

THE COMMITTEE ON THE RIGHTS OF THE CHILD

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**REPORT ON THE SITUATION OF
INFANT AND YOUNG CHILD FEEDING
IN THE GAMBIA**



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SUMMARY

The following obstacles/problems have been identified:

- High mortality rates and low delivery care coverage.
- Breastfeeding rates are very low and there are no data record after 2010;
- Exclusive breastfeeding is interrupted too early (median duration of exclusive breastfeeding: 2 months) and median duration of any breastfeeding is also too short (19.9 months);
- Cultural beliefs related to breastfeeding may prevent the widespread of optimal breastfeeding practices;
- Although the ‘National Nutrition Policy 2010-2020’ defines a serie of strategies related to infant and young child feeding, there is no information available on their implementation;
- No National Breastfeeding Committee and Coordinator has been set up;
- No information is available on the capacity building of health care providers and the inclusion of infant and young child feeding into the curricula of health workers;
- Maternity leave is not provided to all working women (domestic workers are excluded) and nursing workers are not entitled breastfeeding breaks;
- There is no strategic action plan on infant and young child feeding in emergencies, although this issue has been included in the ‘National Nutrition Policy 2010-2020’.

Our recommendations include:

- Ensure that **every woman has access to health services**, including health-care facilities and medical assistance by trained personnel, especially with regard to **prenatal, perinatal and post-natal care**.
- Ensure **systematic collection of disaggregated data** related to breastfeeding;
- **Raise awareness** of the population, especially parents and caregivers, **about optimal breastfeeding practices** and their impact on child’s health through wide, comprehensive promotion campaigns;
- **Implement the strategies related to infant and young child feeding** developed in the ‘National Nutrition Policy 2010-2020’;
- Set up a **National Breastfeeding Committee and Coordinator**;
- Include optimal breastfeeding practices in **health curricula** and build **capacity of health care providers**;
- Extend the **maternity leave** to all working women and include the allocation of **breastfeeding breaks** for working mothers in the current legislation;
- Implement a national plan to ensure **protection and support of breastfeeding in emergencies** and designate its **coordinators**.

1) General points concerning reporting to the CRC Committee

In January 2015, the CRC Committee will review the Gambia’s combined 2nd and 3rd periodic report.

At the last review in 2001 (Session 28), the Committee did not make any recommendations on infant and young child feeding. In its [Concluding Observations](#), it referred to maternal and child mortality, prevention of child malnutrition and access to health care and urged the Gambia to “(a) Allocate sufficient resources to reinforce its policies and programmes to improve health care for children; (b) Take all effective measures to increase the number of trained medical and other health personnel, including traditional healers; facilitate cooperation between trained medical personnel and traditional healers, especially midwives; **reduce the incidence of maternal, child and infant mortality**; increase access to safe drinking water; improve sanitation; **prevent and combat malnutrition**; and reduce the incidence of malaria and acute respiratory infections; (c) Take all effective measures to facilitate greater access to health services by, inter alia, abolishing or rationalizing cost-sharing in primary health care to reduce the burden on poor families; (d) Continue its cooperation, through the Integrated Management of Childhood Illnesses and other measures for child health improvement, with, among others, WHO and UNICEF.” (§ 43, emphasis added)

Besides, in its [Concluding Observations](#), the Committee on the Elimination of All Discrimination against Women, at its last review in 2005 (Session 33), urged the Gambia to take measures to tackle the issue of maternal and infant mortality and in particular to “**increase women’s access to health services**, including health-care facilities and medical assistance by trained personnel, **especially with regard to prenatal and post-natal care**” and to “implement **awareness-raising campaigns to enhance women’s knowledge of health issues**.” (§ 204, emphasis added).

