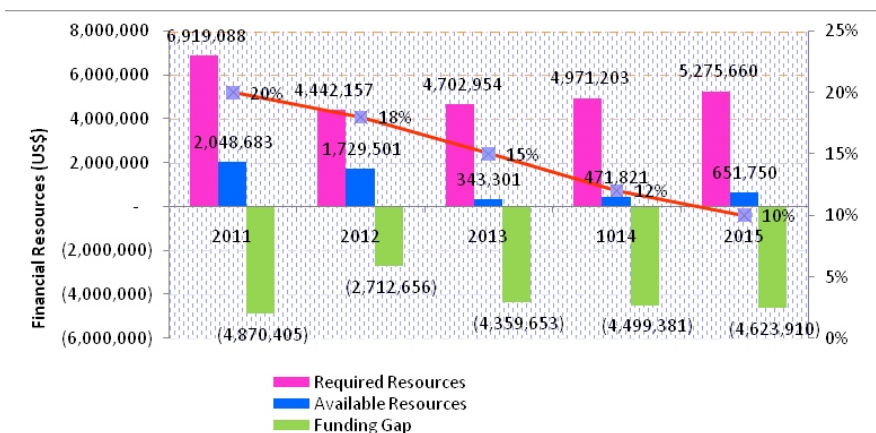


Figure 3: Resource Requirement and Funding Gap



Source: Investing in Priority Interventions to Improve the Nutritional Status of the People of the Gambia: “The Cost of The Gambia's National Nutrition Strategic Plan [2011-2015]”, NaNA 2011.

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In addition, a grant to the tune of US\$3 million was received from the World Bank. The two-year grant for a Rapid Response Nutrition Security Improvement Project agreed between the Government of The Gambia and the World Bank seeks to strengthen the capacity of NaNA and provide direct support to the Government of The Gambia to implement nutrition priority programmes.

5.5 Strategies for Resource Mobilisation

In addition to this Business Plan, a fully costed Strategic Plan has also been developed to help in mobilizing resources for the implementation of programmes.

Furthermore, the following strategies will also be employed to mobilize resources:

- Articulation of nutrition budgeting and costing into the Poverty Reduction Strategy Paper (PRSP) and Programme for Accelerated Growth and Employment (PAGE)
- Advocacy for increment of government budgetary contribution to nutrition
- Exploration of creative approaches and innovative resource mobilisation techniques with non-traditional donors.
- Coordination of donor support for nutrition activities in The Gambia
- Development of mechanisms for rapidly correcting problems identified in consultation with donors..
- Provision of adequate financial, human and material resources for effective nutrition interventions.

5.6 Available funds and gaps

In order to reach the MDG target of halving the percentage of children (under five) who are underweight, NaNA will required a total of US\$26.3 million in five years to implement its programmes. Figure 3 shows funding shortfall of US\$4.9 million in 2011, because more activities are planned to be implemented in 2011. Funding requirement will drop to about US\$2.7 million in 2012, and thereafter increase steadily to US\$5.1 million in 2015. The total funding shortfall over the next five years is estimated at US\$21.1 million.

5. PART V: FINANCIAL ANALYSIS AND RESOURCE MOBILISATION

5.1 Funding for Nutrition

NaNA was adequately funded and equipped between 2000 and 2005 by the PHPNP and the Government of The Gambia. However, since the end of the PHPNP in 2005, funding for the Agency has significantly decreased with the Agency relying primarily on Government and UNICEF funding. This has severely affected the scaling up of activities.

5.2 Funding from Government

Government funds cover staff salaries, operation and maintenance of NaNA's vehicles and the office complex, and to a limited extent, a few of the programmes that NaNA implements. In 2010 government allocated GMD4.7milion (US\$163,929), the same amount allocated in 2011.

5.3 Funding from other partners

The Food Act (2005) has provisions giving management the mandate to secure funds elsewhere in the form of grants, investments and loans for the operation of NaNA. At the moment this provision of the Act is not being exploited to the maximum. In 2010, GMD10 million (US\$350,877) was secured for nutrition programme and of that, GMD4.7 million (US\$163,929) was from government and the rest from our partners, UNICEF, FAO, WHO, WFP, Action Aid The Gambia, Helen Keller International, Medical Research Council, CILSS and the Community Driven Development Project (CDDP), a World Bank project.

5.4 Resource Mobilisation for Nutrition

In 2010, intensive advocacy and resource mobilization was carried out to help fund the implementation of NaNA's activities, resulting in the acquisition of about GMD10 million (US\$350,877) from the government and donor partners named above.

FOREWORD

This Business Plan for Better Nutrition (2011-2015) is an accompaniment to the National Nutrition Policy (2010-2020) and the costed Strategic Plan (2011-2015) which together seek to address the major nutritional problems in The Gambia. In the quest to improve the nutritional status of people living in the country, it is imperative to outline a plan detailing financial projections, available resources, funding gaps and the strategies to be employed in mobilising funds to achieve the stated goal. This Business Plan seeks to solicit investment in Nutrition for the attainment of optimum nutrition and nutritional status of people living in The Gambia.

