



Food and nutrition information systems in the CILSS countries:

Aide-mémoire: mission to The Gambia

(Banjul, 18 - 21 September 2006)

Hervé Delsol (SCAC, Ouagadougou)
Yves Martin-Prével (IRD, Ouagadougou)
Sadio Traoré (INSAH, Bamako)

7th, November 2006

CONTENTS

1. <u>INTRODUCTION</u>	3
1.1. Mandate of CILSS	3
1.2. Objectives / Terms of reference of the mission	4
1.3. General aspects about the Gambia	5
1.4. Summary of the key findings from previous missions	6
2. <u>NATIONAL FOOD SECURITY INFORMATION SYSTEMS</u>	8
2.1. State of things	8
2.2. Strengths of the national food security information systems	11
2.3. Weaknesses of the national food security information systems	11
3. <u>NATIONAL INFORMATION SYSTEMS IN HEALTH AND NUTRITION</u>	12
3.1. Organisation of the Gambian health system	12
3.2. Appraisal	14
3.3. Strengths of the national health and nutrition systems	20
3.4. Weaknesses of the national health and nutrition systems	20
4. <u>OTHER INFORMATION SYSTEMS</u>	21
4.1. National socio-economic information systems	21
4.2. United Nations System	22
4.3. Strengths of the information systems	23
4.4. Weaknesses of the national information systems	23
5. <u>GLOBAL EVALUATION OF FOOD SECURITY AND NUTRITIONAL INFORMATION</u>	25
5.1. Global synthesis	25
5.2. A voluntary choice between early warning and nutritional surveillance ?	25
5.3. Absolute priority given to health and nutritional surveillance	27
5.4. ...By minimizing the early warning aspects with regard food security	27
6. <u>CONCLUSION AND PROSPECTS</u>	27
6.1. Conclusion	27
6.2. Prospects	28
<u>ANNEXES :LIST OF PERSONS AND INSTITUTIONS MET</u>	29

1. INTRODUCTION

1.1. Mandate of CILSS

Food security is defined as a situation in which “...every human being has, at any time, physical and economic access to adequate, healthy and nutritious food enabling him/her to meet his/her energy requirements and food preferences in order to lead a healthy life”. The achievement of food security for the population is becoming more and more difficult to attain in a context characterised by globalisation and in which African agriculture – that provides livelihood for the majority of the populations – is faced with many challenges.

CILSS whose mandate is to search for food security and combating desertification in the Sahel, adopted a few years ago a food security strategy framework, which was the outcome of the Sahel 21 process. This strategic framework sets the priorities and guidelines and aims at “creating the conditions for sustainable regional food security and reducing structurally poverty and inequalities in the Sahel”.

The sub-regional approach to food security adopted by the countries with a view to reducing poverty, aims at ensuring coherence among the various reforms initiated at the national and international levels; facilitating treatment of common problems within the context of regional cooperation but also putting food security issues in the perspective of regional integration.

To help meet these concerns, information relating to the nature of the crisis (type of disaster) and their impacts (scale) as well as information relating to disaster-prone areas and populations, etc, is essential. This forms the basis for the definition of actions to undertake in order to reduce impacts on a timely basis. Most of the food crisis prevention, monitoring and management systems are structured around four main areas of action, namely: monitoring of agricultural production, market information, social monitoring of vulnerable populations and food and nutritional monitoring.

The CILSS countries have embarked, over the last couple of years, on a process of promoting food security information systems. These systems consist of monitoring the agricultural production and preventing food crises in order to better manage them so as to avoid their disastrous effects on the food security of the people. But these systems now in place are limited by the fact that they take basically into account two out of four information systems mentioned above. Thus, the monitoring of the groups at risk just like the nutritional and health monitoring of the populations does not seem to have been given much attention. The fact remains that the 2005 growing season in Niger has revealed a lot of weaknesses in the warning systems of information systems put in place in the Sahel countries.

Following the crisis in Niger, the need for strengthening the prevention, monitoring and management of crises became very strong as a result of the necessity of taking the nutrition and health indicators into account. The idea would be to better determine the structural effects resulting from the socio-economic development of the Sahelian societies as recurrent phenomena that impact on the food security and cannot be identified through the current information systems.

The last meeting of the Food Crisis Prevention Network (PREGEC) held in Paris in December 2005 recommended improving the Sahelian information systems, by taking nutrition and health

indicators into account. The French Ministry on its part has expressed readiness to support, technically and financially, the implementation of this initiative within the framework of a CILSS-led sub-regional project.

To study the feasibility of the regional project, fact-finding missions were carried out in Mali, Mauritania and Senegal. Another exploratory mission will be carried out very soon in Chad. These countries have been chosen because of their specificities in terms of whether nutritional information is available or not and whether such information is relevant or not for the regional project. It is also because of the uniqueness of the Gambian case where the nutritional data collection process seems to be more complete in the Sahel that it was decided to carry out a mission to that country. The mission, made up of a CILSS representative, a representative of IRD (French Research Institute for Development) and a representative of the French Foreign Ministry, visited in Banjul from 17th to 22nd September 2006.

1.2. Objectives / Terms of reference of the mission

The overall objective of the trip to The Gambia is to take stock of the Gambia's great experience as regards nutritional data collection; data which, once combined with the findings of the exploratory missions to the target countries, will help to define explicit specifications for the actions to undertake within the framework of the future regional information system. More specifically, the aim is to:

- Analyse what is already in place in terms of nutritional data collection, implemented by both the Government and the technical and financial partners;
- Determine the relevance of the topics addressed by The Gambia government and the technical partners;
- Formulate general recommendations based on the implementation principles by national services and sustainability of actions in the light of the new arrangements of the official development assistance (budget support).

The mission was jointly prepared by the team of experts (CILSS-IRD-MAE) and the PS CONACILSS of the Gambia, Dr. Amadou Sowe. A number of national bodies and technical and financial partners were visited (cf. list). In addition, the mission carried out a one-day field visit to a nutritional monitoring centre within the health district of the Western Division, near Banjul.

At the end of the mission, a de-briefing session was organised in the premises of the National Nutrition Agency (NaNA). The following institutions took part in the session:

- National Nutrition Agency (NaNA) ;
- Gambian Food and Nutrition Agency (GAFNA);
- Department of State for Agriculture (DOSA);
- Department of Planning of DOSA (DoP/DOSA);
- World Food Programme (WFP).

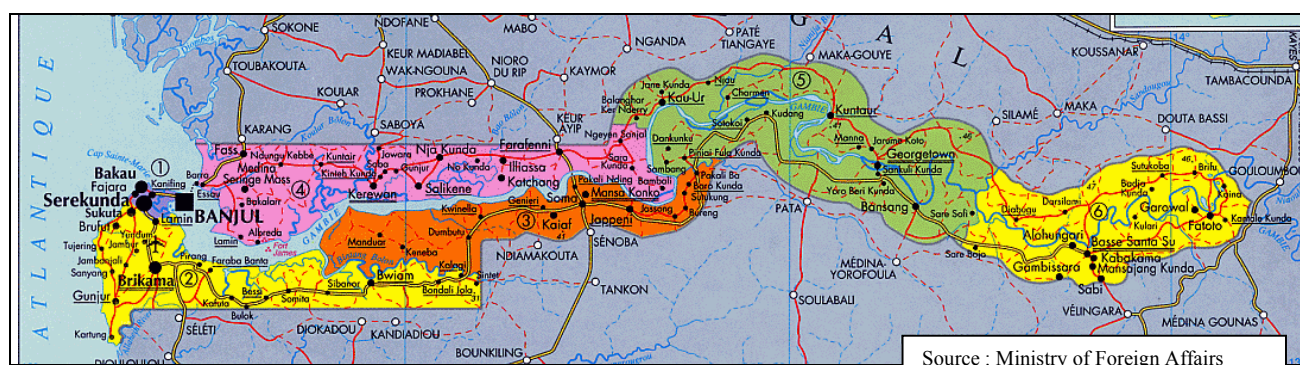
The name list of participants is attached herewith.

1.3. General aspects about the Gambia

1.3.1. The country, its population and economy

The Gambia is a country that stretches along the river of the same name, over a distance of more than 400 km; 1 400 000 inhabitants (source: general population census of 2003) live on its territory (average density: 128 inhabitants per km²). With a fifty kilometre-long sea front, this country, which became independent in 1965, is a member of the Commonwealth and of ECOWAS on the sub-regional level. The move towards a rapprochement with Senegal to form the Senegambia confederation was dropped once and for all in 1989.

Though The Gambia shares borders with Senegal alone, it cultivates its membership of the English-speaking community through distinctive features to be found nowhere else in the other countries of the sub-region: a very good education sector, a developed health system, the presence of a decentralised public administration within the 7 Divisions of the country. Finally, the Gambia is a country where “everybody knows everybody”; which contributes to developing social ties or safety nets for the poor, especially between the urban and rural populations.



