

2014-2016 STRATEGIC RESPONSE PLAN

The Gambia



January 2014

Prepared by the Humanitarian Country Team in The Gambia

PERIOD:

January 2014 – December 2014

100%

1.9 million

Total population

19.5% of total population

370,454

estimated number of people in need of humanitarian aid

9.6% of total population

183,160

people targeted for humanitarian aid in this plan

Key categories of people in need:

285,000

Food insecure

48,627

Malnourished children including SAM 7,859 and MAM 40,768

28,502

Pregnant and Lactating Mothers

8,325

Refugees



US\$ 25,983,666

requested

Source: The Gambia HNO, Dec 2013

SUMMARY

Strategic objectives

1. Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.
2. Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.
3. Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

Priority actions

- Provide food assistance, nutritional support and agricultural inputs.
- Restore water systems and access to sanitation facilities in communities, schools and nutrition facilities.
- Re-establish and provide access to public health/clinical services with a focus on surveillance and early warning for diseases with epidemic potential.
- Improve access to education through creation of temporary learning spaces and strengthening national protection capacity (including prevention of gender-based violence and child protection).
- Strengthening early warning systems through training of personnel, data collection and processing and dissemination of results/findings.

Parameters of the response

The precise number of people in crisis in The Gambia has not been comprehensively assessed due to scanty information available. However, it is estimated that at least 370,454 people are in need of either immediate humanitarian assistance or remain vulnerable and require some sort of support to strengthen their resilience to future crises. This estimation is primarily based on projections of food insecurity situation following the Prevention and Management of Food Crises Network (PREGEC) assesment conducted in October 2013 and other factors are increases in commodity prices; resurgence of epidemics; prevalence of natural disasters; chronic shortage and limited access to basic social services.

A significantly high proportion of food insecure or vulnerable people, well above the national average levels, is found in West Coast Region, southern areas of the Central River Region, northern areas of Central River Region and in some parts of Lower River Region, with rates ranging from 8.4 % -17.2 %. Currently, approximately 103,000 food insecure people are supported through the World Food Programme (WFP) Protracted Relief and Recovery Operation (PRRO) 2013-2015. Furthermore, in 2014, the Food Security sector is targeting 105,000 beneficiaries with food assistance, agriculture and livestock support.

Based on the prioritization tool analysis, malnutrition is most prevalent in the Local Government Areas (LGA) of Kuntaur, Janjanbureh, Basse and Kerewan (all above the 10 % threshold). The LGA of Kuntaur has the highest proportion of severely stunted children, at 8.2 %.

Significant variations in weight were observed among women in urban and rural settings. The highest number of underweight women is to be found in Janjanbureh (20.9 %) followed by Kuntaur (20.3 %) and Mansakonko (18.3 %), while the least affected LGA is Banjul (11.5 %). Approximately 48,627 malnourished children and 28,502 pregnant and lactating women will be supported in 2014.

Incidence of natural disasters and disease outbreaks is common in The Gambia. It is estimated that approximately 65 % of the land area in The Gambia, mainly along the Senegalese border and on major border crossing routes are at risk of cholera. In addition, the country lies in the meningitis belt and every year there are sporadic outbreaks in all regions especially in the east of the country, in the Upper and Central River Regions. According to the National Malaria Sentinel Surveillance System (NMSSS), the Malaria Programmatic Review (MPR) and the Health Information Management Service Statistics for 2012, malaria is endemic in all the districts therefore likely to affect the entire population. With regards to flooding, available analysis done by the National Disaster Management Agency (NDMA) indicates that at least 40,000 people are affected each year by floods, predominantly in the Greater Banjul Area. The incidence of diarrhoea in children at 14% leaves several children malnourished, while malaria - a water related disease remain the leading cause of deaths among Gambian children -23%. Overall, WASH related deaths account for 20% of the underfive death.

Access to basic social services such as hospitals is a challenge to many families. For instance, the national requirement or target for Basic Emergency Obstetric Care (BEmOC) facilities is 14; yet currently there are only four BEmOC functional facilities countrywide. Moreover, while each of the seven regions in The Gambia has a hospital; the staffing is very poor and availability of adequate equipment limited. The health sector proposes to intervene by improving access to health services, capacity building of health personnel, life-saving drugs, disease surveillance and early warning systems, immunisation and BEmOC.

PRIORITY HUMANITARIAN NEEDS

- 1 Food and Nutrition insecurity
- 2 Access to basic services
- 3 Enhanced support to refugees and host family needs
- 4 Strengthening Early Warning and preparedness efforts to manage crises

Full HNO:

<http://wca.humanitarianresponse.info>

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REFERENCE MAP

STRATEGY

People in need and targeted

The prioritization analysis exercise conducted for the Humanitarian Needs Overview (HNO) in November 2013 identified at least 370,454 people to be in need of humanitarian assistance. Of these, approximately 103,000 food insecure persons are already receiving support through the WFP Protracted Relief and Recovery Operation (PRRO) 2013-2015 and approximately 48,000 children have been targeted for nutrition support. Additionally, the 2013 floods in Gambia affected at least 30,000 people in Banjul and Western Coastal Region, many of whom are yet to recover.

In 2014, the immediate needs of the most vulnerable will be addressed through distribution of agricultural tools; treatment of severe cases of malnutrition; assistance and protection of refugees; and surveillance, screening and treatment of seasonal disease outbreaks. It is hoped that this assistance will lay the foundations for recovery from a state of lingering emergency and will support national institutions in delivering basic services.

In addition, the humanitarian community in The Gambia aims to build the capacity of local actors by training national authorities and other counterparts, particularly local NGOs. Efforts will be focused on increasing national monitoring and surveillance systems as well as on alignment of sectoral data collection and information management systems with parallel national systems.

Figure 1: Number of people in need

Category	Female	Male	TOTAL
Food Insecure	143,925	141,075	285,000 ¹
Refugees	4,171	4,154	8,325
Malnourished Children (including SAM 7,859 and MAM 40,768)	24,557	24,070	48,627
Pregnant and lactating mothers	28,502	0	28,502
TOTAL	201,154	169,300	370,454

Source: The Gambia HNO, November 2013

Planning assumptions

Protracted poverty² and structural deficits in the delivery of social services in The Gambia coupled with environmental challenges, and in particular the impact of climate change, will continue to threaten and impair sustainable livelihood recovery for more than 40% of the most vulnerable people in The Gambia³.

This Gambian Strategic Response Plan is thus based on three planning assumptions. The first assumption, which is the best-case scenario, foresees an improvement in the food and nutrition situation due to significant increases in crop production during the 2013/2014 cropping season. As a result, many households will have better access to food; food prices will fall significantly and surplus income from sale of produce will enable access to basic services such as hospitals and schools.

¹ The number of the food insecure has been reviewed to reflect the findings of the PREGEC assessment.

² According to the Human Development Index (2013) – approximately 33.6 p% cent of the Gambian population live below \$1.25 per day

³ The Gambia Humanitarian Response Plan 2013 document

The most-likely scenario on which this strategy is based considers that the prevailing food and nutrition security situation will persist in most-affected areas until the onset of the rainy season in June/July, with potential worsening of the situation during the lean period. In addition, a possible decline in food production is likely in 2014 due to delays in access to seeds and to the high cost of fertilizer, an indication that many farming households will not be able to cultivate on time. The resurgence of epidemics, the high cost of living and the threat of natural disasters will also exacerbate the vulnerability of these populations.

The worst-case scenario planning assumption represents the possibility of a repeat of the 2012 food security and nutrition crisis – i.e. poor, erratic and unevenly distributed rainfall resulting in decreased food production. The number of people affected will drastically increase to over one million, raising the likelihood of human and livestock deaths as well as cross border movements. In addition, high food and fuel prices will constitute a high risk to both rural and urban households possibly leading to riots and demonstrations.

In the event that the situation deteriorates, humanitarian partners will review their planning figures as appropriate.

Figure 2: Number of people targeted

Category	Female	Male	TOTAL
Food insecure people	53,025	51,975	105,000 ⁴
Refugees	4,071	4,254	8,325
Malnourished children (including SAM 7,859 and MAM 33, 474)	20,873	20,460	41,333
Pregnant and lactating mothers	28,502	0	28,502
TOTAL	106,471	76,689	183,160

Source: The Gambia HNO, November 2013

Presently, The Gambia is not experiencing a humanitarian crisis, however, households are yet to recover from the impact of previous and recurring disasters (drought, floods and storms, disease outbreak among human and livestock). The country team is aware of the potential funding shortfalls, as already underlined by the limited presence of humanitarian actors in the country. Nonetheless, despite this constraint the humanitarian partners plan to reach at least 50 per cent of people in need in 2014.

Explanation of the strategy

The Gambia strategy forms part of the Sahel Regional Humanitarian Response Plan, which has identified three strategic objectives as follows:

1. Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.
2. Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.
3. Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

⁴ Food insecurity sector will only target approximately 37% of the affected population.

In light of this, The Gambia response plan proposes to i) provide humanitarian assistance to approximately 320,410 people identified as most vulnerable, through general food distribution and blanket supplementary feeding to children under five, pregnant and lactating mothers and support to HIV patients ii) ensure access to improved water, sanitation and hygiene (WASH) iii) provide reproductive health information and services to pregnant and lactating women and adolescent girls iv) strengthen surveillance of communicable diseases in order to detect disease trends and provide timely response for any outbreaks including vaccine preventable ones v) supply/preposition essential medical supplies such as ORS, antibiotics, anti malarial and other basic drugs in strategic locations; vi) reinforce and protect livelihoods of most vulnerable populations by providing seeds and fertilizer to 30,281 farmer households in affected districts to restore food production of small farmers, particularly women's groups, and vii) strengthen institutional capacity to anticipate and manage disasters.

Linkages with non-humanitarian actors

Several policy initiatives have been developed by the Government and other development partners to strengthen social safety nets and build resilience of communities. These include: The Gambia National Agriculture Investment Programme (GNAIP) 2011-2015 and Sustainable Land Management Project (SLMP) under the Ministry of Agriculture; in particular Programme 4 of GNAIP - "National Food Security and Safety Nets (NFNS)", which looks at two components: (i) national food security; and (ii) disaster risk management. The objective is to improve national and household food security and reach adequate nutritional levels, including during periods of disaster, with particular attention to the most vulnerable groups and households in rural and urban communities.

While the above initiatives seem by nature only to address food security and nutrition challenges, humanitarian actors recognize the need for synergy between short term humanitarian programmes and long term development plans. To maximize activities efficiency and avoid duplications, the National Disaster Management Agency (NDMA) with the support of CADRI and the UNCT in The Gambia has developed a National Plan of Action for DRR, which adheres to the Hyogo Framework of Action (HFA) for DRR. In 2014, extra efforts will be taken into consideration to ensure implementation of this action plan.