Investing in Nutrition is a pro-poor and pro-national developmental strategy as well as a human rights issue as it produces very high returns such as improved physical work capacity, cognitive development, school performance and health by reducing morbidity and mortality. These in turn lead to increased productivity, economic development and poverty reduction. Investing in Nutrition is worthwhile and valuable and if the yields of the investments were to be presented in hard cash, stocks or bonds, it would be the perfect investment for every investor.

On behalf of The Gambia Government, I wish to thank our partners in development such as UNICEF, FAO, WHO, CILSS, HKI, WAHO, IBFAN and the World Bank whose contributions to Nutrition in the country over the years has significantly contributed towards an improved nutritional status of the population.

Given the huge benefits to be realised in investing and supporting Nutrition, it is my fervent hope that we will continue to receive support from our traditional partners mentioned above. I also wish to seize this opportunity to call on other donor organisations, private sector institutions and philanthropists to come forward to support and invest in Nutrition.

Working together, we can mobilise adequate resources in the next five years and beyond to support and sustain our efforts in scaling up those proven

nutrition intervention programmes for the reduction of malnutrition and mortality among the population in order to achieve the health related Millennium Development Goals (MDG) targets by 2015 as well as attaining optimal nutritional requirements of The Gambian population, to assure a healthy and sustainable livelihood.

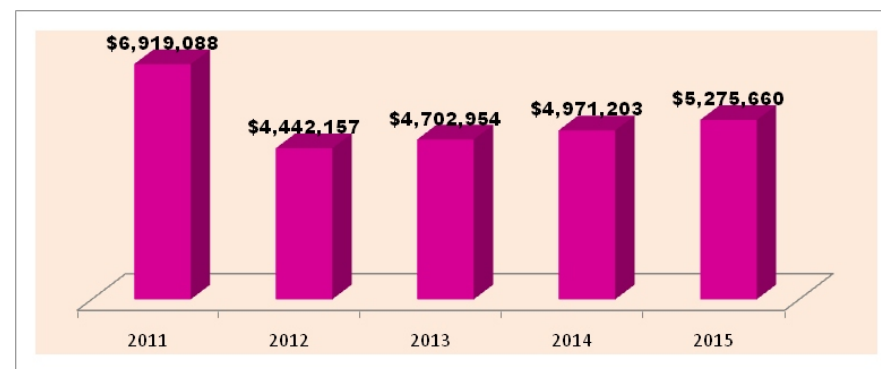
.....
 Her Excellency, Dr. Aja Isatou Njie-Saidy
 Vice President and Minister of Women's Affairs and Chairperson,
 National Nutrition Council

Table 17: Goal and Objective of Theme 16

Goal	Broad Objectives	Cost (US\$)
To ensure effective implementation of the policy	<ul style="list-style-type: none"> ▪ Retain existing and recruit additional staff as per the Scheme of Service ▪ Build the capacity of the staff 	5,364,990

Figure 2 below gives the yearly overall cost of the Strategic Plan from 2011 to 2015.

Figure 2: Resource Requirements



4.15 Theme 15: Mainstreaming Nutrition into Development Policies, Strategies and Programmes

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.

Table 16: Goal and Objective of Theme 15

Goal	Broad Objectives	Cost (US\$)
To mainstream nutrition into the national and decentralised policy, planning and budgeting frameworks	To ensure that nutrition is mainstreamed in key development policies and programmes	453,927

4.16 Theme 16 Policy Implementation Framework

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 and recruit well-qualified and competent staff with the appropriate ability, ambition and integrity in the drive to attain optimal nutritional status for the Gambian population.

EXECUTIVE SUMMARY

The National Nutrition Agency (NaNA) strives to improve the nutritional status of each person residing in this country. By working with all stakeholders, including communities and community based organizations, the Agency endeavors to become a sustainable Centre of Excellence in Africa in the areas of Nutrition Policy Formation, Research, Capacity Building, Public Health Nutrition Planning and Programming. These are envisaged to contribute significantly to the productivity and the socio-economic development of the country.

Created in 2000 by a merger of the then Nutrition Unit, a Technical Unit at the Ministry of Health and Social Welfare, and the Office of the Nutrition Coordinator at the same Ministry, NaNA is run by trained Nutrition Professionals assisted by the support staff.

The successes of the Agency have been credited to the dedication and commitment of the staff to NaNA's mission statement which is also reflected in the low staff attrition rate. While working to meet the policy directives, the staff has also demonstrated a desire to improve their professional qualifications, with four staff now having post-graduate degrees, seven with Bachelor's degree, three of whom are currently undergoing an MSc Programme . However, staffing remains inadequate to the needs as noted in this Plan.

The Agency has progressed from implementing just one programme as a Unit in 1986 to its current state of designing, piloting and implementing other sustainable and cost effective community based nutrition interventions including, but not limited to: the Salt Iodisation Programme, the Vitamin A Supplementation Programme, the Baby Friendly Hospital Initiative, and the Baby Friendly Community Initiative. These initiatives have served to protect, promote and improve the nutritional status of people living in the country.

