



The Gambia Stakeholder and Nutrition Action Mapping

FY 2017 NATIONAL RESULTS

NaNA

National Nutrition Agency
Office of the Vice President
and Ministry of Women's Affairs



REACH

ACCELERATING THE SCALE-UP OF FOOD AND NUTRITION ACTIONS



Disclaimer for the Stakeholder & Nutrition Action Mapping

The Gambia Stakeholder & Action Mapping intends to help improve nutrition coordination and scale-up discussions by providing an indicative overview of **who the stakeholders in nutrition are, where they are working, and estimated coverage of beneficiaries** for selected Core Nutrition Actions.

Both the **geographical and beneficiary coverage are estimated** based only on the information provided and obtained at the regional level. The coverage is therefore **not to be considered as exhaustive or exact**. Moreover, **it is voluntary to report**, and not necessarily all stakeholders have been identified or have chosen to contribute.

The mapping has only collected data on **selected Core Nutrition Actions**. Organizations, both included in this mapping and not, may be working on other actions that are important for improving nutrition outcomes, however data on these actions has not been captured in this mapping.

The Core Nutrition Actions were selected through consultations with the National Nutrition Agency (NaNA) and Nutrition Stakeholders in The Gambia.

Agenda

1. Overview of Mapping

2. Results

- Who does What
- Geographic and Population Coverage
- Action coverage

3. Summary

4. Annex

Overview

Introduction to the Stakeholder & Action Mapping

Objectives of Stakeholder & Action Mapping

- To decide on the prioritized **Core Nutrition Actions** (CNAs) in The Gambia
- To gain a better overview of **who is doing what and where** in nutrition in Gambia
- To be better able to **identify gaps in coverage** of target population and geographic areas of the CNAs

Ultimately to **help inform & improve planning** of core nutrition actions, to **scale up and eliminate malnutrition**

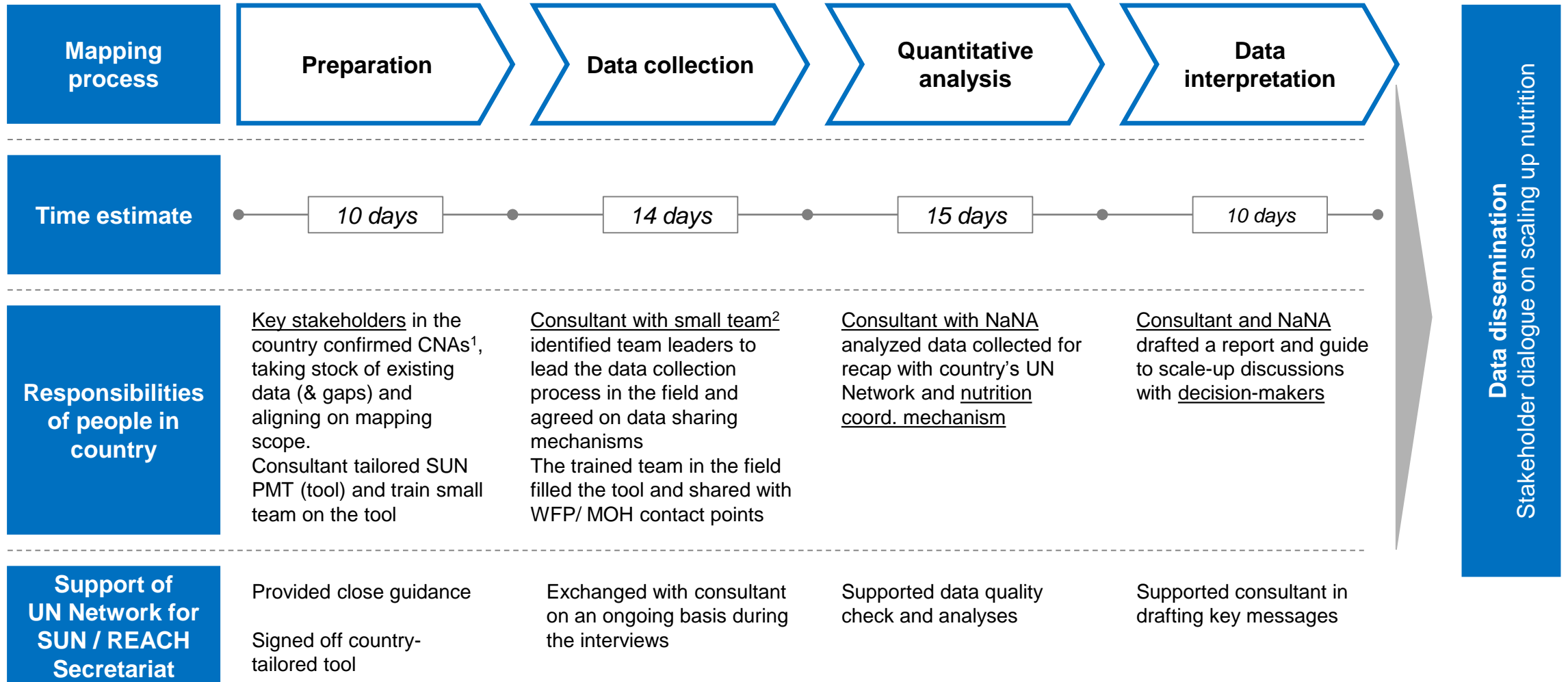
Background for Stakeholder & Action Mapping

- The UN Network in the Gambia is supporting the National SUN Platform to strengthen the scaling up of nutrition efforts
- Through this platform, the UN Network support the Government to undertake a Stakeholder and Nutrition Action Mapping exercise to better understand the coverage of core nutrition actions at the national and regional levels
- The UN Network used the support of the UN Network for SUN / REACH Secretariat who provided the tool and connected the country team with a consultant to guide the process and train the country team

The mapping process uses the Scaling Up Nutrition Planning & Monitoring Tool (SUN PMT) to answer key questions

| Qualitative view | Quantitative view | Guidance for scaling up nutrition | Continuous monitoring |
|--|---|---|---|
| Overview of nutrition actions <i>Who does what where?</i> | Coverage <i>What % of the target group is covered?</i> | Guidance for a stakeholder dialogue <i>How & where to scale up nutrition?</i> | Implementation monitoring <i>Are targets achieved over time?</i> |
| <hr/> <ul style="list-style-type: none">1 Who are the key stakeholders? What are their roles?2 Which stakeholders are doing what where? | <hr/> <ul style="list-style-type: none">3 What % of the target group is covered nationally; via which delivery mechanisms?4 What % of target groups are covered per action?5 What % of the target group is covered per region?6 For each region, who is reaching what % of the target group? | <hr/> <ul style="list-style-type: none">7 What are the stunting levels (e.g. prevalence)? What is the action intensity per region?8 Which regions are not adequately addressed?9 Are children receiving the nutrition actions they may need?10 Where are there action gaps in addressing key nutrition problems? | <hr/> <ul style="list-style-type: none">11 Is the target group coverage improving over time?12 Are targets achieved as defined in the national plan? |

Key phases of the mapping process



1. CNA = Core Nutrition Actions

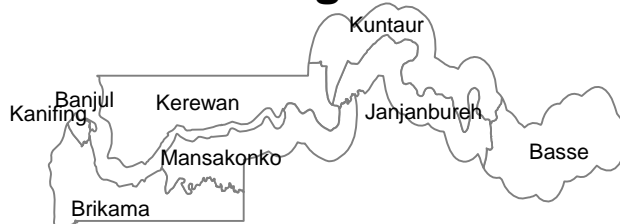
2. The small team typically refers to the NaNA (6), MOH (1), GBOs (1) and WFP (1) staff.

