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ECONOMIC, SOCIAL AND CULTURAL RIGHTS

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

January 2015

Data sourced from:
UNICEF; IBFAN; WHO; World Bank; UN Inter-agency Group for Child Mortality Estimation (IGME); Save the Children; The Gambia Multiple Indicator Cluster Survey (MICS) 2000 – 2005/6 – 2010; World Breastfeeding Trends Initiative (WBTi); ILO data on Maternity Protection; The Gambia's National Nutrition Agency (NaNA)

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Breastfeeding: key to child and maternal health

The 1'000 days between a woman's pregnancy and her child's 2nd birthday offer a unique window of opportunity to shape the health and wellbeing of the child. The scientific evidence is unambiguous: ***exclusive breastfeeding for 6 months followed by timely, adequate, safe and appropriate complementary feeding practices, with continued breastfeeding for up to 2 years or beyond***, provides the key building block for child survival, growth and healthy development[1]. This constitutes the infant and young child feeding practice recommended by the World Health Organisation (WHO)[2].

Breastfeeding is key during this critical period and it is the single most effective intervention for saving lives. It has been estimated that optimal breastfeeding of children under two years of age has the potential to prevent 1.4 million deaths in children under five in the developing world annually[3]. In addition, it is estimated that 830.000 deaths could be avoided by initiating breastfeeding within one hour from birth[4]. Mother's breastmilk protects the baby against illness by either providing direct protection against specific diseases or by stimulating and strengthening the development of the baby's immature immune system. This protection results in better health, even years after breastfeeding has ended.

Breastfeeding is an ***essential part of women's reproductive cycle***: it is the third link after pregnancy and childbirth. It protects mothers' health, both in the short and long term, by, among others, aiding the mother's recovery after birth, offering the mother protection from iron deficiency anaemia and is a natural method of child spacing (the Lactational Amenorrhea Method, LAM) for millions of women that do not have access to modern form of contraception.

Infant and young child feeding and human rights

Several international instruments make a strong case for protecting, promoting and supporting breastfeeding, and stipulate the right of every human being, man, woman and child, to optimal health, to the elimination of hunger and malnutrition, and to proper nutrition. These include the **International Covenant on Economic, Social and Cultural Rights (CESCR)**, especially ***article 12 on the right to health***, including sexual and reproductive health, ***article 11 on the right to food*** and ***articles 6, 7 and 10 on the right to work***, the **Convention on the Rights of the Child (CRC)**, ***especially article 24 on the child's right to health***, the **Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)**, in particular ***articles 1 and 5 on gender discrimination on the basis of the reproduction status*** (pregnancy and lactation), ***article 12 on women's right to health*** and ***article 16 on marriage and family life***. Adequately interpreted, these treaties support the claim that 'breastfeeding is the right of every mother, and it is essential to fulfil every child's right to adequate food and the highest attainable standard of health.'

As duty-bearers, States have the obligation to create a protective and enabling environment for women to breastfeed, through protecting, promoting and supporting breastfeeding.

[1] IBFAN, What Scientific Research Says?, available at: www.ibfan.org/issue-scientific-breastfeeding.html
[2] WHO, Global Strategy on Infant and Young Child Feeding, 2002, available at: www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.html
[3] UNICEF, available at: www.childinfo.org/breastfeeding.html
[4] Save the Children, Superfood for babies: how overcoming barriers to breastfeeding will save children's lives, 2012, available at: www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/SUPERFOOD%20FOR%20BABIES%20ASIA%20LOW%20RES%282%29.PDF

SUMMARY

The following <u>obstacles/problems</u> have been identified:

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

<u>Our recommendations</u> include:

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

1) General situation concerning breastfeeding in the Gambia

WHO recommends: 1) **early initiation of breastfeeding** (within an hour from birth); 2) **exclusive breastfeeding** for the first 6 months; 3) **continued breastfeeding** for 2 years or beyond, together with adequate and safe complementary foods.[5]

Despites these recommendations, globally more than half of the newborns are not breastfed within one hour from birth, less than 40% of infants under 6 months are exclusively breastfed and only a minority of women continue breastfeeding their children until the age of two.

