shows strong alignment in five policies (NNP, NPHIV, ANR, GNAIP II-FNS, and GNGP). The four remaining policies (NHP, NDP, GNSPP/NSPIP and ESP) show only partial alignment between objectives and activities, primarily due to a broad framing of both objectives and intended interventions. However, activities feature in all of the policies, albeit with different degrees of specificity. Most policies also remain broad in their analysis of the nutrition context, which contributes to weakening identifiable points of coherence between the context and stated objectives. Only two of the policies show strong coherence for this process step (NNP and NPHIV), five policies show weaker alignment (ANR, GNAIP II-FNS, NDP, GNSPP/NSPIP and GNGP), while two policies show no coherence, which in both cases is given by the absence of nutrition objectives (NHP and ESP). Five policies do not include any nutrition or coverage indicators (NHP, NPHIV, ANR, GNSPP/NSPIP and ESP). One policy (NNP) indicates nutrition indicators but no coverage indicators, and one policy (GNGP), includes coverage but not specific nutrition indicators. Overall, broad outlines of the nutrition situation and objectives, and lack of clearly defined indicators that are aligned with planned activities, are the most significant gaps found through internal coherence analysis across policies.












**Table 2: Inclusion of nutrition and WHA indicators in policies' context, objectives, indicators, activities, and budget; key scaling-up mechanisms**

NR	Area	Acronym	Nutrition context on WHA indicators <sup>1</sup>	Nutrition objective	Nutrition indicators	Nutrition indicators on WHA indicators <sup>2</sup>	Planned nutrition activities	Budget for nutrition <sup>3</sup>	Key scaling-up mechanisms
1	Nutrition	NNP	     	✓	✗	✗	✓	✗	Extension of data surveillance to include additional age groups and indicators, with the involvement of all stakeholders; scaling up through research, mobilization, capacity strengthening.
2	Health	NHP	 	✗	✗	✗	✓	✗	Scaling up of activities related to non-communicable diseases at all jurisdictional levels; guiding principles (equity, gender equity, ethics and standards, client satisfaction, cultural identity, health system reforms, skilled staff retention and circulation, partnerships, evidence-based health care, patient bill of rights, information disclosure); scaling up through partnership: strengthening inter-sectoral collaboration, introducing and promoting sector-wide approach in health, strengthening the implementation of the MOU between Ministry of Health and the partners involved in health care delivery.
3		NPHIV		✓	✗	✗	✓	✗	Focus on challenges. Scaling up by increasing provision of and access to counselling and testing, and other BCC related services; capacity strengthening/building; increasing government policy funding; improving funding mechanism. Health System and Community System's Strengthening to scale up health services. Community engagement and advocacy; giving enabling support to community networks, linkages, partnerships and coordination; resource mobilization. Monitoring and evaluation and planning including M&E systems, situation assessment, evidence building and research, learning, planning and knowledge management. Improved access to research findings. Institutional capacity building. Decentralization. Scaling up based on strategic area: surveillance and research; epidemiological surveillance; second generation surveillance; surveillance and monitoring; research and publications; advocacy; institutional framework.
4	Agriculture/ Food security	ANR	✗	✓	✗	✗	✓	✗	Focus on constraints. Scaling up through policy strategies: optimizing resource use; accelerated development of agro-based industries; enhancement of R&D effort and technology diffusion; greater role of the private sector; reformed marketing strategy; expanded food production; human resource development; development of viable and self-reliant farmer/fishermen's institutions. Scaling up based on strategic area: supportive infrastructure; incentive schemes; research and development; extension services policy; agriculture credit/finance policy; marketing policy.

<sup>1</sup> U5 stunting is indicated for policies with nutrition context on chronic malnutrition. U5 wasting is indicated for policies with nutrition context on acute malnutrition.

<sup>2</sup> U5 stunting is indicated for policies with nutrition indicators on chronic malnutrition. U5 wasting is indicated for policies with nutrition indicators on acute malnutrition.

<sup>3</sup> Not applicable (NA) indicates policies that do not have sufficiently detailed budget information to assess whether nutrition is included, while ± is used for policies that provide sufficient budget information but with no mention of nutrition.