The Gambian population is characterised by a high growth rate (2.8% per year), which puts the country in the 11th position in the world, with a life expectancy at birth of 51 years. The demographic structure is typically that of a developing country: 25% of the population is less than five years of age. Infant mortality fell, between 1980 and 2003, from 225/1000 to 125/1000. The net population growth is primarily due to a total fertility rate of 4.9 children per woman but also to the good performances of the health services and a recent urbanisation of the country (urbanisation rate estimated at 30%) providing community-based and good quality healthcare services to the people.

The Gambia is amongst the poorest countries in the world, because it is ranked 151st in the UNDP Human Development Index (just before the LDC group, the Least Developed Countries). Agriculture accounts for 27% of the GDP, followed by the tourist sector, which contributes to 12%. The income per capita is USD 356 per year (2003 figures). The net growth rate since 1988 has been 5%, which is the standard growth rate within the ECOWAS area. On the other hand, inflation is still very high in the Gambia (13% in 2004) and the national currency fluctuates in its parity of exchange with the Euro zone and the Dollar zone, which represents a major obstacle to trade.

1.3.2. The country and the achievement of the Millennium Development Goals

In its report 2003¹ on the achievement of the Millennium Development Goals (MDG), the best achievements are likely to be recorded for: access to drinking water; decrease in maternal mortality rate and chronic malnutrition of children of less than five years of age. It is worth noting that the prevalence of HIV/AIDS infection is increasing. The overall poverty and food poverty situation is slightly improving though increased resources are needed to achieve the MDGs by year 2015. The Gambia global environment (mobilisation of resources, national commitments) enabling to achieve these goals is good as far as food poverty; HIV/AIDS infection; and access to potable water are concerned. But, this environment is not good enough as far as income poverty; infant mortality; and gender equity are concerned.

1.3.3. The country and the poverty issue

Sixty nine per cent of the Gambian population live below the poverty line. This figure rose over the last years (63% in 1992), thus putting The Gambia at the same level as other Sahelian and CILSS members countries in value, but paradoxically, this poverty seems to be more acute in terms of trend. Food poverty rose from 33 to 37%, thus illustrating the poor distribution of the country's growth gains over the same period.

The proportion of people living below the minimum energy ration level acceptable in The Gambia went up from 15% in 1993 to 21% in 2003, thus illustrating the difficulties to access food within the country. The average daily energy consumption *per capita* rose from 1 570 calories in 1980 to 2 272 calories in 2002; the daily energy intakes come primarily from rice (50% of energy intake), maize, sorghum, sugar, oil and milk². The daily consumption of oil and sugar in the Gambia is equivalent to what is consumed in the developed countries³.

In constant data (1980 index), the monetary revenues of the households have not changed in The Gambia for the last 25 years; which does not put a new lease of life into the national economy necessary for a more sustained growth (boosting the economy via household expenditure).

All these facts lead us to believe that the global poverty of the households is structurally embedded in the national economy despite a 5% annual growth rate, which is not enough to improve the living conditions in the long term.

1.4. Summary of the key findings from previous missions

Various fact-finding missions have been carried out in the majority of the CILSS member countries. Apart from Burkina where certain members of the mission live permanently, Niger, Mali, Senegal and Mauritania were visited beforehand. Each mission gave rise to an aide-mémoire. Two types of results can be identified: the results that do not vary and are common to all the countries on the one hand, and the results that are specific to each country, on the other hand. The invariants are presented in the table below.

¹ : Republic of The Gambia: *Gambia's progress towards achieving the MDG goals*, 2003

² Source: *Country profile 2002, The Gambia*, FAO

³ FAO, op.cit

<p align="center">State of the information systems</p>	<p>Each one of the countries that were visited has put in place a functional Early Warning System (EWS) (with a staff and operating budget in place), various national surveys (EDS⁴, MICS⁵, surveys on household poverty) health statistics... however, these sources are never analysed altogether and no causal analysis is made. No seasonal analysis is available on a routine basis. The determinants of food insecurity are dealt with following methodologies that are, at times, very complex and unaccomplished, and therefore unconvincing.</p>
<p align="center">Involvement of policy makers</p>	<p>This information, which is announced very often but is never translated into concrete facts in budgetary terms, is used only for domestic political purposes within the countries. The financial partners recommend continuous dialogue with the States for the management of financial and physical security stocks whose rebuilding aspects are difficult to manage. Other external TFPs do not abide by this recommendation and offer food commodities based on bilateral agreements (Japan, Arab countries...).</p>
<p align="center">Institutional arrangement</p>	<p>As a general rule, the Ministries of Health receive very small budgetary allocations and are thus faced with many problems in their day-to-day operation; the services in charge of nutritional aspects are non-existent and/or are not involved in the decision-making process (e.g., national health development programmes). Only Senegal stands as an exception to that rule. Many multifarious, non-integrated supports are put side by side and contribute to making the final diagnoses more complex to make.</p>
<p align="center">Usefulness of the information</p>	<p>As a rule, information is used to either justify or disqualify the distribution of food to the people (rarely with a targeting, eventual zoning per administrative division). No normative approach to the risks has been envisaged nor any adaptation of the types of food and non-food response, in conformity with the Food Aid Charter in the CILSS countries.</p>

Certain specific constraints and opportunities are summarized hereafter, per country:

- Niger: The EWS is functional at the second administrative level of the country. It is a simple and rustic system; but it seems to have problems in interpreting the seriousness and extent of the current food problems.
- Mali: the nutritional aspects for appraising exposure to food risks are actually taken into account though they are not well analysed, and despite the fact that there is a lot of technical expertise available through scattered between three different agencies.

⁴ EDS : Enquête de Démographie et de Santé

⁵ MICS : Multiple Indicators Cluster Survey

- Mauritania: a nutrition development policy has been mapped out and adopted by the government for the years to come; the involvement of the Ministry of Health in the nutritional aspects is not yet quite visible; and the body in charge of finding responses to crises is providing leadership in that area.
- Burkina Faso: the EWS has been effective over the last years. An overhaul of the whole system is underway both institutionally and technically. The nutritional surveillance data are in the process of being validated through a one-off supplementary exercise aimed at validating the indicators selected.
- Senegal: with a real commitment for nutritional surveillance anchors on the Nutritional Reinforcement Plan in order to help achieve the Millennium Development Goals in particular, it is necessary to clarify the role and missions of the various entities involved in the surveillance and early warning aspects in order not to confuse routine primary data collection on the situation of the populations with information analysis for an early warning and decision-making system.

To collect the whole range of existing nutritional and food security data, The Gambia was selected as a specific case study on nutritional surveillance.

2. NATIONAL FOOD SECURITY INFORMATION SYSTEMS

The country has developed different information sources in order to determine a state of global food security. This paragraph deals with data relating to the food security and early warning, under the *Department of State for Agriculture (DOSA)*.

2.1. State of things

2.1.1. National Agriculture Sample Survey (NASS)

The national agriculture sample survey has been carried out regularly since 1974. It provides information on: agricultural production (including market gardening), livestock, socio-economic characteristics of farmers, area under cultivation, yields and outputs of harvested plots and the cattle. The last survey published (2005) was carried out by DOSA with the assistance of government services like the *Gambian Bureau of Statistics (DOSA)*, the *Department of State for Fisheries and Water Resources (DSFWR)* and the *Strategy for Poverty Alleviation Coordinating Office (SPACO)* as well as NGOs such as CRS and Action Aid. The agricultural survey corresponds to what is being done in the other countries, that is to say, an annual (over the last 12 month period) and national survey involving households located in the rural areas. Every year, the survey starts in May with the sampling process and takes end in November with the publication of results.

The sample is stratified according to the districts (representing the 2nd administrative level, totalling 34 districts across the country, divided into 6 first-level administrative divisions). A random draw is made at two levels: first, the drawing of a number of census zones per district, according to their surface areas and number of farmers (unequal probability draw leading to the selection of 74 ZD out of 2500 in total, nationwide); then, a draw of farming households in each ZD selected and a random draw systematically of 5 households per ZD (final sample of 370 out of 100 000 households at the national level). The survey is conducted via interviews with the heads of the households and an assessment of their productions.

Food and nutrition information systems: aide-memoire on the mission to the GAMBIA

In terms of results, the NASS enables to say that the Gambia produces annually, on the whole, 180 000 tonnes of cereals (year 2004: 170 000 tonnes of coarse cereals and 30 000 tonnes of rice) and imports 130 000 tonnes annually (principally rice). The Gambia is not a country experiencing significant food deficit, but the staff of DoP/DoSA observed that the Port of Banjul is used as homeport to take delivery of cereals for the neighbouring countries (with no available re-export data).

