Effective joint programming in The Gambia

TARGETING THE SAME COMMUNITIES AT THE SAME TIME TO REDUCE MALNUTRITION
Undernutrition is a major public health problem in The Gambia, especially among women of reproductive age and young children. Chronic malnutrition has stagnated for the last decade or so, with a stunting prevalence of 24.5 percent of children under five; and under-five wasting stands at 11 percent (2013). To achieve a greater impact, The Gambia joined the Scaling Up Nutrition (SUN) Movement in 2011 and has focused on a multi-sectoral, multi-stakeholder approach to improve malnutrition in these vulnerable groups.

Getting to know the members

The UN Network (UNN) in the country comprises five core agencies: the Food and Agriculture Organization of the United Nations (FAO); the International Organization for Migration (IOM); the World Food Programme (WFP); the World Health Organization (WHO); and the United Nations Children’s Fund (UNICEF), which chairs the platform. While there has been an understanding among United Nations agencies in The Gambia that nutrition programming is most effective when it addresses both the immediate and underlying causes of malnutrition, the multi-sector approach was given a huge boost by a multi-agency programme – ‘Post Crisis Response’ (PCR). The PCR brought together three UNN members – FAO, UNICEF and WFP – and was designed to help hard-hit regions recover from a food and nutrition insecurity crisis peak in 2015. A wide range of activities characterize the programme, implemented under a Co-Delegation Agreement in the spirit of joint programming and improved coordination.

Tackling undernutrition in rural communities

The PCR is an €11.4 million EU-funded intervention that took place between January 2017 and December 2019. The programme was designed to help communities ‘bounce back’ from a cumulative effect of shocks, both agricultural and non-agricultural, that were having a negative impact on food and nutrition security. The PCR’s overall objective was to contribute to the reduction of stunting and wasting among children 0–24 months from food-insecure households that reside in the following four regions: North Bank; Lower River; Central River; and Upper River.
Embracing complementarity

The “PCR was designed to provide a holistic multi-sectoral programme for addressing FSN and [to do this] sustainably,” Wanja Kaaria, WFP Country Director, reported. “This meant covering all angles, from community engagement and support to smallholder farmers, and including safety net support for the most vulnerable.” Each agency was responsible for a different aspect of programming, with FAO coordinating and facilitating the implementation of the project. It also led on interventions aimed at improving household food security through cash for work interventions and support to agricultural production.
UNICEF was responsible for health-related programming to promote optimal nutrition and care practices, with a focus on the first 1,000 days (between a woman’s pregnancy and her child’s second birthday). WFP provided preventive support for moderate acute malnutrition (MAM).

Implementing partners included the Ministry of Health, Ministry of Agriculture, the National Nutrition Agency, The Gambia Red Cross Society and non-governmental organizations. Furthermore, a private company, Gambia Horticultural Enterprise, was provided with knowledge and skill enhancement through Hazard Analysis and Critical Control Points (HACCP) training as well as other essential equipment to support local production of fortified blended cereal.

**Catalyst for closer collaboration**

A formal contract as well as a memorandum of understanding was signed by the three United Nations agencies that clearly specified the funds allocated to each of them along with their respective responsibilities and activities. All agencies reported on financial expenditure in the period and contributed to the final donor report. Wanja confirmed that “the first driver for UN agency collaboration was joint funding, but the SUN UN Network was an existing platform that we leveraged.” She went on to explain that the UNN platform enabled the UN colleagues to strengthen that joint approach within the programme.

According to the participating agencies, the joint implementation approach resulted in an effective programme based on a set of mutually reinforcing activities and more efficient use of available resources. For example, UNICEF and WFP conducted joint screening for MAM and Severe Acute Malnutrition (SAM). The MAM and SAM children with no complications were referred
to health workers and registered in the Community-based Management of Acute Malnutrition (CMAM) programme. Children with SAM that had complications were referred to facilities for specialized treatment, whereas children identified with MAM were provided with food supplements.