NR	Area	Acronym	Nutrition context on WHA indicators <sup>1</sup>	Nutrition objective	Nutrition indicators	Nutrition indicators on WHA indicators <sup>2</sup>	Planned nutrition activities	Budget for nutrition <sup>3</sup>	Key scaling-up mechanisms
5		GNAIP II / FNS	 	✓	✓	  	✓	✓	Scaling up of ongoing development programs and initiatives: strengthening governance capacity; supporting the infrastructure and facilities; promoting private sector participation.
6		NDP	X	✓	✓	   	✓	X	Decentralization; gender mainstreaming and women empowerment; capacity development of women entrepreneurs; establishment of a fund to improve access to finance; legislative reforms and advocacy for enhanced representation and participation in decision making; gender-based violence reduction programs; abolishment of harmful traditional practices, such as female genital mutilation (FGM) and early marriage. Strengthening evidence-based policy, planning and decision-making. Scaling up through strategic priorities.
7	Economic/ Social	GNSPP/ NSPIP	X	✓	X	X	✓	✓	Prioritization of new programs (e.g. cash transfers and livelihood promotion schemes, health insurance schemes) and scaling up of effective interventions (e.g. school feeding), as well as the strengthening of governance, coordination, monitoring and evaluation, and administrative arrangements. Focus on the expansion of coverage for contributory and non-contributory measures, as well as ongoing improvements in the design, coordination and integration of various schemes, moving towards an integrated package of support, as capacity and resources allow. Establishment and expansion of unconditional cash transfers/in-kind transfers to assist people in extreme poverty and multidimensional deprivation. Scale up of coverage of priority schemes.
8	Cross-cutting	GNGP	 	✓	X	X	✓	X	X
9	Education	ESP	X	X	X	X	✓	X	Scaling up of nutrition interventions delivered through education platforms and strategies, including coverage of underserved and unreached out-of-school groups. Expansion of the coverage of the current school feeding program to all regions and other levels. Establishment of canteens. Support for School farms and garden programs. Guiding Principles: Non-discriminatory and all-inclusive provision of education (in particular gender equity and targeting of the poor and disadvantaged groups; respect for the rights of the individual, cultural diversity, indigenous languages and knowledge; promotion of ethical norms and values and a culture of peace; development of science and technology competencies for the desired quantum leap). Scaling up through capacity building, decentralization and governance, research and financing of education.

 US STUNTING
  WRA ANEMIA
  LOW BIRTH WEIGHT
  US OVERWEIGHT
  EXCLUSIVE BREASTFEEDING
  US WASTING



## Who are the key people and organizations targeted by and responsible for these policies?

### Which target groups are the focus of nutrition context?

The groups that feature most often in the policies' nutrition context are children (especially under two and under five years of age) and women (including women of reproductive age, pregnant and lactating women, and adolescent girls), with both groups being specifically mentioned in six of the nine policies. Three of the policies (ANR, NDP and ESP), in the agriculture/food security, economic/social and education areas, do not provide any data on the nutrition status of the population. Adults and the elderly are explicitly mentioned in three of the policies, although they are also covered more implicitly across policies, either as individuals in targeted vulnerable groups, household and community members, or as part of the general population. Vulnerable groups are explicitly mentioned in the nutrition context of four policies (NNP, NPHIV, GNAIP II-FNS and GNSPP/NSPIP), with particular attention to socio-economically deprived and nutritionally vulnerable groups, the differently able, internally displaced persons, refugees, those in isolated communities, the unemployed, people living with HIV/AIDS, chronically ill persons, people in institutional settings, street children, orphans and children in difficult circumstances, socially excluded members of the population and the elderly, who are at a heightened risk of malnutrition due to

their physical vulnerabilities, greater dependence on care, and constrained access to support networks.

### Who are the beneficiaries?

As shown in **Table 3**, primary beneficiaries of policies predictably vary by policy area. The groups that feature most often as primary as well as secondary beneficiaries are children (including infants and U5) and women (especially PLW/mothers and WRA), as well as the general population. Vulnerable groups, whether based on socioeconomic status, livelihood, age, gender, disease burden, disability or other indicator of inequality, are targeted across policy areas through both nutrition-specific and nutrition-sensitive policy components. Five policies (NPHIV, GNAIP II/FNS, GNSPP/NSPIP, GNGP and ESP) also target adolescents, beyond the targeting of WRA, as school-aged population, out-of-school youth, victims of forced early marriages, youths affected by or at risk of contracting HIV/AIDS (e.g. sex workers), refugees, orphans and young people in custody, or young farmers. Two policies (NHP and GNSPP/NSPIP) also directly target the elderly.

