

Addressing vulnerable children and mothers in The Gambia by supporting health and rural sectors in the framework of the National Poverty Reduction Strategy: CISP's experience

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Summary

Further to the intensive political and technical work done by the experts of the Central Technical Unit of the DGCS (*Direzione Generale per la Cooperazione allo Sviluppo*) of the Italian Ministry of Foreign Affairs with the Government Authorities of The Gambia, in the year 1999 a comprehensive health project was defined in support to the reinforcement of Primary Health Care (PHC) in The Gambia.

The implementation of the above-mentioned project, "*Support to the Development of the Primary Health care System in the North Bank Division*", financed by the Italian Cooperation, was started by CISP in the year 2000 for a three-year duration and was implemented in partnership with the local Department of State for Health and Social Welfare (DoSH).

In the year 2004 CISP has started the implementation of the project "*Support to the Integrated Rural development Programme of North Bank Division, Lower River Division and Central River Division*". The project is co-financed by the Italian Cooperation and it will last three years.

Both the projects, which will be discussed in the following specific paragraphs, have addressed critical sectors, namely health and rural development, with the aim of contributing to the improvement of the life's quality of very vulnerable sectors of the population in Gambia.

The Gambia is still struggling with poverty, with food insecurity, with lack of basic services especially in rural areas. This all has, as in many other poor countries, exacerbated the vulnerability of children and mothers.

In The Gambia the major challenges facing children, especially infants and children under five, are survival, protection and development issues. As indicated afterward in this paper, maternal and child mortality rates are still high, women's illiteracy rates are extremely high (75%), high levels of poverty abound, access to potable quality water and improved sanitation are still low.

Access to Education Childhood Development (ECD) facilities, especially in the rural areas, is far from being adequate, poor nutritional status of children continues to persist, disease prevalence especially Malaria is high, acute respiratory infections and diarrhea are prevalent, pneumonia and general lack of adequate access to quality health care are still problematic.

Overall childcare practices are still very traditional and influenced by ethnicity, beliefs, customs and more importantly, poverty, which impacts on almost every facet of childcare, development and upbringing. The social and economic standing of families very much dictate what kinds of services are provided for their children's upbringing. The impoverished nature of most child rearing environments undermines the early stimulation and psychosocial development of the children.

Family members are usually too preoccupied with subsistence issues that they hardly find time for their children. There is general lack of understanding among them about the benefits of exclusive breastfeeding, protection of children against danger and economic exploitation, opportunities for children to interact and socialize with adults, and more importantly listening to children.

Also important to mention is the persistence of the low primary school enrolment rates especially for girls and the negative traditional perceptions of their roles in society as being secondary. Male child preference over females is still strong and visible and influences the way parents decide who to send to school if they have to make a choice.

To adequately address all of the above issues, the Government of The Gambia has significantly revisited policies and programs to focus attention on the poor, for specific poverty alleviation interventions. Communities have been encouraged to diversify and not focus on the growing of a single

particular crop. This will give opportunities for more income generation at the household level, which will eventually improve the quality of life of the families.

CISP, with the indispensable support of local authorities and local communities, has been carrying out a comprehensive action in the country aimed specifically at supporting several priorities having an impact on children and mothers.

CISP's activities will be described in detail further in this document, but it is worth mentioning here the main priority sectors which have been addressed so far.

Increasing the availability of primary and secondary level facilities

The project has supported the construction of 10 new health posts and 1 dispensary, and the rehabilitation of four dispensaries. In each new health post a Village Health Worker (VHW) and a Traditional Birth Attendant (TBA) was identified, trained and provided basic tools and essential drugs. The facilities have been built with the help of (unskilled) labour given by the local community.

Strengthening the immunisation programme, the 6 illnesses included in the Expanded Programme of Immunization (EPI) as well as yellow fever, hepatitis B and hemophilus influenzae type B

The project has supported the District Health Team (DHT) staff as follows:

- Training of the health personnel in managing the immunisation programme;
- Supervision of the activities using pre-defined checklists;
- Education and promotion of the communities in order to strengthen their participation;
- Monitoring and evaluation.

Enhancing nutritional surveillance within the existing health facilities

Each MCH service regularly monitors the growth of the children in villages within its defined target area. No specific nutritional surveillance centres are present.