2) General situation concerning breastfeeding in the Gambia

General data

	1990	2010	2011	2012	2013
Annual number of births, crude (thousands) ¹	-	-	-	77.2	-
Birth rate, crude (per 1,000 people) ²	-	43	43	43	-
Neonatal mortality rate (per 1,000 live births) ³	46.1	30	29.4	28.7	28.1

¹ UNICEF country statistics, available at: www.unicef.org/infobycountry/gambia_statistics.html;

² World Bank data, available at: <http://data.worldbank.org/indicator/SP.DYN.CBRT.IN/countries>

³ UN Inter-agency Group for Child Mortality Estimation (IGME) data, 2014, available at: www.childmortality.org/;

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	1990	2010	2011	2012	2013
Under-five mortality rate (per 1,000 live births) ⁴	169.8	81.7 ⁵	79	76.4	73.8
Maternal mortality ratio (per 100,000 live births) ⁶	-	460	-	-	430
<i>Delivery care coverage:</i> ⁷					
Skilled attendant at birth	-	56.6%	56.6%	56.6%	-
Institutional delivery	-	55.7%	55.7%	55.7%	-
C-section	-	2.5%	2.5%	2.5%	-
Stunting prevalence (2007-2011) ⁸	-	24%	24%	-	-

Breastfeeding data⁹

	2000	2006	2008	2010	2008-2012
Early initiation of breastfeeding (within one hour from birth)	-	47.7%	48%	51.6%	51.6%
Children exclusively breastfed (0-3 months)	36.1%	52.5%		-	-
Children exclusively breastfed (0-5 months)	-	40.8%	41%	33.5%	33.5%
Children ever breastfed	-	-		97.9%	-
Introduction of solid, semi-solid or soft foods (6-8 months)	35.7	43.8%	33%	34.3%	-
Breastfeeding at age 2	53.9%	53.2%	-	30.6%	31.4%
Median duration of any breastfeeding (in months)	-	-	-	19.3	-
Median duration of exclusive breastfeeding (in months)	-	-	-	2	-

⁴ UN IGME data, 2014, see above;

⁵ This figure is 98 in the *State of the World's Mothers 2012* report of Save the Children, available online at www.savethechildren.org

⁶ World Bank data, available at: <http://data.worldbank.org/indicator/SH.STA.MMRT/countries>

⁷ Data refer to the years 2008-2012. Source: UNICEF country statistics, see above;

⁸ UNICEF, *Improving Child Nutrition*, 2013, available at: http://data.unicef.org/corecode/uploads/document6/uploaded_pdfs/corecode/NutritionReport_April2013_Final_29.pdf

⁹ Data for 2000 were retrieved from The Gambia Multiple Indicator Cluster Survey (MICS) 2000, available at: www.childinfo.org/mics2_gambia.html; Data for 2006 were retrieved from The Gambia MICS 2005-2006, available at: www.gbos.gov.gm/uploads/survey/MICS3gambia.pdf; Data for 2008 were retrieved from WBTi, *The Gambia Report 2008*, available at: www.worldbreastfeedingtrends.org/report/WBTi-Gambia-2008.pdf; Data for 2010 were retrieved from The Gambia MICS 2010, available at: www.gbos.gov.gm/uploads/survey/UNICEFGambiaMICSIV.pdf; Data for the years 2008-2012 were retrieved from UNICEF country statistics, see above

General observations

As observed in The Gambia's Multiple Indicator Cluster Survey 2010¹⁰, 42% of the population was under 15 in 2003. This young age structure is associated with a high fertility rate as well as with **high neonatal, infant, under-five and maternal mortality rates**. This high mortality pattern is to be correlated with the little delivery care coverage: in the Gambia, almost **one baby out of two is born without the assistance of a skilled attendant**.

Breastfeeding rates

It is of concern that **almost half of the newborns are not breastfed within one hour from birth and 7 children out of 10 are not exclusively breastfed until 6 months of age**. In general, it is surprising how only the early initiation of breastfeeding rate presented a slight gradual improvement in the last years, while **exclusive breastfeeding and breastfeeding at age 2 rates decreased between 2006 and 2012**.

Besides, both rates of **introduction of solid or semi-solid food between 6 and 8 months and breastfeeding at age 2** are below 35%, highlighting the fact that optimal breastfeeding practices are not the norm in the Gambia, even though it is proven that breastfeeding has a positive affect on child mortality.