### Who are the actors?

**Table 3** below summarizes the roles assigned to different groups of actors within policy documents. Health and nutrition policies tend to have many types of actors involved in many roles, but the national government has the most extensive role beyond policy development (n=9), including management and coordination, financing, implementation, monitoring and evaluation. The Ministry of Health (together with other Ministries as relevant, e.g. the Ministry of Social

Welfare depending on the policy), is the lead state actor for health policies, while other nutrition-specific and nutrition-sensitive policies are implemented under the remit of inter-ministerial coordination, at times involving a wide array of governmental bodies, with institutional structures and lines of accountability clearly detailed in some of the policies. Other actors that feature in the policies are local governments (n=4), civil society organizations, NGOs and technical and financial partners (n=9) and, to a lesser extent, the private sector (n=7) and communities (n=6), although their roles are generally limited to implementation, budgeting/financing activities and policy promotion.

### Is there multisectoral coordination mentioned in the policy?

The importance of multisectoral coordination is highlighted across policy areas, with coordination mechanisms mentioned in seven out of nine policies. Coordination mechanisms include a harmonized and coordinated health system, integration across different sectors (e.g., multisectoral national committee, clear structures for organization, with clearly defined roles and responsibilities, technical advisory committees, clear routes for decentralization, as well as links between tertiary education and the private sector, private-public partnerships and mechanisms for inter-ministerial and inter-sectoral harmonization. One of the challenges to multisectoral coordination mentioned in the policies specifically with relation to nutrition is the lack of systematic logical approaches to mainstreaming nutrition as a cross-cutting issue. Other challenges which apply to policy components beyond nutrition are the absence of clear guidelines and enabling policies and Acts, as well as inadequate funding

and other resources' mobilization and allocation or inappropriate use of available resources. Some policies mention a lack of synergy as a considerable challenge, observed in the tendency of partners to operate in ways that are not sufficiently well-defined, effective, integrated and concerted within an agreed framework, often resulting in duplication of efforts. The need to strengthen monitoring and evaluation is also mentioned as a challenge to effective multisectoral coordination.

**Table 3: Summary of beneficiaries, actors, and multisectoral coordination mechanisms**

NR	Area	Acronym	Primary beneficiaries	Other key beneficiaries	Actors' roles					Primary actors	Multisectoral coordination mechanisms
					National government	Local government	Communities	Private sector	Civil society NGOs technical and financial partners		
1	Nutrition	NNP	U5, PLW, WRA	Socio-economically deprived and nutritionally vulnerable groups, vulnerable individuals/households, women and their families, people affected by HIV/AIDS	1,2,3	x	1	1	1,4	National government	✓
2	Health	NHP	General population	Vulnerable groups and individuals (e.g. children, elderly, people with disabilities, adults in difficult circumstances), women and children, marginalized and underserved adults	1,2,3,4	4	1	1,4	1,4	National government (Ministry of Health and Social Welfare)	✓
3		NPHIV	People affected by HIV/AIDS	6-23-month children, WRA, PLW, adolescent women, mothers and people with special needs, vulnerable and marginalized groups, orphans and vulnerable children, high-risk groups, prisoners, sex workers and refugees	1,2,3,4	x	1,2,3	1,2,3,4	1,2,3,4	National government; National AIDS Council (NAC)	✓
4	Agriculture/Food security	ANR	Farmers (particularly female and young farmers)	Farmers'/fishermen's associations and agro-based cooperatives, poorest farmers (especially women), women in the fishing industry, rural and vulnerable poor farmers	1,3,4	x	1	1,4	1,4	National government	x

