

Technical Brief: The Gambia

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Health, Nutrition, and
Population Global Practice

Impact Evaluation Baseline Report: Child Health and Nutrition

Key Messages

- Moderate to severe stunting, wasting, and underweight affected 25 percent, 10 percent, and 20 percent of children under five, respectively.
- Of children whose growth was monitored in the previous six months, 45 percent were classified as malnourished; only one-third of them were referred to nutrition services.
- A notable discrepancy existed between mothers who had heard about exclusive breastfeeding until the age of six months (92 percent) and those who reported practicing it (49 percent).
- Care seeking for reported childhood illness was low, particularly for malnutrition and diarrhea.
- The overall coverage of childhood vaccination was high, but coverage of vitamin A supplementation and Mebendazole remained low, particularly in the Upper River Region (URR).
- Only 23 percent of health workers knew when to give standard vaccines.
- Regular stockouts of critical drugs and vaccines hindered care, especially in the North Bank Region West (NBR-W).

25%

of children under 5 are stunted

Introduction

The government of The Gambia is implementing the Maternal and Child Nutrition and Health Results Project (MCNHRP) to increase the use of community nutrition and primary maternal and child health services. In collaboration with the government, the World Bank is conducting an impact evaluation to assess the project's impact on key aspects of maternal and child nutrition and health. The MCNHRP baseline evaluation was conducted between November 2014 and February 2015. Quantitative and qualitative data were collected on three

regions: Central River Region (CRR), NBR-W, and URR. Its purpose was to establish a baseline against which project performance will be assessed in the future. This technical brief summarizes the baseline report findings related to child health and nutrition.

Child Malnutrition

Child malnutrition levels were high. Moderate to severe stunting, wasting, and underweight affected 25 percent, 10 percent, and 20 percent of children under five, respectively. As can be expected, the prevalence of moderate to

This brief was prepared by a core team comprising Laura Ferguson (Principal Investigator, University of Southern California), Rifat Hasan (co-Principal Investigator, Health Specialist, World Bank), and Sneha Paranandi based on the Impact Evaluation Baseline Report produced by Laura Ferguson, Rifat Hasan, Guenther Fink, Yaya Jallow, and Chantelle Boudreaux. The Impact Evaluation Baseline Report benefited from substantial inputs from the Gambia Bureau of Statistics, Mariama Dibba, Halimatou Bah, Momodou Conteh, Sering Fye, Alexandra Nicholson, Hannah Thomas, and Steven Strogga. The team benefited from the general guidance of Vera Songwe (former Country Director), Louise Cord (Country Director), and Trina Haque (Health, Nutrition, and Population Practice Manager). Helpful comments were received from the Project Implementation Committee led by Modou Cheyassin Phall (Executive Director, The Gambia National Nutrition Agency) and comprised of Haddy Badjie, Abdou Aziz Ceesay, Ousman Ceesay, Modou Lamin Darboe, Malang Fofana, Catherine Gibba, Bakary Jallow, Musa Loum, Lamin Njie, and Matty Njie and Menno Mulder-Sibanda (Senior Nutrition Specialist, World Bank). The work was made possible by support from the Health Results Innovation Trust Fund.

This series of policy briefs was produced in direct response to a request from the government of The Gambia to share the findings of the Maternal and Child Nutrition and Health Results Project Impact Evaluation Baseline Survey.

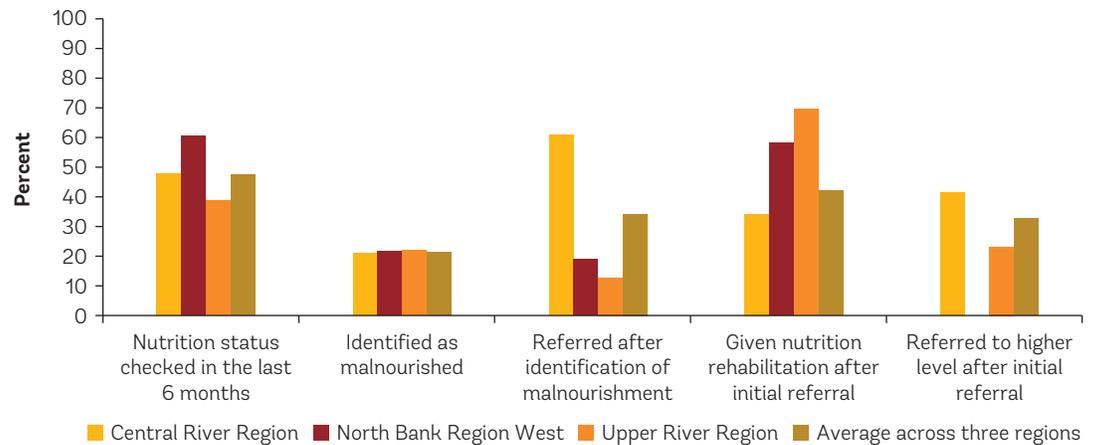


Government of The Gambia



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Figure 1. Growth Monitoring and Referral for Acute Malnutrition in the Past Six Months