Rates on infant and young child feeding:

- ***Early initiation:*** Proportion of children born in the last 24 months who were put to the breast within one hour of birth
- ***Exclusive breastfeeding:*** Proportion of infants 0–5 months of age who are fed exclusively with breast milk
- ***Continued breastfeeding at 2 years:*** Proportion of children 20–23 months of age who are fed breast milk

Complementary feeding: Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods

General data

	1990	2010	2011	2012	2013
Annual number of births, crude (thousands)[6]	-	-	-	77.2	-
Birth rate, crude (per 1,000 people)[7]	-	43	43	43	-
Neonatal mortality rate (per 1,000 live births)[8]	46.1	30	29.4	28.7	28.1
Under-five mortality rate (per 1,000 live births)[9]	169.8	81.7[10]	79	76.4	73.8
Maternal mortality ratio (per 100,000 live births)[11]	-	460	-	-	430
Delivery care coverage:[12]					
Skilled attendant at birth	-	56.6%	56.6%	56.6%	-
Institutional delivery	-	55.7%	55.7%	55.7%	-
C-section	-	2.5%	2.5%	2.5%	-
Stunting prevalence (2007-2011)[13]	-	24%	24%	-	-

[5] www.who.int/topics/breastfeeding/en/
[6] UNICEF country statistics, available at: www.unicef.org/infobycountry/gambia_statistics.html;
[7] World Bank data, available at: http://data.worldbank.org/indicator/SP.DYN.CBRT.IN/countries
[8] UN Inter-agency Group for Child Mortality Estimation (IGME) data, 2014, available at: www.childmortality.org/;
[9] UN IGME data, 2014, see above;
[10] This figure is 98 in the *State of the World's Mothers 2012* report of Save the Children, available online at www.savethechildren.org
[11] World Bank data, available at: http://data.worldbank.org/indicator/SH.STA.MMRT/countries
[12] Data refer to the years 2008-2012. Source: UNICEF country statistics, see above;

Breastfeeding data[14]

	1990	2010	2011	2012	2013
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Stunting prevalence (2007-2011)[22]	-	24%	24%	-	-

General observations

As observed in The Gambia's Multiple Indicator Cluster Survey 2010[23], 42% of the population was under 15 in 2003. This young age structure is associated with a high fertility rate as well as with **high neonatal, infant, under-five and maternal mortality rates**. This high mortality pattern is to be correlated with the little delivery care coverage: in the Gambia, almost **one baby out of two is born without the assistance of a skilled attendant**.

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

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

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

[16] World Bank data, available at: http://data.worldbank.org/indicator/SP.DYN.CBRT.IN/countries

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

[18] UN IGME data, 2014, see above;

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

[20] World Bank data, available at: http://data.worldbank.org/indicator/SH.STA.MMRT/countries

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

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

[23] The Gambia MICS 2010, see above

Breastfeeding rates

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

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

Undernourishment and early weaning

Adequate breastfeeding is associated to lower risk of undernourishment: the earlier children cease to be breastfed, the earlier they are exposed to contamination in water, food and the environment.[24] The World Health Organization recommends that breastfeeding should be continued until 24 months or beyond.[25] In the Gambia, the low median duration of breastfeeding was 19.3 months in 2010, showing that a large proportion of children are weaned too early. This trend of early weaning is to be correlated with a **higher rate of undernourishment in children aged 12-23 months, which is when breastfeeding is interrupted**.[26]

Impact of the health system and culture on breastfeeding practices

A UNICEF analysis on the social system in the Gambia[27] reveals that other aspects that prevent the progress in breastfeeding rates in the country. First of all, the report highlights that "a *notable gap is a lack of health insurance, which is a critical measure given the high child mortality rates in the country».* Secondly, it states that "***cultural beliefs against exclusive breastfeeding***, ***strong traditional beliefs that colostrum is not good for the baby***, *and that babies cannot survive without drinking water (social risks). Weaning diets are nutritionally inadequate as well as unsafe due to the high level of bacterial contamination."* (emphasis added)

[24] The Gambia MICS 2005-2006, see above, p. 25; The Gambia MICS 2010, see above, p. 33.
[25] The WHO recommendations on infant and child feeding can be found at: http://who.int/topics/breastfeeding/en/
[26] Idem.
[27] UNICEF, *Moving towards an integrated and equitable social protection in The Gambia*, available at: www.unicef.org/gambia/Moving_towards_an_integrated_and_equitable_social_protection_in_the_Gambia.pdf

2) International Code of Marketing of Breastmilk Substitutes

Evidence clearly shows that a great majority of mothers can breastfeed and will do so if they have the accurate and full information and support, as called for by the Convention on the Rights of the Child. However, **direct industry influence** through advertisements, information packs and contact with sales representatives, as well as indirect influence through the public health system, submerge mothers with **incorrect, partial and biased information**.