Core Nutrition Actions and their definitions used for the mapping

| | Core Nutrition Action | Numerator | Denominator | | Core Nutrition Action | Numerator | Denominator |
|---------------------------------|---|--|--|---------------------------|--|---|--|
| Mgmt. of SAM | Treatment of SAM | Number of children 6-59 months with severe acute malnutrition (SAM) who received treatment | Total number of estimated SAM cases | WASH | Promote use of latrines | Number of communities declared open defecation free (ODF)** | Total number of communities |
| | IYCF | Implementation of BFCI | Communities reached with Baby Friendly Community Initiative (BFCI) | | NCD | Promote nutrition education in primary schools | Number of primary schools providing nutrition education |
| Micronutrient Supplementation | Provide FeFo to pregnant women | Number of "newly registered" pregnant women who received iron/folic acid | Total number of "newly registered" pregnant women | Food & Nutrition Security | Provide material and technology for small ruminant and poultry | Number of communities reached with technology for small ruminant and poultry | Total number of communities |
| | Provide VAS among post partum women | Number of post partum women who received vitamin A supplementation (VAS) | Total number post partum women | | Provide material and technology for small scale horticulture/ crop diversification | Number of communities reached with technology for small scale horticulture/ crop diversification | Total number of communities |
| | Provide VAS to children | Number of children 6-59 months who received VAS during the last round | Total number of children 6-59 months | | Provide material and technology for artisanal fisheries | Number of communities reached with technology for artisanal fisheries | Total number of communities |
| Disease Prevention & Management | Provide de-worming to children | Number of children 12-59 who received deworming tablets in the last round | Total number of children 12-59 months | | Child Care | Conduct nutrition surveillance bi-annually | Number of children 6-59 months reached during the most recent surveillance round |
| | Provide IPT for malaria to pregnant women | Number of pregnant women who received intermittent preventive treatment (IPT) (at least two doses) for malaria | Total number of pregnant women | Social Protection | Provide BSFP to children 6 -23 months | Number of vulnerable children 6-23 months who received blanket supplementary feeding program (BSFP) | Total number of vulnerable children 0-23 month* |
| | Provide ITNs to pregnant women | Number of pregnant women who received insecticide-treated bed nets (ITN) | Total number of pregnant women | | | | |
| | Provide ITNs to neonates | Number of infants 0-1 month who received ITN | Total number of infants 0-1 month | | | | |

What can the Stakeholder & Action Mapping help you with?

For Regions



- See what partners are working with food & nutrition in your region
- Get info on what actions are being conducted, and where
- How many people are being reached by different actions, what needs to be scaled up

For Ministries



- Get a better overview of who the partners are and what they do
- Identify potential gaps in geographic coverage
- Identify potential gaps in action coverage
- Help planning & scale up of nutrition actions

For UN and NGOs



- Enhance coordination though better info on what organizations are working in the same regions and/or on the same actions
- Identify what regions need further support
- See what actions need to be scaled up, and where

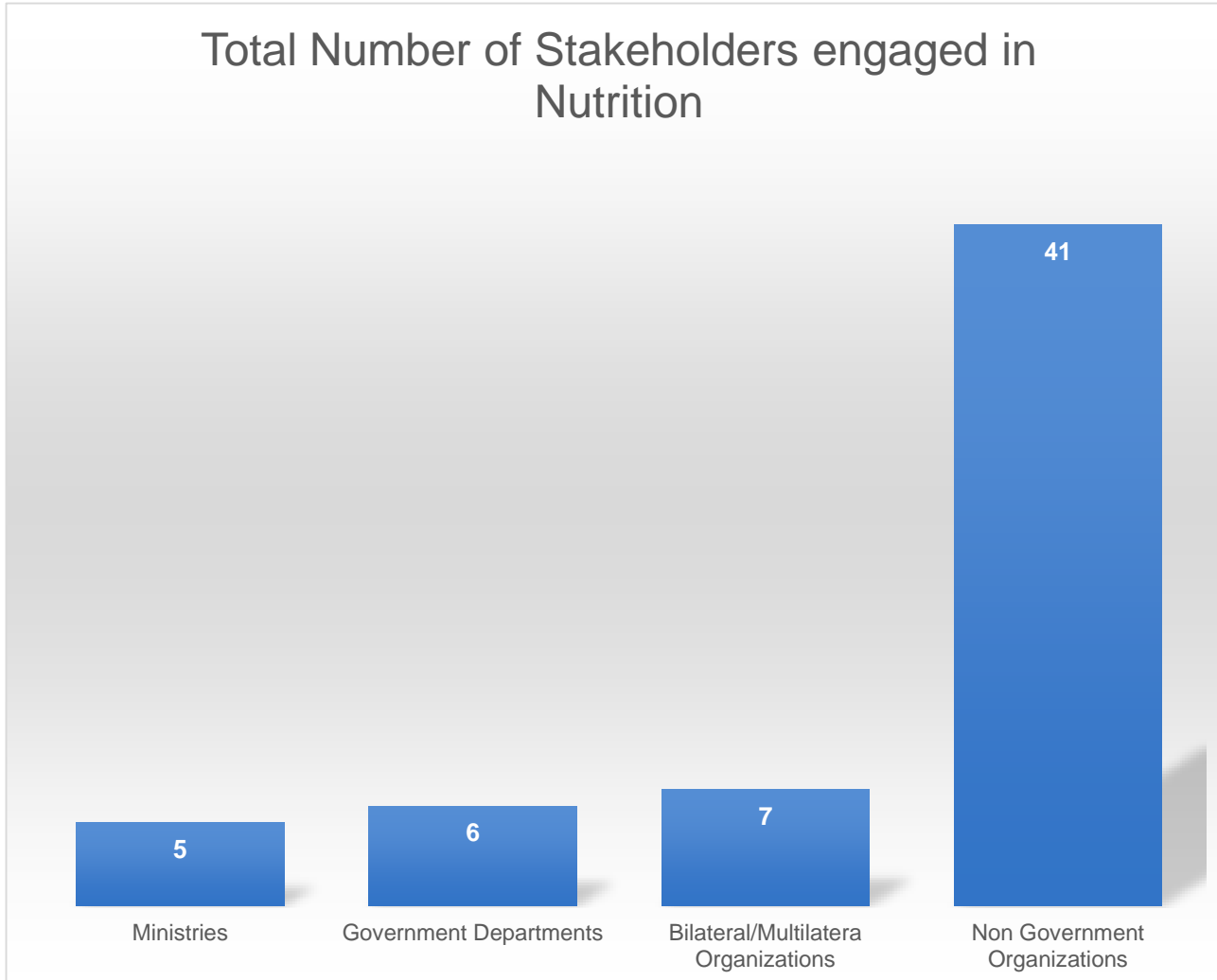
For Donors



- Identify what regions need further support
- See what actions need more funds to scale up
- Help identify what organizations can cover different actions and regions