The overall agriculture results and harvest outlook are presented in the table below:

**Comparison of CILSS forecast and actual estimates obtained
from 2004/2005 NASS as of 25 October 2004**

Name of Crop	ACTUAL		FORECAST		PERCENTAGE CHANGE FROM 2003/2004	
	2004/2005		2004/2005		AREA	PRODUCT ION
	AREA	PRODUCTION	AREA	PRODUCTION		
	PLANTED HA	TONNES	PLANTED HA	TONNES	PLANTED HA	TONNES
Early Millet	108,189.46	115,979	99,634.00	114,579	13	8.3
Late Millet	14,959.55	16,515	15,301.00	14,398	4	25
Sorghum	26,054.9	28,999.2	25,643.00	32,054	5.6	-13
Maize	24,200.82	29,210.4	23,267.00	36,064	15	-12
Total Coarse Grains	173,404.73	190,703.60	163,845.00	197,095.00	11	8.2
Upland Rice	9,343.01	12,370	10,221.00	14,821	5	26
Swamp Rice *	7,264.26	8,734	7,772.00	10,631	9	6
Irrigated Rice	2,300.0	11,500	2,829.00	14,925		
Total Cereals	191,168	242,851	188,150	209,258	4	-12
Groundnuts	116,627.30	135,696	119,644.00	120,468	8.1	46

Note: Forecast for 2004/2005 based on the 2004 NASS and Subjective estimates as of 15 October 2004

Figures may not add up due to rounding problems

Source: NASS, 2004(DOP/DOSA)

In terms of cereal balance-sheet (diagram below), one can observe that the Gambia is a fragile country in terms of cereal production: the commercial imports account for 60% of the volume of national productions. Food aid is small (6 000 tonnes of rice) and comes primarily from WFP and CRS within the context of school canteens and food-for-work programmes. Since 2003, The Gambia has been benefiting from the Japanese Food Aid Grant (2 800 – 3 500 M.T of rice annually). The food aid is monetized and proceeds are utilized on Agricultural development activities related to income and food poverty reduction.

Food and nutrition information systems: aide-memoire on the mission to the GAMBIA

ELEMENTS OF THE CEREAL BALANCE SHEET 2004/2005 EX-POST CEREAL BALANCE SHEET		
1.	Opening Stocks (*000 metric tons)	75.00
1.1	Commercial (Rice)	50.00
1.2	Farmers (Cereals)	25.00
2.	Net Production (grain equivalent)*1 (*000 metric tons)	183.29
	Maize	24.82
	Millet	112.61
	Sorghum	14.03
	Rice (upland, swamp and irrigated)	24.64
3.	Imports (projected from 1/11/2004 to 31/10/2005) (*000 Tonnes)	116.48
3.1	Commercial *2	110.00
3.1.1	Rice	95.60
3.1.2	Wheat Flour	23.40
3.2	Food Aid (*000 Tonnes)	6.48
3.2.1	Rice	5.98
3.2.2	Corn Soya Blend (CSB)	0.25
3.2.3	maize	0.25
4.	Total Availability (1+2+3) (*000 Tonnes)	374.77
.	Population (as at April 2004)	1.441.147
6.	Total Consumption (Cereal consumption is estimated at 175kg/GE/capita/year) (*000 tons)	252.20
7.	Closing Stock (*000 tons)	110.00
7.1	Commercial (rice)	60.00
7.2	Farmers (cereal)	50.00
	Deficit/Surplus (4-(6+7) (*000 Tonnes)	+12.57
*1	Net production equals gross production minus 15% for seed, livestock feed and losses.	
*2	Re-exports are put at 30 percent of total commercial imports.	
Source: NASS, 2004(DOP/DOSA)		

The cereal balance-sheet provides an average available quantity per capita, which determines exposure to food risk if this ratio is lower than the consumption norm (175kg of coarse cereals per year and per capita). Certain items of the cereal balance-sheet must be analysed carefully; the collection and information systems are not always reliable as far as the commercial and farmer closing stocks are concerned; moreover, to confirm what is said about the flow of cereals, the exports item does not appear in the balance-sheet. In fact, the cereal balance-sheet is an approximation for appraising the availability of cereals during harvest, the available volumes of which are equally distributed throughout the year.

2.1.2. Early Warning System (EWS)

The Gambia's Early Warning System is not functional within the DOSA but it was in place when the different phases of the European Union's DIAPER project were functional. Thus, no information from the regions is analysed and no prediction of the food situation is published. Though the staff of DOSA are in place within the divisions and districts, we shall later see that the priorities were centred on another type of elaboration of risks.

2.1.3. Seasonal Monitoring Report (SMR)

The food security seasonal assessment report that is prepared with the Agrhymet Regional Centre is not yet operational. A first support mission was carried out with an external consultant and the setting up of an analysis framework requires a second mission, which is not planned yet. To date, this instrument is not yet operational.

2.1.4. Early Warning Bulletin (Department of Water Resources)

The Department of Water Resources of the Department of State for Fisheries and Water Resources publishes, every ten days, an early warning bulletin on food security. The bulletin consists especially of agro-meteorological information (position of the Inter-tropical convergence zone, rainfall situation, agro-meteorological situation) and draws on similar bulletins prepared by

the Agrhyment Regional Centre. The *Meteorology Division*, which is charged with publishing this bulletin, is attached to the Department of Water Resources.

2.1.5. *Food and Nutrition Unit (DOSA)*

This unit is similar to the food technology divisions set up in the 80s within the Ministries in charge of Agriculture across West Africa in order to improve the meals of the rural producers through improved dishes. This unit seems to work in The Gambia with specific financial support alone i.e government budgetary allocation.

2.2. *Strengths of the national food security information systems*

The strengths of the above discussed information sources are as follows:

- The NASS is regularly conducted without any external financial contribution and is therefore not subjected to any risk as regards its financing. Moreover, the methodology seems to comply with generally admitted standards for this kind of work and enables to provide, at the 2nd administrative level, the crop and animal productions, but also the yields in comparison with the previous years. The cereal balance-sheets per divisions and for the country at general, which are in conformity with the CILSS tools make it possible to compare the Gambia's data with those of the other countries. The current food security analyses based on the cereal balance-sheets are also in conformity with current practices while sharing the desire to move from the development of a cereal balance-sheet to a food balance-sheet. The consumption norm (175 kg of cereals annually) is also a norm that Gambia would like to revisit.
- The absence of exports within the cereal balance-sheet does not account for the cross-border trade flows. This lack of information takes us back to the root causes of the food crisis in Niger in 2005, which was due to speculations amongst traders in Niger and northern Nigeria.
- The Early Warning Bulletin on Food Security is published regularly during the rainy season; its periodicity constitutes a strong point because having regular information, even if it is incomplete, helps to appraise a situation that is either degrading or improving.
- Finally, the Gambian technical divisions seem to produce the basic information that CILSS is looking for (agricultural and animal productions, cereal balance-sheets) while admitting the limitations of the potential diagnoses.

2.3. *Weaknesses of the national food security information systems*

- The NASS, like in many West African countries, should be the source of primary data sounding the alarm for this marked trend as regards poverty in the rural areas, based on the data collected over the last 30 years. Like any other economic survey, (the NASS must necessarily contribute to the calculation of the GDP and to the income statement of the agricultural sector as well as modelling of the rural economy), the NASS is not dedicated to this exercise. Thus, it does not give, from a food security perspective, all the analytical potential that might be developed basing on a longitudinal analysis of the crop and animal productions data.
- The lack of a functional EWS could be seen as a major weak point of the system. Offhand this point of view is not shared by the mission, which interpreted this situation as simply

being not a priority for the government. There is no EWS... because the country doesn't need any! Our interlocutors seemed to be saying. The lack of a functional EWS seemed to be felt but indirectly: no tool (even incomplete) for targeting very sensitive or highly insecure zones, no map of food risks, etc... was presented. The EWSs, though perfected in the other countries, have the advantage of spatializing the risks in the administrative divisions and characterising the causes.

- The Dalasi/Euro-F.CFA exchange rate seem to play an important role when it comes to cereal transfers in the Gambia; certainly, the selling strategies of households are structured around this factor (observed in north Nigeria and south Niger). No reference to opportunities for gains was discussed during the mission.
- There is nevertheless one question to ask: are they localized situations of food insecurity in the Gambia necessitating rapid and specific responses? No answer could be found for this question because this kind of approach (spatialization of risks, level of occurrence, typology of the households exposed to such risk,) is not in place. The determination of the types of situations, by stages or threshold (fragility, probable exposure, confirmed risk) does not seem to be effective despite the collection of primary data allowing the inputting such information.