Undernourishment and early weaning

Adequate breastfeeding is associated to lower risk of undernourishment: the earlier children cease to be breastfed, the earlier they are exposed to contamination in water, food and the environment.¹¹ The World Health Organization recommends that breastfeeding should be continued until 24 months or beyond.¹² In the Gambia, the low median duration of breastfeeding was 19.3 months in 2010, showing that a large proportion of children are weaned too early. This trend of early weaning is to be correlated with a **higher rate of undernourishment in children aged 12-23 months, which is when breastfeeding is interrupted**.¹³

¹⁰ The Gambia MICS 2010, see above

¹¹ The Gambia MICS 2005-2006, see above, p. 25; The Gambia MICS 2010, see above, p. 33.

¹² The WHO recommendations on infant and child feeding can be found at:

<http://who.int/topics/breastfeeding/en/>

¹³ Idem.

Impact of the health system and culture on breastfeeding practices

A UNICEF analysis on the social system in the Gambia¹⁴ reveals that other aspects that prevent the progress in breastfeeding rates in the country. First of all, the report highlights that “a notable gap is a lack of health insurance, which is a critical measure given the high child mortality rates in the country». Secondly, it states that “**cultural beliefs against exclusive breastfeeding, strong traditional beliefs that colostrum is not good for the baby, and that babies cannot survive without drinking water (social risks). Weaning diets are nutritionally inadequate as well as unsafe due to the high level of bacterial contamination.**” (emphasis added)

3) Government efforts to encourage breastfeeding

National policies

The **National Nutrition Agency (NaNA)** is the main actor in the institutional panorama, responsible of the key programmes related to nutrition and, therefore, to breastfeeding. Under the NaNA supervision, the ‘**National Nutrition Policy 2000-2004**’ was designed with the specific goal of **protecting, promoting and supporting breastfeeding** as one of the policy’s seven priority substantive areas.¹⁵ The subsequent ‘**National Population Policy (2007-2020)**’ deals with developmental issues and stated among its objectives: “**Increase the rate of exclusive breastfeeding from 45.6 per cent in 2005 to 80 per cent by 2012**”¹⁶. However, despite the implementation of the above-mentioned policy, the rate of exclusive breastfeeding under 6 months has plunged to 33.5%.¹⁷

The ‘**National Nutrition Policy 2010-2020**’¹⁸ devotes a full section to the promotion of optimal infant and young child feeding. The broad objectives include: increasing awareness of legislators, policy makers and the public on the importance of optimal infant and young child feeding; advocate for the provision of an enabling environment to facilitate breastfeeding at workplaces; support communities to implement community-based programmes, which promote, protect and support optimal infant and young child feeding practices; strengthen and expand the Baby Friendly Hospital Initiative (BFHI) strategy to all health facilities; strengthen and expand the Baby Friendly Community Initiative (BFHI) strategy to all communities; support capacity building of health care providers, community based extension workers and community

¹⁴ UNICEF, *Moving towards an integrated and equitable social protection in The Gambia*, available at:

www.unicef.org/gambia/Moving_towards_an_integrated_and_equitable_social_protection_in_the_Gambia.pdf

¹⁵ The Gambia MICS 2005-2006, see above, p. 8

¹⁶ The Gambia MICS 2010, see above, p. 6

¹⁷ Rate calculated as an average of the data collected between 2008 and 2012 by UNICEF (see section 2, p. 4).

¹⁸ The Gambia National Nutrition Policy 2010-2020, available at:

www.africanchildforum.org/clar/policy%20per%20country/gambia/gambia_nutrition_2010-2020_en.pdf

representatives on infant and young child feeding; advocate for the incorporation of infant and young child feeding into the curricula at all levels of the formal, non-formal and Madrassa education system including the health training institutions; support the monitoring of infant and young child feeding trends; advocate for the incorporation of infant and young child feeding issues into other relevant sectoral policies and plans.