The Baby Friendly Community Initiative (BFCI), which flourished under the comprehensive World Bank-supported Participatory Health, Population and Nutrition Project (PHPNP) that was implemented from 1998 to 2005, serves as a model of excellence to other developing nations. It played a key role in the decrease in the proportion of malnutrition recorded during the PHPNP.

This Business Plan for Better Nutrition (2011-2015) explains why investing in nutrition is crucial for The Gambia. It describes the current Nutrition Situation as well as the Institutional and Policy landscape. More importantly, it also spells out strategies to be employed with their costs attached in tackling malnutrition in The Gambia. Over a five year period, it is estimated that a sum of US\$ 26,311,061 would be needed to improve the nutrition situation in the country.

4.14 Theme 14: Resource Mobilisation

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 resource required for investing in nutrition.

Table 15: Goal and Objective of Theme 14

Goal	Broad Objectives	Cost (US\$)
To secure adequate and sustainable technical, material, human and financial resources for effective nutrition programming at the central, regional and community levels.	<ul style="list-style-type: none"> ▪ To improve on the resources base of the Agency for effective functioning and investment in nutrition ▪ To create an enabling environment to facilitate resource mobilization for various partners and stakeholders for the provision of adequate resources ▪ To coordinate investment in nutrition. 	413,699

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.

Table 13: Goal and Objective of Theme 12

Goal	Broad Objectives	Cost (US\$)
To promote excellence in human nutrition research in The Gambia	To create an enabling environment for human nutrition research	605,667

4.13 Theme 13: Promoting Effective Nutrition Education

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.

Table 14: Goal and Objective of Theme 13

Goal	Broad Objectives	Cost (US\$)
To promote nutrition education as an essential development pillar throughout The Gambia.	To inform and educate the Gambian population on the need for and importance of good nutrition, through effective information and communication mechanisms.	55,576

Table 1: Summary of Costs

Priority Area	2011	2012	2013	2014	2015	Total Cost
1. Improving maternal Nutrition	838,086	633,897	666,199	692,242	739,961	3,570,385
2. Promoting Optimal Infant and Young Child Feeding	2,817,952	1,406,479	1,490,868	1,580,320	1,675,139	8,970,758
3. Food and Nutrition Security at national , Community and Household Levels	124,648	107,318	113,757	120,582	127,817	594,121
4. Preventing Micronutrient Malnutrition	344,026	180,874	191,727	203,230	215,424	1,135,281
5. Improving Food Standards, Quality and Safety	379,575	258,680	274,201	290,653	308,092	1,511,202
6. Nutrition and Infectious Diseases	341,875	252,132	267,259	283,295	300,293	1,444,854
7. Preventing and managing Diet-Related Communicable Diseases	83,694	65,655	69,595	73,770	78,197	370,911
8. Caring for Socio - economically Deprived and Nutritionally Vulnerable	47,430	50,276	53,292	56,490	59,879	267,367
9. Nutrition and HIV/AIDS	231,683	105,582	111,916	118,631	125,749	693,561
10. Nutrition in Emergency Situations	55,797	55,028	58,329	61,829	65,539	296,522
11. Nutrition Surveillance	143,465	95,729	101,472	107,561	114,014	562,241
12. Human Nutrition Research	313,094	66,880	70,892	75,146	79,655	605,667
13. Promoting Effective Nutrition Education	9,859	10,451	11,078	11,742	12,447	55,576
14. Resource Mobilization	155,649	58,988	62,527	66,279	70,256	413,699
15. Mainstreaming Nutrition into Development Policies Strategies and Programmes	80,525	85,357	90,478	95,907	101,661	453,927
16. Policy Implementation Framework	951,730	1,008,834	1,069,364	1,133,526	1,201,537	5,364,990
Grand total	6,919,088	4,442,157	4,702,954	4,971,203	5,275,660	26,311,061

1. PART 1: INTRODUCTION

1.1 Background information on The Gambia

The Gambia, located on the West Coast of Africa, is the smallest country on mainland Africa, spanning only 11,295 km², of which about 20% is considered wetland (FAO, 2005). It forms a narrow enclave in the Republic of Senegal except for a short seaboard on the Atlantic Coastline. It is 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 (UNDP, 2009).

Figure 1: Map of The Gambia



The economy of The Gambia is heavily dependent on agriculture, with groundnuts being its principal export. However, since the early 1980s, tourism has become a major foreign exchange earner contributing to over 12% of GDP (UN, 2005).

With a population of 1,360,681, coupled with being one of the smallest countries in Africa (11,295 km²), The Gambia has the fourth highest population density of 128 persons per square kilometre (GBoS, 2006), thus imposing extreme pressure on productive land and the provision of social services.

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 in the Agency, 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 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.