3. NATIONAL INFORMATION SYSTEMS IN HEALTH AND NUTRITION

3.1. Organisation of the Gambian health system

According to the primary health care strategy, the Gambian health system is organised on a classical pyramidal system with the reference hospital at the top followed by health centres at the intermediary level and finally primary health posts at the periphery. This organisation however is not totally modelled on administrative divisions (there are six (6) health regions in the five (5) administrative regions, 69 « health circles » at the secondary level and about five hundred (500) peripheral health posts). At the secondary level, we find community health nurses with each being in charge of the supervision of primary health activities in five (5) to six (6) villages.

Since the beginning of the 1980s, nutrition and community health have been at the heart of the preoccupations of the *Department of State for Health* (DoSH). This constant preoccupation which is supported particularly by the World Bank and Unicef, led the country in 1999 to formulate a National Nutrition Policy (2000-2004). Through the PHPNP (*Participatory Health Population and Nutrition Project* – financed by the World Bank), numerous sectors have been involved in the definition of this policy (health, agriculture, water resources, condition of women, finance, population, education, NGO and the private sector...). In order to ensure the implementation and sustainability of this policy, a National Nutrition Council (NNC) and a National Nutrition Agency (NaNA) were set up and placed under the direct authority of the office of the Vice-President. Their operating budget is voted by the National Assembly.

A major line of intervention is the « *Baby Friendly Community Initiative* » (BFCI) which is supported by a mutual commitment of the communities and government towards the improvement of the health and nutrition of young children. Among the key success of this initiative there is, as a prelude to the start of the activities, a village committee composed of equal number of men and women. The BFCI is then used as an entry point for numerous activities :

Food and nutrition information systems: aide-memoire on the mission to the GAMBIA

primary health care, nutritional education, micronutrients supplementation, maternal health, vaccinations, growth monitoring, screening for HIV/Aids, etc.

To illustrate the overall performances of the health system, the table below shows a certain number of health and demographic indicators for The Gambia, by providing the figures of the neighbouring country as elements for comparison (Senegal, even if we know that the population density and the rate of urbanisation of the two countries are very different) and the same level of indicators for the whole of Africa⁶.

Indicators	Units	Gambia	Senegal	Africa
Life expectancy at birth	Years			
Men		55	54	47
Women		59	57	49
Infant Mortality Rate	p. 1000 life births	89	78	100
Under-Five Mortality Rate	p. 1000 life births	122	137	167
Maternal Mortality Rate	p. 100.000 life births.	540	690	910
Global Fertility Rate	No children / women	4.6	4.9	5.3
HIV Prevalence	% (adults 15-49 years)	1.2	0.8	7.1
Annual Incidence of tuberculosis	New cases / 100.000 pop.	233	245	356
Immunization coverage for				
Measles	% (children 12-23 mo)	90	57	66
DTP3		92	87	66
Antenatal Visits	% (at least 1 visit)	92	82	-
Attended Delivery	%	55	58	-
Vitamin A Supplementation	% (children 6-59 months)	93	83	-
Children <5 years sleeping under mosquito impregnated bednet	%	15	2	-
Nutritional status 0-5 years				
Stunting	% (< -2 Z-scores / Ref. NCHS)	19.2	25.4	34.5
Wasting		8.0	8.4	9.5
Underweight		17.2	22.7	24.5
Low birth-weight	% (< 2500 g)	17	18	14
Access to drinkable water	% General population			
Urban		95	90	84
Rural		77	54	45
Total health expenditure	% of the GDP	8.1	5.1	-
GDP / Inhabitant	USD – PPP int.	1900	1720	2074

Source = World Health Statistics 2006 (WHO, 2006)

On the whole, there is a satisfactory level recorded for most indicators on preventive activities in health and nutrition: vaccination coverage, distribution of vitamin A, antenatal visits, etc. The relatively low maternal mortality rate is the end result of particular efforts in the area of maternal health. We also observe that the prevalence of malnutrition is, according to the WHO thresholds, rated « low » for stunting (i.e. below the threshold of 20%) and « moderate » for underweight (i.e. below 20%) and for wasting (i.e. below 10%). Furthermore, the high rate of expenditure on health, 40% of which is from Government coffers, is the end result of efforts exerted by the

⁶ The figures provided here are taken from the 2006 world directory of the WHO health statistics. They are not necessarily the final figures available for the Gambia, however their interest is from sources and years comparable to the whole country.

nation in this sector (the health sector accounts for 17% of Government expenditure). However, it is clear that there is still room for progress towards achieving the MDGs.

3.2. Appraisal

3.1.1 Epidemiology and Diseases Control Unit

Previously called *Integrated Diseases Surveillance Unit*, this national health statistics department is placed under the direct authority of the DoSH. Its function is mainly to ensure the continuous surveillance of illnesses with an epidemic potential as well as the collection and dissemination of routine health statistics. Basic information is collected monthly from consultations and activities registers located in the health centres and via a standard card. In theory, in each health centre a minimum staff of 2 or 3 persons examine and discuss the results of the month before their being forwarded to the upper echelons where decisions are made for actions to be taken based on its proper analysis. The monthly cards are forwarded to each *divisional health team* (a team in each of the 6 health regions in the country) where information is entered into computers and the tendencies analysed, and eventually followed by actions, before transmission of data, either by fax or email, to the central division. Every two months, a report is written and a meeting organised to share the results with the other departments concerned (as well as the WHO and other partners).

The information collected regarding 22 transmissible illnesses, categorised into 3 classes : illnesses with an epidemic potential, endemic illnesses and, upon request from the WHO, illnesses targeted within the framework of the IMCI (*Integrated Management of Childhood Illnesses*). In addition, the monthly card portrays information on vaccination activities and Vitamin A supplementation. We observe that the private health centres or those managed by the NGOs were approached so that they could send their activities cards to the central division but they are only obliged to make declarations of epidemic cases. The basic functioning is ensured by the State budget. However, assistance from the UNDP, Unicef and the WHO is necessary so as to conduct activities on continuous training and supervision. The surveillance of the main non communicable diseases is planned to be integrated into the system.

Generally, given the time allocated to the mission it has not been possible to correctly evaluate the performance level of the system. In as much as we were referred to the DoSH web site to access the latest reports on surveillance, we found this site inaccessible upon return from our mission. In the course of the field visits and the meeting with the regional team (*Divisional Health Team*) of Brikama, however, we were able to observe that the data were effectively assembled and computer-entered at the regional level. Nevertheless, given the confession of the stakeholders, the lack of human resources creates delays in the execution of the work and that analysis at the local or regional level is always concise.

3.1.2 National Nutrition Surveillance Programme (NNSP)

This nutritional surveillance programme which is unique in West Africa is for all children who are below 5 years of age living in the villages involved in the primary health programmes and it takes place twice annually : one in the dry season (February-March) and the other in rainy season (August-September). It was set up in 1985 and has always been functional since its inception. It is supervised and implemented by the *National Nutrition Agency* upon its creation. Currently, the surveillance covers about 500 rural communities that meet the eligibility criteria of the primary health programme (minimum number of 400 inhabitants, constitution of a village community

health committee composed of 8 men and 8 women, etc.), which represents a sample of 57.000 children below 5 years of age (in 2005), nearly one in six children for the entire Gambian population.

Twice yearly and after informing the villagers of the dates, all mothers of children less than 5 five years are convened for a weighing session. This is done by the secondary level community health nurse already in charge of the implementation and supervision of health and nutrition activities in the villages (this is a person known by the villagers). The surveillance is based on the identification of cases of acute, moderate or severe malnutrition with the aid of a thinness chart (*Nabarro Chart* – see photo on the next page). After weighing the child, the chart facilitates the classification of each child according to its weight-for-height index in one of the following four categories : index > 90% / between 80 and 90% / between 70 and 80% / < 70% of the median (identified respectively by the following colours : green, yellow, red, deep red). A summary sheet makes it possible to record the result for all children (name and sex of child, name of mother, location in the village, colour read in the chart).

The results of the surveillance are then directly used in the village: at the time of the weighing session, the children suffering from severe malnutrition (deep red) are referred to the secondary health centre, whereas an educative conversation is organised for the mothers whose children suffer from moderate (red) or light (yellow) malnutrition. Moreover, all children suffering from malnutrition are identified to the *Village Development Committee*, whose responsibility, as well as that of the community health nurse, is to pursue educational activities (including cooking demonstrations) and surveillance in the household concerned. It is important to emphasise here that the limit of 90% of the median used for the diagnosis of « light » malnutrition (yellow colour) is an approximate equivalent of the threshold of -1 standard deviation from the reference curve. However, the international threshold used for the diagnosis of « malnutrition » is -2 standard deviations, an approximate equivalent of 80% of the median (red colour). We must therefore see to it that we do not confuse the comparisons of the data. Furthermore, the fact that in the surveillance process, given that even the children in a situation of malnutrition « light » are concerned with educational activities, reflects the will to confront malnutrition at a very early stage⁷.