severe stunting decreased as wealth increased (29 percent in the lowest wealth quintile compared to 18 percent in the highest quintile). CRR had the highest rate of moderate to severe stunting (28 percent), compared with URR (23 percent) and NBR-W (22 percent).

Knowledge of the acceptable minimum diet was low, both in terms of minimum meal frequency and dietary diversity, particularly in CRR. Overall, only 11 percent of mothers of children under 24 months of age could describe the minimum dietary variety, which includes food categories such as dairy, grains, fruits and vegetables, legumes, meat, and fortified baby food. In CRR, only 4 percent of mothers could describe this variety along with the appropriate frequency of feeding young children. Village development committees noted that community gardens are an important source of dietary diversity.

Uptake of Nutrition Services

Despite these high malnutrition levels, less than half of children under the age of five years had received growth monitoring in the six months before this survey (figure 1).

Among children whose growth was monitored, approximately one-fifth were identified as malnourished, but only 34 percent of these children were referred for additional nutritional support; even fewer received nutritional rehabilitation services. Referrals were particularly low in NBR-W and URR.

Breastfeeding

Breastfeeding is the best means of providing infants with all of the energy and nutrients they need during their first months of life and protects against common childhood illnesses such as diarrhea. The World Health Organization (WHO) and UNICEF recommend that exclusive breastfeeding be established within the first hour of life and that women exclusively breastfeed their children without additional food or water for at least six months.

There is a notable discrepancy between theoretical knowledge and actual practice. Although 92 percent of mothers reported having heard that infants should only consume breastmilk until the age of six months, only 49 percent reported having done this. Furthermore, 45 percent stated that infants should receive water in addition to breastmilk.

49%

of mothers report exclusively breastfeeding their children until the age of 6 months

Figure 2. Care Seeking for Children Under the Age of Five

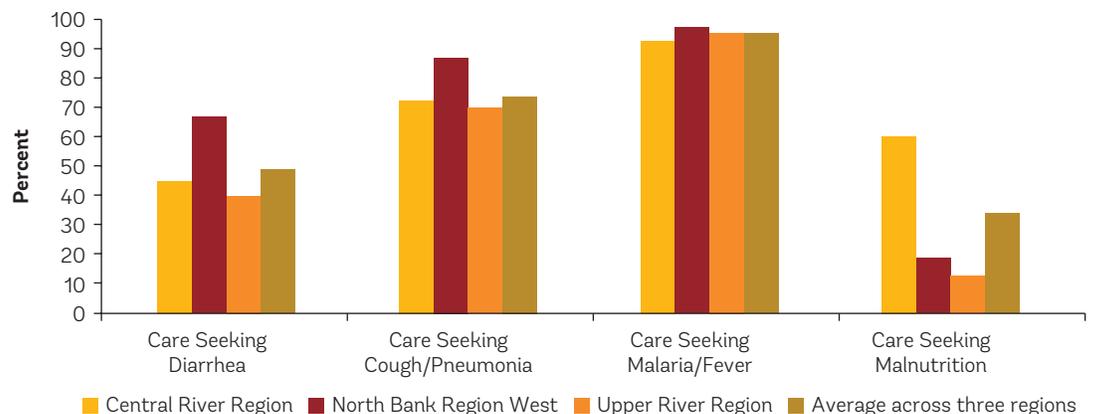
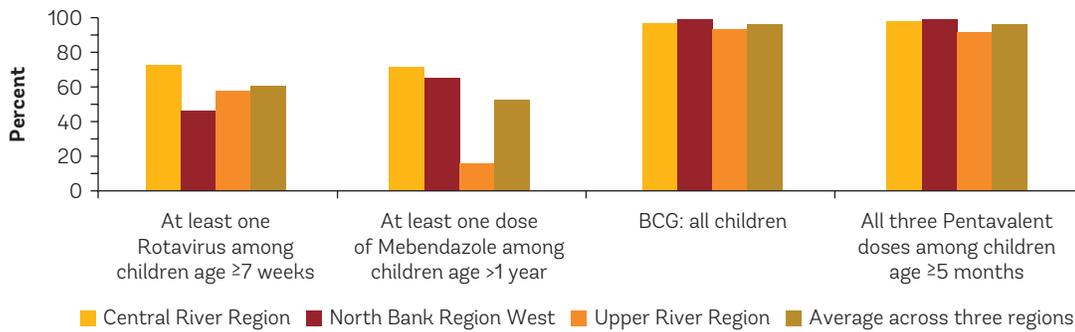