However, to date, there is **no information on the implementation of these strategies**. In addition, as the primarily duty-bearer of the obligation to protect, promote and support breastfeeding, **the government should ensure interministerial coherence and take positive action** to ensure the provision to parents and caregivers of an enabling environment to facilitate breastfeeding at workplaces and the incorporation of infant and young child feeding provisions into the relevant sectoral policies and plans.

Promotion campaigns

Exclusive breastfeeding is included in the so-called '4+2 which are at the core of a health communication strategy undertaken by the **National Communication Task Force**, under the leadership of the Health Communication Units at the Ministry of Health and Social Welfare. The Task Force Committee already organized 18 meetings and a total of **860 village support group members**¹⁹ in the Central River Region were equipped with the functional knowledge, skills and communication materials to facilitate family and community dialogue on the 4+2 'key household practices'.²⁰ Additionally, **72 interactive radio programmes** in three community radio stations were designed to promote public discourse on the 4+2 key household practices, and a **system of joint monitoring** conducted by UNICEF and a cross section of the Communication Task Force was also launched to test the in-depth knowledge and skills of the Village Support Groups on the practices being promoted.²¹

Furthermore, since the early 90s the Gambia celebrates its **National Breastfeeding Week** every year during the first week of August. In 2001 the NaNA decided to organize a **one-month celebration** of the World Breastfeeding Week instead of a week-long event²² and since then the NBW is virtually celebrated from the beginning to the end of August in the Gambia, as to

¹⁹ Village support groups are community structures comprising eight key members of the community, including the village health worker, the traditional birth attendant, the village development committee chair. Source: UNICEF, *The Republic of Gambia, Country programme document 2012-2016*, see above, p. 8

²⁰ UNICEF Annual Report 2013 Gambia, pp. 5-6, available at: www.unicef.org/about/annualreport/files/Gambia_COAR_2013.pdf

²¹ Idem.

²² Statement by Her Excellency the Vice President of the Republic of The Gambia and Secretary of State for Women's Affairs, and Chair-person of the National Nutrition Council, Mrs. Isatou Njie-Saidy, on the occasion of World Breastfeeding Week, 2001, available at: www.statehouse.gm/vp-speeches/national-nutritioncouncil.htm

highlight its importance for the country²³. The National Breastfeeding Week remains a fundamental occasion to call on all mothers to practice exclusive breastfeeding²⁴ and a major event among other breastfeeding promotion initiatives. Scholars and health officers use this event to deliver speeches and spread information on breastfeeding. However, **more information** on the informative material distributed, on the conferences organized or on any other initiatives included in the celebrations of the National Breastfeeding Week **would be necessary to identify points of potential improvement**.

The International Code of Marketing of Breastmilk Substitutes

In 2006, the Gambia has implemented a strong law on the marketing of breastmilk substitutes reminiscent of IBFAN-ICDC's Model Law. Thus, **IBFAN-ICDC's 2014 'State of the Code by Country'**²⁵ places the Gambia in the first of the ten categories of countries set by IBFAN according to their level of implementation of the International Code, among the countries which have **implemented most of the Code and subsequent WHA resolutions**²⁶.

Monitoring of national policies and legislation

According to the Gambia's 2008 Report²⁷ of the assessment of the state of implementation of the *Global Strategy for Infant and Young Child Feeding*, accomplished under the World Breastfeeding Trends Initiative (WBTi)²⁸ of IBFAN Africa, one of the identified gaps related to National policy, programme and coordination was the **lack of a National Breastfeeding Committee and Coordinator**. To date, no information is available on the creation of such Committee and no future planning related to it.

Courses on breastfeeding / Training of Health Professionals

Under the **'UNICEF Country programme document 2012-2016'**²⁹, whose final version was approved in 2011, the promotion and training activity on exclusive breastfeeding represent a

²³ Daily Observer, *URR observes World Breast-feeding Week*, 14 August 2014, available at: <http://observer.gm/africa/gambia/article/urr-observes-world-breast-feeding-week>

²⁴ Daily Observer, *NaNA intensifies breast feeding campaign*, 14 October 2009, available at: <http://observer.gm/africa/gambia/article/nana-intensifies-breast-feeding-campaign>

²⁵ IBFAN-ICDC, *State of the Code by Country*, 2014. A link to the document and to the previous years' charts can be found at <http://ibfan.org/code-watch-reports>

²⁶ In 2001, the Vice President of The Gambia mentioned in her statement on the occasion of the NBW (see note above) that there was already a *draft National Code on the Marketing of Breastmilk Substitutes*, which was to become legislation during the following year.