The project provided tools and equipment required to monitor the growth of children under -5 years of age.

Supervision has been conducted by health centres, dispensaries and DHTs staff.

The project has supported the institution of new trekking stations in rural areas to reach communities without access to health facilities. The trekking stations offer ante-natal and post-natal services, growth visits and nutritional surveillance through health teams belonging to the health facilities.

Close collaboration with NANA-National Nutrition Agency, to enhance the Baby Friendly Community Initiative (BFCl) in the North Bank Division.

Besides the above, the project has carried out the following activities:

- Realisation of educational material and guidelines on child nutrition;
- Supervision of the centres on regularly basis.

Increasing the use of Oral Re-hydration Salts

The activities foreseen by the Project were the following:

- Promoting use of Oral Re-hydration Salts (ORS) to mothers, and their distribution and availability to all VHWs;
- Widespread teaching of their use through social mobilisation;
- Providing main health centres with re-hydration fluids and other specific inputs.

1. The Gambia Country Profile



According to the Demographic profile 2000, the population in The Gambia is estimated at 1.4 million and by the year 2005 it is estimated to reach 1.7 million, holding the 4.2% (1993 Census) annual growth rate constant. About 60% of the population live in the rural area; and women constitute 51% of the total population. The crude birth rate is 46‰ population while the total fertility rate is 6.04 birth per woman. The high fertility level has resulted in a very youthful population structure. According to the 1993 Census, nearly 45% of the population is below 15 years and 19% between the ages 15 to 24. Average life expectancy at birth is 60 years overall, with 58 and 59.3 for male and female respectively (Ministry of Health, 2001).

The Gross National Product is about \$456.00 per capita whilst the economic growth rate is 4.1% annually. Poverty has increased about 52% between 1992 and 1998. The 1998 National Poverty Survey revealed that 69% of the entire population fell below the poverty line.

Employed persons constitute about 32% of the population suggesting a high dependency ratio of 1:2. The country produces about 70% of its food requirements. Lack of food self-sufficiency at the macro-level has had a negative impact on food security and thus on the nutritional and health status of young children and their mothers. Malnutrition peaks at age 24 months and accounts for 32%, 28%, and 15% for stunting, underweight and wasting respectively. All these have serious implications for early childhood care practices as will be discussed later.

1.1 Health and childhood situation

Thanks to the adoption of the Primary health Care and Bamako Initiative strategies by the Ministry of Health dramatic improvements have been obtained in the health sector.



Only considering and comparing mortality data for the years 1993 to now, (there is much less information on morbidity), it can be said that the current mix of services, in conjunction with other factors such as rising levels of education, urbanisation and perhaps some slow income growth, have made a major contribution to recent improvements in the health and mortality in the whole Gambian population.

Infant (IMR) and under five mortality declined from 129‰ in 1993 to 82‰ in 1996 and IMR from 84‰ to 64‰ for the corresponding period. Improvement in water and sanitation and the high immunization rates of 87% coverage have been the most critical determinants.

Although the immunization coverage is very high, making the country one of the best in the sub-region, the major challenge is the sustainability of such coverage without donor interventions.

Moreover, despite the immunisation coverage, childhood illnesses abound. Among them the most critical is Malaria, which accounts for 41.5% of all admissions at the main Hospital in Banjul the capital city and 60% of all deaths among children.

While the national prevalence of HIV/AIDS infection was relatively low in 1991 (2.2% among persons 15 and above) HIV-1 cases have increased by over 25% in 1998 due to mother to child transmission.

Considering the achievements as well as the shortcomings resulting with the strategies adopted since 1993, the Ministry of Health has defined a new National Health Strategy ("*Changing for good*") addressing comprehensively the socio-health problems in the framework of the National Poverty Reduction Strategy.

This national policy is premised on various factors that are interrelated and at the same time crucial for the provision of reliable and adequate health care delivery system to the citizens. The adoption in 1979 of Primary Health Care (PHC) as a national strategy for its health development and The Gambia Primary Health Care Action Plan 1980/1981 and 1985/1986 formed the basis for the National Health Policy setting out procedures and goals aimed at developing the implementation of the PHC programs. The policy recognises the fact that the health sector has over the years been under great pressure due to the following factors:

- High population growth rate of the country
- Inadequate financial and logistic support to the health sector
- Shortage of adequately and appropriately trained health staff
- High attrition rate among health workers at all levels of the health delivery system.
- Lack of efficient and effective referral system.
- poverty and ignorance, leading to inappropriate health seeking behaviours and contributing to ill health.