NR	Area	Acronym	Primary beneficiaries	Other key beneficiaries	Actors' roles					Primary actors	Multisectoral coordination mechanisms
					National government	Local government	Communities	Private sector	Civil society NGOs technical and financial partners		
5		GNAIP II / FNS	U5, PLW, WRA	School-aged children, adolescents, women and adolescents in rural areas, vulnerable and marginalized groups, female and young farmers, producers, agro-processors and traders/exporters, consumers, forestry stakeholders, users of natural resources, general population	I,3	I	I	I	I	All actors	✓
6		NDP	General population	U5 children, mothers	I,2,3,4	✗	I	I,4	I,4	National government	✗
7	Economic/ Social	GNSP/ NSPIP	Extremely poor individuals/households, vulnerable children, elderly, people with disabilities, chronically ill, individuals/families affected by HIV/AIDS, women and youth, refugees, migrants, prison inmates and their families	0-24-month infants and U5 children, adolescents, mothers and pregnant women, working population and elderly	I,2,3,4	I,2	✗	✗	I,4	National government	✓
8	Cross-cutting	GNGP	General population	Women, PLW, adolescent girls and boys, school-aged students, teachers, disadvantaged farmers, vulnerable groups (incl. children, adolescents, women and people with disabilities)	I,2,3,4	✗	✗	✗	I,2,4	National government	✓

NR	Area	Acronym	Primary beneficiaries	Other key beneficiaries	Actors' roles					Primary actors	Multisectoral coordination mechanisms
					National government	Local government	Communities	Private sector	Civil society NGOs technical and financial partners		
9	Education	ESP	School-aged children	Under-served regions, young girls and other disadvantaged groups, out-of-school youth and illiterate adults, children in difficult circumstances (e.g. displaced by conflict and/or natural calamities, children affected by HIV/AIDS, victims of early forced marriage, children with disability, 15+ age group, children/adolescents in custody, street children and refugees)	1,2,3,4	1,4	x	1,4	1,4	National government (Ministries of Basic and Secondary Education, Research, Science & Technology)	✓

\* Roles: 1 = Implementation; 2 = Monitoring and evaluation; 3 = Management/coordination; 4 = Financing



## What are the monitoring, evaluation, and accountability mechanisms?

The majority of policies mention **monitoring and evaluation** (M&E), with most (n=7) containing a dedicated M&E section or framework (namely the NNP, NHP, GNAIP II/FNS, NDP, GNSPP/NSPIP, GNGP and ESP). Some policies, such as GNAIP II/FNS and GNGP contain very detailed M&E information. M&E activities include standardized M&E implementation plans at the national and subnational/regional levels, data collection on set indicators and targets, and the establishment or extension of databases and information systems. Additional activities include monitoring of key flagship initiatives as well as results-based delivery approaches, regular reporting and the utilization of regional peer review mechanisms. The NDP provides details of some of the challenges related to M&E, including: the lack of an integrated M&E system, a lack of systematic to determine the coverage and impact of work undertaken and to inform policymaking and programme development, an absence of a unified monitoring system (e.g. single registry), which results in inefficient beneficiary targeting approaches, both due to lack of data and unclear criteria. The policy therefore calls for the development of a robust and participatory M&E system. **Accountability mechanisms** are mentioned only in three of the nine policies (NHP, NDP and GNGP). They include efforts to improve transparency, through the incorporation of accurate and timely dissemination of information, robust M&E of outcomes and impacts, including value for money, and targeting approaches with clearly defined mechanisms for grievances and redress. Clearer structures for

decentralized management of policy implementation, transparent M&E and Standardized Financial Management and Accounting Systems. The NDP also makes explicit reference to mechanisms for encouraging social accountability also include the strengthening of civil society structures to ensure that organizations are positioned as a representative, dynamic and credible consortium. Specific activities include capacity building, coordination and information sharing at both organizational and community levels, strengthening of existing social accountability mechanisms and improvements in the legislative and policy environment through research and advocacy for an appropriate NGO Act. The generation and dissemination of credible data for results-based planning, implementation and M&E in a timely and cost-effective manner and the strengthening government-citizens engagement are also listed among planned activities, as a critical element to ensure accountability. The NDP stresses that knowledge and evidence generated through analytical work and impact evaluations is regularly disseminated to stakeholders, including through policy advocacy campaigns, in order to raise awareness and sustain political commitment, encouraging participation of communities and civil society organizations in holding the government to account.

## Gaps and recommendations

This policy note is intended to inform national decisions makers, policymakers and a wider audience including implementing partners across all relevant nutrition sectors. Its analysis can help to better understand gaps and incoherence within existing policies. Furthermore, the recommendations emanating from this analysis can

inform revisions of existing or the development of new nutrition-relevant policies to improve impact on nutrition in their country.