Who does what

How many stakeholders engaged in Nutrition



Summary

- ✓ A total of 59 stakeholders engaged in nutrition
- ✓ Implementation is mainly among the NGOs and the Government departments.
- ✓ Mix of stakeholders noted across the 2 groups of catalysts and donors

Who are the key stakeholders? What are their roles? (1 of 3)

| | Core Nutrition Action | Responsible Ministry | Catalyst | Field implementer | Funder |
|-------------------------------|---|----------------------|---|---|---|
| MANAGEMENT OF | Treatment of SAM | MoHSW | NaNA, African Muslim Agency, RHD | RHD, African Muslim Agency, Federation, MoHSW, NaNA, | African Muslim Agency, CF, World Bank, UNICEF |
| IYCF | Implement BFCI | MoHSW | NaNA, RHD | RHD, NaNA, MoHSW | World Bank, UNICEF |
| MICRONUTRIENT SUPPLEMENTATION | Provide FeFo to pregnant women | MoHSW | NaNA, RHD, MoHSW | RHD, MoHSW, NaNA | UNFPA, World Bank, MoHSW, WHO, UNICEF, UNDP |
| | Provide VAS among post partum women | MoHSW | NaNA, RHD, MoHSW | RHD, MoHSW, NaNA | UNICEF, MoHSW, WHO, UNDP |
| | Provide VAS to children aged 6-59 months | MoHSW | NaNA, RHD, Federation, SOS | RHD, Federation, MoHSW, SOS, NaNA | CF, SOS CLINIC BAKOTEH, UNICEF, MoHSW, WHO, UNDP, CRS, NMCP, CMS |
| DISEASE PREVENTION/MANAGEMENT | Provide de-worming to children 12-59 | MoHSW, MoBSE | NaNA, RHD, Federation, SAFMU, SOS | RHD, Federation, MoHSW, NaNA, SOS | CF, MoBSE/SAFMU, SOS CLINIC BAKOTEH, UNICEF, EU, JSDF, Deworm The World, CRS, NMCP, CMS |
| | Provide IPT for malaria to pregnant women | MoHSW | NaNA, RHD, NMCP, CRS | RHD, MoHSW, NaNA, NMCP | Global Fund, MoHSW |
| | Provide ITNs to pregnant women | MoHSW | RHD, NMCP, CRS, TARUD, Federation, HePDO | RHD, TARUD, Federation, MoHSW, ADWAC, GADO, HePDO, NaNA | TARUD, CF, NMCP, HEPDO, Global Fund, MBG, MoHSW |
| | Provide ITNs to neonates | MoHSW | RHD, NMCP, CRS, Federation, ADWAC, GADO, HePDO, SOS | RHD, Federation, GADO, ADWAC, HePDO, SOS, NaNA, MoHSW, NMCP | CF, NMCP, HEPDO, SOS CLINIC BAKOTEH, Global Fund, CRS, NMCP, CMS |

Who are the key stakeholders? What are their roles? (2 of 3)

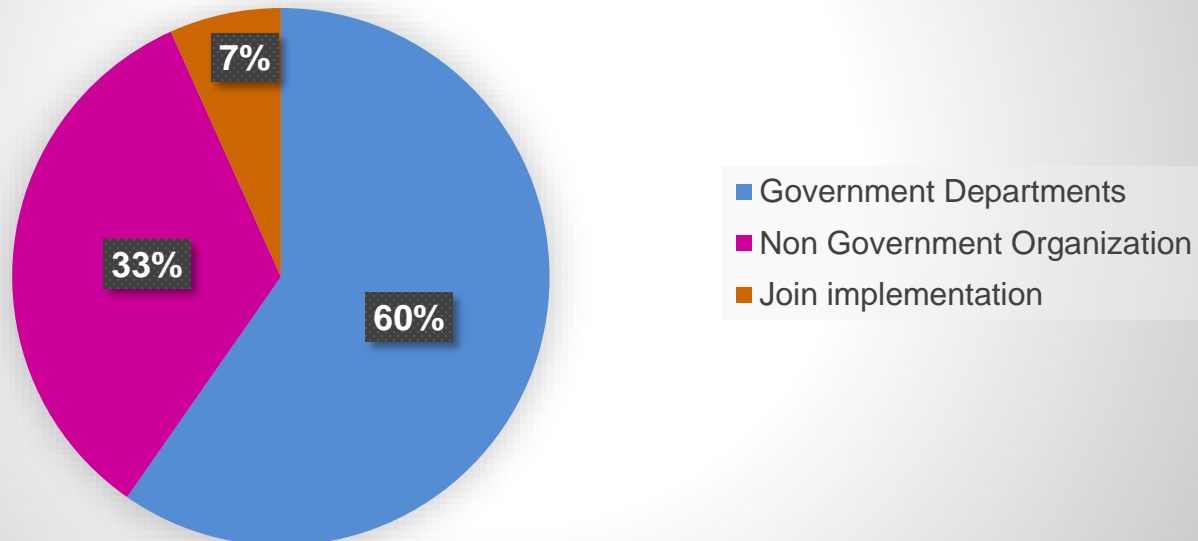
| | Core Nutrition Action | Responsible Ministry | Catalyst | Field implementer | Funder |
|------------------------------------|--|----------------------------|---|---|---|
| WASH | Promote use of latrines | MoWRE, MoHSW, MoLGL, MoBSE | MoHSW, UNICEF, HEPDO, GAFNA, DHPE, African Muslim Agency, TARUD, RHD, MoA, MoWRE, ADWAC | NDMA, ADWAC, RHD, GAFNA, DCD, DWR, DHPE, HEPDO, Village Development Committee (VDC), TARUD, 4H, NDMA, NaNA, MoHSW | HEPDO, RHD, GAFNA, African Muslim Agency, TARUD, ADB, UNICEF, UNHCR, MBG, SOLDAGRO Belgium |
| NCD | Promote nutrition education in lower basic (primary schools) | MoBSE, MoA, MoHSW | MoA, WFP, FAO, NaNA, MoBSE, SAFMU | NaNA, MoBSE, 4H, MoA, SMC, CM, SAFMU | FAO, 4H, MoBSE/SAFMU, WFP, EU, FASDEP, MoA, Norwegian, JSDF, UNICEF, GLF |
| FOOD AND NUTRITION SECURITY | Provide material and technology for small ruminant and poultry | MoHSW, MoA, MoWRE | FAO, EU, UP | ADWAC, DoA, WASDA, GAFNA,, MoHSW, MoA, FFHC, NaNA, United Purpose | DoA, WASDA, GAFNA, FFHC, FAO, UNHCR, NeMA, WAAPP, IFAD, FASDEP, MoA, ADB, SOLDAGRO Belgium, AFDB, World Bank, CLIP |
| | Provide material and technology for small scale horticulture/ crop diversification | MoHSW, MoA, MoLGL | MoHSW, EU, UP | UP, DoA, ADWAC, GRCS, WASDA, GAFNA, MDFT, Cashew farmers association and Processors, KETA, Aseck, Antan, TARUD, MMAP, AFET, MoA, 4H, VDC, FIOH, Project Aid Gambia, FORUT, RDO, MoHSW, NaNA, FSF, NAWFA, NEA, DoF | GRCS, WASDA, DoA, GAFNA, IRD, KETA, MEHDA, TARUD, MMAP, AFET, NAWFA, 4H, HF, FIOH, PAG, FORUT, RDO, FSF Spanish Red Cross, EC/Big lottery Fund, ADB, UNHCR, USDA, Association of country women of the world, Eastern Mennoinite Association, United Purpose Methodist Mission, Church World Service, EU, United Methodist Committee on Relief (UMCOR), Humanity First UK, SIDA, Project Aid Germany, IFAD, World Bank, Abundance Funds (US), Stiftung Sabablou , Allianza Por Solidaridad LUSH UK/Individuals |
| | Provide material and tecnologia for artisanal fisheries | MoA, MoHSW | FAO, DoF, IFAD, GAFNA, Bakau Community, FASDEP | DoL, DoA, DoF, MoWRE, NaNA, MoA | FAO, DoF, DoA, GAFNA, GAMFIDA, MoA, IFAD, UNHCR, ADB |