Table 12: Goal and Objective of Theme 11

Goal	Broad Objectives	Cost (US\$)
To achieve an effective and efficient Nutrition Information System (NIS) for informed decision making, policy and programming	To make nutrition information available to all stakeholders for appropriate decision making, planning, policy development and programming	562,241

4.12 Theme 12: Human Nutrition Research

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

Table 10: Goal and Objectives of Theme 9

Goal	Broad Objectives	Cost (US\$)
To improve the nutritional status and quality of life of people infected and affected by HIV/AIDS.	<ul style="list-style-type: none"> ▪ To increase awareness on the relationship between nutrition and HIV/AIDS ▪ To provide nutritional information, care and support to people infected and affected by HIV/AIDS. 	693,561

4.10 Theme 10: Nutrition in Emergency Situations

All people need to consume adequate food for their health and well being at all times. 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.

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 and programmes of the National Disaster Management Agency.

Table 11: Goal and Objective of Theme 10

Goal	Broad Objective	Cost (US\$)
To prevent malnutrition among the vulnerable during emergencies.	To improve timely access to adequate food by people in emergency situations	296,522

4.11 Theme 11: Nutrition Surveillance

Nutrition Surveillance is a crucial element and a vital tool for the 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

According to the most recent National Household Poverty Survey conducted in 2003 (GBoS, 2007), 61% of the population live below the poverty line. In spite of the implementation of several programmes aimed at addressing poverty, the poverty situation has shown little sign of improvement and its reduction seems to be elusive. Poverty is a fundamental cause of household food insecurity and subsequently, under-nutrition and its consequences.

The Gambia is characterised by a youthful population with 42% below the age of fifteen (GBoS, 2006), whilst those aged 65 years and above account for about 3.4 percent of the population. The estimated 50.4% dependency rate therefore 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 (GBoS, 2006).

Despite substantial improvements in the health indicators over the past years; fertility and maternal, infant and child morbidity and mortality rates remain unacceptably high. The fertility rate has slightly decreased from 6.0 in 1993 to 5.4% in 2003, with the crude birth rate stable at 41.6 per 1000 (GBoS, 2006); maternal mortality ratio has declined from 1050 to 730 per 100,000 live births (Peter, 2002); and mortality rates for infants and under-fives are 75 per 1000 and 99 per 1000 live births respectively (GBoS, 2006).

HIV prevalence in adults, whilst still relatively low, has increased from 0.6% in 1995 to 2.8% in 2008 (Sentinel Survey, 2007), with the main route of transmission being through heterosexual contact. However, in children, the major mode of spread is by transmission from mother to child during pregnancy, delivery and through breastfeeding.

Under-nutrition continues to be a major public health problem in the country aggravated by poverty, food deficit, rural-urban migration, environmental degradation, poor dietary habits, low literacy levels,

poor sanitation, infections and a high population growth rate.

Like many developing countries, The Gambia is also 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. With infectious diseases still a major public health burden, the increase in the prevalence of diet-related non-communicable diseases poses a challenge for the allocation of scarce resources and is exerting immense pressure on an already over-stretched health budget.

Micronutrient deficiencies 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. Anaemia, due to iron deficiency, is very common among women, especially during pregnancy, and is a major contributory factor to the high maternal morbidity and mortality rates. A survey conducted by NaNA in 1999 (Bah et al, 2001) showed 64% and 76% of children less than five of years are vitamin A deficient and anaemic respectively. The same study also found 73% and 56% of pregnant women and lactating mothers respectively were anaemic; and 34% and 16% of pregnant women and lactating mothers respectively deficient in vitamin A. Another study (Egbuta, 1999) showed a Total Goitre Rate (TGR), a manifestation of IDD of 16% which is considered mild according to the WHO classifications.

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.

Table 9: Goal and Objective of Theme 8

Goal	Broad Objective	Cost (US\$)
To improve the care and nutritional status of the socio-economically deprived and nutritionally vulnerable groups	To establish an effective nutritional care and support system for the socio-economically deprived and nutritionally vulnerable groups	267,367

4.9 Theme 9: Nutrition and HIV/AIDS

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.

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.

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.

Table 8: Goal and Objectives of Theme 7

Goal	Broad Objectives	Cost (US\$)
To reduce the incidence of diet-related non communicable diseases	<ul style="list-style-type: none"> ▪ To increase awareness of the risk factors and major determinants of diet - related NCDs ▪ To reduce the mortality associated with diet-related NCDs ▪ To improve the health and quality of life of individuals with diet -related NCDs 	370,911

4.8 Theme 8: Caring for the Socio-Economically Deprived & Nutritionally Vulnerable

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 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.

1.2 Nutrition and its importance

'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' (WB, 2006). There is abundant evidence on the two-way relationship between nutrition and economic development. Malnutrition undermines economic growth and consequently brings about poverty. It is also evident that the poor progress of the world 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.