Based on these factors, the 2003/2007 National Health Policy has mission statement that calls for the 'Provision of quality health care services within an enabling environment, delivered by appropriately and adequately trained, skilled and motivated personnel at all levels of care with the involvement of all stakeholders to ensure a healthy population'.

In order to achieve this mission, the policy has recognised certain guiding principles that are a "sine qua non" to the realisation of these objectives both for the short and long term. The guiding principles form the general framework on which the health policy is operating on. These are:

- **Equity** - This stresses the importance of accessibility to quality services at points of demand especially for women and children, for the marginalised and underserved, irrespective of political, ethnic or religious affiliation.
- **Gender Equity** - To make sure that the planning and implementation of all health programmes addresses gender sensitive and responsive issues.
- **Ethics and Standards** - This stresses the importance of respect for human dignity, rights and confidentiality; good management practices and quality assurance of service delivery.
- **Client Satisfaction** - To ensure a twenty-four hour quality essential services especially for midwifery and blood transfusion services.
- **Cultural identity** - This recognises local values and traditions; the use of traditional structures and communities for health care management.
- **Health System Reforms** - This stresses the devolution of political and managerial responsibilities, resources and authority in line with the government decentralisation programme.
- **Skilled Staff Retention** - This emphasises the importance of creating attractive conditions of services and job satisfaction to encourage a net inflow of skills.
- **Partnerships** - This recognises the necessary element of Community empowerment, active involvement of the private sector, NGOs, local government authorities and civil society and effective donor co-ordination.

These principles are to ensure that the policy objectives raised in the National Health Policy are carried out in the most effective and efficient manner to ensure a quality health service delivery to the citizens. Therefore the key result areas for the current National Health Policy are:

- **Essential Care Package** - This aims at improving access to and ensuring provision of essential care packages at all levels of the health care delivery system.

- **Organisation and Management** - This aims to ensure effective and efficient management of decentralised Health service.
- **Human Resource Development** - This aims to ensure appropriate and adequate human resource for the health sector.
- **Infrastructure and Logistics** - This aims to adequately address the infrastructure and logistic requirements of the health service on a sustainable basis.
- **Essential Drugs, Vaccines and Other Medical Supplies** - This aims to ensure continuous availability and accessibility to essential drugs, vaccines and other medical supplies.
- **Health Information** - This is to ensure timely availability of relevant information for effective planning, implementation and monitoring and evaluation of health services.
- **Referral System** - This aims to ensure an effective and sustainable referral system at all levels.
- **Health Financing** - This aims to ensure a sustainable and adequate financing of health services.
- **Legal Framework** - This aims to ensure an enabling legal framework for the promotion and maintenance of established health standards.
- **Community Participation** - This aims to empower communities to be active partners in the management of their health.
- **Partnership** - This aims to ensure the involvement of partners (donors, local and international agencies, interest groups and private sector) in the planning and implementation of Health Services.
- **Traditional Medicine** - This aims to integrate traditional medicine into the formal health sector.

For what is related specifically to the health and social conditions of children and mothers, very interesting information is reported in the document prepared by Jenieri B Sagnia " *The Gambia country report on childhood development (ECD)*".

For an exhaustive analysis of these aspects it is worth referring to specific documentation and bibliography, but it is useful to report a few considerations emerging from the above-mentioned report significant to describe children and mothers vulnerabilities in the country.

In The Gambia children are considered the greatest gift of God across all eco-cultural communities. The child's birth into the community is often graced with lavish ceremonies to demonstrate how highly welcomed he or she is in the community. It is usually a collective responsibility for all family members who contribute financially and provide the necessary moral support.

Despite the high incidence of poverty most communities do everything within their capabilities to support the growth and development of children. Children are seen to be representing the future of their parents and a source of financial support during old age.