Who are the key stakeholders? What are their roles? (3 of 3)

| | Core Nutrition Action | Responsible Ministry | Catalyst | Field implementer | Funder |
|-------------------|--|----------------------|--------------------------------|----------------------------|---|
| SOCIAL PROTECTION | Provide blanket supplementary feeding to children 6 -23 months | MoBSE | WFP | RHD | WFP |
| CHILD CARE | Conduct nutrition surveillance bi annually | MoHSW | NaNA, UNICEF, RHD, Federation, | RHD, Federation, NaNA, VSG | CF, UNICEF, WHO, Government of The Gambia |

How is the implementation distributed among the stakeholders

Proportion of total action implemented by stakeholders category



Summary

Government institutions

- ✓ There are relatively few government institutions (6), however they implement 60% of all the actions
- ✓ Implementation by department: NaNA 40%; RHD 41%, Joint RHD & NaNA 5%, other departments (DoF, DoA, DoL and NMCP) 14%

Non-Government Institutions

- ✓ Most non-government institutions are mainly supporting the provision of material and technology for small scale horticulture / crop diversification and promoting the use of latrines

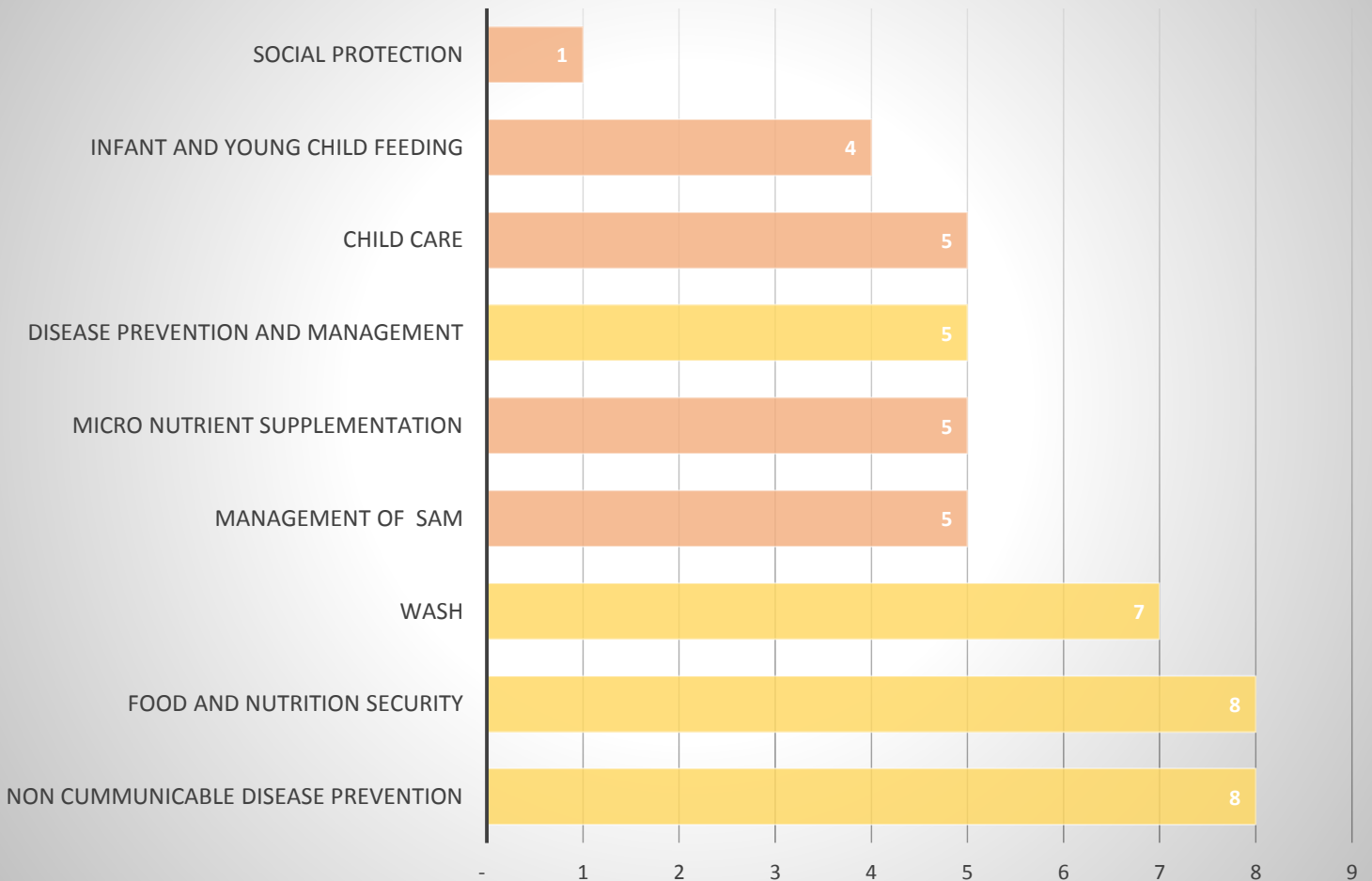
Actions jointly implemented by Government and Non-Government organizations:

