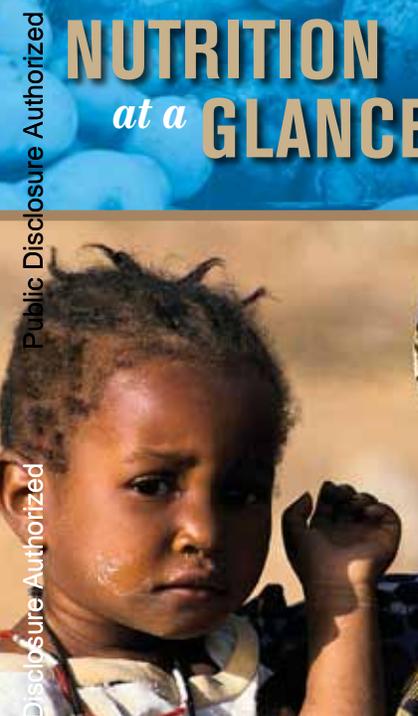




NUTRITION at a GLANCE

THE GAMBIA



Country Context

HDI ranking: 168th out of 182 countries¹

Life expectancy: 56 years²

Lifetime risk of maternal death: 1 in 32²

Under-five mortality rate: 106 per 1,000 live births²

Global ranking of stunting prevalence: 64th highest out of 136 countries²

Technical Notes

Stunting is low height for age (too short).

Underweight is low weight for age (too small).

Wasting is low weight for height (too thin).

Current stunting, underweight, and wasting estimates are based on comparison of the most recent survey data with the WHO Child Growth Standards, released in 2006.

Low birth weight is a birth weight less than 2500g.

The methodology for calculating nationwide costs of vitamin and mineral deficiencies, and interventions included in the cost of scaling up, can be found at: www.worldbank.org/nutrition/profiles

The Costs of Undernutrition

- Over one-third of child deaths are due to undernutrition, mostly from increased severity of disease.²
- Children who are undernourished between conception and age two are at high risk for impaired cognitive development, which adversely affects the country's productivity and growth.
- Childhood anemia alone is associated with a 2.5% drop in adult wages.⁵

Where Does The Gambia Stand?

- 28% of children under the age of five are stunted, 16% are underweight, and 7% are wasted.²
- 20% of infants are born with a low birth weight.²
- The Gambia will not meet MDG 1 (halving 1990 rates of child underweight by 2015) with business as usual.⁶
- The Gambia institutionalized nutrition policy development in 2000 through the establishment of the National Nutrition Agency (NaNA) under the Vice Presidency. The NaNA works closely with all line ministries and civil society for implementation of nutrition programs.
- Nutrition is included in the country's poverty reduction strategy and is included in the national budget under a separate line item. The budget line, albeit small, has gradually increased over the years.

As seen in **Figure 1**, The Gambia has relatively lower rates of stunting than countries in its region and income group. However, within the country, there is likely to be variation across geographies and socio-demographic groups.

Most of the irreversible damage due to malnutrition happens during gestation and in the first 24 months of life.⁶

Vitamin and Mineral Deficiencies Cause Hidden Hunger

Although they may not be visible to the naked eye, vitamin and mineral deficiencies impact well-being and are pervasive in The Gambia, as indicated in **Figure 2**.

- **Vitamin A:** 64% of preschool aged children and over one-third of pregnant women (34%) are de-

Annually, The Gambia loses over US\$10 million in GDP to vitamin and mineral deficiencies.^{3,4} Scaling up core micronutrient interventions would cost just over US\$ 1 million per year.

(See *Technical Notes* for more information.)

Key Actions to Address Malnutrition:

Achieve universal salt iodization.

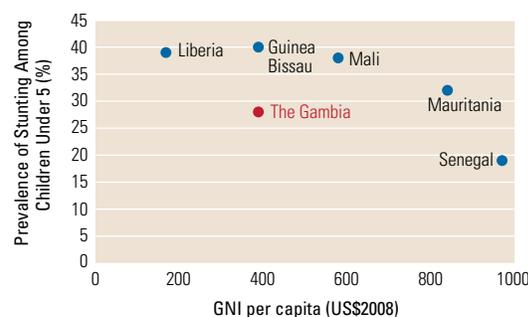
Improve infant and young child feeding through continued commitment to the Baby Friendly Hospital and Community Initiatives.