²⁷ WBTi, *The Gambia Report 2008*, available at: www.worldbreastfeedingtrends.org/report/WBTi-Gambia-2008.pdf

²⁸ World Breastfeeding Trends Initiative website: www.worldbreastfeedingtrends.org/

²⁹ UNICEF, *The Republic of Gambia, Country programme document 2012-2016*, available at: www.unicef.org/about/execboard/files/Gambia_final_approved_2012-2016_20_Oct_2011.pdf

major focus of the **village support groups** which contribute to providing parental education. In fact, the village support groups were established by the NaNA as community support groups with the aim of assisting and supporting optimal infant and young child feeding practices in baby-friendly communities. As to 2012, this support structure was active in 691 communities across the country and future plans include expanding their action to all the communities.³⁰

In the same document, it is stated that the programme component on **Young Child Survival and Development** “will support improvements in the capacity of the health personnel in antenatal care, delivery, and postpartum, as well as the integrated management of neonatal and child illnesses, and the management of common childhood diseases at health facility and community levels. [...]”³¹ Nonetheless, there are **no specific details on how such improvements will be made** and what type of training will be provided to the health personnel.

As mentioned above, the ‘**National Nutrition Policy 2010-2020**’ strategies include the support to capacity building of health care providers, community based extension workers and community representatives on infant and young child feeding and the advocacy to incorporating infant and young child feeding into the curricula of health training institutions.³² However, to date, there is no information on the implementation of these strategies.

4) Baby-Friendly Hospital Initiative (BFHI)

The NaNA reports that **implementation of the BFHI was launched in 1992-1993** in 4 healthcare facilities in the country. In the following years, 19 government and private health facilities across the country have received training on lactation management, developed their own breastfeeding policy implemented the BFHI.³³ Both the BFHI and the BFCI constitute two main programmes monitored and carried out by the NaNA.³⁴ In 2008, the Vice President of the Republic of the Gambia’s declared that **over 20 health facilities both public and private** were implementing the Baby-Friendly Hospital Initiative and that **293 communities** were following the Baby-Friendly Community Initiative.³⁵

³⁰ Data provided by The Gambia’s vice president and minister of Women Affairs. Source: allAfrica.com, *Gambia: VP - Exclusive Breastfeeding Can Boost Mothers' Immune System*, 1 August 2013, available at: <http://allafrica.com/stories/201308020801.html>

³¹ UNICEF, *The Republic of Gambia, Country programme document 2012-2016*, see above, pp. 7-8

³² National Nutrition Policy 2010-2020, see above, p. 19

³³ NaNA, BFHI programme, available at: www.nana.gm/index.php/programmes/item/68-baby-friendly-hospital-initiative-bfhi#.VHdCsNJwtOI

³⁴ NaNA programmes can be found at: www.nana.gm/index.php/programmes

³⁵ The Point, *NaNA Celebrates Breast Feeding Week*, 5 August 2008, available at:

<http://thepoint.gm/africa/gambia/article/2008/8/5/nana-celebrates-breast-feeding-week>

5) Maternity protection for working women

The Gambia's legislation related to maternity protection includes a wide collection of acts and regulations.³⁶

Maternity leave

Scope: The *Labour Act* applies to all employment by any employer with the exception of: the Civil Service, the Armed Forces (except those employed in a civil capacity), the National Guard, the Police Force, the Security Service or the Prisons Service (except those employed in a civil capacity), **domestic service**, employment of a member of the employer's household living in the employer's house.

Conditions: Employee with 2 years continuous service with the same employer, or whose period of service with the same employer has been interrupted by one or more periods, none of which exceeds 7 months and who has in aggregate not less than 18 months service with the same employer.