Scope of the strategy

This humanitarian response plan targets all seven administrative regions of Gambia, with more focus on West Coast Region, southern Central River Region, northern Central River Region and in parts of Lower River Region where significant numbers are identified in the needs analysis and prioritisation/vulnerability ranking exercise as more vulnerable. The plan targets about 60% of the people identified for humanitarian assistance - it is expected that the remaining 40% might not be reached due to lack of funding and capacity in the field. Approximately 183,160 people (9.6 % of the population) are therefore targeted in 2014.

Bearing in mind that the majority of challenges faced in The Gambia are chronic and structural by nature, the activities cited in this plan will not only save lives but also create conditions for improving the future of affected households. This will be made possible by increasing focus on resilience building through increased prevention and preparedness to likely shocks and strengthening the national systems for service delivery.

The National Disaster Management Agency (NDMA) and UN agencies have also ensured appropriate coordination arrangements with related Government departments and NGOs. The humanitarian actors will continue to monitor and ensure that necessary measures are taken to respond to any new emergencies throughout the implementation cycle. Periodic multisectoral needs assessment and coordinated contingency planning exercises will be undertaken to prepare for any sudden changes in the situation.

Priorities within the scope of the strategy

The Gambia strategic response plan will adhere to five humanitarian priorities identified at the regional level as:

- Addressing the humanitarian impact of food insecurity
- Addressing the humanitarian impact of malnutrition
- Addressing the humanitarian impact of conflict (IDPs, refugees, protection, etc.)
- Addressing the humanitarian impact of epidemics (cholera, malaria, etc.)
- Addressing the humanitarian impact of natural disasters (floods, etc.)

While the priority for intervention remains primarily focused on food security and nutrition, concerted efforts will be made to ensure capacity of households, communities and relevant government authorities is reinforced to anticipate, prepare, respond and recover from crises whenever they occur. Resilience building will be the core of our response. Targeting will be guided by:

Geographic priority: Significantly higher numbers of food insecure or vulnerable people, at levels surpassing the national average, are to be found in West Coast Region, southern Central River Region, northern Central River Region and in parts of Lower River Region. Rates range from 8.4 % to 17.2 %. Malnutrition is more prevalent in the Local Government Areas (LGA) of Kuntaur, Janjanbureh, Kerewan and Basse.

Demographic priority: pregnant and nursing mothers, women headed households, children under five, and refugees are particularly vulnerable.

Cross-cutting and context-specific issues

The need to integrate key cross-cutting issues such as gender, early recovery, HIV/AIDS, age, and protection from sexual exploitation into the plan is well understood. This includes strengthening existing networks or advocating for establishment of new and relevant networks or structures for possible intervention.

Even though the likelihood of identification, registration and profiling of vulnerable groups will remain a great challenge during the implementation period of this response plan, particular emphasis will ensure i) enhanced response to immediate and special needs by integrating gender into assessments, analysis and reporting on sex disaggregated data and ii) strengthen resilience by recognizing traditional coping mechanisms and differentiating between the needs of women, girls, boys and men.

Constraints and how the HCT and clusters will address them

- The process of developing the Humanitarian Needs Overview (HNO) highlighted huge gaps and challenges pertaining to availability and credibility of information. As a matter of priority, The Gambia humanitarian partners have decided to address this situation in the next planning cycle; particularly by reinforcing the capacity of relevant government departments and agencies to collect (using standardized guidance tool) and analyze data.
- **Inadequate funding to address unmet needs:** the country has been challenged with a chronic humanitarian situation that is worsening each year. At the same time, The Gambia has been consistently and seriously underfunded for the past years, with limited visibility by donors. For the 2013 Humanitarian CAP appeal, only 2% of the US\$17million funding appeal was funded. The HCT will strengthen partnership and vigorous fund raising efforts' bearing in mind that 20% of its population is in need of humanitarian assistance.
- **Poor infrastructure network:** poor road infrastructure is also a major constraint to access, particularly during the rainy season when many roads become difficult to use especially in northern CRR and URR. Limited mobile phone networks and internet access in pose additional constraints in rural areas. Humanitarian actors will make efforts to strengthen preparedness activities especially in repositioning essential supplies at critical locations for easy transportation during the rains. Communities will be engaged in rehabilitating roads and bridges important for humanitarian access.
- The technical capacity of partners to implement programs, particularly the high turn-over in national counterparts usually affects the full cycle of program implementation. Furthermore the presence of NGO is very thin in affected areas.

Response monitoring

Based on the Sahel Regional Strategic Response Plan (SRP), the Gambia SRP will also be monitored and reviewed on progress against multi-year strategic objectives identified. Notwithstanding progress made in 2013 on performance monitoring; sectors will be supported to better report on achievements made throughout the programme cycle 2014-2016. A mid-year review is scheduled in 2014 to assess progress made on funding received and capacity of partners to implement activities as identified against strategic objectives.

Sectors will be evaluated based on the number of beneficiaries reached, outstanding needs and funding mobilized to better determine the way forward. The HCT will organise a lessons learnt session at the end of each year to review performance and lessons learnt. The outcome of these meetings will guide the planning process of subsequent years.

STRATEGIC OBJECTIVES AND INDICATORS

STRATEGIC OBJECTIVE 1: Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.

Indicator	Baseline and targets				Explanation/Monitoring method
	Base	End-2014	2015	2016	
Early Warning mechanisms established for food insecurity, malnutrition, epidemics, displacement and disaster					Number of priority risks (food security, malnutrition, epidemics, displacement and disasters) that have early warning mechanisms e.g. the Cadre Harmonise for food security
food security,	Cadre Harmonize (1)	1	1	1	Collected by the FoodSec, Nutrition, Health, Protection Clusters and OCHA and/or RCO
nutrition,	SMART & MIC reports, biannual mInutrition surveillance	2	2	2	
epidemics	IDSR weekly;	1	1	1	
	monitoring of water quality	1	1	1	
Existence of vulnerability data sets for all sectors and regions	3 (FS, Nut and health)	5	6	6	Number of sectors with vulnerability data sets (e.g. CH for food sec)
Risk and vulnerability analysis integrated in country UNDAFs, CCAs and SRPs and other key international planning instruments	40%	50%	75%	100%	Percentage of international planning instruments existing in country which include a risk and vulnerability analysis Collected by OCHA and/or RCO through document review.
National development plans and budgets target vulnerable populations	Yes	Yes	Yes	Yes	This is a Yes or No indicator. Collected by OCHA and/or RCO through document review.
Agricultural investments target marginalised and vulnerable households (AGIR indicator)	10%	20%	40%	60%	Percentage of agricultural investments targeting marginalised and vulnerable households. This indicator is included in the AGIR framework. Collected by FAO and/or the Food Security Cluster by document review.

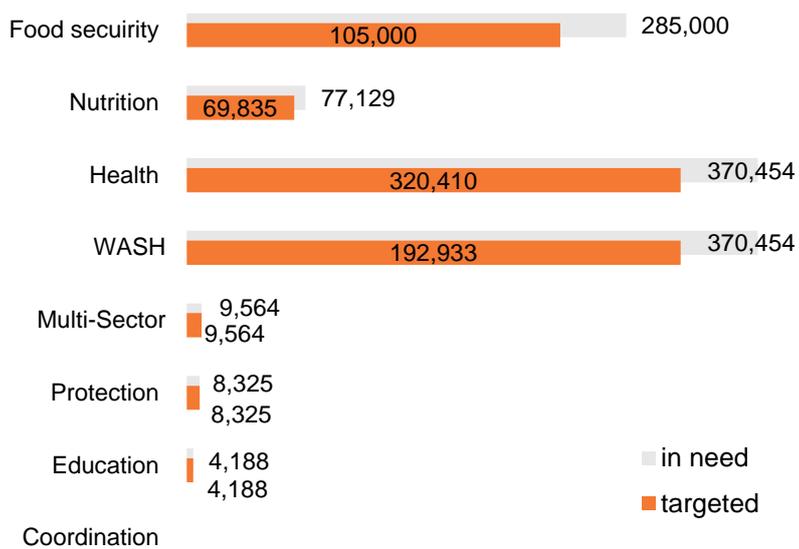
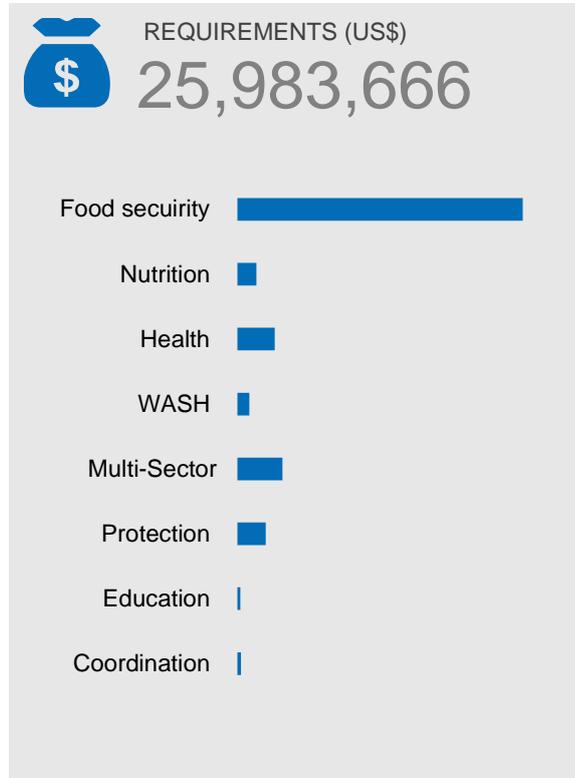
STRATEGIC OBJECTIVE 2: Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.