- ✓ Distribution of ITNs
- ✓ Material and technology for small scale horticulture and crop diversification
- ✓ Nutrition Education in lower basic schools and nutrition surveillance

Geographic and Population Coverage

How many regions implement nutrition sensitive and specific interventions

Regions implementing Identified Actions



- Nutrition Sensitive;

The NCD and WASH interventions are implemented across all the regions.

- Nutrition Specific





Micronutrient Supplementation, Management of SAM/MAM and Child Health have better geographical coverage in comparison to others

Overview of coverage of actions at the national level (1/2)

| | Core Nutrition Action | # of regions covered | Target Group | % of target covered | Delivery Mechanisms |
|--------------------------------|--|----------------------|-----------------------|---------------------|--|
| MANAGEMENT OF SAM | Treatment of SAM | 5/8 | Children 6-59 months | | Health Facilities, Community , Health worker/Community Health Nurse |
| IYCF | Implement BFCI | 4/8 | Children 0-59 month | | Community , Health worker/Community Health Nurse, Village Health Worker/CBC, Support Groups |
| MICRONUTRIENT SUPPLIMENTATION | Provide FeFo to pregnant women | 4/8 | Pregnant women | | Health Facilities, Health worker/Community Health Nurse, Village Health Worker/CBC |
| | Provide VAS among post partum women | 5/8 | Post Partum Mother | | Health Facilities, Health worker/Community Health Nurse, Village Health Worker/CBC, Support Groups |
| | Provide VAS to children aged 6-59 months | 5/8 | Children 6-59 months | | Health Facilities, Health worker/Community Health Nurse, Village Health Worker/CBC, Support Groups, Community |
| DISEASE PREVENTION/ MANAGEMENT | Provide de-worming to children 12-59 | 5/8 | Children 12-59 months | | Health Facilities, Health worker/Community Health Nurse, Village Health Worker/CBC, Support Groups, Community |
| | Provide IPT for malaria to pregnant women | 5/8 | Pregnant women | | Health Facilities, Health worker/Community Health Nurse |
| | Provide ITNs to pregnant women | 4/8 | Pregnant women | | Health Facilities, Health worker/Community Health Nurse, NGOs, Volunteers |
| | Provide ITNs to neonates | 5/8 | Children 0-28 days | | Health Facilities, Volunteers, Health worker/Community Health Nurse, NGOs |
| WASH | Promote use of latrines | 7/8 | Community | | National Disaster Management, Community , Health worker/Community Health Nurse, Extension workers, Volunteers, Health Facilities, Schools, NGOs, Village Health Worker/CBC, Support Groups |
| NCD | Promote nutrition education in lower basic (primary schools) | 8/8 | Schools | | Schools, Health worker/Community Health Nurse, NGOs, Extension workers, Health Facilities |
| SOCIAL PROTECTION | Provide blanket supplementary feeding to children 6 -23 months | 1/8 | Children 0-23 months | | National Disaster Management, Volunteers |

% of target group reached: ≤25% >25% - ≤50% >50% - ≤75% >75%

Overview of coverage of actions at the national level (2/2)

| | Core Nutrition Action | # of regions covered | Target Group | % of target covered | Delivery Mechanisms |
|------------------------------|--|----------------------|----------------------|---|--|
| FOOD/ AND NUTRITION SECURITY | Provide material and technology for small ruminant and poultry | 7/8 | Community |  | Community , Extension workers, NGOs, Health Facilities, Volunteers |
| | Provide material and technology for small scale horticulture/ crop diversification | 6/8 | Community |  | NGOs, Extension workers, Health Facilities, Volunteers |
| | Provide material and technology for artisanal fisheries | 7/8 | Community |  | Extension workers, NGOs |
| CHILD CARE | Conduct nutrition surveillance bi annually | 5/8 | Children 6-59 months |  | Community , Health worker/Community Health Nurse, Village Health Worker/CBC, Support Groups, Health Facilities |

% of target group reached:  ≤25%  >25% - ≤50%  >50% - ≤75%  >75%

What % of the target group is covered per region? (1 of 2)

| | Core Nutrition Action | Target group | The Gambia | Banjul | Kanifing | Brikama | Mansa-konko | Kerewan | Janjan-bureh | Kuntaur | Basse |
|--|--|-----------------------|------------|--------|----------|---------|-------------|---------|--------------|---------|-------|
| Mgmt. of SAM | Treatment of SAM | Children 6-59 months | 15% | - | 5% | 21% | 46% | 40% | - | - | 13% |
| IYCF | Implementation of BFCI | Children 0-59 months | <1% | - | - | <1% | 1% | 1% | - | - | <1% |
| Micronutrient Supplementation | Provide FeFo | Pregnant women | 31% | - | 99% | - | 37% | 76% | - | - | 11% |
| | Provide VAS | Post partum women | 62% | - | 90% | 44% | 96% | 97% | - | - | 90% |
| | | Children 6-59 months | 38% | - | 80% | 29% | 72% | 63% | - | - | 16% |
| Disease Prevention & Management | Provide de-worming | Children 12-59 months | 56% | - | 98% | 33% | 78% | 93% | - | - | 82% |
| | Provide IPT for malaria | Pregnant women | 78% | - | 99% | 83% | 85% | 98% | - | - | 90% |
| | Provide ITNs | Pregnant women | 39% | - | 97% | 18% | - | 99% | - | - | 11% |
| | | Children 0-28 days | 23% | - | 3% | 14% | 82% | 99% | - | - | 10% |
| WASH | Promote use of latrines | Communities | 31% | - | 5% | 64% | 26% | 64% | 6% | 4% | 20% |
| NCD | Promote nutrition education | Schools | 28% | 24% | 28% | 3% | 96% | 3% | 52% | 9% | 76% |
| Food & Nutrition Security | Provide material and technology for small ruminant and poultry | Communities | 83% | - | 100% | 100% | 101% | 100% | 107% | 94% | 12% |
| | Provide material and technology for small scale horticulture/ crop diversification | Communities | 41% | - | - | 94% | 37% | 76% | 9% | 2% | 28% |
| | Provide material and technology for artisanal fisheries | Communities | 3% | 100% | 84% | 5% | 1% | 1% | 2% | 1% | - |
| Child Care | Conduct nutrition surveillance bi-annually | Children 6-59 months | 23% | - | 26% | 13% | 52% | 51% | - | - | 35% |
| Social Protection | Provide BSFP | Children 0-23 months | 4% | - | - | - | - | - | - | - | 25% |