As part of efforts to integrate interventions for maximum impact, FAO supported the households with malnourished children by providing vegetable seeds and fertilizer. These families grew and produced vegetables that were consumed by the household while the excess produce was sold to generate income for other family needs. Joint nutrition education was conducted for health workers and village support groups in the rural communities to create awareness on infant and young child feeding (IYCF) best practices, using locally available food products. A comprehensive package of social and behaviour change communication (SBCC) was covered jointly by UNICEF and WFP. This initiative used the national IYCF toolkit materials for nutrition care and hygiene education sessions delivered through health facilities as well as nutrition education and counselling conducted at the community level.
Coordinating mechanisms

Good coordination and regular communication between the UN partners proved essential, especially as each agency had different organizational structures and decision-making procedures. The UNN served as a point of convergence. Monthly inter-agency meetings were held as technical working groups (TWGs) and supplemented with regular meetings with government partners. UN joint activities included the development of workplans through the TWGs; targeting of beneficiaries through joint screening; joint implementation; and joint supervision and monitoring of interventions. There was a project steering committee, chaired by the Ministry of Health or its delegate at ministerial level, to provide oversight, direction and supervisory support to the programme. The integrated management of acute malnutrition (IMAM) TWG quarterly meetings, supported by UNICEF, ensured effective coordination and knowledge sharing. They also provided an opportunity to discuss progress and challenges with regard to treating acute malnutrition.

The National Nutrition Agency (NaNA), under the office of the Vice President, is coordinating the implementation of all nutrition programmes in the country. As part of its efforts, NaNA leads and coordinates the development and validation of nutrition education materials and provides technical expertise in training health professionals on the management of SAM. Both NaNA and the Ministry of Health (MoH) worked closely with UNICEF and WFP on developing IYCF resources, including community engagement on SBCC, in a process that reflects strong national ownership.

The Department of Agriculture was in charge of implementing agriculture-related activities in the programme, including input distribution and technical training for farmer field schools. Frontline extension workers
benefitted from training and are now able to carry out agriculture extension services with improved technological packages. The project also involved non-governmental organizations (NGOs), notably Catholic Relief Services, Action Aid International in The Gambia (AAITG) and United Purpose, in the operation and management of the Savings and Internal Lending Community initiatives. The Gambia Red Cross Society took part in the lean season blanket supplementary feeding to prevent stunting. For a sustainable supply of micronutrient-rich foods, Gambia Horticultural Enterprise partnered with WFP for the local production of fortified blended cereals.
Programme results

As previously mentioned, UNICEF and WFP undertook screening exercises as a joint effort, in collaboration with NaNA, MoH and the Gambia Red Cross Society. The active nutrition screening campaigns were a key activity within the nutrition component of the PCR programme, reaching about 67,329 children (6–59 months). This enabled early detection of MAM and SAM cases and subsequent action to be taken promptly.

Screening was undertaken at the onset of the lean season months (March to May) and based on WFP’s beneficiary registration and monitoring system in all regions, involving approximately 1,516 villages. Monitoring data shows that there was a consistent decline in children identified with MAM and SAM as programme implementation progressed.

Following the training of mothers on mid-upper arm circumference (MUAC) measurement by UNICEF, community screening was also conducted monthly. Children were then referred to the community health nurse for further assessment, supplementation and/or treatment, if needed. Mothers/Caregivers were also oriented on IYCF and healthy diets. In addition, community MUAC training was initiated through the PCR programme and is now being mainstreamed in current nutrition interventions. This is one of the critical elements of sustainability and building resilience in communities to withstand future nutrition shocks.
TABLE 1.
Map of geographic convergence in programming