The summarised results in each village are forwarded and joined to that of the regional health (*divisional health team*), which can also establish the surveillance curves by circles (69 in the country), then for the whole of the region, and react in case of major fluctuation. Finally, the results are treated at the national level and a bi-annual report accounting for the results spelt out in figures by region and by circle set up. In this report, let us emphasise that the rates of malnutrition are given at the same time for the « national » threshold value of 90% of the median and, for purposes of comparisons, for the « international » threshold value of 80% of the median (approximately). In the health regions as in the national, these surveillance data are disseminated to all potential users, for purposes of planning and evaluating nutritional interventions.

⁷ Remember that in fact, for a population with a good reputation « well fed », about 16% of the children are « naturally » below this threshold of 90% of the median.



Vitamin A supplementation, Nabarro Thinness Chart & Salter scale
Source: National Nutrition Agency (NaNA)



Health Worker and Mother Measuring Child on Nabarro Thinness Chart.

Source: London School of Hygiene and Tropical Medicine, London, U.K.

In the course of the mission, a field visit was carried out to observe a session for this surveillance programme. We were therefore able to observe the size of the crowds and the personal commitment of the health agents as supervisors. The weight of the children is measured with the help of a Salter type scale. The thinness chart is hung to a wall. The child, after weighing, is placed standing up against the chart, against the vertical measurement gauge that best correspond to his weight (graduation of gauge from 0.5 in 0.5 kg). The determination of the colour corresponding to the size of thinness is done « using the hand ». All children possess health monitoring cards, most often very correctly filled (monitoring of growth, vaccination, etc.). A vitamin A capsule is administered systematically to each child.

Mothers whose children have a satisfactory nutritional state are let go, whereas the others wait for the end of the session so as to be interviewed by the health personnel.

We have used the last report of the NNSP (NS40 : August/September 2005), which was given to us in the course of the mission, so as to set up the figures and curves shown on page 18, illustrating the seasonal and temporal tendencies for each region in the national level on the last 12 years⁸. Some remarks can be made:

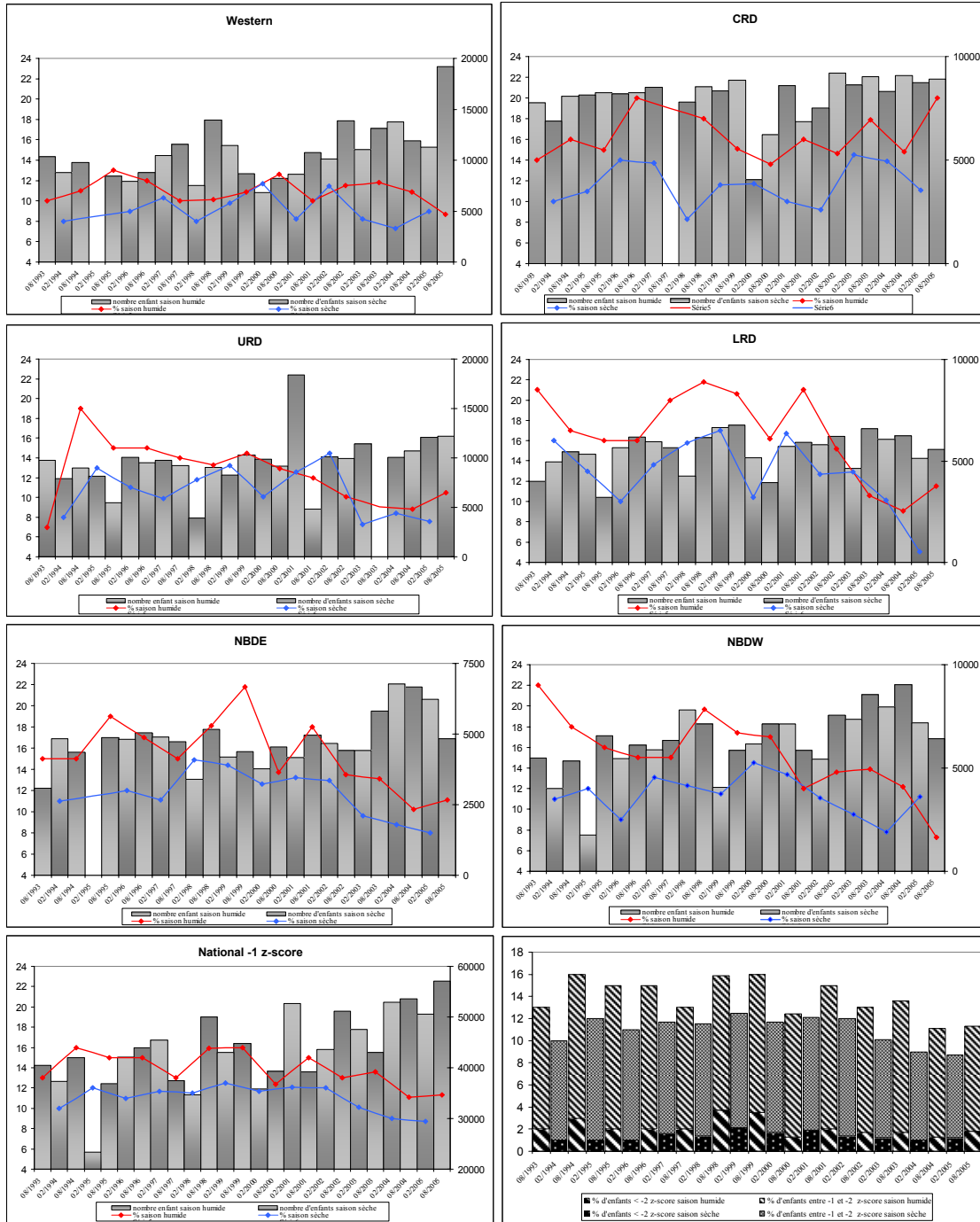
- Over the last 12 years, the global tendency for malnutrition (red and blue curves) is slightly decreasing ;

⁸ It has not been possible to use the results of the preceding years because the subdivision in administrative regions was apparently not the same.

- However, at times there are major fluctuations that make an analysis of the tendency a little difficult, at least visually (by modelling it would be possible a priori to spell out this tendency) ;
- Fluctuations in the prevalence of malnutrition are on the whole much higher in the rainy season than in the dry season and this can be understood ;
- According to the regions, fluctuations between the dry and rainy seasons can be as coherent as they can be discordant ; it would be interesting to know if these phenomena have been noted, in time, and if an explanation for it has been given or not ;
- We also note some very major fluctuations in the number of children that were affected by the surveillance ; some real explanations may exist (number of villages monitored were either increased or decreased for one reason or another, incomplete circuit, etc.) but we wonder if these fluctuations in the number do not in themselves cause fluctuations in the tendencies (the subjects « in deficit » or « in surplus » at the time of a surveillance are probably not at random) ;
- In certain cases we have observed some obvious errors without knowing whether they were caused at the time of writing the report or during the observation ; these errors can obviously contribute in the fluctuations observed ;
- Finally, in the last graph we present, at the national level, the rates of malnutrition according to the thresholds of 90% or 80% of the median. We see that as regard the « international » threshold the rates of malnutrition are very low (around 2% in the rainy season and 1% in the dry season).

This last point is important for it shows that the population which is placed under close nutritional surveillance is a priori in a very favourable situation, at least from the point of view of acute malnutrition. We can see an effect of the selection of the communities used by the NNSP (villages involved in community health via the BFCI) as much as an effect of the direct impact of the surveillance operations on the well being of the populations since they support immediate interventions.

Annual and seasonal tendency curves for acute rates of by administrative divisions and the national level (data of the NNSP)



NB : Bar chart = number of children 0-59 months having participated in the surveillance – Red Curves = rainy season and blue curves = dry season – in the last graph, clear hatched zone = % of malnutrition according to the national threshold and deep hatched zone = % of malnutrition according to the international threshold.

3.1.3 Other sources for nutritional surveillance

In addition to the data of the NNSP which cannot be considered as representative for the entire population, The Gambia carries out periodical surveys that provide more complete information on the nutritional situation of children below 5 years at the national level.

The table lists the results of the surveys.

Indicators	Recent national surveys in The Gambia (children 0-5 years)						
	MICS 1996*	MICS 2000	WFP 2002**	VAM 2003***	MICS 2005	PHPNP 2005	VAM 2006
<i>Stunting (%)</i>							
-rural		22.3		27.6	-		-
-urban		13.2					
Total	23.0	19.1	17.0			17.8	
<i>Wasting (%)</i>	-				-		-
-rural		9.4		8.2			
-urban		5.9					
Total		8.2	11.2			7.0	
<i>Underweight (%)</i>			-	-	-		-
-rural		21.2					
-urban		9.4					
Total	21.0	17.1				18.8	

* Data mentioned in the survey report MICS 2000

** Survey carried out in the month of October 2002, after the relative drought of July-August 2002. The figures are mentioned in the VAM 2003 survey report but the details of the survey are not known (size of the sample, age, urban/rural distribution, etc.)