Indicator	Baseline and targets				Explanation/Monitoring method
	Base	End-2014	2015	2016	
Improved coping capacity of affected households (measured by the Coping Strategies Index (CSI))	19.3	to be determined (tbd)	tbd	tbd	This index has been used in Niger by WFP. It measures the coping capacity and the recovery period. WFP at regional level is supportive of expanding its use to other Sahel countries. We would discuss with WFP in country.
Increased recovery rates of affected households (measured by the Coping Strategies Index (CSI))					Same as above
Development and implementation of national social protection policies and programmes (AGIR)	No	Yes	Yes	Yes	This is a Yes/No indicator.
Stabilisation or improvement of overall Cadre Harmonisé classification in livelihood zones over two seasons as a result of continued humanitarian assistance	6	7	7	7	Percentage of Admin 2 zones that remain stable or improve in the CH classification over a two season period. Collected by Food Security Cluster using PREGEC seasonal assessments
An Early Action trigger mechanism for emergencies developed and operational	No	Yes	Yes	Yes	This is a Yes/No indicator Collected by OCHA and/or RCO

STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

Indicator	Baseline and targets				Explanation/Monitoring method
	Base	End-2014	2015	2016	
People affected by emergencies receiving life-saving assistance	65%	85%	100%	100%	Percentage of people affected receiving life-saving assistance. Collected by OCHA with data from clusters.
Per centage funding spread between clusters	No funds received to compare	50%	30%	20%	Percentage reduction in funding differences between sectors Measured by calculating the % average of the funding differences among sectors in the appeal Collected by OCHA using FTS data
Number of people in Cadre Harmonise phase 3+4 (Food insecurity)	285,000	-50%	-65%	-80%	Reduction of number of people Cadre Harmonise classification phase 3 (crisis) and phase 4 (urgency) Collected by Food Security Cluster using PREGEC assessments
SAM rates (Malnutrition)	7,859	-50%	-70%	-90%	Reduction in SAM rates Collected by Nutrition cluster
Crude mortality rate (CMR) trend (Epidemics/Health)	9/1000	9/1000	9/1000	8/1000	Negative trend of CMR Collected by Health cluster
Under-5 mortality rate (U5MR) trend (Epidemics/Health)	109/1000	-10%	-20%	-50%	Negative trend of U5MR Collected by Health cluster
Number of affected vulnerable people (children, women, men) having received a timely and functional WASH minimum package adapted to their vulnerability(ies) (WASH)	192,933	40%	60%	80%	Increase in number of affected vulnerable people receiving the WASH minimum package Collected by WASH cluster

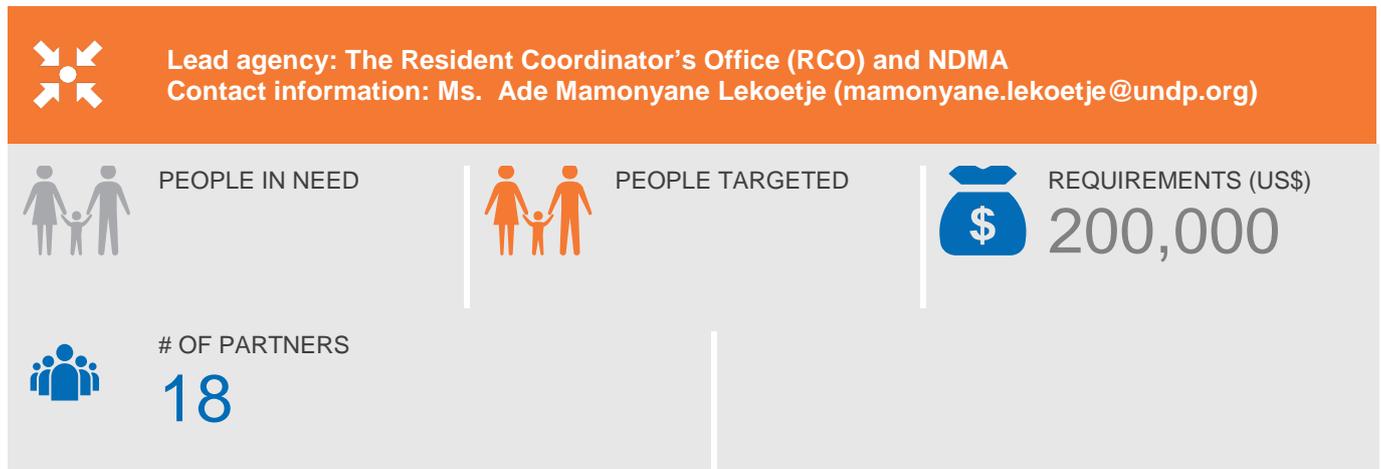
SECTOR PLANS



		People in need (in thousands)	People targeted (in thousands)	Requirements (in million of US\$)
	Coordination	-	-	200,000
	Education	4,188	4,188	178,200
	Food Security	285,000	105,000	17,132,000
	Health	370,454	320,410	2,230,000
	Multi-Sector	9,564 ⁵	9,564	2,697,186
	Nutrition	77,129	69,835	1,140,500
	Protection	8,325	8,325	1,700,000
	WASH	370,454	192,933	705,780
	TOTAL			25,983,666

⁵ This figure includes refugees living in urban areas of The Gambia, predominantly in Banjul

COORDINATION



To ensure that humanitarian action effectively respond to needs of most affected people, a comprehensive and inclusive coordination mechanism is needed at national and field level to guide emergency preparedness and response. The existing national and sub-national coordination mechanisms in the country managed by the National Disaster Management Agency (NDMA) will be supported as appropriate. The UNCT in Gambia under the leadership of the Resident Coordinator will provide technical support to the Government to strengthen its capacity to provide essential services to partners in areas such as information management, communication, advocacy and resource mobilization.

The principal aim of the coordination sector will be to advocate and coordinate timely humanitarian assistance in response to the current assessed needs in collaboration with all stakeholders. These will of course be in line with the identified regional strategic objectives and sector specific objectives.

Priority activities for the coordination sector will be:

- To coordinate with, and build the capacity of national counterparts to ensure alignment with national emergency response planning mechanisms and to increase the ability of national institutions to respond to emergencies.
- Provide reliable information and analysis on trends relating to humanitarian assistance that will allow the humanitarian community to monitor and report on key indicators.
- Strengthen emergency preparedness and response by providing analysis and reporting on the humanitarian situation. The sector will facilitate national and regional-specific contingency planning, inter-agency rapid needs assessments (IRNA), needs analysis and response. The Sector will also advocate for technical support to/from relevant line ministries in the development of a national multi-sector disaster risk reduction and preparedness strategy.
- The sector will encourage greater dialogue and inclusion of relevant state institutions in planning processes at all levels.

STRATEGIC OBJECTIVE 1: Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Multi-sectoral analysis of risks, vulnerabilities and identification of priority needs/gaps (using Sex Age Disaggregated Data - SADD)	National	Prioritization tool (PT) regularly updated	All	1	2
		Number of risk analyses that include SADD			
Conduct/facilitate coordinated multi-sectoral assessments with key partners	National	Number of coordinated multi-assessments undertaken with key partners including the gvt	All	2	5
Build the capacity of national counterparts to increase their ability to better prepare and respond to emergency	National	Number of training sessions for national counterparts (national authorities and civil society)	All	5	10
		Number of national capacity assessments conducted	All	0	1
Mapping disaster prone areas	National	Number of disaster risk maps produced and shared	All	2	5
Support the development and review of country/regional HNO and SRP	National	Number of PT fully operational and regularly updated (quarterly)	All	1	2
		Number of sectoral WG contributing to the elaboration of common strategy		6	6

STRATEGIC OBJECTIVE 2: Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Multi-sectoral analysis of risks, vulnerabilities and identification of priority needs/gaps (using SADD)	National	Number of risk analysis that include SADD	All	1	2
Support and strengthen country level implementation of minimum preparedness package with relevant stakeholders (i.e. contingency planning, simulation exercises, Multi-Cluster/Sector Initial Rapid Assessment (MIRA) training etc)	National	Number of Contingency Plans available and updated	All	0	1
		Number of MIRA trainings done		0	1
		Number of simulation exercises conducted		0	1
		Per centage of minimum preparedness actions completed		30%	80%
Build the capacity of national counterparts to increase their ability to better prepare and respond to emergency	National	Number of training sessions for national counterparts (national authorities and civil society)	All	3	5
Support in the development of "resilience friendly markers" for humanitarian appeals	National	Number of projects that include resilience activities	All	50%	100%

STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Support Strategic coordination of humanitarian response through the UNCT, Sectors with participation of NGOs and government authorities	National	Number of meetings held	All	4	8
		Number of sector meetings co-chaired by Government		4	8
Mobilize resources for humanitarian actors through the SRP	National	Per cent of SRP funding	All	10%	50%
		Number of CERF requests approved	Based on needs	100%	100%

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Develop humanitarian information products as appropriate to support the situational understanding, humanitarian assessments and evidence based response	National	Number of key information products developed per reporting schedule (sitreps, dashboards, snapshots, bulletins, 3W etc)	All	3	5
Prepare key messages to support in the resource mobilization efforts	National	Number of key messages issued on the humanitarian situation	All	3	5

EDUCATION



Lead agency: United Nations Children Fund (UNICEF)
Contact information: Josefa Marrato (jmarrato@unicef.org)



CHILDREN IN NEED

4,188



TARGETED CHILDREN

4,188



REQUIREMENTS (US\$)

178,200



OF PARTNERS

4

In June 2012 the Ministry of Basic and Secondary Education with support from UNICEF conducted a rapid assessment to determine constraints to school access and identify educational needs of refugee children in the host communities of the Foni district of West Coast Region. The assessment established that out of 1,170 refugee children, at least 1,052 had been registered in ten Early Childhood Development Centres, 15 Lower Basic Schools, nine Upper Basic Schools and three Senior Secondary Schools, with refugee children making up 3% to 16% of the total student population of each of the schools with refugee children. In the Early Childhood Development centers 107 children (63 boys and 44 girls) were registered; in the Lower Basic Schools there were 743 refugee children (365 boys and 378 girls); at Upper Basic School level, there were 185 children (96 boys and 89 girls); and for the Senior Secondary level only 17 children (12 boys and 5 girls) were registered.

Most of these schools were inadequately resourced particularly in terms of teaching and learning materials. UNICEF responded by providing some of the much needed educational supplies which were meant to cover just one year. Majority of children assessed in refugee concentrated areas were also in need of either therapy or psychosocial support following trauma experienced in the conflict in Southern Senegal (Casamance).

Floods, windstorm and displacement usually pose a serious education challenge, mainly by disrupting school sessions. Many classrooms in affected schools are either totally destroyed or in bad condition making children to learn under very difficult conditions. For example, in Central River and Upper River regions approximately 3,018 students aged between seven and thirteen were affected by flood and windstorms in 2012 and 2013. Class rooms, teaching and learning materials were destroyed. This has disrupted teaching and learning in the affected schools leading to negative coping strategies such as sharing of class rooms between grades and introduction of double shift with limited staff in some schools particularly in Upper River and Central River regions.

The impact of the food crisis on education had not been assessed yet. This is information gap that this plan will address as part of the joint multisectoral assessments. To a large degree food insecurity affected mothers who are mainly involved in child minding. However through mothers' club activities at the level of the schools and the communities in gardening; much has been achieved in improving the nutritional aspects of the WFP food supplied in the schools. The children at ECD level also benefited from the parenting education activities including the provision of leafy vegetables for the school feeding which resulted in improved dietary content of the food being cooked in the schools.