Figure 3. Vaccination and Prophylaxis Coverage



Note: Rotavirus vaccination protects against diarrheal disease. Mebendazole is a deworming treatment recommended for prophylactic use among children aged 12–59 months. Bacillus Calmette-Guerin (BCG) is a vaccine against tuberculosis. Pentavalent vaccine protects against diphtheria, tetanus, whooping cough (pertussis), hepatitis B, and haemophilus influenza type B (which causes meningitis, pneumonia, and otitis).

Qualitative data suggest that health care workers were disseminating information widely highlighting that exclusive breastfeeding is important to infant health, but women’s levels of knowledge as to why this is critical remained extremely low. Overall, only 20 percent of women were able to list at least three advantages to breastfeeding infants.

Childhood Illness

Reported illness among children under five years of age was low. For example, the reported prevalence of malaria among children under five was approximately 0.5 percent. This is in line with a recent estimate of national prevalence of malaria among children aged 6–59 months of 0.2 percent in 2014 (MOHSW 2015).

Childhood illness lasted an average of two days with some variation by region and wealth quintile. For example, illness among children from the lowest wealth quintile lasted an average of 2.6 days compared with 1.6 days for children from the highest quintile.

Care-Seeking and Uptake of Child Health Services

Care seeking for childhood illness was relatively low, particularly for malnutrition

and diarrhea, and especially in URR (figure 2). Care seeking for children under the age of five, within the first 24 hours of exhibiting symptoms, was higher among women in wealthier households and literate women.

Caregivers have several available care options: minor health centers (used by 31 percent), major health centers (11 percent), pharmacies (10 percent), and private clinics (8 percent).

Childhood vaccination is an effective tool against diseases such as measles and tuberculosis. Vaccine coverage was relatively high on average, but varied by type of vaccine (figure 3). Mebendazole coverage was low; even in the province with the highest coverage (CRR), only 71 percent of children were given at least one dose of Mebendazole, and in URR it was only 16 percent.

Health workers had low knowledge as to when standard vaccines should be given. Only 23 percent of nurses and doctors could accurately state the age at which the BCG vaccination should be given.

While 91 percent of children aged 6 to 59 months received at least one dose of vitamin A supplementation, qualitative data indicated that repeat vitamin A supplementation rates were much lower, particularly in CRR and URR.

“It takes a lot of time and effort to convince them that the child does not need the water as the breast milk contains the water for the baby.”

– Health worker, URR

23%

of nurses and doctors accurately stated the age at which the BCG vaccine should be given

Figure 4. Client Satisfaction with Child Health Services

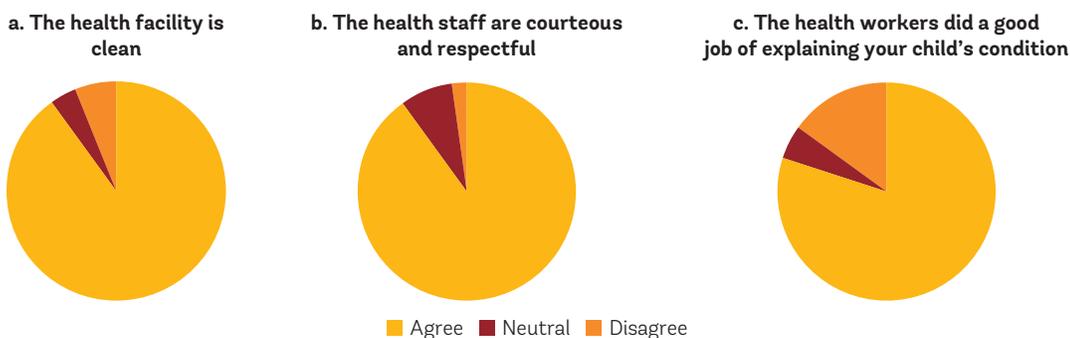
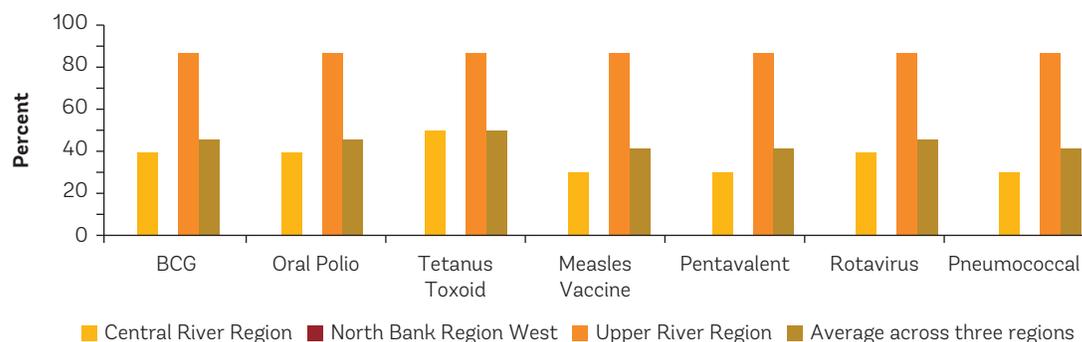