The beneficial effects of good nutrition on schooling and educational achievements are well documented. The greatest national resource of a nation is the intellectual power of its people, and not natural or physical resources. A nation cannot compete internationally when 20-50% of its population is intellectually compromised! Such is likely to happen where: low birth weight is common; children fail to achieve their full growth potential; micronutrient deficiencies permanently damage the brain; and anaemia and short-term hunger limit children's performance at school. For any effective and meaningful development to take place, people have to be well nourished to be able to carry out development activities. Therefore, in today's world, investing in Nutrition is a necessity and not a luxury; a judicious and beneficial investment that 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.

1.3 The Evolution of Nutrition in The Gambia

In 1983 a Nutrition Unit was set up as a technical unit at the Ministry of Health and Social Welfare (MoHSW) in line with the Primary Health Care (PHC) strategy adopted by The Gambia. Prior to the setting up of the Nutrition Unit, limited nutrition activities were being conducted under the general umbrella of Maternal and Child Health Care (MCH) with no trained Gambian nutritionists. Since there were no trained nutritionists, technical assistance was sought from the Voluntary Services Overseas (VSO), UK who provided a Nutritionist to help set up the Unit and give on-the-job training to the trained Public Health Officers and Field Assistant working with him. The Unit was understaffed, under resourced and poorly housed at the Ministry of Health, with no nutrition policy in place to guide its work.

Between 1985 and 1987, three trained Gambian Nutritionists returned home and were absorbed into the Nutrition Unit. However, two of the three nutritionists only worked with the Unit briefly, leaving Ms. Isatou Jallow to take over as Head of Unit after the departure of the late Mr. Seedy Taal to embark on her mission of ensuring that core the staff of the Unit are trained in nutrition. In 2004, her mission was realized with the attainment of an MSc in Public Health Nutrition by three staff and a BSc in Nutrition by two others.

In 1999, the Government of The Gambia signed a credit agreement with the World Bank with the continued funding of the project contingent on the availability of a nutrition policy in the country. The Participatory Health, Population and Nutrition Project (PHPNP) was launched in November 1998 heralding a major turning point in the evolution of nutrition in the country. A Nutrition Coordinator (Head of the Nutrition Unit) was appointed in April 1999 and work on the

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.

Table 7: Goal and Objectives of Theme 6

Goal	Broad Objectives	Cost (US\$)
To reduce the incidence of malnutrition especially among the vulnerable groups through the management and prevention of infectious diseases	<ul style="list-style-type: none"> ▪ To improve the nutritional status of children under five, pregnant and lactating women and other vulnerable groups ▪ To ensure that stakeholders appreciate the importance of a good nutritional status in both the management and prevention of infectious diseases 	1,444,854

4.7 Theme 7: Preventing and Managing Diet-Related Non-Communicable Diseases

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,

4.5 Theme 5: Improving Food Standards, Quality and Safety

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.

Currently new developments including the drafting of the Food Safety and Quality Bill, 2011 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.

Table 6: Goal and Objectives of Theme 5

Goal	Broad Objectives	Cost (US\$)
To improve the Food Control System in The Gambia	<ul style="list-style-type: none"> ▪ To contribute towards ensuring that food produced and/or consumed by the Gambian population is of high quality and safe. ▪ To raise public awareness on the importance of food quality and safety 	1,511,202

4.6 Theme 6: Nutrition and Infectious Diseases

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

formulation of a Nutrition Policy commenced in May 1999. To provide policy guidance and high level political support, a National Nutrition Policy Council composed of high level representatives from various sectors was established and chaired by H.E., The Vice President. A National Nutrition Policy (2000-2004) drafted by a team of local consultants was ready to be filed by the then Department of State for Health and Social Welfare for Cabinet approval by 21st December, 1999 enabling the continuation of the World Bank support. Once the policy was approved, the National Policy Council was transformed into the National Nutrition Council (NNC).

The National Nutrition Agency (NaNA, sometimes refer to as the Agency), established in September 2000 as per the Nutrition Policy (2000 to 2004), by merging the Office of the Nutrition Coordinator with the Nutrition Unit of the Ministry of Health and Social Welfare, is assigned to coordinate the implementation of the Nutrition Policy. The Agency has the mandate to coordinate all nutrition and related activities in the country and facilitate inter-sectoral collaboration in the area of nutrition. A new Headquarters was also built for the Agency by the World Bank.

A legislation giving NaNA the legal status to perform its coordination and implementation role was seen to be absent and this was a serious gap. In 2000, a Technical Cooperation Programme (TCP) was signed between The Government of The Gambia and the Food and Agriculture Organization (FAO) to improve the Food Control System. One of the outcomes of that TCP was the drafting of a comprehensive modern Food Act, 2005 and thus; Part II, Section 4 of the Food Act 2005 establishes NaNA as a legal entity with a clear mandate and well defined functions to perform with regards to nutrition programming, implementation and coordination in the country.