In their tender years of growth and development, their wellbeing is largely dependent on the social status of the mother but other extended family members do have their own stakes. The important reproductive role of the mother and her socio-cultural function as a nurturer and primary caregiver fits her appropriately to take on the leadership role she enjoys within the traditional setup. The mother's socio-economic status also significantly affects the survival and the overall development of her children. In The Gambian traditional setup most women do not have adequate independent sources of income and thus they depend mostly on their husbands or male household heads to provide the basic needs for the family. This is true for all ethnic groups living either in rural areas or in the urban areas.

Problem	Immediate causes	Socio-cultural and structural causes
Infant and child mortality	Mother or child malnutrition/morbidity	<ul style="list-style-type: none"> √ Status of wives in extended families √ Believes and practices regarding pregnancy, delivery and childcare √ Lack of household food security √ Inadequate provision of basic services at community level

Data collected by UNICEF indicates that between 15-24 years 45.6% of the women in the urban areas and 38.5% in the rural had ever given birth. This is quite significant and thus suggests why there is

poor quality of care and protection for children in their early years of growth in many homes. It indicates that the vast majority of the mothers are themselves children and lack enough experience to care adequately for their offspring. In some homes parents and grand parents are the primary care givers of the children of these young mothers.

To address these problems the Baby Friendly Hospital Initiative and the Baby Friendly Community Initiative at the rural community level, where most births occur, have been adopted and have proved to be successful in promoting child care and exclusive breast-feeding. The National Nutrition Agency set up by the government just a year ago is very instrumental in the replication of this initiative in more rural communities to enhance healthy growth of many more children.

For what is related to primary education, data is really encouraging in terms of meeting the UNICEF end decade goals. However the goal of universal basic education for all is still a distant dream. The enrolment rates for girls continue to trail behind that of the boys indicating that the society still values the education of the male child more than the girl child. This implies that more needs to be done and done urgently in order to facilitate the attainment of the gender parity goal set by the UN for the year 2005.

Early Childhood Education (ECD)programs are concentrated mainly in the Urban and Sub-urban areas. According to data, 20.3% of all children under 5 years attending any form of pre-school are from the urban areas and 13.9% from the rural areas. Considering the wealth index quintiles children from the poorest constitute about 11% while children from the richest quintiles constitute 29% indicating a wide disparity.

Further male enrolment slightly surpasses female enrolment at 16.1% versus 14.4% respectively. There continues to be regional disparities in access to pre-school education on a regional basis. The capital city of Banjul and its environs account for approximately 46.9% of the total population of children between 3-6 years and yet capture 72.5% of overall enrolment at this level. The concentration of pre-schools in the urban areas and peri-urban locations reflects the presence of a larger population working outside traditional subsistence activities as well as higher educational levels of adults in these more affluent areas. Currently 20.3% of children in the urban areas are enrolled in pre-school programs whilst only 13.9% are enrolled in the rural areas.

1.2 Poverty and childhood situation

According to the 1998 National Household Poverty Survey, " the poor constitute 55% of households and 69% of the population. A significant proportion (37%) and persons (51%) are extremely poor, meaning that they lack the minimum amount of income required to sustain a minimum standard of living." It goes on further to state that "56% of children in The Gambia live in extreme poor households and a majority of them are in the rural areas." These revelations have serious implications for child survival, growth, and development and in the full realization of their potentials. This extreme poverty status of the children's parents perhaps constituted the most significant factor to their poor nutritional status, poor health, high infant and under-five mortality rates, poor nutritional status of their mothers, and poor quality of care accorded them during early childhood. This poor status has not also spared the high incidence of diseases among children nor has it spared their appropriate cognitive and psychosocial development in an enabling environment.

The highest levels of poverty are found in the Central River Division (CRD), Lower River Division (LRD) and Upper River Division (URD).

Poverty reduction is no less a priority for the government considering the alarming rate witnessed recently through out the country. Cognizant of the gravity of the poverty situation in the country, government in collaboration with a lot of donors has developed strategies aimed at poverty alleviation.

These strategies include:

- √ Enhancing the productive capacity of the people.
- √ Improving access to and performances of the social services.
- √ Building local level capacities.
- √ Promoting participatory communication processes.

The realization of all such targets would definitely impact on meaningful ECD program.

Similar provisions for early Childhood Care are made for in the Health policy in terms of improving access to Health services, reduction of mortality rates for mothers, infants and under fives, better management of childhood illnesses, environmental sanitation and improvement in the nutritional status of children.