Increase coverage of deworming and vitamin A supplementation for young children and iron supplementation for pregnant women.

Increase capacity at local, regional and national level through the National Nutrition Agency and associated line ministries.

Improve dietary diversity through promoting home production of a diversity of foods and market and infrastructure development.

FIGURE 1 The Gambia has Lower Overall Rates of Stunting than its Neighbors and Income Peers, but Large Inequities Exist



Source: Stunting rates were obtained from WHO Global Database on Child Growth and Malnutrition. GNI data were obtained from the World Bank's World Development Indicators.

ficient in vitamin A.⁸ Supplementation of young children and dietary diversification can eliminate this deficiency.

- **Iron:** Anemia is found in about 79% of preschool aged children and three-quarters of pregnant women, respectively.⁹ Iron-folic acid supplementation of pregnant women, deworming, provision of multiple micronutrient supplements to infants

Poor Infant Feeding Practices

- About half (52%) of all newborns in The Gambia do not receive breast milk within one hour of birth.²
- 59% of infants under six months are not exclusively breastfed.²
- During the important transition period to a mix of breast milk and solid foods between six and nine months of age, over half of infants are not fed appropriately with both breast milk and other foods.²

Solution: Support women and their families to practice optimal breastfeeding and ensure timely and adequate complementary feeding. Breast milk fulfills all nutritional needs of infants up to six months of age, boosts their immunity, and reduces exposure to infections. In high HIV settings, follow 2009 HIV and infant feeding revised principles and recommendations.¹³

High Disease Burden

- Undernutrition increases the likelihood of falling sick and the severity of disease.
- Undernourished children who fall sick are much more likely to die from illness than well-nourished children.
- Parasitic infestation diverts nutrients from the body and can cause blood loss and anemia.

Solution: Prevent and treat childhood infection and other disease. Hand-washing, deworming, zinc supplements during and after diarrhea, and continued feeding during illness are important.

Limited Access to Nutritious Food

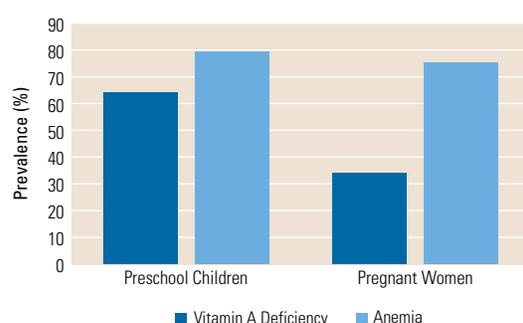
- 9% of households are food insecure, according to a measure of per capita access to calories.⁷ Many more households likely lack access to diverse diets year round.
- Achieving food security means ensuring quality and continuity of food access, in addition to quantity, for all household members.
- Dietary diversity is essential for food security.

Solution: Involve multiple sectors including agriculture, education, social protection, transport, gender, the food industry, health and other sectors, to ensure that diverse, nutritious diets are available and accessible to all household members.

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FIGURE 2 High Rates of Vitamin A and Iron Deficiency Contribute to Lost Lives and Diminished Productivity



Source: 1995–2005 data from the WHO Global Database on Child Growth and Malnutrition.

and young children, and fortification of staple foods are effective strategies to improve the iron status of these vulnerable subgroups.

- **Iodine:** Only 7% of households consume iodized salt⁶, leaving the vast majority of children in The Gambia unprotected from iodine deficiency disorders.
- **Zinc:** 36% of the population is at risk of insufficient zinc intake.¹⁰ Zinc supplementation during diarrheal episodes can reduce diarrhea morbidity by more than 40%.¹¹

- Adequate intake of micronutrients, particularly iron, vitamin A, iodine and zinc, from conception to age 24 months is critical for child growth and mental development.

World Bank Nutrition-Related Activities in The Gambia

The World Bank is supporting the nutrition agenda through a Non-Lending Technical Assistance Project aimed at strengthening the institutional, organizational and financial capacity (through the National Nutrition Agency) to improve nutritional status of the Gambian people. The Gambia will also receive a US\$3 million grant from the Rapid Social Response multi-donor trust fund for improving nutrition security. Both projects seek to enhance collaboration of the national nutrition program with the Community-Driven Development Program.

Addressing undernutrition is cost effective: Costs of core micronutrient interventions are as low as US\$0.05–3.60 per person annually. Returns on investment are as high as 8–30 times the costs.¹²