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Results of implementation</th>
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<tr>
<td>Blanket Supplementary Feeding</td>
<td>Lean season support provided for 34,259 children (6-23 months) for prevention of acute malnutrition; supplementation for 3,571 children (6-59 months) for treatment of MAM. Food supplementation targeted pregnant and lactating women (PLW) in 2017 and 2019 and blanket feeding in 2018, reaching more than 19,400 PLW.</td>
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<td>Treatment of SAM (including procurement of nutrition supplies, antibiotic and deworming supplementation)</td>
<td>12,249 children (2996 inpatient and 9224 outpatient) provided with lifesaving treatment for Severe Acute Malnutrition (SAM).</td>
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<td>Case finding of acute malnutrition and integrated management of acute malnutrition (IMAM) programme</td>
<td>Annual active nutritional screening rounds reached 67,329 children 6-59 months at its peak. All MAM cases were referred for supplementary feeding of children 6-23 months.</td>
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<td>Nutrition service delivery support</td>
<td>Over 60,728 people received nutrition education, counselling and care practice promotion at distribution sites (4 regions). The SBCC was expanded to include household visits and face-to-face sessions in non-primary health care villages.</td>
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<td>Nutrition technical support</td>
<td>206 health workers and support staff at four hospitals across the country for the protection and promotion of breastfeeding, MoH and NaNA were supported in their community engagement for the promotion of optimal IYCF practices. Orientation of 147 Community Health Nurses and 540 Village Support Groups, who subsequently provided counselling support to 30,000 mothers/caregivers.</td>
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<td>Training of frontline agriculture extension workers</td>
<td>Training on Good Agriculture Practice and Climate Smart Agriculture and provision of motor bikes to enhance outreach to farming communities.</td>
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<td>Cash-for-Work (CFW), distribution of seeds and inputs, the Farmer Field School approach, and distribution of further agricultural production and processing equipment</td>
<td>Increased access to income and strengthened knowledge and skills on climate-smart agriculture and horticulture, which contributed to improving both the production and access to food (included for households with children with SAM or MAM who were included in the seeds and inputs distribution)</td>
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<td>Provision of community-level water facilities</td>
<td>Construction of new borehole water system in 3 health facilities, rehabilitation of water infrastructures in 3 health centers and 1 nutrition rehabilitation center. Provision of solar panels, water pumping system connected to 2000 liters reserve water tank and borehole machine. WASH sensitization for 10,200 people to raise awareness of good sanitation and hygiene, linked to complementary food preparation and hygiene to avoid diarrhea among young children.</td>
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Generally, malnutrition has declined considerably over the course of the programme. Stunting and wasting prevalence reduced from 23 percent and 10 percent in 2015 to 19 percent and 6 percent in 2018. While these reductions cannot be directly attributed to the PCR, the programme may have contributed to these achievements. During the project period, other nutrition interventions were implemented by NaNA and the Ministry of Agriculture, thereby enhancing synergy and complementarity. It is also worth noting that the project’s short timeframe meant that it would be difficult to achieve an impact on stunting.

As highlighted by Sandra Lattouf, UNICEF’s Country Representative, one of the key successes of the PCR was its emphasis on an exit strategy to enable government ownership, community resilience and sustainability of the interventions. “Some of the innovative sustainable options were the introduction of community-based MUAC training for screening children, and the incorporation of IMAM protocol as a module into nurses training curriculum was also a great success,” says Sandra. In the future, this will reduce the cost of in-service training and introduce many health workers to community screening of SAM and MAM.

Challenges to working together

Despite the programme’s extensive reach (see Table 1), United Nations agencies reported that the efficiency of the PCR programme was variable. The project steering committee did not meet quarterly as planned due to frequent changes in top management at the MOH, the chair of the committee, and the busy calendars of members. Management structures between the three United Nations agencies were appropriate and effective, but multi-sector, multi-agency coordination mechanisms did not always function adequately. After a slow start (the PCR took one year to begin implementation), efficiency was improved through more integrated and joint activities. However, some pipeline breaks occurred for the nutrition products and SBCC materials were distributed later than planned. Nevertheless, the reported overall budget disbursement by late November 2019 was greater than 90 percent for all three agencies.

Lessons learned and next steps

Wanja confirmed that joint UN programming can be challenging due to issues of aligning resources at the same time and coordinating project cycles between different agencies. “Yet the PCR really showed what we can achieve when agencies have concerted efforts in the same region, targeting the same communities at the same time – and with multi-sectoral engagement. It really contributed to reducing malnutrition.” Furthermore, PCR stakeholders felt that the partnership arrangement had built synergies between the three agencies due to effective day-to-day collaboration and communication on the programme’s activities.
The PCR programme in The Gambia was able to successfully link up United Nations agencies on the food and nutrition security agenda, with complementary technical expertise and mandates, along with relevant government ministries. The legacy of this joint approach is a renewed commitment to working together, including on new challenges. The UNN team meets quarterly to discuss programme implementation in their various agencies and also joins NaNA in SUN meetings to provide technical advice. Thanks in part to the close working collaboration established by the PCR, the UNN and The Gambian government released a joint statement on COVID-19 and food and nutrition security, outlining critical actions that need to be coordinated to prevent and mitigate the impact of the pandemic on the country’s most vulnerable population groups.