### Recommendation 1: Address gaps and incoherence in nutrition-relevant policy.

The analysis above highlights a number of gaps and incoherencies in current nutrition-relevant policy in The Gambia. Future policies or revisions could:

- Ensure that nutrition context, objectives, indicators, and /or planned activities align, in terms of nutrition problems and targeting of populations (e.g., nutrition objectives target several different groups but nutrition indicators only measure progress for some of these groups). This would allow to achieve better coherence within policies, introduce well-aligned impact pathways, from broad objectives to specific indicator measures, and enable identification of gaps and challenges, leading to more effective targeting.
- Better define nutrition concepts and indicators to allow for common understanding across actors and policy areas, as well as coherence in measurement of indicators. Only few policies highlight nutrition disparities across regions, gender, urban/rural and socioeconomic status; even if some policies targeting vulnerable populations focus on specific beneficiary groups, disaggregated nutrition indicators and targets are not clearly defined. Ideally, indicators are also disaggregated by gender, geographic area and between urban and rural settings, to capture the disparities identified in a policy's context analysis, and to ensure effective progress tracking.
- Invest in fighting malnutrition in all its forms in The Gambia by capitalizing on shared drivers, entry

points and delivery platforms. In order to curb current trends in malnutrition, namely the coexistence of multiple forms, a holistic lifecycle approach is essential to address causes and consequences of malnutrition and disease burden in the country. A rising burden of overweight/obesity and diet-related NCDs across the region calls for targeting not only key groups through interventions that will impact on a child's life course, but also on the lifecycle in terms of different age groups currently being affected by different and often coexisting burdens of malnutrition, including within the same households and communities

- Ensure clear budget allocation plans for nutrition across nutrition-relevant policies and sectors. Most of the policies we assessed lacked clearly defined nutrition budgets, although budgetary information may be provided in some form in additional documents. Overcoming this limitation is crucial for meeting the WHA targets, or at least for narrowing the gap between these and the current situation.

### **Recommendation 2: Continue to invest in strong multisectoral coordination.**

Strengthening multisectoral coordination and actions across sectors, ministries, and departments will be essential for achieving the WHA targets in The Gambia. Multisectoral and multi-actor coordination is the basic guiding principle of governance for most nutrition policies included in this note. Despite the presence and the importance of multisectoral coordination highlighted in most of the policies, significant challenges for its functionality were mentioned, including lack of common frameworks and poor synergy. Leadership can be strengthened by clearly defining the roles of all

actors at a higher hierarchical level with an authority over all of the contributing sectors. The application of strong vertical and horizontal coordination mechanisms would buttress the country's potential to achieve the WHA targets.