The International Code of Marketing of Breastmilk Substitutes (the International Code) has been adopted by the World Health Assembly in 1981. It is a **minimum global standard** aiming to protect appropriate infant and young child feeding by requiring States to regulate the marketing activities of enterprises producing and distributing breastmilk substitutes in order to avoid misinformation and undue pressure on parents to use such products when not strictly necessary. Even if many countries have adopted at least some provisions of the International Code in national legislation, the implementation and enforcement are suboptimal, and violations persist.

In 2006, the Gambia has implemented a strong law on the marketing of breastmilk substitutes reminiscent of IBFAN-ICDC's Model Law. Thus, **IBFAN-ICDC's 2014 'State of the Code by Country'**[28] places the Gambia in the first of the ten categories of countries set by IBFAN according to their level of implementation of the International Code, among the countries which have **implemented most of the Code and subsequent WHA resolutions**[29].

2) Baby-Friendly Hospital Initiative (BFHI) and training of health workers

Lack of support to breastfeeding by the health care system and its health care professionals further increase difficulties in adopting optimal breastfeeding practices.

The Baby-Friendly Hospital Initiative (BFHI), which consists in the implementation by hospitals of the 'Ten steps for successful breastfeeding', is a key initiative to ensure breastfeeding support within the health care system. However, as UNICEF support to this initiative has diminished in many countries, the **implementation of BFHI has significantly slowed down**. Revitalization of BFHI and expanding the Initiative's application to include maternity, neonatal and child health services and community-based support for lactating women and caregivers of young children represents an appropriate action to address the challenge of adequate support.

The **National Nutrition Agency (NaNA)** reports that **implementation of the BFHI was launched in 1992-1993** in 4 healthcare facilities in the country. In the following years, 19 government and private health facilities across the country have received training on lactation management,

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

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

developed their own breastfeeding policy implemented the BFHI.[30] Both the BFHI and the BFCI constitute two main programmes monitored and carried out by the NaNA.[31] In 2008, the Vice President of the Republic of the Gambia's declared that **over 20 health facilities both public and private** were implementing the Baby-Friendly Hospital Initiative and that **293 communities** were following the Baby-Friendly Community Initiative.[32]

3) Maternity protection for working women

The main reason given by majority of working mothers for ceasing breastfeeding is their **return to work following maternity leave**.

It is therefore necessary to make adjustments in the workload of mothers of young children so that they may find the time and energy to breastfeed; this should not be considered the mother's responsibility, but rather a **collective responsibility**. Therefore, States should adopt and monitor an adequate policy of maternity protection in line with ***ILO Convention 183 (2000)***[33] that facilitate six months of exclusive breastfeeding for women employed in all sectors, and facilitate workplace accommodations to feed and/or to express breastmilk.

The Gambia's legislation related to maternity protection includes a wide collection of acts and regulations.[34]

Maternity leave[35]

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

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

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

[31] NaNA programmes can be found at: www.nana.gm/index.php/programmes

[32] The Point, *NaNA Celebrates Breast Feeding Week*, 5 August 2008, available at: http://thepoint.gm/africa/gambia/article/2008/8/5/nana-celebrates-breast-feeding-week

[33] ILO, C183 - Maternity Protection Convention, 2000 (No. 183)

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

[35] The information included in this section is sourced from ILO data on Maternity Protection, 2011, available at: www.ilo.org/dyn/travail/travmain.byCountry2

Duration: At least 12 weeks (6 weeks before, 6 weeks after birth).
Compulsory leave: 6 weeks immediately preceding the expected date of confinement.
Extension: An employee is entitled to accumulate days of paid sick leave provided for by the Joint Industrial Council Agreement, a collective agreement, or otherwise by his or her contract of employment up to a maximum entitlement attainable by any 12 months of employment. No extension provided either for multiple births or for illness following confinement. No leave in case of illness or complications though general rules for sickness apply. Therefore, an employee is entitled to accumulate days of paid sick leave provided for by the Joint Industrial Council Agreement, a collective agreement, or otherwise by his or her contract of employment up to a maximum of the entitlement attainable by any 12 months of employment.