Between 2000 and 2005, NaNA was adequately funded and equipped by the World Bank supported project, PHPNP. The Agency performed very well and was rated highly satisfactory and satisfactory during

both the mid-term and end of project evaluation respectively. In fact, the Agency was described as the 'jewel in the crown' of the PHPNP. Exclusive breastfeeding rates were raised from 17% at baseline to 48.6% at the end of the project exceeding the 40% target set by the project. Exclusive breastfeeding for six months went up to 45.6% nationally which is above the Sub-Saharan Africa rates and in the Baby Friendly Communities the rates reached 70%. Underweight was reduced from pre-project baseline of 26% to post-project prevalence of 18.8%, Vitamin A Supplementation coverage slightly exceeded the 90% project target to 91% and the household consumption of iodised salt increased from 9% to 13% within the same period. The Gambia was among six countries in Sub-Saharan Africa that were then rated by the World Bank to be on track of halving the proportion of underweight children in their countries.

In 2006, an Agency Board was established to regulate and guide the affairs of NaNA as per Section 5 (1) of the Food Act 2005 and in 2009 NaNA was accorded a sub-vented status strengthening government's commitment to invest in nutrition.

From implementing just one programme as a Unit back then in 1986, NaNA has now designed, piloted and implemented other sustainable and cost effective community based nutrition intervention programmes such as the Salt Iodisation Programme, Vitamin A Supplementation Programme, Baby Friendly Hospital Initiative and the Baby Friendly Community Initiative to protect, promote and improve the nutritional status of the people.

1.4 First National Nutrition Policy (2000-2004)

In recognition of the fact that Nutrition is a crucial component of any development plan, work began in 1999 to formulate the first National Nutrition Policy (2000-2004). This was an inter-sectoral collaboration where all government institutions, departments and non-governmental organisations (NGOs) with a stake in nutrition were involved. After its formulation, the policy, a framework

Table 4: Goal and Objectives of Theme 3

Goal	Broad Objectives	Cost (US\$)
To achieve a reliable supply and proper utilisation of a variety of safe, adequate and nutritious foods at affordable prices at all times.	<ul style="list-style-type: none"> ▪ To promote the utilization of diverse and safe foods of high nutritional value ▪ To contribute to the diversification of the food production base. 	594,121

4.4 Theme 4: Preventing Micronutrient Malnutrition

Deficiencies of micronutrients 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.

Various interventions to combat IDA, IDD and VAD are being implemented. In spite of these interventions, the prevention and management of micronutrient malnutrition is still a priority. Hence, the need to strengthen existing interventions and carry out research especially into the effects and causes of emerging micronutrient deficiencies such as zinc and selenium.

Table 5: Goal and Objectives of Theme 4

Goal	Broad Objectives	Cost (US\$)
To prevent and control micronutrient malnutrition among the population especially women and children.	<ul style="list-style-type: none"> ▪ To increase awareness on causes, consequences and prevention of micronutrient malnutrition in the general population ▪ To increase household consumption of iodised salt from 7% in 2005 to 90% by 2015 ▪ To eliminate vitamin A deficiency and its consequences among the general population ▪ To reduce the prevalence of diseases related to micronutrient deficiencies among the general population especially women and children <p>To reduce the morbidity and mortality rates related to iron deficiency anaemia in all age groups.</p>	1,135,281

childhood malnutrition and eventually reduce childhood morbidity and mortality.

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.

Table 3: Goal and Objectives of Theme 2

Goal	Broad Objectives	Cost (US\$)
To improve the nutritional and health status of children.	<ul style="list-style-type: none"> ▪ To promote optimal infant and young child feeding practices ▪ To create an enabling environment for mothers and care givers to make and implement informed feeding choices ▪ To raise public awareness on the main problems affecting infant and young child feeding. 	8,970,758

4.3 Theme 3: Food and Nutrition Security at National, Community and Household Levels

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. The Household Poverty Survey of 1998, 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.

demonstrating nutrition as a crosscutting issue and involving all partners working in development was later adopted and approved by Cabinet.

The Goal of the Policy was to attain the basic nutritional requirements of the Gambian population and assure a healthy and productive living with emphasis on women and children, two of the most vulnerable groups.

A fundamental instrument in the operation of the Policy was the establishment of a permanent mechanism to co-ordinate the implementation of the policy and national plan of action. Consequently, NaNA was established by an Act of the National Assembly in 2005. NaNA, located under the Office of the Vice President is mandated and charged with the responsibility of coordinating all nutrition and nutrition related activities in the country.

The existence of a Nutrition Policy helped greatly in placing nutrition high on the agenda of the Government of The Gambia for national development. It 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; whereby nutrition interventions are no longer addressed on an ad-hoc 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.

Since its establishment, NaNA has recorded some major achievements and successes including:

- The coordination and enactment of the Food Act, 2005, leading to the enactment of the Breastfeeding Promotion Regulation and the Food Fortification and Salt Iodization Regulations, 2006);

- Revitalization of the National Codex Committee (NCC), which is made up of all government departments and organizations, concerned with food production, quality, safety and trade. NaNA is the official Codex Contact Point and serves as Secretary to the Committee;
- The coordination of IBFAN activities in the country. IBFAN is a pro-advocacy network of professionals, institutions, organizations and individuals that advocate for the protection, promotion and support of optimal Infant and Young Child Feeding (IYCF) practices. The network has established a chapter in The Gambia that requires the involvement of all stakeholders;
- Instituted various mechanisms in reducing micronutrient deficiencies namely the Salt Iodization and Vitamin A Supplementation Programmes as well as the intensification of IEC on Iron Deficiency Anaemia (IDA) control;
- The design and implementation of BFHI and BFCI strategies;
- Intensive nutrition education for the general public; and
- The construction of a modern building, “NaNA Headquarters”.