Housing Policy and Family Planning all address the issue of improving the quality of life, which has direct implications for children in their early years of growth.

2. Supporting the development of the PHC in the North Bank Division: CISP's experience

According to the bilateral agreement signed on September 2000, the Italian Government granted approximately 1.3 million Euro for the implementation of the project "Support to the development of the Primary Health Care System in the North Bank Division". The three years CISP-DoSH project, which was later extended for six months to ensure a transitional period, had as its **goal**: "To improve the health status of the population, in particular the one of women and children" and as its **objective**: "Quality of the care provided by the health services in the North Bank Division improved through the increase in health coverage from 76% of the population (average coverage in 1999 to 90% by the end of 2003)". The objective takes into account all the projects realised (or to be realised) by the national and or international organisations in the North Bank Division.

The strategy adopted for the project implementation was mainly focused on four aspects:

- working within the National Health Policy seen as an essential strategic approach with the objective to support the national efforts for the improvement of the health sector focussing on children and mothers;
- investing in human resources perceived as a crucial component for the health care system as well as the core for the capacity building of the country;
- investing in rehabilitation and construction of infrastructure with high standard quality together with the supply of drugs, equipment and medical supplies in order to offer concrete support to the health sector and the related health services;
- investing in the medium and long-term sustainability through the fruitful cooperation with all the actors involved in the project from the grass roots level, such as the villages in the North Bank Division, to the Central Units of the Department of State for Health and Social Welfare.

The Comitato Internazionale per lo Sviluppo dei Popoli (CISP): a short profile

CISP [International Committee for the Development of Peoples] is a European Non-Governmental Organization (NGO) set up in 1982 and formally established in 1983. CISP is based in Italy. It acts in the international cooperation field and in the fight against social exclusion. Its approach and goals are summarized in the *Declaration of Intent*s and the *Code of Conduct for Cooperation Programmes* (April 1997).

One of CISP's main missions is to participate in the planning of development policies through a constructive dialogue with the principal actors (donors, beneficiaries, partners and local institutions) involved in their preparation and implementation.

CISP carries out development, rehabilitation and humanitarian programmes as well as projects of applied research in about 30 countries in Africa, Latin America, the Middle East, Asia, and Eastern Europe. In all its activities, CISP works in close cooperation with the various local partners.

In the European Union, CISP runs a variety of programmes: informational, intercultural and development education, and programmes against racism and social exclusion as well as the promotion of international solidarity.

In cooperation with the University of Pavia and two other NGOs, CISP has also set up the European School of Advanced Studies in Cooperation and Development, which offers three international Masters. One of them, the *European Master in International Humanitarian Assistance*, is delivered within the *Network on Humanitarian Assistance* (NOHA).

CISP's priority sectors in international cooperation are the following: rural development, food security (agriculture, fishing, aquaculture and small-scale breeding) and poverty alleviation, rural and urban health, education and training, natural resources and environmental management, and support of the peace processes.

In emergency and humanitarian aid, CISP has been operating in the following contexts: global attention to refugee communities, returnees and displaced people; health services; disaster preparedness; reconstruction and reactivation of productive activities after natural disasters or conflicts.



An exhaustive description of projects activities and results is contained in the document: "Support to the development of the Primary Health Care system in the North Bank Division: Final Evaluation Report", March 2004.

Here only the main achievements of the initiative as well as recommendations will be reported in accordance with the results of the project evaluation carried out in the period February-March 2004.

The project worked through the eight Expected Outputs outlined below:

- Capacity building (training of 161 health workers).
- 90% of children < 2 years fully immunised.
- Availability of Primary Level Structures Increased & Secondary Level Structures Strengthened.
- Health Information System Strengthened.
- Nutritional Surveillance improved.
- Use of ORS increased- 90% of mothers able to correctly prepare and use ORS.
- Cost Recovery System Strengthened.
- Monitoring and Evaluation Strengthened.

This project was designed in line with the country's Health Policy Goals as outlined in the agreed initial Project Proposal and the revised Project Plan of Operation. The National Health Policy or otherwise 'Changing for Good' has its mission thus: "Provision of quality health care services within an enabling environment, delivered by appropriately and adequately trained, skilled and motivated personnel at all levels of care with the involvement of all stakeholders to ensure a healthy population".