Access to water and sanitary facilities is also limited, with many either in need of rehabilitation or insufficient to cover the needs of all enrolled student population. This exposes children to poor sanitary conditions and loss of school days especially in the case of girls.

The process of developing the education plan was constrained by inavailability of data on the impact of food insecurity, malnutrition and epidemics on the children schooling. Information is only available for natural disasters and conflicts- refugees but even that is scanty. As a matter of priority, the education cluster planned to address this information gap by reinforcing the capacity of Education Information Management System to collect and analyze data humanitarian needs. Given this situation, the education cluster plan is targeting 4,188 children of which 1,170 are refugee children, while 3018 are children going to schools affected by natural disaster – floods and windstorm.

STRATEGIC OBJECTIVE 1: Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.

Joint Humanitarian Priority #3 – Conflict

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Analyse the coordination mechanisms in the targeted areas	WCR	Effective inter and intra sector coordination mechanisms are in place	Education	1	1
		EiE focal point within MoE	Education	Yes	Yes
		3W regularly updated	Education	Quarterly	Monthly
Support the Ministry of Education's (MOE) information management systems	National	Per centage of education departments in targeted areas with a school database	Education	10%	50%

Joint Humanitarian Priority #5 – Natural Disasters

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Actively involve community in the risks and vulnerabilities analysis	KMC, WCR, CRR, URR, LRR and NBR	Community prioritizes education activities	Education	50%	100%
		Number of consultations held that include teachers and students	Education	2	5
Participate in the analysis of the risk and vulnerabilities of education at school, regional and national level	KMC, WCR, CRR, URR, LRR and NBR	Number of learning environments at risk	Education	5	10
Identify and implement education interventions that mitigate the risk and impact of disasters on the education system	KMC, WCR, CRR, URR, LRR and NBR	Number of identified interventions	Education	1	2

STRATEGIC OBJECTIVE 2: Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.

Joint Humanitarian Priority #5 - Natural Disasters

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Build capacities of MoE at national and local level in emergency preparedness and response	KMC, WCR, CRR, URR, LRR and NBR	Number of MoE officials trained at district/local level	Education Protection	20	50
		Number of male/female MoE officials trained at national level	Education Protection	8	20
Support and build capacities of local stakeholders (traditional leaders, PTAs, parents, etc.) involved in education	KMC, WCR, CRR, URR, LRR and NBR	Number of parents in target areas participating in parenting education activities	Education	50	100
		Number of school PTAs with agreed emergency plan and safety survey	Education	5	15
		Number of local organizations involved	Education	2	5
		Number of PTA members in target areas trained on school management and administration	Education	60	120
		Number of traditional leaders in target areas participating in group discussions on the role of girls education, DRR, psychological support	Education and Protection	30	60

STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

Joint Humanitarian Priority # 3 – Conflict

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Distribute learning kits in affected areas	WCR	Number of learning kits distributed to the schools	Education		1500
		Number of children benefiting from the learning kit distribution (children/girls)	Education	3,000	4,000
Construction/rehabilitation of classrooms	WCR	Number of damaged schools repaired	Education Logistics	6	12

Joint Humanitarian Priority # 5 – Natural Disasters

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Undertake rapid joint need assessments	KMC, WCR, CRR, URR, LRR and NBR	Number of inter-cluster or from other clusters assessments that include education questions	All	1	2
		Number of education joint assessments that include data desegregated by gender/age/disability	All	1	2
		Number of schools having conducted risk analyses	All	4	8
Provide inclusive and quality education opportunities	KMC, WCR, CRR, URR, LRR and NBR	Number of children aged 3-5 years in target areas benefitting from ECD services	Education	400	600
		Number of children/youth attending accelerated learning programmes	Education	30	60
		Number of boys / girls and youth (5-18 yrs old) enrolled in formal education in target areas	Education		1300
		Number of school-age children in target areas completing the end of the primary cycle	Education	39%	40%
		Number of identified children in target areas with special needs integrated in pre-school and primary school classes	Education Protection	50	150

FOOD SECURITY



The combined effects of the 2011/2012 food insecurity crisis, persisting high malnutrition rates and heavy flooding in July/October 2012 have eroded vulnerable households' coping mechanisms and resulted in protracted food insecurity in some pockets of the country. Further compounding the situation was an outbreak of Contagious Bovine Pleuropneumonia (CBPP) in late 2012/2013, which resulted in a loss of up to 5,000 cattle particularly in the Central River and Upper River regions, contributing to food insecurity of households who rely on livestock production.

Despite a recovery in cereal production in the 2012/2013 harvest and projected increases in 2013/2014, access to food continues to be constrained by high food prices and the lingering effects of 2012 severe food insecurity crisis. Two thirds of households face food insecurity, of which 5.5 per cent suffer from 'moderate' or 'severe' food insecurity.

Food insecurity is becoming endemic in the country owing to repeated incidence of shock. With these shocks showing no sign of abating making any gain against food insecurity would require in addition to sustained food assistance for at least three seasons, a coordinated support that builds the ability of households to respond to shocks.

Furthermore, as pastoralists and agropastoralists continue to be exposed to shocks, with little or no capacity to withstand them due to very limited resources including financial capacity to purchase their own inputs, it is prudent that they are urgently supported to continue restoration and rehabilitation of their livelihoods. Moreover, whilst support is being provided to farmers, it is equally crucial that the capacities of institutions are strengthened, to ensure that better technical services and support are rendered to the farmers.

The strategy will therefore support the food insecure household with conditional cash transfers in a bid to relief their food needs while at the same time enhancing their capacity to recover through provision of resources to rebuild their livelihoods.

⁶ This amount includes Food /Cash Assistance and support to Agriculture and Livestock.

STRATEGIC OBJECTIVE 1: Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.

Joint Humanitarian Priority # 1 – Food Security

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Strengthening food security coordination at regional / national level and intersectoral	WCR,KMC,LRR, NBR,CRR,URR /National	Number of sector meetings at national level	All	3	6
		Number of joint meetings with other sectors at national level		3	5
		Number of sector meetings with the national food security mechanism		1	1
		Number of documents shared by the sector		2	3
		Number of presentations on fs analysis methodologies		0	1
		Number of monitoring missions		1	2
Strengthening the national monitoring of agricultural and food situation	National	Number of information systems integrated in the national surveillance system	Nutrition	2	5
		Number of people trained in data collection		40	43
		Number of people trained in the data compilation and analysis		10	15
		Number of analyses generated and shared		1	2
		Number of annual reference surveys conducted jointly		1	2
		Number of vulnerability surveys on food insecurity realized		0	1
		Number of market research reports		2	Monthly
Capacity building and technical support to partners in food security, DRR/M and resilience	National/ WCR,KMC,LRR, NBR,CRR,URR	Number of partners benefiting from capacity building	Nutrition, WASH		7
		Number of training sessions organized for sector groups			1
		Number of technical support missions			1
Knowledge management and capitalization of good DRR practices and food security	National	Number of actions of capitalization kept and integrated into the national system tools			1

Joint Humanitarian Priority # 2 – Malnutrition

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Strengthen coordination for multisectorality between Food Security and Nutrition	WCR,KMC,LRR, NBR,CRR,URR /National	Number of FS/nutrition coordination meetings conducted	Nutrition	1	1
		Number of FS/nutrition joint analyses			
Knowledge management and capitalization of good food security practices contributing to improve the nutritional status	National	Number of capitalization actions conducted	Nutrition		1

Joint Humanitarian Priority # 3 – Conflict

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Analysis of the response capacity of different actors to address food insecurity in conflict affected areas	National	Number of analyses made	All		1
Knowledge management and capitalization of good practices to ensure food security for people affected by a conflict	National	Number of actions of capitalization of good food security practices in areas affected by a conflict	All		1

Joint Humanitarian Priority # 5 – Natural Disasters

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Analysis of the response capacity of different actors to address food insecurity in case of flooding	WCR,KMC,LRR, NBR,CRR,URR	Number of analyses made			1
Analysis of the response capacity of different actors to address food insecurity in drought	WCR,KMC,LRR, NBR,CRR,URR	Number of analyses (risk areas/ identification of needs / resources assessment)			1
Analysis of market coping mechanisms to natural disasters	WCR,KMC,LRR, NBR,CRR,URR	Number of analyses made			1
Communicate/share with partners at regional, national and local levels, analysis and early warnings on food security following a natural disaster	WCR,KMC,LRR, NBR,CRR,URR	Number of analyses shared locally			2
	National	Number of analyses shared at national level			3
Knowledge management and capitalization of good practices to ensure food security of populations facing natural disasters	National	Number of actions of capitalization of good food security practices coping with natural disasters			1

STRATEGIC OBJECTIVE 2: Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.

Joint Humanitarian Priority # 1– Food Security

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Timely sharing analysis and early warnings containing recommended preventive measures (awareness) at local, national and regional levels for all sectors	WCR,KMC,LRR, NBR,CRR,URR	Number of timely issued alerts at local level	Food security/Nutrition/ WASH	1	1
		Number of timely issued alerts at national level		1	1
Rehabilitation/creation of the environment (NAS, soil conservation ...) and productive infrastructures (irrigation, zaï pit ,stone bunds ...) necessary for the protection/strengthen of livelihoods of food-insecure communities through conditional transfers (CFW/FFW/...)	WCR,KMC,LRR, NBR,CRR,URR	Number of households receiving conditional cash transfer assistance			1,313
		Amount of money distributed			USD 10.5 million (two months distribution)
Protect and rehabilitate / strengthen livelihoods of food insecure households through the distribution of livestock inputs (restocking, livestock feed and other zoo veterinary inputs)	Moderate and severe food insecurity areas	Number of vaccinated, dewormed and treated animals			500,000

Joint Humanitarian Priority # 5 – Natural Disasters

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Development of contingency plans for natural disasters to ensure food security at community, national and regional levels	Areas at risk of natural disaster or affected by a disaster	Number of contingency plans made at national level			1
Timely dissemination of early warnings on food security at local , national and regional levels following a disaster	Areas at risk of natural disaster or affected by a disaster	Number of timely issued alerts at national level		1	1
Construction/rehabilitation of vegetable and livestock wells	WCR,LRR, NBR,CRR,URR	Number of rehabilitated vegetable garden wells	WASH	10	10
		Number of built vegetable garden wells			20
Construction/rehabilitation watering pastoral ponds	WCR,LRR, NBR,CRR,URR	Number of created artificial ponds	WASH	4	8

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Protect and rehabilitate / strengthen livelihoods of vulnerable households to climate hazards through the distribution of agricultural inputs for the main / rainy season (including lowland crops)	WCR,KMC,LRR, NBR,CRR,URR	Number of households receiving assistance in agriculture for the main / rainy season		30,000	
		Number of tons seeds distributed for the main/rainy season		219	
		Number of tons fertilizer distributed for the main / rainy season		230	

HEALTH



The prospects of economic and social recovery of the affected areas are bleak in the absence of a healthy population. The health of most of the population in the Gambia has been seriously compromised by inadequate supplies of essential drugs at the health facility level as well as severe disruption in vital disease surveillance system and reporting, referral, ancillary support and social protection systems. With only four Basic Emergency Obstetric Care (BEmOC) facilities in the country, there is a serious shortage and compromise to the health care of pregnant women countrywide.