Cash benefits

Maternity leave benefits scope: Same scope and conditions as maternity leave.
Conditions: See above.
Amount and duration: 100% of salary during full 12 weeks of leave.
Benefits are paid by: the employer.

Breastfeeding breaks

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

3) HIV and infant feeding

The HIV virus can be passed from mother to the infant though pregnancy, delivery and breastfeeding. The *2010 WHO Guidelines on HIV and infant feeding*[36] call on national authorities to recommend, based on the AFASS[37] assessment of their national situation, either breastfeeding while providing antiretroviral medicines (ARVs) or avoidance of all breastfeeding. The Guidelines explain that these new recommendations do not remove a mother's right to decide regarding infant feeding and are fully consistent with respecting individual human rights.

In 2012, UNICEF reported a HIV prevalence of 1.3% among adults (aged between 15 and 49) in the Gambia, with an **estimation between <1000 and 1,300 of pregnant women living with HIV**.[38] The HIV prevalence rate was 1% in 2001, 1.4% in 2006 and 1.3% in 2012[39], as mentioned. Still in 2012, there were 13,000 adults aged 15 and above living with HIV, of which 7,600 women, and there is no figure related to the number of children under 15 living with HIV[40].

[36] *WHO Guidelines on HIV and infant feeding, 2010. Available at*: http://whqlibdoc.who.int/publications/2010/978921599535_eng.pdf
[37] Affordable, feasible, acceptable, sustainable and safe (AFASS)
[38] UNICEF data, 2013, available at: http://data.unicef.org/hiv-aids/global-trends
[39] WHO data, available at : http://apps.who.int/gho/data/node.country.country-GMB?lang=en
[40] WHO data, available at: http://apps.who.int/gho/data/view.main.22300

When there is appropriate knowledge of mother-to-child transmission of HIV, women seek HIV testing when they are pregnant to avoid infection in the baby, because they know that HIV could be transmitted during pregnancy, delivery and breastfeeding. The level of knowledge among women aged 15-49 concerning mother-to-child transmission is quite good, considering that 94% of women know that HIV can be transmitted from mother to child, and 67% of women know that it can be transmitted during pregnancy, delivery and breastfeeding.[41] **Knowledge is higher in rural areas than in urban areas, and women from poorer households know more about HIV mother-to-child transmission than women from richer households**.[42]

4) Government measures to protect and promote breastfeeding

Adopted in 2002, the ***Global Strategy for Infant and Young Child Feeding*** defines 9 operational targets:

1. Appoint a **national breastfeeding coordinator** with appropriate authority, and establish a multisectoral **national breastfeeding committee** composed of representatives from relevant government departments, non-governmental organisations, and health professional associations.

2. Ensure that every facility providing maternity services fully practises all the **"Ten steps to successful breastfeeding"** set out in the WHO/UNICEF statement on breastfeeding and maternity services.

3. Give effect to the principles and aim of the **International Code of Marketing of Breastmilk Substitutes** and **subsequent relevant Health Assembly** resolutions in their entirety.

4. Enact imaginative **legislation protecting the breastfeeding rights of working women** and establish means for its enforcement.

5. Develop, implement, monitor and evaluate a com**prehensive policy on infant and young child feeding**, in the context of national policies and programmes for nutrition, child and reproductive health, and poverty reduction.

6. Ensure that the health and other relevant sectors **protect, promote and support** exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support they require – in the family, community and workplace – to achieve this goal.

7. Promote timely, adequate, safe and appropriate **complementary feeding with continued breastfeeding**.

8. Provide guidance on feeding infants and young **children in exceptionally difficult circumstances**, and on the related support required by mothers, families and other caregivers.

- Consider what **new legislation or other suitable measures may be required**, as part of a comprehensive policy on infant and young child feeding, to give effect to the principles and aim of the International Code of Marketing of Breastmilk Substitutes and to subsequent relevant World Health Assembly resolutions.

[41] Data retrieved from The Gambia MICS 2005-2006, see above.
[42] The Gambia MICS 2005-2006, see above; The Gambia MICS 2010, see above.