To achieve this mission, there are priority policy issues identified within the policy to be the driving force behind smooth implementation of the health service delivery system. However for the purpose

of evaluating this project, only the policy issues that has direct bearing with the project outputs shall be presented here with a view to justify the relevance of the project the national health needs and priorities of the country. The eight project outputs of the CISP-DoSH Project have direct bearing with the following health policy issues in the National Health Policy:

- ❖ Essential Care Package
- ❖ Organisation and management
- ❖ Human Resource Development
- ❖ Infrastructure and Logistics
- ❖ Essential Drugs, Vaccines and other Medical Supplies
- ❖ Health Information
- ❖ Referral System
- ❖ Health Financing
- ❖ Community Participation
- ❖ Partnership

The first project output that ensures the training of 161 health workers in the division contributes in addressing the policy objective of ensuring an appropriate and adequate human resource in the health sector. The training of new village health workers is expected to influence positively the quality of health care received by those communities and at the same time makes access to health easier. The training of nurses on syndromic management of STIs within the context of Reproductive Health will go a long way in improving the capacities of those trained to manage and deliver appropriate health services to the communities they serve.

The project too contributes to the realisation of the Essential Care Package of the health policy which aims at addressing the common causes of morbidity and mortality especially for women, children the underserved and the marginalized. The project output on increasing immunisation in the division and the supply of initial seed stock of drugs for the new PHC villages together with the provision of essential drugs to the basic health facilities for a period of two years is in line with the strategies put forward in the health policy to ensure that there is an essential care package for each level of the health care delivery system.

Human resource development, a key policy issue in the health policy, aims to meet the human resource needs of the health sector. The training of health workers in the division by the project is an appropriate step in helping to address the important issue of trained health sector personnel. The building of new structure and the provision of logistics at both the PHC and the basic health facility levels by the project goes a long way in contributing to the policy objectives of providing the necessary infrastructure and logistics for health service delivery on sustainable basis. The project went further to contribute to the availability of fuel to avert MCH treks cancellations.

The project output on immunisation is in line with the policy objectives of ensuring continuous availability and accessibility to essential drugs, vaccines and other medical supplies and the improvement of immunisation coverage. The activities carried out under this output are in line with the strategies identified in the health policy to achieve these objectives. Health information system which is a crucial aspect of the health care system as identified in the health policy was also enhanced by the project in the division through the provision of stationery and other important inputs for timely and proper reporting within the health sector. This will go a long way in strengthening the health information system in the NBD E&W. The provision of four hard top Toyota Land Cruiser ambulances for the basic health facilities in the division is also an appropriate step in complementing the strategies put in place in the health policy to ensure timely referral of patients.

The project output of strengthening cost recovery within the PHCs and the BHF's employed strategies that contribute to the policy issues of ensuring sustainable and adequate financing of health services, creating an enabling environment for communities to take ownership of their health and encouraging stakeholders' participation in health. The training and establishment of Village Development

Committees and Village Support Groups for health in the villages supported by the project are all activities that will strengthen the strategies identified in the National Health Policy for promoting community participation and encouraging partnership in the health sector.

Specific activities were promoted and supported to address specific needs of mothers and their children.

Increasing the availability of primary and secondary level facilities

The project has supported the construction of 10 new health posts and 1 dispensary, and the rehabilitation of four dispensaries. Were selected villages with a population over 400 people, or villages that represent a suitable access from a wider catchment area.

The villages were selected among those that have the greatest difficulty in reaching the nearest health facilities. In each new health post a VHW and a TBA was identified, trained and provided basic tools and essential drugs.

The facilities have been built with the help of (unskilled) labour given by the local community.

Immunisation programme covers the 6 illnesses included in the EPI as well as yellow fever, hepatitis B and hemophilus influenzae type B

The project has supported the DHT staff as follows:

- Training of the health personnel in managing the immunisation programme;
- Supervision of the activities using pre-defined checklists;
- Education and promotion of the communities in order to strengthen their participation;
- Monitoring and evaluation.

Enhancing nutritional surveillance within the existing health facilities

Each MCH service regularly monitors the growth of the children in villages within its defined target area. No specific nutritional surveillance centres are present.