*** Children 6-59 months

From a technical point of view, we observe that, as often encountered, the disintegration of the national samples by region or by milieu, the age brackets in certain cases or other characteristics are not strictly identified and some information is lacking. However, we can believe that overall the methodologies are comparable.

Over the recent years we observe a stabilisation to a satisfactory degree, of acute rates of malnutrition (7-8%) as chronic (17-18%), after, it seems, a regular drop right up to the beginning of the year 2000. Unfortunately, the data of the surveys MICS 2005 and VAM 2006 were not yet available at the time of the mission.

We also note that the rates of acute malnutrition provided by the NNSP are well below the national figures above (around 1 to 2% for the NNSP, according to the season, instead of 7-8% over a sample covering the entire population). This difference, as mentioned above, probably emanates from the selection of communities for whom this surveillance was carried out and the benefits of this surveillance on these communities.

Finally, although it is not a matter of an information system as such, we should point out the existence of research teams with an international reputation in nutrition at the local branch of the MRC (*Medical Research Council – UK*). The MRC in fact has a big research health centre which is very well equipped in the Gambia, as well as several secondary branches around the country. Among the research programmes conducted are mainly a nutrition and reproductive health

component. For decades these teams have conducted in depth surveys and monitoring cohorts in different villages. It is regard a resource whose technical support could be very useful.

3.3. Strengths of the national health and nutrition systems

The nutritional surveillance programme described above is remarkable owing to several aspects, particularly its longevity (data almost uninterrupted since 1985) and which makes it possible to observe the long term tendencies and owing also to the bi-annual periodicity of the operations that will facilitate an evaluation of the seasonal fluctuations of the nutritional status. Thus, we can observe that the rates of acute malnutrition rather dropped up to the middle of the 1990s, then were stabilised afterwards, and dropped once again over the last three years. We also observe, though not obviously surprising, a net differential between rainy and dry season as well as some annual fluctuations that are more noticeable during the rainy season. Although we can challenge the representativeness of the sample (see page 19), as well as the precision of the measures (linked to the technique used as well as to the tool itself), the fact that the sample monitored is of a very large scale and that it uses the same communities for each survey rendering it possible to make a reliable tool for the analysis of the tendencies.

Another strong point of this programme is the addition of systematic vitamin A supplementation provided at the time of the surveillance and the immediate use of surveillance data for a direct intervention for malnourished children. This is made possible by the major mobilisation of the communities and the very strong involvement of health departments in the process. At the upper echelon, it was not possible for us in the short term of the mission, to examine the effective use of surveillance data for purposes of planning for interventions within the circles or divisions. Nevertheless we could observe that the tendency curves were effectively produced. Likewise, it seems that the dissemination of the results of the surveillance to the potential users be done in a regular way.

Finally, another important and positive element is that the conduct of this programme is essentially based on the budget of the State for it falls in line with the current activities of community health centres. Aid from Unicef is however provided both in the form of materials and means for travelling.

Overall we observed that a good number of people were visiting the health centres either for preventive or curative activities and we also observed a reasonable degree of commitment of the health personnel. Moreover, some advanced mobile strategies are being used to reach a maximum cover of the population. These elements will make it possible to envisage a good representation and a satisfactory completion of routine health statistics. Unfortunately, as mentioned earlier, we do not have the means of evaluating them in depth.

3.4. Weaknesses of the national health and nutrition systems

- The problem of the representativeness of the sample serving the NNSP has been mentioned earlier. It seems obvious that the populations on whom the surveillance system is based are in quite representative; we can therefore ponder on what the elements of the surveillance can signify for the entire Gambian population.
- The systematic collection of the age of children at the time of the surveillance would be used for examining the representativeness of the sample from this point of view and to adjust the data if necessary. Likewise, a weighting of the data according to the survey sections by

region or even by circle would without doubt render it possible to better interpret certain fluctuations of the results, which are still poorly explained.

- Furthermore, the precision of the measures at the time of using the thinness chart, or even the tool itself, could be improved. In total, it would finally be highly useful to make a rigorous evaluation of the entire system by comparison with classical general population indicators such as to analyse the representativeness from them and thus identify the possible weaknesses and if possible seek a remedy for the latter so as to make them more effective.
- From the confession of the NaNA team, a reduced staff and a high number of varied activities cause the data of the surveillance system to be relatively poorly used for an in depth analysis of the nutritional situation. More particularly, the NaNA team would call for strengthening of its capacities in terms of analysis⁹ and an improved consultation with the other sectors, in order to better cross check their information with those coming from other areas.
- In the same vein we observe that according to the national health statistics, nutritional type information are routinely collected but that these information are not cross checked with those emanating from the NNSP. However, we emphasise once again that we lack the means of assessing the data emanating from this system. We will however point out that the monthly index card for reporting the health activities used for these statistics seemed to us to be excessively detailed and not easy to fill on the basis of the consultation registers. In fact, the latter apparently, does not bear the summary mode according to the same categories as those in the index card.

4. OTHER INFORMATION SYSTEMS

Other national information departments on food security, health and nutrition as well as other national information departments exist.

4.1. *National socio-economic information systems*

The *Gambian Bureau of Statistics* is in charge of all surveys conducted in the country. As regards the coordination of national statistics, any institution wishing to conduct a survey will have to engage the services or agents of this bureau so as to ensure a relative homogeneity in the methodologies adopted (sampling, variables, ...) and a centralisation of data.

the GBS is responsible for the following surveys :

4.1.1. *Integrated Household Survey*

The poverty threshold is defined as the full and whole satisfaction of the daily calory needs for an adult. The poverty approach depends on the division of the population into quartiles corresponding to a level of food vulnerability: extremely poor, moderately poor, average standard of living, not poor.

The indicator for classification depends on a level of expenses equal to the sum of payable acquisitions and auto-consumptions for goods and food and non food services done by the household (goods and services for consumption, auto-consumption, savings and other transfers). On the basis of the household samples distributed in the country, some regional indicators for different products (food and non food products) are deflated with regard to a region of reference

⁹ From this point of view, the scientific resource of which the MRC is all about could be fully used ?

and then related to the size of the households; an indicator for well-being representing the total expenditure of the households per capita, is thus calculated.

The principal result consists in determining the absolute national poverty threshold corresponding to the cover for the minimum energy benefits in terms of food and non food expenses ; the normative level for classification of groups (classification in quintiles) was established according to the cover for current unsatisfied consumption needs. In other words, the difference between the estimated and deflated expenses by household and by region and the average poverty threshold determined the classification of households by quintile.

Having defined the measure for well-being and poverty threshold , the indicators derived and relative to poverty were elaborated according to the extent (number of poor people), the depth (average cost per head to eradicate poverty) and the severity of poverty (average distance of the poor from the poverty threshold).

4.1.2. Monthly price index

The collection of the price index is fundamental in determining inflation as based on the food basket. The mission did not ask for complementary information on the evolution of prices.

4.1.3. Economic census

An economic census of goods and households was done but the mission did not receive the complementary information. The production of goods and capital are in fact fundamental in monitoring investments allocated to the development of lands and cattle.

4.2. United Nations System

4.2.1. Multiple Indicators Cluster Survey, UNICEF MICS Survey

MICS surveys have been carried out by Unicef in 1996, 2000 and 2005. These surveys were conducted with the general population according to a rigorous and standardized methodology. In addition to the data on the nutritional state of young children, the surveys also render it possible to provide a lot of information on the health system in general. In the case where in the Gambia there has never been, to our knowledge, Demographic and Health Surveys, having the MICS surveys at regular intervals is very important for health planning and monitoring in the country.

4.2.2. Vulnerability Assessment Mapping, WFP VAM survey

The WFP launched two Vulnerability Assessment Mapping (VAM) surveys: the first one took place in 2003 involving 700 households and the second one which took place in 2006 involved 1 200 households. These surveys are tools that make it easy to classify and map out the risk zones and populations. These surveys which have been developed in the majority of the countries undergoing food shortages are at their pioneering stages in their presentation of structural vulnerability. The results of the survey identify different classes of households (5 classes for The Gambia) which are distinguished by conditions of exposure to risks. For the Gambia, the very vulnerable households (11% of the sample at the 2003 survey) are living under permanent food insecurity (whether good or poor agricultural times) ; the partially vulnerable households (9% in 2003) are exposed to variations and hazards of seasonal shocks ; and finally the small scale vulnerable households (11 %) are relatively fairly exposed to current risks. Finally, households that contribute to satisfying their needs by a surplus production or by revenue generating activities represent 68% of the households sampled. The prevalence of situations by type of households make it possible to classify villages into three categories: very vulnerable villages

(30%), villages with average vulnerability (20%) and small scale vulnerable villages (50%). The impact and depth of vulnerability are estimated at variable degrees by region and this facilitates mapping out the results.