The overall aim is to protect the affected population from excess mortality and morbidity by re-establishing a robust and equitable primary, secondary and referral healthcare system. The proposed geographic areas of intervention will cover at least 7 administrative regions and municipalities for immediate health needs and preventive activities. This will be achieved through partnership and coordination with the MOH and WHO, mainly in accordance with the MOH policies and procedures, and planned activities to avoid both duplications and omissions in the type and coverage of healthcare provided.

This health sector plan will support the overall strategic objectives related to the provision of integrated life-saving assistance and building resilience. It will focus on the provision of essential primary and secondary health services; improving government health infrastructure and capacity including through support to district health management teams; and by increasing community capacities for health promotion, disease prevention and communicable diseases control.

Keys priorities for the health sector include strengthen health facilities, providing them with life-saving medicines and medical supplies and supporting the extended the Disease Surveillance program (IDSR). Other areas of the plan will include provision of life-saving emergency health care (medical, maternal and newborn and child health, nutrition and emergency preparedness and response), Minimum Initial Service Package (MISP) and Basic Emergency Obstetrical and Care (BEmOC) in Reproductive Health, communicable disease surveillance and response as well as medical and psychosocial support to women and child victims of abuse and people living with HIV/AIDS.

STRATEGIC OBJECTIVE 1: Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.

Joint Humanitarian Priority # 3 – Conflict

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Advocacy on the analysed vulnerabilities requiring support	BJL,WCR,KMC,LRR, NBR,CRR,URR	Number of joint advocacy related to vulnerability analysis	Health, Protection	1	2
		Number of assessment reports of the health sector response capacity taking into account age, gender and disability	Health, Protection, Wash	1	2
Joint multi-sectoral vulnerability analysis taking into account age, gender and disability	National	Number of joint planning, based on a multi sectoral analysis publically disseminated	All		1

Joint Humanitarian Priority # 5 – Natural Disasters

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Conduct an evaluation of the response capacities of the health sector	BJL,WCR,KMC,LRR, NBR,CRR,URR	Number of joint planning based on an assessment of the health sector response capacity publically disseminated	All		1
Mapping and risk analysis in the health sector	National	Number of joint planning, based on risk mapping and analysis in the health sector publically disseminated	All		1
Strengthen inter-regional coordination mechanisms	BJL,WCR,KMC,LRR, NBR,CRR,URR	Number of coordination supported interregional meetings	All	2	4

STRATEGIC OBJECTIVE 2: Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.

Joint Humanitarian Priority # 2 – Malnutrition

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Vitamin A supplementation for children under 5 to reduce the overall risk of death as well as new occurrences of diarrhea and measles	BJL,WCR,KMC,LRR, NBR,CRR,URR	Number of campaigns supported for universal Vit A supplementation for children under 5	Health		2

Joint Humanitarian Priority # 3 – Conflict

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Access to insecticide-treated mosquito nets	BJL,WCR,KMC,LRR, NBR,CRR,URR	Number of (mosquito nets) bed nets distributed	Health, Protection Nutrition		25,000
		Number of IEC/C4D campaigns using tools other than television and radio		2	6

Joint Humanitarian Priority # 4 – Epidemic

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Medicine pre-positioning for diseases most likely to occur locally as per contingency plan	BJL,WCR,KMC,LRR, NBR,CRR,URR	Number of health facilities that own a stock of essential medicines and tracer products for case management of diseases most likely to occur locally as per contingency plan, taking into account diseases' caseload seasonality	Health		12
Staff training on case management of diseases most likely to occur locally as per contingency plan	BJL,WCR,KMC,LRR, NBR,CRR,URR	Number of staff trained, taking into account diseases' caseload seasonality	Health	70	140

Joint Humanitarian Priority # 5 – Natural Disaster

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Access to safe delivery	BJL, WCR, KMC, LRR, NBR, CRR, URR	Number of delivery kits distributed (to health Facilities)	Health	50	150
		Number of staff trained (midwives) in emergency obstetric care		50	100
Contingency planning	BJL, WCR, KMC, LRR, NBR, CRR, URR	Number of existing contingency plans at regional level which include a health component	All		1
Routine EPI vaccination including Hib and measles	BJL,WCR,KMC,LRR, NBR,CRR,URR	Number of fully immunized children (Last dose of DPT 3)	Health		
		Number of functional EPI structures			30
Supporting a functioning diseases' surveillance system	National	Number of weekly reports completed	Health	26	52
		Number of surveillance staff trained			100
Tetanus toxoid during pregnancy	Risk prone area	Number of pregnant women who received at least 2 doses of tetanus toxoid			28,502

STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

Joint Humanitarian Priority # 2 – Malnutrition

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Provide free nutritional supplement including related medical supplies in community, primary healthcare facilities as well as hospitals	BJL,WCR,KMC,LRR, NBR,CRR,URR	Number of health facilities provided with nutritional supplement and related medical supplies	Health Nutrition		20
Train health workers on SAM and MAM	BJL,WCR,KMC,LRR, NBR,CRR,URR	Number of health care workers trained in SAM and MAM	Health Nutrition	70	140

Joint Humanitarian Priority # 3 – Conflict

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Conduct catch up vaccination campaign for the affected areas	BJL,WCR,KMC,LRR, NBR,CRR,URR	Number of children fully immunized free of charge Number of mobile clinics supported for vaccination	Health Protection		6000
Conduct Measles vaccination (VAR) in affected areas	BJL,WCR,KMC,LRR, NBR,CRR,URR	Number of children who have received 1 dose of VAR for free	Health Protection		700
Provide medical management of sexual violence	BJL,WCR,KMC,LRR, NBR,CRR,URR	Number of health facilities with the capacity to manage sexual violence Number of sexual violence cases referred to protection agencies for free	Health Protection		6
Commence/restart PLHIV on ARVs in the affected areas	BJL,WCR,KMC,LRR, NBR,CRR,URR	Number of PLHIV on ARVs in the targeted areas			300

Joint Humanitarian Priority # 4 – Epidemic

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Provide Gender and age-sensitive Information Education and Communication (IEC) material	BJL,WCR,KMC,LRR, NBR,CRR,URR	Number of health facilities displaying IEC tools that target children, men and women	Health WASH	20	50

Joint Humanitarian Priority # 5 – Natural Disaster

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Provision of water purification (aqua tabs) and hygiene materials	BJL,WCR,KMC,LRR, NBR,CRR,URR	Number of cases of water borne diseases in affected area	Health WASH Protection	-50%	-80%

MULTI-SECTOR



The current refugee population in the Gambia is 9564 (UNHCR statistical report as of end of December 2013). The majority of refugees are Senegalese. 8353 of them live in the rural area in 56 host Villages in Foni (West Coast Region) along the Gambian border with Senegal; and 671 are living in the urban area. Majority of the Senegalese refugees arrived in 2006, 2011 and 2012 respectively.

The situation in the Casamance remains fragile with no definite change in sight but some minor progress in the number of stakeholders involved in the process of finding a solution, and some renewed attention that the conflict has received since the election of a new President in Senegal in 2012. Refugees have settled – both the earlier arrivals and the most recent arrivals of 2012 -in the local communities of the Foni region where they find similarities in culture, lifestyle, livelihoods and language.

The urban refugee population settled in the Greater Banjul area is of 1211 refugees, including mainly 671 Senegalese, 291 Ivorians, 21 Togolese, 134 Sierra Leoneans (exempted in 2008), and 78 Liberians. Out of the 78 Liberians, 30 were exempted from the Cessation in 2012. There may not be much significant changes in the urban refugee number for 2014. Taking into account the on-going requests for voluntary repatriation by Ivorian refugees and coupled with deliverance of national passport to the remaining Liberians who had opted for local integration, it is projected that the total number of urban refugees may decrease slightly during the year.

Both in the urban and rural areas, females constitute more than 50% of the total refugee population, as shown in the table below. Children represent 54.51% of the total rural refugee

While durable solutions for refugees in the Gambia are being looked at strategically by UNHCR, the appeal will be used for enhancing the following needs:

- Increasing opportunities for self-reliance and livelihoods support through income generation;
- Access to national services including education, health and HIV/AIDS services;
- Access to land for agriculture and shelter;
- Issuance of civil status documentation documentaion by national institutions and its capacity development supported.
- Participation of communities in SGBV prevention and response enabled and sustained.
- VCT provided and Care and treatment of persons of concern living with HIV/AIDS provided.
- Water system constructed, expanded and or upgraded.
- Agricultural equipment/tools, animals and inputs provided.
- Shelter materials and maintenance tool kits provided.
- Durable solutions supported.

These activities will be implemented in consultation and collaboration with the government and other partners.

STRATEGIC OBJECTIVE 1: Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.

Joint Humanitarian Priority # 3 – Conflict

Activity	Locations	Output Indicator	Sector Partner	Mid-2014 target	End-2014 target
Law and policy developed or strengthened	Rural/Urban	Advocacy conducted capacity development supported	Multisector for refugees		7
					5
Level of individual documentation increased	Rural/Urban	Capacity development supported Issuance of ID & travel documents to persons of concern supported	Multisector for refugees		90
					900
Self reliance and livelihoods improved	Rural/Urban	Access to agricultural / livestock / fisheries production enabled Access to training and learning enabled Access to work facilitated through removal of legal barriers	Multisector for refugees		2000
					1000
					6
Risk of SGBV is reduced and quality of response improved	Rural/Urban	Psychosocial counselling provided Participation of community in SGBV prevention and response enabled and sustained	Multisector for refugees		15
					10
Health status of the population improved	Rural/Urban	Access to primary health care services provided or supported	Multisector for refugees		Yes
	Rural	Referral mechanisms established			8353
Services for persons with specific needs strengthened	Rural/Urban	Support to persons of concern with specific needs provided Specific services for persons of concern with disabilities provided	Multisector for refugees		100
					15
Shelter and infrastructure established, improved or maintained	Rural	Shelter materials and maintenance tool kits provided	Multisector for refugees		100
Population has optimal access to reproductive health and HIV services	Rural/Urban	Care and treatment of PoCs living with HIV and AIDS provided	Multisector for refugees		Yes

Activity	Locations	Output Indicator	Sector Partner	Mid-2014 target	End-2014 target
		Voluntary counselling and testing services provided			Yes
		Preventive reproductive health and HIV services provided			Yes
Quality of registration and profiling improved or maintained	Rural/Urban	Capacity development supported	Multisector for refugees		100
		Issuance of ID & travel documents to persons of concern supported			250

STRATEGIC OBJECTIVE 2: Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.