1.5 Revised National Nutrition Policy (2010-2020)

With the elapsed of the lifespan of the Nutrition Policy (2000 2004) and the fact that since its adoption in 2000, many developments in the area of nutrition and nutrition related issues have emerged, the need arose for a revision of the policy to include emerging and other issues that were not adequately addressed. Furthermore, the 2000-2004 Nutrition Policy did not have a comprehensive Action Plan and most importantly a budget to finance its implementation.

Thus in 2008, with support from UNICEF, a multi-sectoral team was formed to kick start the process of reviewing and revising the nutrition policy. The National Nutrition Policy (2010 2020) accompanied by a comprehensive Action Plan and budget for implementation, has since been validated and is awaiting Cabinet approval. This policy is also expected to contribute significantly in improving the nutritional

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.

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.

Table 2: Goal and Objective of Theme 1

Goal	Broad Objective	Cost (US\$)
Theme 2: Promoting Optimal Infant and Young Child Feeding To improve the nutritional status of women before, during and after pregnancy.	To reduce the prevalence of malnutrition among women of child bearing age.	3,570,385

because of their rapid growth and development. Adequate nutrition is essential for the infant and young child to reach their full growth potential. Optimal feeding practices of children 0 to 24 months are critical in breaking the cycle of malnutrition. Breastmilk is the ideal food for optimal infant growth and development. Breastfeeding is beneficial to both maternal and infant health. However, the full benefits of breastfeeding can only be realised if optimal infant and young child feeding (early initiation of breastfeeding, exclusive breastfeeding, frequent and on-demand feeding, timely introduction of appropriate 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

One of the most important changes in the Scheme of Service is the addition of a Policy Analysis, Planning and Research Unit at NaNA. The new scheme also includes additional staff with finance, IEC, monitoring and evaluation expertise.

Currently, NaNA has a staff complement of 26 full time employees comprising 19 professionals and 7 support staff and a part-time Procurement Specialist. The professional staff includes 5 Nutritionists, 3 Public Health Officers, 7 Community Health Nurses, 2 Accountants, 1 Admin and Personnel Officer, 1 Communication Officer and 1 Monitoring & Evaluation Officer. The support staff includes 1 Confidential Secretary, 3 drivers, 1 Watchman and 2 cleaners. Positions yet to be filled include a Policy Analyst and Planner, Statistician, Internal and External Auditors

4. PART 4: KEY INTERVENTION AREAS, BROAD OBJECTIVES AND COSTS

Following the validation of the National Nutrition Policy (2010 - 2020) and with assistance from the World Bank, a comprehensive five-year Strategic Plan aimed at translating policies and strategies into concrete action plans was developed. The purpose of the Strategic Plan is to outline and cost the areas of intervention that are of key priority in the drive towards improving the nutritional status of people living in The Gambia. For the period covering 2011 to 2015, the overall cost of the Strategic Plan is estimated to be US\$ 26.3 million. The breakdown of the key intervention areas and their costs are given below:

4.1 Theme 1: Improving Maternal Nutrition

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

status of the Gambian population and thus help in achieving the Millennium Development Goals (MDGs), Programme for Accelerated Growth and Employment (PAGE) and Vision 2020.

The Policy focuses 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

to be implemented through:

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

1.6 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.

1.7 Vision

A Gambia Free of Malnutrition

1.8 Goal

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

2. PART 2: THE BUSINESS PLAN

This Business Plan for Better Nutrition (2010-2015) seeks to explain The Gambia's plan to attain optimal nutritional requirements for its populace with particular attention to the vulnerable groups such as women, children, the elderly and the chronically ill. It highlights the current nutrition situation, institutional and policy landscape and the strategies to be employed in tackling malnutrition in the country as well as the costs and benefits of investing in nutrition in The Gambia.

2.1 The need for the Plan

The Business Plan is useful in that it gives at a glance, to potential investors, donors and partners, the costs and programmes being implemented or planned to attain the Goal of the Nutrition Policy (2010-2020). It is a handy tool to have in advocating to government,

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.

3.2 Human Resource Capacity

One of the most important elements in the success of NaNA is attributed mainly to the dedication and commitment of the staff. Despite the low salaries and virtual non existence of incentives, the staff attrition rate at NaNA is very low. It is worth noting that most of those presently at NaNA were the pioneers of the establishment of both the Nutrition Unit and the Agency, and none have left apart from the former Executive Director of the Agency who after dedicating nineteen successful years at the Unit and Agency left in April 2006 for another appointment.