4.2.3. FAO

FAO does not intervene directly in food and nutritional security except through its Special Food Security Programme such as implemented in some West African countries. There are also projects for responding to natural calamities (locusts, floods) mainly within the framework of short term responses in the form of distribution of seeds and in the long term, within the framework of water resources management activities.

4.2.4. UNICEF

UNICEF has been a partner for quite a while supporting nutritional activities in the Gambia. Through the *Integrated Basic Program*, certain activities of NaNA are financed. The organisation of MICS surveys at regular intervals is an important positive point.

4.3. Strengths of the information systems

4.3.1. The Integrated Household Survey/GBoS

The main strength of the national socio-economic information systems bears on the regularity to carry out surveys. The totality of persons met stressed the importance of the variations for each survey in order to be able to assess the tendencies. The MICS, IHHS, VAM surveys carried out two if not three surveys. The coordination of the statistical data by the *Gambian Bureau of Statistics* can be the force of the national information systems.

4.3.2. VAM/WFP

The WFP uses a classical methodology on the study of food security which was developed by the NGOs and the anthropological research of the 1980s. By researching into a global approach of risks for the rural households (economic, social, environmental,...), the aim of this study is the responses of the households (adaptation strategies) to shocks and crises. An approach at times deemed somewhat intellectual and developed to the least details in the East African countries, is credited for determining the variables which influence on the conditions of life of the households and thus in the calculation of current vulnerability.

4.3.3. FAO

FAO implements projects on the improvement of the living conditions of the populations at risk. In this regard, lessons drawn could provide information for the decision makers as regard the causal factors for food insecurity in the case where an analysis of the type could exist.

4.4. Weaknesses of the national information systems

Weaknesses observed are mainly information sharing of results which have not been cross checked and thus poorly used between different sources of information.

4.4.1. The Integrated Household Survey

- The Integrated Household Survey (IHS) dating from 2003 has not yet been officially published, whereas the second survey is scheduled for the coming months. The reasons forwarded have not been clearly discussed and the procedure is not good. Information

rapidly passed helps influence national policies, macro-economic framework documents. Moreover, the technical adjustments necessary to the second round of survey can be redone based on the reactions, comments, orientations requested for by the national decision makers or development partners after publication of the results of the second survey.

- The estimation of poverty by expenditure is characterised according to a satisfaction scale for food needs (normative approach). Like in all exercises for characterisation of a mainly social phenomenon, the monetary approach of poverty restricts the number of variables weighing on the final result. These studies are more effective in making economic and global analyses but do not provide information on the determining or causal factors. The tendencies between surveys illustrate rather the factors with a tendency to aggravate or benefit a given situation. The poverty threshold is in fact, the evaluation of expenditure that makes it possible to reach a minimum level of estimating the food security of the household.

4.4.2. *Vulnerability Assessment Mapping*

The WFP surveys relative to the factors determining vulnerability (household equipment, livestock, size of the household, health and nutrition indicators) render it possible to characterise the populations at risk by analysing the factors. The first round of the VAM survey in 2003 seems not to have been shared with the departments of State or even taken account of in any type of diagnosis. The WFP representative explained this as a relative failure of the first round (problem of sampling urban/rural) and clearly went on to explain that the second round whose results will be published shortly, would be better shared with all parties concerned.

The country-programme of the WFP is centred around school feeding activities and the fact of conducting this type of WFP survey is for believing that the country bureau would wish to justify new approaches based on the results obtained through the survey.

It is regrettable that the aspects for strengthening the analytical capacities of the Gambian food security system was not an activity considered by the WFP within a context where poverty and thus food insecurity seemed to aggravate each other.

4.4.3. *FAO*

The FAO country bureau does not link up with the team of the *Food Insecurity and Vulnerability Information and Mapping Systems* (FIVIMS) headquartered in Rome which develops some very effective analyses in the research for the causes of food insecurity in countries undergoing food shortages like the Gambia¹⁰. The confrontation of field data of the FAO projects with the national surveys would allow the bureau to contribute to the strengthening of the national analytical capacities (for example, a collection of the adaptation strategies of the households (*coping strategies*) rural).

4.4.4. *Value added in the cross checked collection of data for purposes of analysing food security*

The Gambia has appeared, in the course of the brief mission, as a country with different collections of effective data which have not been streamlined to serve a cross analysis. The question that the mission poses is the following: wouldn't there be a real added value in the comprehension of the increase of poverty, food vulnerability certainly, if the studies by the institutions could be cross checked in a global analysis that serve to provide information on the

¹⁰ Affirmation to be tempered as seen in paragraph 2.1.1 : *NASS*

determining causes or factors?

5. GLOBAL EVALUATION OF FOOD SECURITY AND NUTRITIONAL INFORMATION

5.1. Global synthesis

The Gambia has a bi-annual nutritional surveillance system which is unique among the CILSS countries and which is hardly seen in the whole of Africa. Despite certain imperfections, some of which could be easily corrected, this system renders it possible for the health authorities to perform a very close monitoring of the nutritional situation of the population for those less than 5 years of age. It integrates particularly the prevention activities and the responses to the surveillance activities. However, the current limit of the system concerns a certain major fringe of the population (1 child out of 6 or 7) but which is also a very selective fringe. We can suggest that if the country found itself confronted with a major nutritional crisis such as that seen in Niger in 2005, the system in place would facilitate a very speedy diagnosis ; however, it would not perhaps be very effective for setting up and targeting emergency responses.

On the other hand, The Gambia is not endowed with a food security information collection system ; in this regard, there is no homogenous system for reference but rather good quality sources of information which are scattered across different departments which are not vested with the mandate of treating food security information. These departments function on their own resources (both human and data production), without complementarity nor synergy. Ministries with a technical vocation (agriculture, health, etc.) entertain thematic databases that respond to specific purposes and which contain a large quantity of useful information but often misunderstood by the other systems and therefore under used. This situation causes information loss especially as regards the monitoring of the food security indicators. The results that are most easily shared are those oriented on the availability of food productions whereas the strategies require various aggregations elaborated in terms of access and usage. For various reasons (absence of an Early Warning System (EWS), difficulties encountered in inter-Ministerial work , survey base for sectors and the absence of a multi disciplinary unique pole of competence) food security information is poorly oriented on decision making and should equally treat the causes and consequences of structural and short term food insecurity.

5.2. A voluntary choice between early warning and nutritional surveillance ?

The question deserves to be asked. In fact, the absence of EWS is the budgetary translation of a priority that was voluntarily arbitrated by the politicians. We did not hear of any challenge to the EWS by those Gambian authorities met and so we did not consider it appropriate to table the achievements of DIAPER which in the course of its first phase had built the foundation for sustaining the current activities of the EWS¹¹.