Figure 5. Availability of Vaccines at Health Facilities on the Day of the Survey



Note: BCG = Bacillus Calmette-Guerin.

Only 41 percent of children under five with diarrhea received oral rehydration solution (ORS), with children in URR most likely to receive ORS (57 percent) and those in CRR least likely to receive it (23 percent).

Overall, adults were satisfied with cleanliness, waiting times, privacy, staff courtesy and staff willingness to explain issues in the facilities (figure 4).

41%

of children under 5 who had diarrhea received ORS

Barriers to the Uptake of Child Health Services

The most common factor affecting choice of health facilities for children under the age of five was proximity to the health facility (54 percent of respondents), followed by the availability of drugs (18 percent) and quality of care (14 percent). Fees did not present a major barrier; only 8 percent of respondents overall reported paying to have their children seen and the average cost of those visits was \$1.2.¹ In URR, 19 percent cited the low cost of services as a consideration in their choice of health facility.

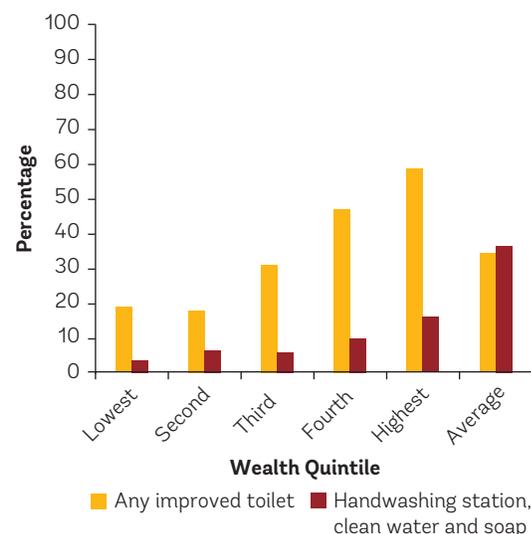
Stockouts of essential drugs were common. For example, on the day of this survey, only 33 percent of health facilities had folic acid available for children and only 8 percent of health facilities had ORS in stock. Only 58 percent of facilities across the three regions reported regular availability of Mebendazole, with availability in URR (13 percent of facilities) of particular concern.

Availability of common vaccines was also low (figure 5). In NBR-W, none of these vaccines was available at the time of the survey. Disposable syringes and needles were available only in two-thirds of facilities.

Sanitation and Hygiene

Sanitation and hygiene are critical for promoting child health and preventing

Figure 6. Availability of Improved Toilets and Handwashing Stations with Clean Water and Soap



childhood diseases. Overall, 35 percent of households reported having an improved toilet, 61 percent reported having an unimproved toilet such as a pit latrine, and 4 percent reported having no toilet facilities. Families in URR were most likely to report improved facilities (42 percent), whereas only 27 percent in CRR reported improved toilets. In NBR-W, 37 percent reported any kind of improved toilet. While 37 percent of households on average reported having a handwashing station, it varied substantially by region: 66 percent in URR to 18 percent in CRR.

There was a clear socioeconomic gradient evident across the study area with regard to the availability of improved latrines as well as handwashing stations with clean water and soap (figure 6).

Reference

MOHSW. 2015. "The Gambia Malaria Indicator Survey, 2014." Preliminary Report, MOHSW.

¹ All fees were originally reported in Gambian Dalasis converted at 43 D = US \$1.