In recognition of the need to increase its own capacity as an institution in order to scale up nutrition activities in The Gambia, a Scheme of Service was developed to increase technical capacity, motivate staff and maintain employee retention. The Scheme of Service was approved by the Agency Board in 2010, but remains to be applied in full due to inadequate financial resources.

Director in the day to day administration and management of the Agency and reports to the Executive Director.

- ☛ Finance and Admin Unit: responsible for the accounts and administrative matters, reporting directly to the Executive Director
- ☛ Policy Analysis Planning and Research Unit (PAPRU): yet to be established will be responsible for Monitoring and Evaluation, Research and Documentation; reporting to the Deputy Executive Director
- ☛ Information, Education and Communication (IEC) Unit: responsible for advocacy; reporting to the Deputy Executive Director
- ☛ Nutrition Programme Implementation Unit (NPIU): responsible for implementation of nutrition programmes; reporting to the Deputy Executive Director
- ☛ General Support Services: responsible for providing general support such as messenger, transport and cleansing services.

The Agency is headed by an Executive Director who is answerable to the Office of the Vice President as its oversight Ministry. NaNA's core responsibilities includes:

- 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

partners and other development organisations of the need to invest in nutrition.

2.2 Objective of the Plan

The objective of this Business Plan is to raise funds for nutrition in the country so that its population can attain optimal nutritional requirements thereby leading healthy and productive lives to assure sustainable livelihoods.

2.1 How to use the plan

The Business Plan is divided into five parts. Part I gives the background information on The Gambia, importance of nutrition and its evolution in The Gambia. Part II gives an overview of the need and objective of the Business Plan, whilst Part III provides a synopsis of the National Nutrition Agency, its organisational structures, functions and human resource capacity. Part IV of the Business Plan gives a rundown of key intervention areas and their broad objectives as well as the costs attached. The last part, Part V provides information on the financial analysis.

3. PART 3: NATIONAL NUTRITION AGENCY

The National Nutrition Agency (NaNA) was established in 2000 and became a legal entity in 2005 by an Act of the National Assembly. With good intentions, NaNA was strategically placed under the Office of the Vice President to:

- **remove any sectoral bias** - if placed under either health or agriculture it is bound to suffer some sectoral bias, as the sectors will be concerned with only their priority core areas paying less attention to other components. Therefore, to give it the needed visibility that it deserves, the Agency responsible for Nutrition is placed under a higher office such as the Office of The Vice President;
- **attract a wider funding base for nutrition** - one of the major constraints of the then Nutrition Unit under the Ministry of Health and Social Welfare was a limited funding base for nutrition programme implementation, with the only source

coming from UNICEF. In the medical circle, nutrition is not given the due priority it deserves and as such suffers in comparison to other programmes deemed more important. Now, the Agency is attracting funds from other partners such as FAO and CILSS who normally would not have funded nutrition activities under the umbrella of the Ministry of Health because their mandates would not permit them to; and

- **ensure better coordination of nutrition activities across the sectors** - being a cross-cutting issue, many sectors are involved in nutrition and nutrition related activities. If these sectoral interventions are not well coordinated or sectors do not collaborate, there may be duplication of efforts, nutrition issues not prioritize accordingly and/or the giving of conflicting messages to the public as “Everybody's business becomes nobody's responsibility”. Now, as the Agency mandated to coordinate the intersectoral collaboration for nutrition programmes and held accountable for nutrition, there is some degree of improvement in intersectoral collaboration and coordination in the implementation of nutrition programmes in the country. Through the National Nutrition Council chaired by HE, The Vice President, there is better intersectoral coordination of nutrition, which would not have been possible if nutrition was under the Ministry of Health and Social Welfare or Ministry of Agriculture, as it does not have the institutional mandate to coordinate other sectors' interventions in the area.

NaNA is also entrusted among other nutrition issues, the responsibility to:

- Review, update, strengthen, harmonise and develop Acts and statues relevant to nutrition (it has powers to formulate regulations on nutrition);
- Undertake policy analysis and review in order to anticipate potentially adverse nutrition outcomes of development

policies and recommend appropriate protective mechanisms and strategies in order to define and develop standards and norms for effective nutrition programme and service delivery for use by relevant implementing agencies;

- Develop and improve the capacity of stakeholders to enable them fulfil their role and mandate in the Nutrition Policy and programmes; develop and pilot intervention strategies prior to their adoption for implementation.

Its duties include to increase national awareness on nutrition issues in general, and the nutrition policy and plan of action in particular and strategies and activities for its implementation, through an advocacy and IEC strategy and mobilise technical, material and financial resources to support co-ordinated response to the nutrition problems of The Gambia and advice the National Nutrition Council periodically.

3.1 Organisational Structure including functions

A two-tier institutional arrangement is legislated for the implementation of the Nutrition Policy (2010-2020) namely:

- The National Nutrition Council reconstituted with the new membership comprising of the Vice President and Minister of Women's Affairs as Chairperson, 9 Cabinet Ministers, Chairperson of the Agency Board with the Executive Director of NaNA as its 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 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