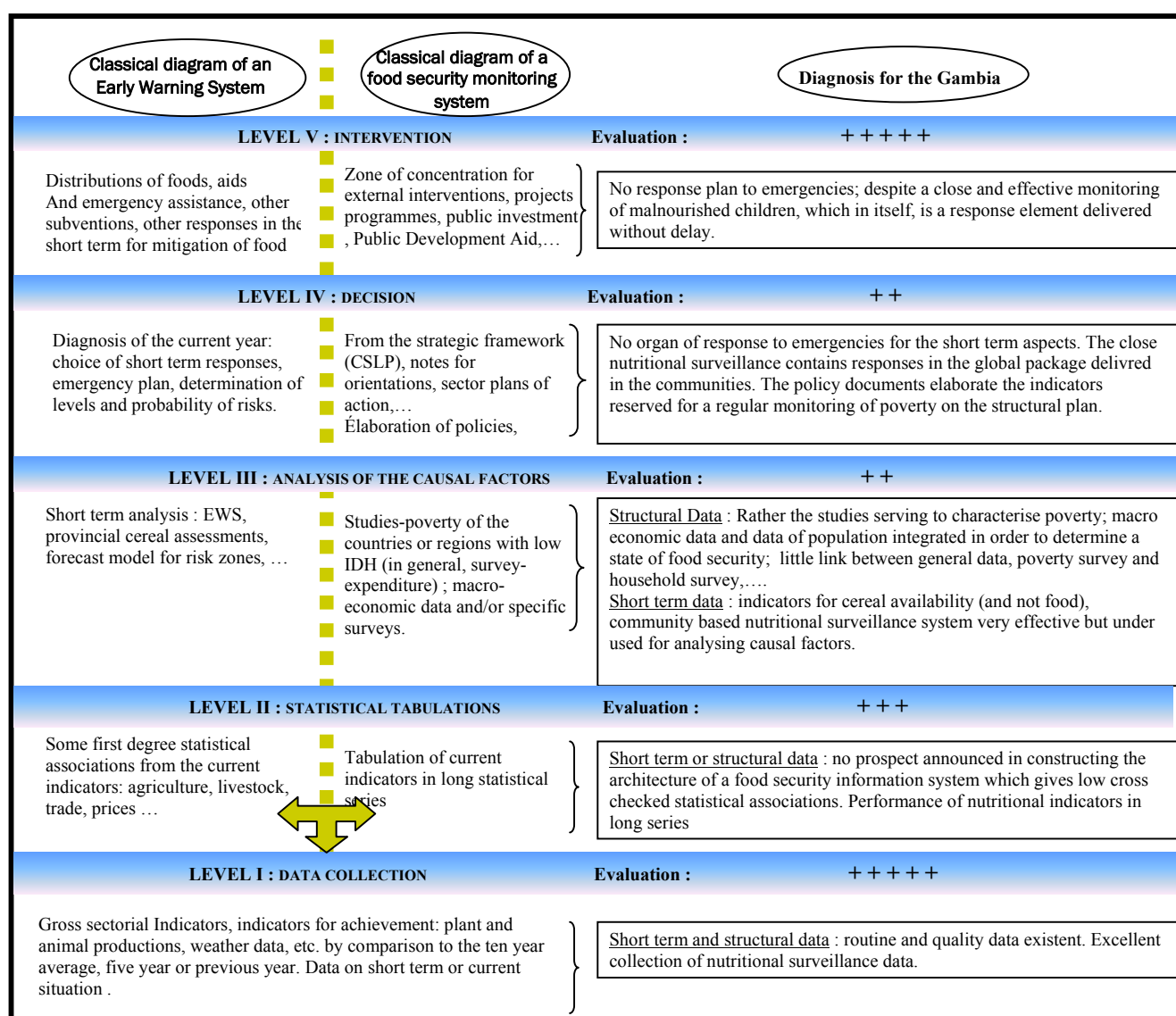
The diagram elaborated on page 26 illustrates the activities and results obtained between an early warning system and a food security monitoring system. The Gambia has sought to build a food security monitoring system which would not be organised along the guidelines of a previously

¹¹ An element common to all CILSS countries.

Food and nutrition information systems: aide-memoire on the mission to the GAMBIA

built architecture. In fact, to our knowledge, no national food security committee seemed to exist (unlike other countries like Senegal with similar living conditions).

Paradoxically, without any built system, the country obtains tangible and unique results in the sub-region as regards nutritional surveillance. The complexity of the EWS (questions on the diagnosis, generation of internal results and lack of clarity of modes of calculation, loss of confidence from the development partners, slow responses between the diagnosis and the choice of response, absence of a normative framework for shocks or crises, evaluation of responses not being always convincing, ...) are the elements which contribute to a lack of recommendation for the construction or revival of an EWS. On the other hand, the fact of not having a centralised department (unique office in the form of centralised information on food security) in charge of food security analyses does not give a precise idea of the current food situation despite the encouraging initiatives exerted by certain departments (DoP/DOSA, NaNA and DoHS,...).



5.3. Absolute priority given to health and nutritional surveillance ...

The priority given to health and nutrition, including nutritional surveillance, gives The Gambia an inestimable comparative advantage of reaching the vulnerable populations during routine actions and at the same time provide part of the responses. The collection of database, the close monitoring of malnourished children, vitamin A supplements, the mobile strategies for all prevention activities..., compose the elements which reduce the nutritional risks of children less than five years of age.

5.4. ...By minimizing the early warning aspects with regard food security

The early warning aspects are not considered determining factors in The Gambia, probably because the country has not encountered food crisis in the course of the past years. Moreover, food aid is not a strategic issue in the debates with the community of external partners. However, the crisis in Niger shows that the response capacities of the households always dropped as a result of successive shocks and the de-capitalisation of productive goods was a recurrent strategy of the poorest households. A growing impoverishment can have effects on the family food basket and the living conditions so it is important to monitor. Nutritional surveillance, with all the immediate benefits it can bring along with it (the figures testify to this) is not a solution to the other pillars of poverty.

6. CONCLUSION AND PROSPECTS

6.1. Conclusion

The Gambia appears like a very advanced country in terms of nutritional surveillance although the conditions for the transfer of the best practices into other CILSS countries are not feasible. In fact, the tradition that is deeply anchored into the « customs » in terms of preventive actions in health and nutrition, the personnel commitment of the agents around these activities are the elements which from a favourable geography and demography make it possible to explain its success illustrated by the low prevalence of malnutrition in the entire country (and very low in the villages participating in surveillance). However, these same elements lead us to thinking that the Gambian system is not replicable in the most CILSS countries although lessons could be drawn from them to ones advantage.

The Gambia must continue on this road but would have all merit to consider that similar efforts are to be made in the other poverty pillars so as to mitigate, first of all, the current tendency in terms of depth and severity. Food security information is designed to inform decision makers on the state of vulnerable populations as well as the causal or determining factors on which the priorities must be clearly set. It is within this perspective that the mission proposes a trail of activities.

6.2. Prospects

CILSS, contracting authority for the French financing of the Initiative « Nutrition, food security and public policies in the Sahel », could consider the following priority actions.

6.2.1. Long term prospects

Through the long term French support (2008-2011), the following activities could be carried out:

- Provide high level technical expertise (statistical treatment of data, formatting a surveillance tool for food and nutritional security) that allows the country to have a normative framework on the monitoring of current and long term vulnerability. This activity can only be conducted in close partnership with the officials of the departments concerned and the provision of available data ;
- Disseminate and make the Gambian experience on nutritional surveillance known to the national systems of other CILSS countries (development of the Gambian know how).
- Research into urban food and nutritional vulnerability (problem not oriented exclusively on the energy deficiencies or deficiencies in micro-nutrients, and this also applies to chronic illnesses linked to food).

6.2.2. Immediate prospects

CILSS through the subvention to be received from France for the year 2006-2007, could intervene in the following points:

- Contribute to the sharing of the Gambian experience and the lessons drawn from the mission CILSS-IRD-MAE during the PREGEC conference in Rome (December 2006) ;
- First mission for diagnosis on the analysis and elaboration of a technical expertise assistance long term plan (cf. preceding paragraph).

Obviously, these activities will have to be submitted to three principal rules:

- Request for assistance from the country on these points ;
- A CILSS Executive Secretariat Programme in this regard ;
- Provision of databases of the national surveys by the country.

ANNEXES :LIST OF PERSONS AND INSTITUTIONS MET

List of persons present at the final debriefing :

Name	Institution
Shioko Momose	WFP
Ebrima Cham	DoP/DoSA
Amat Bah	NaNA
David Strefling	NaNA
Isatou Jeng Ngom	NaNA
Musa B.Dahaba	NaNA
Albert Cox	GAFNA
Bakary Jallow	NaNA
Malang N.Fofana	NaNA
Amadou Sowe	CONACILSS/DOSA

Department of State for Agriculture (DOSA)

- Suruwa Jaiteh,, Permanent Secretary,
- Amadou Sowe, SP CONACILSS
- Lamin Fatajo, Statistician, DoP
- Sidi Demba, Planner
- Kekoy Kouyateh, Director, DoP

National Nutrition Agency

- Malang N Fofana, Senior Programme officer
- Amat Bah, Deputy Executive Director
- Musa B Dahaba, Field Coordonator
- Bakary Jallow, Senior Programme Officer
- Katim Touray, Programme Officer

French Consulate in The Gambia

- François Morel, Chargé d'Affaires

Food and Agriculture Organization (FAO)

- David Bowen, Representative
- Marietou Njeye, Head of Programme

Integrated Disease Surveillance Unit, Departement of State for Health (DOSH)

- Sana Malang Sambou, Coordonator Epidemiology and Disease Control
- Abdoulie Camara, Sr National Surveillance Officer

Department of Water ressources (DOSH)

- The Director of the Dept.
- Peter Gibba, Coordinator Agrhymet Programme Food Security and Natural Ressources

Gambia Food and Nutrition Agency

- Albert Cox, Executive Secretary

Gambia Bureau of Statistics, Central Statistics Departement

- Alieu Ndow, Statistician General

World Food Programme

- Shioko Momose, Head of Programme

World Bank,

- Badara A. Joof, Liaison Officer

United Nations Children's Fund (Unicef)

- Cheryl Grgory Faye, Representative
- Jawara S Saidykhan, Project Officer Health

Division Health Team

- Kumba Sawaneh