Duration: At least 12 weeks (6 weeks before, 6 weeks after birth).

Compulsory leave: 6 weeks immediately preceding the expected date of confinement.

Extension: An employee is entitled to accumulate days of paid sick leave provided for by the Joint Industrial Council Agreement, a collective agreement, or otherwise by his or her contract of employment up to a maximum entitlement attainable by any 12 months of employment. No extension provided either for multiple births or for illness following confinement. No leave in case of illness or complications though general rules for sickness apply. Therefore, an employee is entitled to accumulate days of paid sick leave provided for by the Joint Industrial Council Agreement, a collective agreement, or otherwise by his or her contract of employment up to a maximum of the entitlement attainable by any 12 months of employment.

Cash benefits

Maternity leave benefits scope: Same scope and conditions as maternity leave.

Conditions: See above.

Amount and duration: 100% of salary during full 12 weeks of leave.

Benefits are paid by: the employer.

³⁶ The national Constitution; Labour Act, 2007; Act No.12, to provide for the Control and Management of the Manufacture, Distribution and Use of Hazardous Chemicals and Pesticides and To Make Provision for Matters Connected Therewith, 1994; Factories Regulations No. 18, 1963; Public Health Act, 1989; Children's Act, 2005; The Gambia National Gender Policy, 2010-2020.

Breastfeeding breaks

There are no legal provisions regarding breastfeeding breaks in the *Labour Act*.

6) HIV and infant feeding

In 2012, UNICEF reported a HIV prevalence of 1.3% among adults (aged between 15 and 49) in the Gambia, with an **estimation between <1000 and 1,300 of pregnant women living with HIV**.³⁷ The HIV prevalence rate was 1% in 2001, 1.4% in 2006 and 1.3% in 2012³⁸, as mentioned. Still in 2012, there were 13,000 adults aged 15 and above living with HIV, of which 7,600 women, and there is no figure related to the number of children under 15 living with HIV³⁹.

When there is appropriate knowledge of mother-to-child transmission of HIV, women seek HIV testing when they are pregnant to avoid infection in the baby, because they know that HIV could be transmitted during pregnancy, delivery and breastfeeding. The level of knowledge among women aged 15-49 concerning mother-to-child transmission is quite good, considering that 94% of women know that HIV can be transmitted from mother to child, and 67% of women know that it can be transmitted during pregnancy, delivery and breastfeeding.⁴⁰ **Knowledge is higher in rural areas than in urban areas, and women from poorer households know more about HIV mother-to-child transmission than women from richer households.**⁴¹

7) Infant feeding in emergencies (IFE)

The ‘**National Nutrition Policy 2010-2020**’ includes a section dedicated to Nutrition in Emergency Situations, where it states that “*the government has established a **National Disaster Management Agency**. However, there is need to incorporate appropriate nutrition support in the policies, programmes and contingency plans of the National Disaster Management Agency.*”⁴²

In fact, the documents and strategic plans for disaster management, such as the ‘National Disaster Management Programme 2008-2011’⁴³, **do not include infant and young child feeding**

³⁷ UNICEF data, 2013, available at: <http://data.unicef.org/hiv-aids/global-trends>

³⁸ WHO data, available at : <http://apps.who.int/gho/data/node.country.country-GMB?lang=en>

³⁹ WHO data, available at: <http://apps.who.int/gho/data/view.main.22300>

⁴⁰ Data retrieved from The Gambia MICS 2005-2006, see above.

⁴¹ The Gambia MICS 2005-2006, see above; The Gambia MICS 2010, see above.

⁴² National Nutrition Policy 2010-2020, see above.

⁴³ *National Disaster Management Programme: Strategic Action Plan 2008-2011*, available at: www.statehouse.gm/national-disaster-mngt-policy/Strategic%20Action%20Plan_DMP_.pdf

strategies in cases of emergencies. Therefore, what has been stated in the ‘National Nutrition Plan 2010-2020’ should be converted into real and effective measures, so that newborns, infants and young children could be provided with adequate feeding during emergencies.