Joint Humanitarian Priority #1 – Food Security

Activity	Locations	Output Indicator	Sector Partner	Mid-2014 target	End-2014 target
Self reliance and livelihoods improved	Rural	Access to agricultural / livestock / fisheries production enabled	Multisector for refugees		2000
Supply of potable water increased or maintained	Rural	Water management committees established and active	Multisector for refugees		20
		Water system constructed, expanded and/or upgraded			10
Population has optimal access to education	Rural/Urban	Primary education provided	Multisector for refugees		780
		Secondary education provided			260
Potential for integration realized		Advocacy conducted			7
		Coexistence projects promoted with development actors, government, private sector and other stakeholders			2
		Naturalisation process facilitated			1
		Acquisition of residence permits facilitated			100

Joint Humanitarian Priority #3 - Conflict

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Coordination and partnerships strengthened	All levels	Partnerships effectively established and managed	Multisector for refugees	2	2
Coordination and partnerships strengthened		Capacity development supported	Multisector for refugees		30
		Involvement in UN CCA/ UNDAF and national development strategies actively maintained			Yes
		Joint assessment, planning, and evaluation exercises held			1
Operation management, coordination and support strengthened and optimized	All Partners	General project management services provided	Multisector for refugees		Yes
		Assets provided			15
		Monitoring conducted			10
Operation management, coordination and support strengthened and optimized		Capacity development supported	Multisector for refugees		30
Operation management, coordination and support strengthened and optimized		Participation in existing coordination mechanisms	Multisector for refugees		5

STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

Joint Humanitarian Priority #3 - Conflict

Activity	Locations	Output Indicator	Sector Partner	Mid-2014 target	End-2014 target
Quality of registration and profiling improved or maintained	Rural/Urban	Capacity development supported	Multisector for refugees		100%
		Standard Operational Procedures (SOPs) established			yes
Level of individual documentation increased	Rural/Urban	Capacity development supported	Multisector for refugees		100%
Potential for integration realized	Rural/Urban	Advocacy conducted	Multisector for refugees		5
		Acquisition of residence permits facilitated			200
		Coexistence projects promoted with development actors, government, private sector and other stakeholders			4

NUTRITION



The steadily increasing acute malnutrition rates among children under five means that immediate measures must be taken to save lives and to prevent all forms of malnutrition among children and women including pregnant and lactating women. Improving the nutritional status of children and women would be impossible without addressing issues around food insecurity, WASH and health. Therefore, the nutrition sector's strategy is heavily-linked to several other sectors; among them are health, education, WASH, Food Assistance and Agriculture. Therefore the nutrition sector will collaborate with these sectors to ensure that affected and vulnerable children under five, mothers and pregnant women receive integrated life-saving treatment for moderate and severe acute malnutrition, preventive nutrition services including nutrition education, infant and young child feeding promotion and micronutrient supplementation in the worst affected regions. Acute malnutrition rates in the affected regions are higher than the national average.

The 2012 SMART National Nutrition Survey found that Kuntaur, Janjanbureh and Basse LGAs have higher global acute malnutrition rates above the 10 per cent WHO "serious" threshold. Kuntaur LGA also has the highest proportion (30.7 per cent) of stunted children with severestunting at 8.2 per cent. Significant variations in underweight among women were observed between urban and rural settings. Underweight among women is highest in Janjanbureh (20.9 per cent) followed by Kuntaur (20.3 per cent) and Mansakonko (18.3 per cent), while the least affected LGA is Banjul (11.5 per cent). Undernourishment among women does not only increase risk of poor pregnancy outcomes, including obstructed labour, premature and/or low-birth-weight babies, postpartum haemorrhage, but also increases the risk of the child developing chronic malnutrition. Immediate measures need to be taken to protect the nutritional situation of young children and women.

Based on the September 2012 SMART Nutrition survey and monthly monitoring reports by MoH, the nutrition cluster estimated that 48,627 children suffer from acute malnutrition in the affected areas. It is further estimated that up to 7,859 boys and girls under five years suffer from severe acute malnutrition and up to 28,502 pregnant and lactating women are at risk of malnutrition. Given this situation, the nutrition cluster plans to target at least 69,835 people of which 41,333 are children under 5 years (7,859 SAM and 33,474 MAM) and the 28,502 pregnant and lactating women at risk of malnutrition. The sector aims to reduce the risk of mortality and morbidity by intervening to prevent malnutrition in vulnerable groups through integrated programmes focusing on the promotion of Infant and Young Child Feeding (IYCF), early identification, referral and management of acute malnutrition and the prevention of micronutrient deficiencies. The Infant and Young Child Feeding (IYCF) programme is noticeably absent even in routine programmes due to capacity gaps. Capacity building of health workers and community groups to respond to nutrition needs of affected population will be prioritized. For community management of acute malnutrition (CMAM) and prevention of micronutrient deficiencies interventions, the cluster will focus on regions with highest Global Acute Malnutrition (GAM) rates, while Vitamin A supplementation and deworming will be integrated in national polio vaccination campaigns to ensure nation-wide coverage.

STRATEGIC OBJECTIVE 1: Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.

Joint Humanitarian Priority # 1 – Food Security

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Nutrition information systems (monitoring and performance)	National	Number districts supported providing monthly report on IMAM data (admissions and performance) and stock management	Health Nutrition	2	5
Nutrition surveys, coverage survey	National	Number Of regions covered by surveys cover	Health	7	7

Joint Humanitarian Priority # 2 – Malnutrition

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Coordination of nutrition actors - mapping - information sharing	National	Number of information reports, mapping available	All	-	1
SMART, coverage survey, Multi-indicators survey, analysis of nutrition trends and seasonality	National	Number surveys and/or analysis	MoH	1	1
Strengthening health systems: diagnostic & priority actions plan	National	Number of health facility with adequate and qualified staffing and information system	Health	6	14

STRATEGIC OBJECTIVE 2: Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.

Joint Humanitarian Priority # 3 – Conflict

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Rehabilitation nutrition services (in health centers or external)	WCR	Number Health centers integratn an adequate management of acute malnutriton	Health	2	4
Nutrition training for health staffs and community health workers (capacity building and emergency preparedness)	National	Number staff and Number CHW trained in nutriiton	Health	75	150

Joint Humanitarian Priority # 4 – Epidemics

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Communication for behavior change to the risks of epidemic including nutritional aspect	National	Number persons (Number girls) benefiting from communication activities	Food Security		2000
		Number persons (Number boys) benefiting from communication activities			2500
		Number persons (Number men) benefiting from communication activities			3000
		Number persons (Number women) benefiting from communication activities			4000
Strengthening surveillance and early warning system (including IMAM data on admissions and performance indicators)	National	Number Health centers reporting on IMAM data (admissions and performance)	Health	6	14

Joint Humanitarian Priority # 5 – Natural Disasters

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Identification and mapping of areas at risk for disasters and potential impact on the nutritional status	National	Number of region with a mapping zones of risks is available	All	1	2

STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

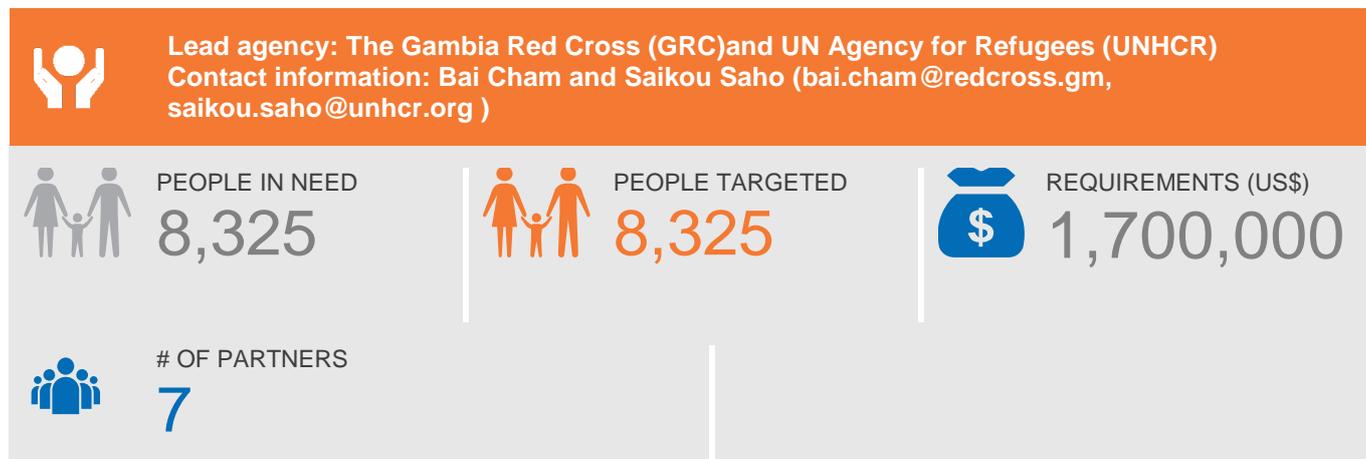
Joint Humanitarian Priority # 1 – Food Security

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Screening of acute malnutrition	National	Number of children 6-59 months screened (Number girls)	Health		6139
		Number of children 6-59 months screened (Number boys)			5600

Joint Humanitarian Priority # 2 – Malnutrition

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Include nutrition activities (vit A, deworming, screening) in mass activities (campaign, general food distribution)	National	Number of districts covered by campaign or mass activity including nutrition intervention	Health Food security	0	7
Management of severe acute malnutrition in children 6-59 months	National	Number Children 6-59 months (Number girls) affected by severe acute malnutrition admitted for treatment	Health Nutrition WASH	-	4292
		Number Children 6-59 months (Number boys) affected by severe acute malnutrition admitted for treatment			3567
		Number children 6-59 months (Number Girls) affected by severe acute malnutrition discharged		-	1291
		Number children 6-59 months (Numberboys) affected by severe acute malnutrition discharged		-	1240
Provide essential nutrition and health supply to affected population	National	Number of supported health centers with adequate stocks of RUTF (no short-cut reported)	Health	4	14
Provision of guidance and training of health staff and community health workers in IMAM / CMAM	WCR, LRR, URR, CRR and NBR	Number of health staff and community health worker trained in IMAM/CMAM	WASH, Health and Education	100	200
Screening for acute malnutrition and reference centers to support	National	Number of children 6-59 months screened (Number girls)	Nutrition	2800	6139
		Number of children 6-59 months screened (Number boys)		2300	5600

PROTECTION



The registered refugee population in The Gambia is subdivided into households who arrived in the period 2006 – 2010, amounting to 7,059 people (1,043 households) and those who arrived in 2011 and 2012. Those refugees who arrived during the last two years amount to 1,266 people (210 households) - 15 per cent of the total refugee population, many of whom live in the district of Foni Kansala.