### **Recommendation 3: Mainstream nutrition into future documents across diverse policy areas.**

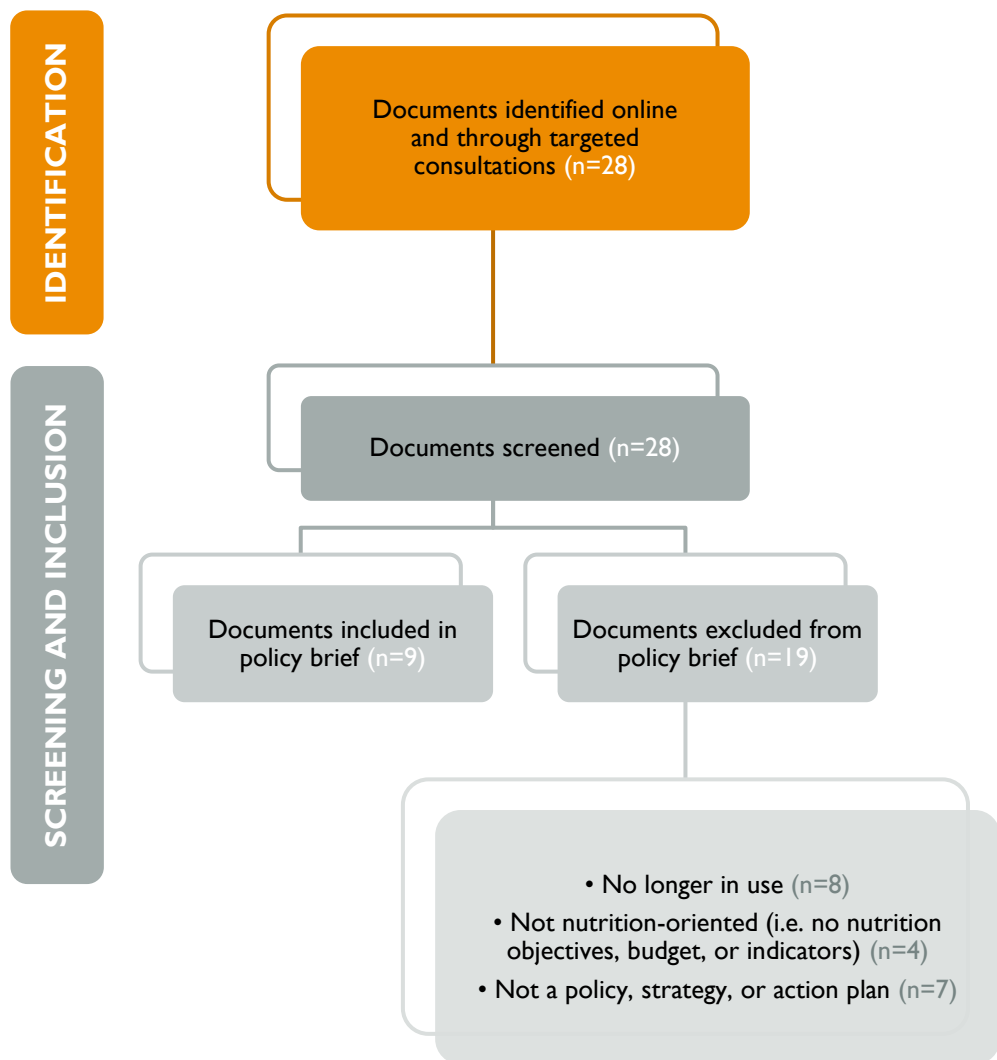
Only some policies adequately cover nutrition by including nutrition-oriented objectives and actions. The remaining policies could improve the integration of nutrition into their nutrition context, objectives, planned activities, indicators, and budgets. To begin mainstreaming nutrition into future policies and operational documents into diverse policy areas, policymakers could refer to the gaps identified throughout this policy review. This includes missed opportunities in sectors excluded from this synthesis because the policies identified were not sufficiently nutrition-oriented (namely water, sanitation and hygiene, environment, climate and resource management, or other cross-cutting policies, (e.g. governance, etc.)). Strong multi-stakeholder engagement across the policy landscape is essential for ensuring that nutrition is integrated across sectors to create and sustain an enabling environment for tackling malnutrition.

### **Recommendation 4: Recognize nutrition as a cross-cutting area in ongoing policy drafts/revisions.**

The revision of existing policies and the drafting of new ones provides an opportunity for better integration of nutrition through the alignment of activities and indicators with the nutrition issues, objectives and

target groups indicated in the policies. By incorporating the above recommendations, any new or revised policy could contribute to advancing nutrition at national level.

## Annex I: Flow diagram of documents included in the policy brief



## Endnotes

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<sup>i</sup> Gambia Bureau of Statistics (GBoS) and ICF. 2021. The Gambia Demographic and Health Survey 2019- 20. Banjul, The Gambia and Rockville, Maryland, USA: GBoS and ICF.

<sup>ii</sup> Ibid.

<sup>iii</sup> UNICEF-WHO Low Birth Weight estimates, 2019

<sup>iv</sup> Ibid, i.

<sup>v</sup> Ibid, i.

<sup>vi</sup> Ibid, i.

<sup>vii</sup> National Nutrition Agency (NaNA)-Gambia, UNICEF, Gambia Bureau of Statistics (GBOS), GroundWork. Gambia National Micronutrient Survey 2018. Banjul, Gambia; 2019.

<sup>viii</sup> Ibid, i.

Laura Casu<sup>1</sup>, Ampa Dogui Diatta<sup>2</sup>, Irina Uzhova<sup>3</sup>, Mariame Dramé<sup>1</sup>, Blanche Mattern<sup>1</sup>, Judith Kaboré<sup>4</sup>, Fanta Touré<sup>4</sup> and Roos Verstraeten<sup>2</sup>

<sup>1</sup> Independent consultant | <sup>2</sup> International Food Policy Research Institute | <sup>3</sup> Institute of Technology Sligo | <sup>4</sup> Action Against Hunger

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