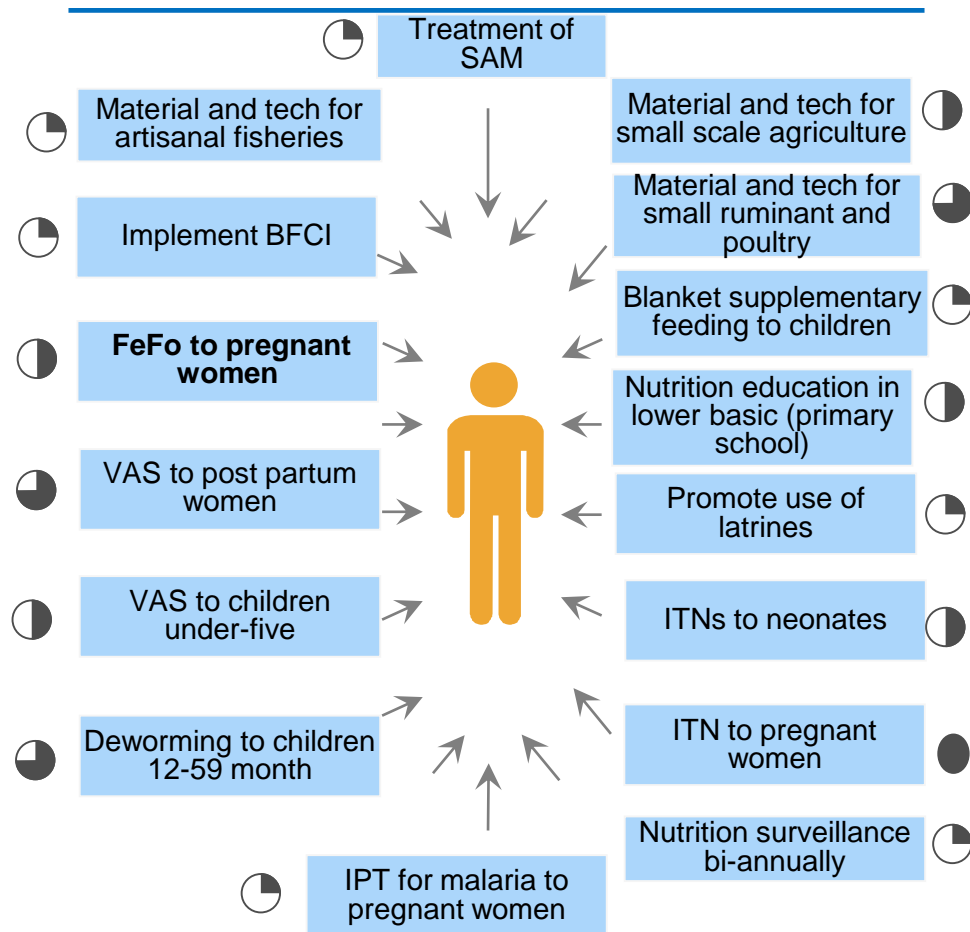
% of target group reached: ■ ≤25% ■ >25% - ≤50% ■ >50% - ≤75% ■ >75%

Actions coverage

Are children receiving a full package of nutrition interventions?

<Many actions are being implemented in the country, however coverage is low for most actions>

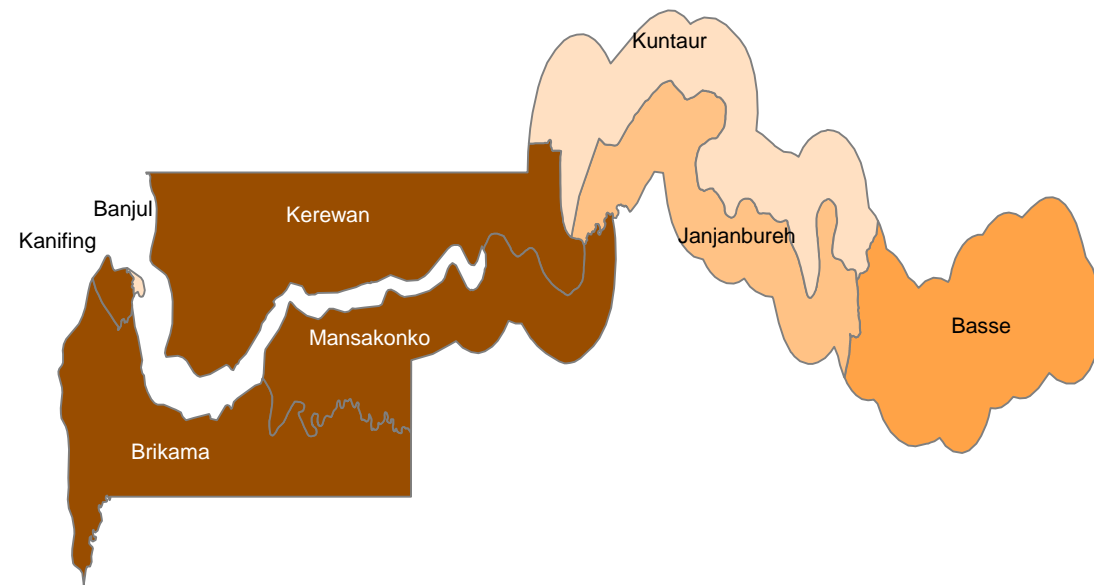
On average, a typical child in Gambia only receives ~4 interventions that they may need



% of target group covered

≤25%
 >25% - ≤50%
 >50% - ≤75%
 >75%

On average, children in Banjul & Kuntaur are likely to receive fewer nutrition actions than other regions