The total number of refugees registered in the rural areas of The Gambia is thus projected to be 8,325 people (1,253 households), most of whom are recorded in the districts of Foni Kansala (37 per cent of refugee population), Foni Bintang (35 per cent) and Foni Berefet (25 per cent) with the remainder living mostly in Kombo Central and Kombo East (3 per cent). Within these districts the refugee population is dispersed across 71 rural communities. An additional 671 refugees live in the Greater Banjul Area, according to the 2010 registration results, and are commonly referred to as urban refugees. Since the 2013 Joint Assessment Mission (JAM)⁷ assessment did not cover the urban refugee population it is challenging to verify these population figures nor provide analysis of the food security and livelihood status of this sub-group.

The spontaneous nature of refugee movement and the permeability of the Gambian-Senegalese border inhibit effective household tracking and establishment of credible figures on the total refugee population. However, the recent JAM report based on a comprehensive household survey concluded that at least 8,325 people still live in Senegalese refugee households in the rural areas of The Gambia.

The protection sector aims to intervene in all sectors identified to have shortfall/gaps by the JAM assessment report issued in July 2013.

⁷ The JAM was conducted by WFP, UNICEF, UNHCR, and The Gambian Red Cross in November-December 2012; findings from the JAM were published in July 2013.

STRATEGIC OBJECTIVE 1: Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.

Joint Humanitarian Priority # 3 – Conflict

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Analysis of national institutional frameworks for the protection of human rights, GBV and the situation of children	National	Existence of a review reports of national gender / GBV policy Dissemination of gender / GBV policy at Community levels			
Joint risk analysis of conflict and how it impacts women / men / girls / boys	Affected Areas	Number of gender analyses of risk of conflicts carried out			1
Mapping and analysing vulnerability of communities living in areas affected by conflict focusing on risks and impact on protection of boys, girls, women and people living with specific needs (disabilities, GBV, family separation, child labour, early marriage, child recruitment)	Affected areas	Number of communities where vulnerable people identified and desegregated by age and gender Number of Analytical reports produced Number of Affected communities (host, refugees, IDPs) assessed			25 1 25
Monitoring internal and cross-border movements of people (disaggregated by sex and age data) , including the return movements of IDPs and refugees, in partnership with the government	Affected Areas	Number of reports and frequency			4
Developing an advocacy strategy Protection, including GBV and PE , based on the evidence and analysis on the issues identified and implementation of advocacy for the rights of persons and the protection of the most vulnerable .	National	Number of advocacy materials Number of advocacy materials			2
Ensure the integration of the principles of protection, including Age , Gender and Diversity (" AGDM " acronym) in all sectors of humanitarian response . Awareness and Training "Do no harm " principle Ensure consideration	National	Number of sensitive sectors Number of strategy or sectoral action plans taking into account the principles of protection Number of men and			4 4 40

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
the specific needs of the most vulnerable in other sectors		women trained			
Strengthen the coordination between humanitarian and development actors	National	Number of joint coordination meeting held			12
Tracking the movement of people (disaggregated by sex and age data)	Affected Areas	Population Profiling			
Establish a functional data management system for refugee , IDP	National	Fuctional data management system in placed			

STRATEGIC OBJECTIVE 2: Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.

Joint Humanitarian Priority #1 – Food Security

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Contingency planning and preparedness actions	National	Existence of a contingency action plan			1
Contingency stocks: prepositioning	All health centers	Number of health facilities who received post-rape kits			3
Implementation system to protect vulnerable populations (social safety net)		% of GBV survivors who received an economic assistance			90%

Joint Humanitarian Priority #3 - Conflict

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Inter and intra dialogue to restore social cohesion	Foni District	Existence of a dialogue and peace building community framework		2	2
Establishment of AGR and socio-economic reintegration	Western region	Per centage of GBV survivor who received an economic assistance	Health		90%
Capacity building, emergency preparedness, (training, health, education, staff, etc.)	National	Number of people trained on GBV coordination, prevention and response	Education, Health		25
Capacity building at the community and institutional levels		Number of people trained on GBV coordination, prevention and response			50
Awareness / IEC (group approach target populations)		Number Community conversation			80

STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

Joint Humanitarian Priority #3 - Conflict

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Coordination of the response	Affected areas	Number of humanitarian coordination meeting held	All	2	2
Distribution Kits dignity (target gender)	Camps and host communities	Number of dignity kits for girls and women	CCM and Shelter	2000	2300
Periodic participatory Evaluation	Camps and host communities	Number of GBV assessment carried out	All		
Awareness / IEC at community and institutional levels for the prevention of violations and the availability of support services		Number of communities with persons sensitized	ER	50	80
		Number of sessions		50	80
Organizing dialogue sessions and intra-inter	Affected areas	Number of sessions held on gender and GBV	ER	50	80
Prevention and responses to human rights violations in the affected areas, including cases of GBV, family separation, child recruitment, etc.and advocacy	Affected areas	Existence of integrated GBV response plans (medical, psychosocial and legal)	Protection	Yes	Yes
		% of GBV reported case who received an assistance		50%	100%
Provision of medical care + HIV + Family Planning	All health facilities	Number of clean delivery kits distributed to visible pregnant women	Health	20	
		Number of condoms (male and female) distributed		20 cartons	
Provision of post-rape Kits	All health facilities	Number of post-rape kits distributed	Protection	3	
		Number GBV survivors who received an assistance within 72h / 120h		15	
Mental health and psycho-social support to survivors of GBV and children		% of GBV survivors who received a psychosocial support	Health, Protection		90%
Extend the coverage of		Number of people who received psychosocial	Health, Protection		90%

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
psychosocial programs and access for vulnerable persons in the service of psychosocial support		support disaggregated by gender and age.			
Establish or revitalize community support mechanisms and structures to protect vulnerable populations		Number of reinforced structures providing services psychosocial care Number of child-friendly spaces supported Number of community structures and operational mechanisms disaggregated by type (women or young)	Health, Protection		90%

Joint Humanitarian Priority #5 – Natural disasters

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Coordination of the response	Affected areas	Number of humanitarian coordination meeting held	All		
			Protection	2	
Distribution Kits dignity (target gender)	Camps and host communities	Number of dignity kits for girls and women	CCM and Shelter		
Periodic participatory Evaluation	Camps and host communities	Number of GBV assessment carried out	All		
Provision of medical care + HIV + Family Planning		Number of clean delivery kits distributed to visible pregnant women Number of condoms (male and female) distributed	Health		

WATER SANITATION AND HYGIENE



Inadequate access to safe drinking water, basic sanitation and poor hygiene practices leave a significant part of Gambia’s population at continuous risk of waterborne diseases. WASH related deaths account for 20% of the underfive death. The incidence of diarrhoea in children at 14% leaves several children malnourished, while malaria - a water related disease remain the leading cause of deaths among Gambian children -23%.

The 2010 Multiple Cluster Indicators Household Survey indicates that the current coverage rate of safe water for drinking is 85.8 per cent, with coverage rates of adequate sanitation at 76.3 per cent. However, this national coverage masks disparities and vulnerabilities. Access to improved water sources and sanitation remain a challenge especially in Upper River and Central River regions, which have the highest rates of underfive mortality - 142/1000 and 119/1000 live births respectively.. The two regions also have the highest global acute malnutrition rates above the 10 per cent WHO “serious” threshold. Around 30 per cent of the population of Janjanbureh Local Government Area is using unimproved sources of drinking water. Across LGAs the proportion of the population with access to improved sanitary means of excreta disposal is lowest in Basse - 39.7 per cent. Less than 60 of schools do not have adequate access to basic sanitation, while over 40% of existing water facilities in schools are not functional. Around 17% of the health facilities in Upper River Region of The Gambia are using water from open wells. Women, boys and girls bear the burden for water collection which leaves them with little time for other productive activities. The inadequacy of WASH facilities encourages schools drop out among girls at puberty, when they require special facilities.

Overall water availability among the refugee population and host families has not significantly improved since 2006 with close to a quarter of households (24.9 per cent) reported as without basic water needs for cooking, drinking and washing, while general water shortages continue to hamper productive and livelihood activities (e.g. vegetable gardening, livestock rearing). One out of five refugee households show signs of heightened sanitary vulnerability through use of open pits or unavailability of any toilet within the compound. This situation exposes individuals, particularly women and children, at increased risk of protection issues.

Inadequate access to safe water, basic sanitation and hygiene aggravates high prevalence of childhood illnesses, which have devastating effects on the nutritional status of children. Poor coverage of sanitation and safe water which are the main causes of water-borne diseases remain a challenge and represent 20% of deaths in children under-five. Despite the low incidence over the years, cholera continues to be a major public health concern especially in urban settings, namely Ebo Town and Tallinding, where outbreaks of cholera were reported in recent years.

The emergency WASH needs are expected to remain high in 2014 due to the fact that affected population WASH needs were not fully addressed. This is further compounded by the fact that communities do not properly operate and maintain their water and sanitation services. Therefore, it is critical that practical measures are taken to increase resilience within communities through sustainable approaches to WASH programming and building capacity of national, regional and community structures.

In 2014, the WASH sector will target 192,933, representing 52% of people in need. This figure was based on the capacity of the implementing partners and the analysis of the targets estimated by the other clusters that the

WASH cluster is collaborating with. The cluster will focus on building resilience of households and communities, and building capacity of national of partners. At community level, community-led approaches for WASH service provision will be encouraged to increase resilience - i.e. further promotion of Community-Led Total Sanitation (CLTS), development of community capacity related to WASH operation and maintenance. Other major activities to ensure stable life-saving interventions will include immediate access to safe water supplies, sex -separated latrines and hygiene promotion activities.

STRATEGIC OBJECTIVE 1: Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.