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The project provided tools and equipment required to monitor the growth of children under -5 years of age.

Supervision has been conducted by health centres, dispensaries and DHTs staff.

The project has supported the institution of new trekking stations in rural areas to reach communities without access to health facilities. The trekking stations offer ante-natal and post-natal services, growth visits and nutritional surveillance through health teams belonging to the health facilities.

It is worth reporting the close collaboration with NANA-National Nutrition Agency, to enhance the B.F.C.I.-Baby Friendly Community Initiative in the North Bank Division.

Besides the above, the project has carried out the following activities:

- Realisation of educational material and guidelines on child nutrition;
- Supervision of the centres on regularly basis.

Increasing the use of oral rehydration salts

The activities foreseen by the Project were the following:

- Promoting use of ORS to mothers, and their distribution and availability to all VHWs;
- Widespread teaching of their use through social mobilisation;
- Providing main health centres with re-hydration fluids and other specific inputs.

Recommendations for future action

- a. The evaluation revealed that there has been tremendous achievements in terms of developing the health human resources in these two health divisions. However there is need to develop adequate strategies to sustain the results achieved: the human resource, both number of health personnel to

take on the workload and in-service training, in particular the reorganised manner of RH service delivery through the integrated approach; supervision capacity; as well as maintenance of buildings, equipment and vehicles.

- b. The primary health care villages supported have seen remarkable improvements in health care opportunities and this needs to be expanded to other communities in the country. Therefore the need is there to replicate and expand the project through another project or series of projects in support of the aims and objectives of the national health policy.
- c. The improvements in the facilities brought about increased workload for the staff particularly the DHT staff. Therefore improving the capacity of the staff both in terms of quality and quantity is essential otherwise there is the risk of staff being overloaded which would ultimately lead to a decline in frequency and quality of supervision and to a decline in quality of care.
- d. The project approach and strategy is worthy of commendation as demonstrated by the evaluation findings, the approach and strategy therefore needs to be adopted as a standard form of support to DoSH.

3. Integrated rural development in the North Bank Division

This project aims at enhancing the agricultural production and at contrasting the natural resources deterioration and food insecurity in very vulnerable areas of the Gambia.

The initiative intends to support three critical sectors:

- facilitating the access to the cultivated land and reduce the salinity of the soil, factors which have hampered the productivity of rice cultivation in The Gambia;
- increasing the resources of farmers, which are forced to sell their surplus of cereals because of food scarcity despite the very unfair prices fixed by the few persons which have availability of seeds store and cash for the seeds purchase from the farmers;
- increasing technical competence and skills of farmers towards diversification of agricultural production to increase their income;
- increasing application of soil protection strategies to contrast the soil deterioration due to exploitation, desertification, erosion and salinity of the cultivated land.

The project is realised in 32 villages for a total population of 20,000 people. Considering the strategic role of women in ensuring family income and in supporting the productivity, the majority of beneficiaries are women.

General Objective

To support the socio-economic development of rural communities in North Bank Division, Lower River Division e Central River Division, towards the reduction of food scarcity in the Region.

Specific Objective

To enhance the agricultural production and the access to diversified income generating activities for the rural communities through integrated actions aimed at:

- To increase access to rice cultivation;
- To reduce the impact of salinity;
- To increase the availability of cereals products at fair costs;
- To increase crops diversification;
- To promote off-farm income generating activities;
- To enhance technical competence and skills of project local counterpart (NGO GARDA).

Expected Results

- (i) Access to 350 hectares of rice cultivation by the rural communities involved in the project;
- (ii) Decreased impact of salinity on productivity of 150 hectares of rice cultivation;
- (iii) Increased availability of cereals in the communities involved;
- (iv) Increased crop diversification among the communities involved;
- (v) Creation of new income generating activities;
- (vi) Increased organisational and managerial capacity of NGO GARDA.

Consulted documents

- Changing for Good: 2003-2007 Health Policy Framework
- The Gambia Country Report On Early Childhood Development
- Integration Of Reproductive Health Services At Different Levels: The Gambian Experience
- The Health Care System in The Gambia
- "Support to the development of the Primary Health Care system in the North Bank Division": Global Plan of Operation
- "Support to the development of the primary health care system in the North bank division": Final Evaluation Report, March 2004