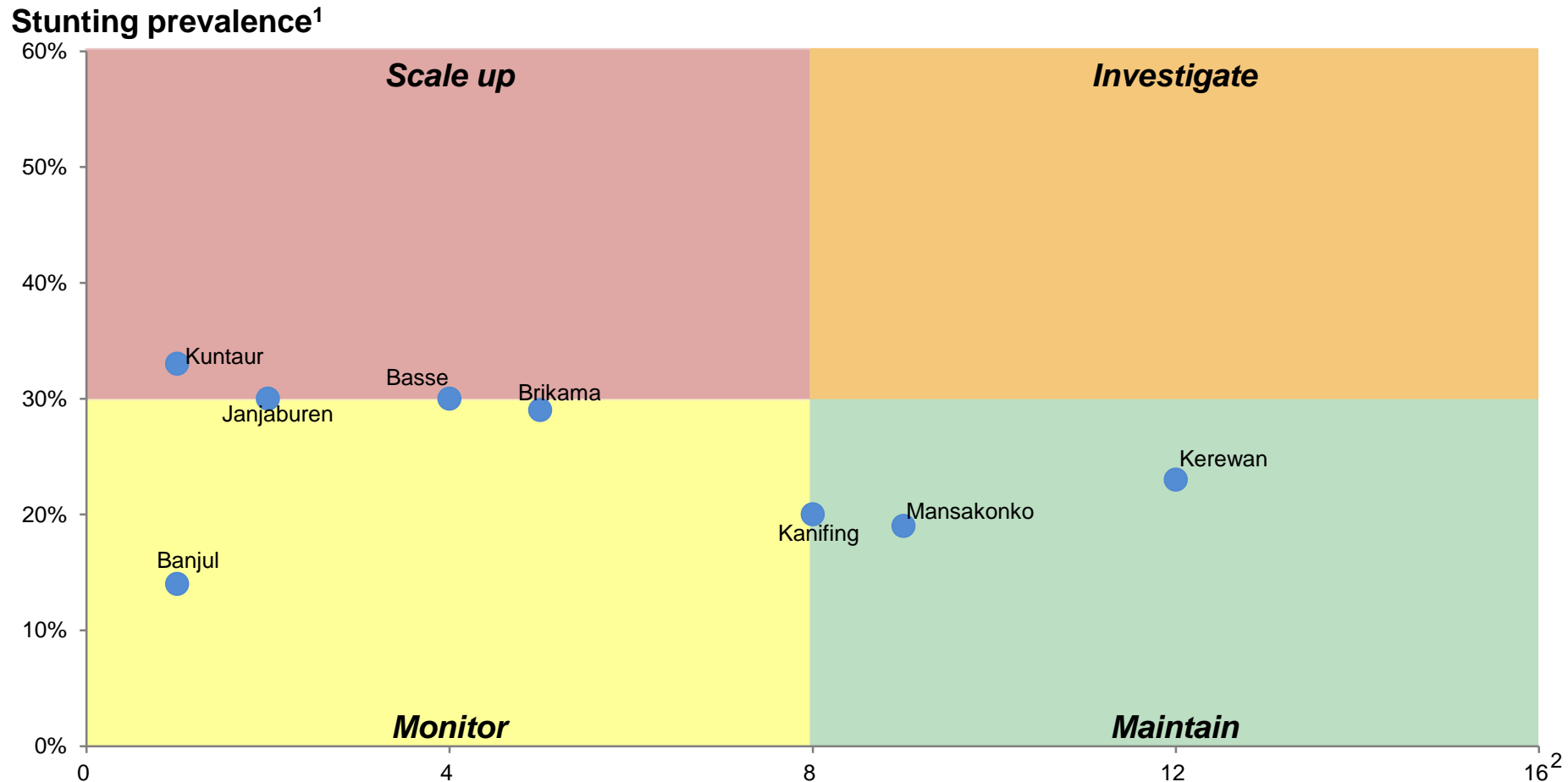


of child-centred actions with coverage >50% of target population

≤1 actions
 2 actions
 3-4 actions
 ≥5 actions

Which regions are not addressed adequately?

On average, 6 CNAs per region reach 20% of beneficiaries, indicating scale up of CNAs is needed in most regions



| | |
|--------------------|--|
| Scale up | nutrition situation is critical with low coverage of target populations |
| Investigate | nutrition situation is critical with adequate coverage of target populations |
| Monitor | nutrition situation is not critical with low coverage of target populations |
| Maintain | nutrition situation is not critical with adequate coverage of target populations |

of CNAs with at least 20%³ of target population covered

¹Among children 0-59 months old, Gambia SMART survey 2015

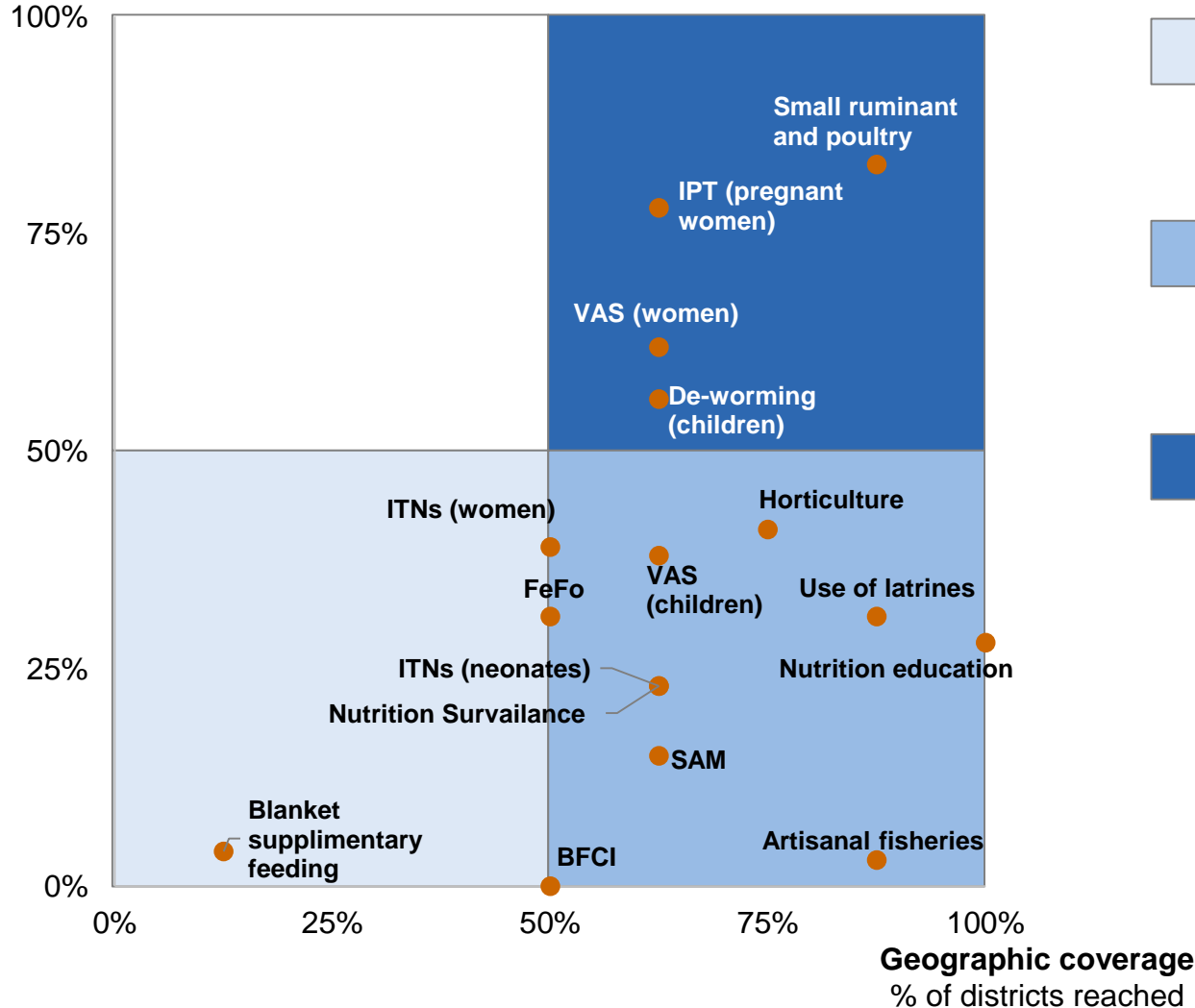
²The total number of CNAs in the matrix includes all CNAs,

³This percentage is a country-defined level based on the results of the stakeholder mapping to highlight disparities in action coverage.