Joint Humanitarian Priority # 1 – Food Security

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Support to national authorities for data collection and analysis on access to water and sanitation	National	Number of areas with humanitarian organizations' operations with available data on access to water and sanitation, is available	All	-	7
Identification of strategic mixed water points in the areas of food crisis (IPC \geq 3) and hydrological stress	National	Number of administrative areas (admin level 2) affected by food insecurity (IPC \geq 3) with strategic water points identified	Food security	-	7

Joint Humanitarian Priority # 2 – Malnutrition

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Contextualization of WASH in Nut strategy at the country level and writing national advocacy documents	National	Number of areas covered by a WASH in Nutrition strategy and advocacy [declined] at national level (contextualization)	Nutrition		6

Joint Humanitarian Priority # 3 – Conflict

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Support to national authorities for data collection and analysis on access to water and sanitation	West Coast Region	Number of areas with humanitarian organizations' operations with available data on access to water and sanitation, is available	Protection		1

Joint Humanitarian Priority # 5 – Natural Disaster

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Identification and mapping of areas at risk for disasters (floods in the first place)	WCR, NBR, LRR, URR, KMC and CRR	Number Of areas covered by floodplain mapping available	Health		6

STRATEGIC OBJECTIVE 2: Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.

Joint Humanitarian Priority # 1 – Food Security

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Monitoring of the functionality of strategic water points in areas of food insecurity (IPC ≥ 3)	National	Number of strategic water points regularly monitored for its functionality	Health, Food security	10	40

Joint Humanitarian Priority # 2 – Malnutrition

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Strengthening access to WASH in health centers / nutrition centers targeted on the basis of nutrition indicators and aggravating factors (diarrhea)	WCR, URR, CRR, NBR, LRR	Number of nutrition centers for which programs to improve WASH access are implemented in the framework of early response programs/early recovery	Nutrition	-	14
WASH activities in targeted communities based on nutrition indicators / diarrhea	CRR, WCR, URR, LRR and NBR	Number of girls receiving improved WASH access programmes in the framework of early response/early recovery programmes	Nutrition	-	1300
		Number of boys receiving from improved WASH access programmes in the framework of early response/early recovery programmes			1200
		Number of women receiving from improved WASH access programmes in the framework of early response/early recovery programmes			3000
		Number of men receiving improved WASH access			1400

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
		programmes in the framework of early response/early recovery programmes			

Joint Humanitarian Priority # 4 – Epidemic

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Contingency plan for the fight against cholera / malaria , including rapid response capabilities WASH / Health (RH , inputs , seasonal reinforcement)	National	Number of agencies involved in the development of a multisectoral contingency plan that is regularly updated and that includes simulation exercise	All	-	7

Joint Humanitarian Priority # 5 – Natural Disaster

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
For communities and the most vulnerable groups, systematize the key steps in "participatory decision " in humanitarian or development projects	WCR,CRR,LRR and URR	Number of people benefiting from a project's key milestones of "participatory decision-making" of communities and the most vulnerable groups	Health	-	1200
Rehabilitation of access to WASH services (schools , health centers) in areas of displacement	WCR, LRR,URR and CRR	Number of schools with functional WASH services in areas of displacement Number of health centers with functional WASH services in areas of displacement	Health / Education Protection	5 3	10 5

STRATEGIC OBJECTIVE 3: Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

Joint Humanitarian Priority # 1 – Food Security

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Repairing strategic mixed water points in food insecurity pastoral areas (IPC ≥ 3)	CRR, URR,LRR and NBR	Number of strategic water points repaired	Food security	10	30

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Create hygiene promotion activities targeting both women and men.	CRR, URR and NBR	Number of women having improved knowledge on water and hygiene related diseases	Nutrition, Education, Health		35,000
		Number of men having improved knowledge on water and hygiene related diseases			25,000

Joint Humanitarian Priority # 2 – Malnutrition

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Implementation of the minimum WASH package (water points, latrines and sensitization) in schools that have a school feeding program	CRR, URR and NBR	Number of schools with school feeding programme delivering an equitable WASH minimum package (girls and boys)	Education	5	10
Establishment of a system of regular monitoring of the water quality at the source, in Feeding Centers and households level	CRR, URR and NBR	Number of feeding centers with regular water quality monitoring	Nutrition	6	14
Creating , training and following up mixed (men and women) community mediators on treatment techniques and conservation of drinking water at home	CRR, URR and NBR	Number of mixed community mediators (men/women) trained and aware of essential techniques to treat and store water at domestic level	Nutrition	-	80
Implementation of the WASH in Nut package in nutritional and health centers	CRR, URR and NBR	Number of nutritional centers delivering the WASH minimum package (safe drinking water with residual chlorine , disinfecting hand washing and food utensils, hygienic and secure defecation)	Nutrition, Health	-	14
Implementation of the WASH in Nut package for mothers/malnourished children (nutrition centers)	CRR, URR and NBR	Number of children admitted for SAM treatment benefitting using SAM hygiene kits Provided with key hygiene messages / behaviors counselled to Parents / care givers	Nutrition, Health	-	2500
Implementation of the WASH in Nut package for mothers/malnourished children (communities)	CRR, URR and NBR	Number of malnourished children in SAM/MAM treatment benefitting from a WASH minimum package at household level (safe drinking water and sanitation, disinfecting hand washing and food utensils, key hygiene messages/behaviors counselling)	Nutrition, Health	-	41,333

Joint Humanitarian Priority # 3 – Conflict

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Create hygiene promotion activities targeting both women and men.	WCR - Fonis	Number of women having improved knowledge on water and hygiene related diseases	Protection and Health	-	5000
		Number of men having improved knowledge on water and hygiene related diseases			4000
Access to water and sanitation programmes for the affected populations at community level	WCR	Number of affected population with access to safe drinking water (Global WASH Cluster W 2-4)	Protection and Health	-	8000
		Number of affected population (disaggregated by sex and age) using sanitary latrines			12,000

Joint Humanitarian Priority # 4 – Epidemic

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Undertake Seasonal malaria chemo-prevention campaign	URR, CRR	Number of children reached	Health		25,000
In collaboration with healthcare stakeholders , gathering, investigation and analysis of WASH/epidemiology data supporting WASH response orientation	WCR, KMC	Number of areas where, since from the outbreak beginning of the epidemic, epidemiological data on cholera is analyzed and used to guide the response of WASH actors	Health	-	4
WASH package in health structures receiving cholera cases (isolation and sanitary precautionary measures)	WCR, KMC	Number of CTC/UTC without transmission within the care structure	Health	3	4

Joint Humanitarian Priority # 5 – Natural Disaster

Activity	Locations	Output Indicator	Cluster/Sector Partner	Mid-2014 target	End-2014 target
Create hygiene promotion activities targeting both women and men.	WCR, URR and CRR	Number of women having improved knowledge on water and hygiene related diseases	Health	5000	10000
		Number of men having improved knowledge on water and hygiene related diseases		4000	7000
Access to water and sanitation programmes for the affected populations at community level	WCR, URR and CRR	Number of affected population with access to safe drinking water (Global WASH Cluster W 2-4)		-	11,000

ANNEX: FUNDING REQUIREMENTS

Table I: Requirements per cluster

Strategic Response Plan for the Gambia 2014
as of 30 January 2014

Cluster	Requirements (\$)
COORDINATION AND SUPPORT SERVICES	200,000
EDUCATION	178,200
FOOD SECURITY	17,132,000
HEALTH	2,230,000
MULTI-SECTOR FOR REFUGEES	2,697,186
NUTRITION	1,140,500
PROTECTION	1,700,000
WATER AND SANITATION	705,780
Grand Total	25,983,666

Compiled by OCHA on the basis of information provided by appealing organizations.

Table II: Requirements per priority level

Strategic Response Plan for the Gambia 2014
as of 30 January 2014

Priority	Requirements (\$)
High	25,983,666
Grand Total	25,983,666

Compiled by OCHA on the basis of information provided by appealing organizations.

Table III: Requirements per organization

Strategic Response Plan for the Gambia 2014
as of 30 January 2014

Appealing Organization	Requirements (\$)
FAO	3,266,000
Gambia RC	1,700,000
RCSO	200,000
UNHCR	2,697,186
UNICEF	2,024,480
WFP	13,866,000
WHO	2,230,000
Grand Total	25,983,666

Compiled by OCHA on the basis of information provided by appealing organizations.

Table IV: List of Appeal projects (grouped by cluster)

Strategic Response Plan for the Gambia 2014
as of 30 January 2014

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority
COORDINATION AND SUPPORT SERVICES				
GMB-14/CSS/65197/8445	Humanitarian actors supported for coherence in response	RCSO	200,000	High
Sub total for COORDINATION AND SUPPORT SERVICES			200,000	
EDUCATION				
GMB-14/E/65938/124	Supporting education for crisis-affected children in the Gambia.	UNICEF	178,200	High
Sub total for EDUCATION			178,200	
FOOD SECURITY				
GMB-14/A/66697/123	Enhancing capacity of institutions and communities to prepare, respond and deal with disasters	FAO	3,266,000	High
GMB-14/F/66438/561	Ensure food access to affected communities and support to sustainable agriculture production	WFP	13,866,000	High
Sub total for FOOD SECURITY			17,132,000	
HEALTH				
GMB-14/H/66442/122	Support the Provision of Essential Health Care in The Gambia	WHO	2,230,000	High
Sub total for HEALTH			2,230,000	
MULTI-SECTOR FOR REFUGEES				
GMB-14/MS/67200/120	Protection and Assistance of Refugees and Asylum Seekers in The Gambia	UNHCR	2,697,186	High
Sub total for MULTI-SECTOR FOR REFUGEES			2,697,186	
NUTRITION				
GMB-14/H/65935/124	Combating malnutrition among children underfive	UNICEF	1,140,500	High
Sub total for NUTRITION			1,140,500	
PROTECTION				
GMB-14/P-HR-RL/66443/13972	Enhanced support to refugees and host families	Gambia RC	1,700,000	High
Sub total for PROTECTION			1,700,000	
WATER AND SANITATION				

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority
GMB-14/WS/65932/124	Strengthen emergency WASH preparedness, response and coordination in The Gambia	UNICEF	705,780	High
Sub total for WATER AND SANITATION			705,780	
Grand Total			25,983,666	

Compiled by OCHA on the basis of information provided by appealing organizations.

Table V: Requirements per gender marker score

Strategic Response Plan for the Gambia 2014
as of 30 January 2014

Gender marker	Requirements (\$)
2a-The project is designed to contribute significantly to gender equality	10,071,386
1-The project is designed to contribute in some limited way to gender equality	15,912,280
Grand Total	25,983,666

Compiled by OCHA on the basis of information provided by appealing organizations.