National policies

The **National Nutrition Agency (NaNA)** is the main actor in the institutional panorama, responsible of the key programmes related to nutrition and, therefore, to breastfeeding. Under the NaNA supervision, the **'National Nutrition Policy 2000-2004'** was designed with the specific goal of **protecting, promoting and supporting breastfeeding** as one of the policy's seven priority substantive areas.[43] The subsequent **'National Population Policy (2007-2020)'** deals with developmental issues and stated among its objectives: "***Increase the rate of exclusive breastfeeding from 45.6 per cent in 2005 to 80 per cent by 2012***"[44]. However, despite the implementation of the above-mentioned policy, the rate of exclusive breastfeeding under 6 months has plunged to 33.5%.[45]

The **'National Nutrition Policy 2010-2020'**[46] devotes a full section to the promotion of optimal infant and young child feeding. The broad objectives include: increasing awareness of legislators, policy makers and the public on the importance of optimal infant and young child feeding; advocate for the provision of an enabling environment to facilitate breastfeeding at workplaces; support communities to implement community-based programmes, which promote, protect and support optimal infant and young child feeding practices; strengthen and expand the Baby Friendly Hospital Initiative (BFHI) strategy to all health facilities; strengthen and expand the Baby Friendly Community Initiative (BFCI) strategy to all communities; support capacity building of health care providers, community based extension workers and community representatives on infant and young child feeding; advocate for the incorporation of infant and young child feeding into the curricula at all levels of the formal, non-formal and Madrassa education system including the health training institutions; support the monitoring of infant and young child feeding trends; advocate for the incorporation of infant and young child feeding issues into other relevant sectoral policies and plans.

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

[43] The Gambia MICS 2005-2006, see above, p. 8
[44] The Gambia MICS 2010, see above, p. 6
[45] Rate calculated as an average of the data collected between 2008 and 2012 by UNICEF (see section 2, p. 4).
[46] The Gambia National Nutrition Policy 2010-2020, available at: www.africanchildforum.org/clr/policy%20per%20country/gambia/gambia_nutrition_2010-2020_en.pdf

Promotion campaigns

Exclusive breastfeeding is included in the so-called '**4+2** which are at the core of a health communication strategy undertaken by the **National Communication Task Force**, under the leadership of the Health Communication Units at the Ministry of Health and Social Welfare. The Task Force Committee already organized 18 meetings and a total of **860 village support group members**[47] in the Central River Region were equipped with the functional knowledge, skills and communication materials to facilitate family and community dialogue on the 4+2 'key household practices'.[48] Additionally, **72 interactive radio programmes** in three community radio stations were designed to promote public discourse on the 4+2 key household practices, and a **system of joint monitoring** conducted by UNICEF and a cross section of the Communication Task Force was also launched to test the in-depth knowledge and skills of the Village Support Groups on the practices being promoted.[49]

Furthermore, since the early 90s the Gambia celebrates its **National Breastfeeding Week** every year during the first week of August. In 2001 the NaNA decided to organize a **one-month celebration** of the World Breastfeeding Week instead of a week-long event[50] and since then the NBW is virtually celebrated from the beginning to the end of August in the Gambia, as to highlight its importance for the country[51]. The National Breastfeeding Week remains a fundamental occasion to call on all mothers to practice exclusive breastfeeding[52] and a major event among other breastfeeding promotion initiatives. Scholars and health officers use this event to deliver speeches and spread information on breastfeeding. However, **more information** on the informative material distributed, on the conferences organized or on any other initiatives included in the celebrations of the National Breastfeeding Week **would be necessary to identify points of potential improvement.**

[47] Village support groups are community structures comprising eight key members of the community, including the village health worker, the traditional birth attendant, the village development committee chair. Source: UNICEF, *The Republic of Gambia, Country programme document 2012-2016*, see above, p. 8
[48] UNICEF Annual Report 2013 Gambia, pp. 5-6, available at: www.unicef.org/about/annualreport/files/Gambia_COAR_2013.pdf
[49] Idem.
[50] Statement by Her Excellency the Vice President of the Republic of The Gambia and Secretary of State for Women's Affairs, and Chair-person of the National Nutrition Council, Mrs. Isatou Njie-Saidy, on the occasion of World Breastfeeding Week, 2001, available at: www.statehouse.gm/vp-speeches/national-nutritioncouncil.htm
[51] Daily Observer, *URR observes World Breast-feeding Week*, 14 August 2014, available at: http://observer.gm/africa/gambia/article/urr-observes-world-breast-feeding-week
[52] Daily Observer, *NaNA intensifies breast feeding campaign*, 14 October 2009, available at: http://observer.gm/africa/gambia/article/nana-intensifies-breast-feeding-campaign