What is both the geographic and beneficiary coverage of actions?

Nationally, most CNAs have low population coverage, however many have high geographic coverage

Population coverage
% of target population reached



- Low geographic and population coverage**
Scaling up discussion should involve how to reach more people in more places

- High geographic coverage and low population coverage**
Scaling up discussion should involve how to reach more people in the places where the action is already taking place

- High geographic coverage and high population coverage**
How can the remaining population be reached? What lessons can be learned from actions with high coverages?

Summary

Key Messages and questions

1. Wide range of available stakeholders

- Wide range of stakeholders available across the actions, but few targeting social protection (only WFP involved) in comparison to the rest of the actions
- Mechanisms to reach non-traditional stakeholders should be built upon to improved financing, implementation and coordination of nutrition actions

2. Delivery Mechanisms and integration

- Most actions use similar delivery mechanisms, mainly through the health sector, stakeholders may need to explore, test and expand on how and what delivery mechanisms are being used

3. Coordination and Reporting

- Regions need to be strengthened to support availability of information on actions taking place in their areas in order to support better coordination among actors
- Data gaps are noted across regions and different actions, however mostly unavailable from Banjul, Janjabureh and Kuntaur. Are there unique challenges in these areas that need to be further explored?

4. Scaling Up Nutrition actions

- Overall population in Banjul and Kuntar is more likely to receive fewer nutrition action.
- Even in regions where the CNAs are taking place yet coverage remains low. Further analysis may be needed to understand barriers to reaching larger population.

5. Learning and Integration

- In many regions three CNAs (vitamin A among women, IPT and Small ruminant and poultry) have both high geographic coverage and population coverage compared to other actions – are there best practices that can be learned from and used in reaching beneficiaries with other actions?

Annex

List of stakeholders and stakeholder abbreviations (1 of 3)

| Full Name | Short Name | Organization type |
|--|---|-------------------------------------|
| Abundance Funds (US) | Abundance Funds (US) | NGO |
| Africa Development Bank | ADB | Bilateral/Multilateral organization |
| Africa Muslims Agency | AMA | NGO |
| AGENCY FOR THE DEVELOPMENT OF WOMEN AND CHILDREN | ADWAC | NGO |
| Allianza Por Solidaridad LUSH UK | Allianza Por Solidaridad LUSH UK | NGO |
| Association of Country women of the World | Association of Country women of the World | NGO |
| Association of Farmers Educators and Traders | AFET | NGO |
| Campaign for development and solidarity | FORUT | NGO |
| Catholic Relief Services | CRS | NGO |
| Child Fund | CF | NGO |
| Church World Service | CWS | NGO |
| Department of Agriculture (PSU FTS HTS) | DoA | Government |
| Department of Fisheries | DoF | Government |
| Department of livestock (DLS) | DLS | Government |
| Eastern Mennoinite Association | Eastern Mennoinite Association | NGO |
| EC/Lottery Fund | EC/Lottery Fund | NGO |
| European Union | EU | Bilateral/Multilateral organization |
| Abundance Funds (US) | Abundance Funds (US) | NGO |
| Africa Development Bank | ADB | Bilateral/Multilateral organization |

List of stakeholders and stakeholder abbreviations (2 of 3)

| Full Name | Short Name | Organization type |
|--|-------------------|-------------------|
| Food and Agriculture Organization | FAO | UN agency |
| Freedmon From Hunger Campaign | FFHC | NGO |
| Fresh Start Foundation | FSF | NGO |
| Future In our Hands | FIOH | NGO |
| Gambia 4H | 4H | NGO |
| Gambia Food And Nutrition Association | GAFNA | NGO |
| Gambia Red Cross Society | GRCS | NGO |
| Health Promotion and Development Organization | HEPDO | NGO |
| Humanity First UK | Humanity First UK | NGO |
| IFAD | IFAD | UN agency |
| International relief and development | IRD | NGO |
| Kombo East Tesito Association | KETA | NGO |
| Mennonite Educational & Horticultural Development Associates | MEHDA | NGO |
| Methodist Mission Agriculture Program | MMAP | NGO |
| Ministry of Agriculture | MoA | Government |
| Ministry of Basic and Secondary Education | MoBSE | Government |
| Ministry of Education Directorate (SAFMU) | SAFMU | Government |
| Ministry of Health and Social Welfare | MoHSW | Government |
| Ministry of Local Government and Land | MoLGL | Government |
| Ministry of Water Resorce and Environment | MoWRE | Government |
| National Disaster Management Agency | NDMA | Government |
| National Malari Control Program | NMCP | Government |

List of stakeholders and stakeholder abbreviations (3 of 3)

| Full Name | Short Name | Organization type |
|--|----------------------|-------------------------------------|
| Project Aid -Germany | Project Aid -Germany | NGO |
| Regional Agriculture Directorate | RAD | Government |
| Reproductive Health Department | RHD | Government |
| Rural Development Organisation | RDO | NGO |
| SIDA | SIDA | NGO |
| SOS village | SOS | NGO |
| Spanish Red Cross | Spanish Red Cross | NGO |
| Stiftung Sabablou | Stiftung Sabablou | NGO |
| Trust agency for Rural Development | TARUD | NGO |
| UNHCR | UNHCR | UN agency |
| United Methodist Committee on Relief | UMCOR | NGO |
| United Nation Childrens Fund | UNICEF | UN agency |
| United Purpose (Concern Universal) | UP | NGO |
| United Purpose (Concern Universal) | UP | NGO |
| USDA | USDA | Bilateral/Multilateral organization |
| Womens Health Productivity & the environment | BAFROW | NGO |
| World Bank | World Bank | Bilateral/Multilateral organization |
| World Food Program | WFP | UN agency |
| World Health Organization | WHO | UN agency |
| Wuli and Sandu Developemnt Agency | WASDA | NGO |