Monitoring of national policies and legislation

According to the Gambia's 2008 Report[53] of the assessment of the state of implementation of the *Global Strategy for Infant and Young Child Feeding,* accomplished under the World Breastfeeding Trends Initiative (WBTi)[54] of IBFAN Africa, one of the identified gaps related to National policy, programme and coordination was the **lack of a National Breastfeeding Committee and Coordinator**. To date, no information is available on the creation of such Committee and no future planning related to it.

Courses on breastfeeding / Training of Health Professionals

Under the **'UNICEF Country programme document 2012-2016'**[55], whose final version was approved in 2011, the promotion and training activity on exclusive breastfeeding represent a major focus of the **village support groups** which contribute to providing parental education. In fact, the village support groups were established by the NaNA as community support groups with the aim of assisting and supporting optimal infant and young child feeding practices in baby-friendly communities. As to 2012, this support structure was active in 691 communities across the country and future plans include expanding their action to all the communities.[56]

In the same document, it is stated that the programme component on **Young Child Survival and Development** "*will support improvements in the capacity of the health personnel in antenatal care, delivery, and postpartum, as well as the integrated management of neonatal and child illnesses, and the management of common childhood diseases at health facility and community levels. [...].*"[57] Nonetheless, there are n**o specific details on how such improvements will be made** and what type of training will be provided to the health personnel.

As mentioned above, the **'National Nutrition Policy 2010-2020'** strategies include the support to capacity building of health care providers, community based extension workers and community representatives on infant and young child feeding and the advocacy to incorporating infant and young child feeding into the curricula of health training institutions.[58] However, to date, there is no information on the implementation of these strategies.

[53] WBTi, *The Gambia Report 2008*, available at: www.worldbreastfeedingtrends.org/report/WBTi-Gambia-2008.pdf
[54] World Breastfeeding Trends Initiative website: www.worldbreastfeedingtrends.org/
[55] UNICEF, *The Republic of Gambia, Country programme document 2012-2016*, available at: www.unicef.org/about/execboard/files/Gambia_final_approved_2012-2016_20_Oct_2011.pdf
[56] Data provided by The Gambia's vice president and minister of Women Affairs. Source: allAfrica.com, *Gambia: VP - Exclusive Breastfeeding Can Boost Mothers' Immune System*, 1 August 2013, available at: http://allafrica.com/stories/201308020801.html
[57] UNICEF, *The Republic of Gambia, Country programme document 2012-2016*, see above, pp. 7-8
[58] National Nutrition Policy 2010-2020, see above, p. 19

4) Recommendations on breastfeeding by the CRC Committee

The Convention on the Rights of the Child has placed breastfeeding high on the human rights agenda.

Article 24 mentions specifically the importance **of breastfeeding as part of the child's right to the highest attainable standard of health**.

Issues like the improvement of breastfeeding and complementary feeding practices, the right to adequate information for mothers and parents, the protection of parents against aggressive marketing of breastmilk substitute products through the implementation of and compliance with the International Code of Marketing of Breastmilk Substitutes as well as the need for strong and universal maternity protection are now systematically discussed during State parties reviews by the CRC Committee.

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

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

About the International Baby Food Action Network (IBFAN)

IBFAN is a 36-year old coalition of more than 250 not-for-profit non-governmental organizations in more than 160 developing and industrialized nations. The network works for better child health and nutrition through the protection, promotion and support of breastfeeding and the elimination of irresponsible marketing of breastmilk substitutes.

IBFAN is committed to the Global Strategy on Infant and Young Child Feeding (2002), and thus to assisting governments in implementation of the International Code of Marketing of Breastmilk Substitutes and its relevant resolutions of the World Health Assembly (WHA) to the fullest extent, and to ensuring that corporations are held accountable for International Code violations. In 1998, IBFAN received the Right Livelihood Award "*for its committed and effective campaigning for the rights of mothers to choose to breastfeed their babies, in the full knowledge of the health benefits of breastmilk, and free from commercial pressure and misinformation with which companies promote breastmilk substitutes*".