

2015

STRATEGIC RESPONSE PLAN

The Gambia



January 2015

Prepared by the Humanitarian Country Team in The Gambia

PERIOD:

January 2015 – December 2016

100%

1.9 million

total population

29.8% of total population

566,868

estimated number of people in
need of humanitarian aid

16.6% of total population

314,504

people targeted for humanitarian
aid in this plan

Key categories of people in need:

442,429 food insecure

67,068 malnourished
children including SAM 10,217 and
MAM 56,851

45,944 pregnant and
lactating mothers

11,427 refugees



USD 23,687,478
requested

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 and nutritional support for those in need
- Rehabilitate storage facilities, community irrigation structures and livestock watering points.
- Restore water systems and provide access to sanitation facilities in communities, schools and nutrition facilities.
- Re-establish and ensure access to public health/clinical services with a focus on surveillance and early warning for diseases with epidemic potential.
- Provision of protection essential services and solutions for refugees
- Improve access to education through creation of temporary learning spaces and strengthening national protection capacity (including prevention of gender-based violence and child protection).
- Strengthen early warning systems through training of personnel, data collection and processing and dissemination of results/findings.

Photo credit: OCHA/Ivo Brandau

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Parameters of the response

On the basis of recent assessments, it is estimated that 566,868 people are in crisis and require immediate humanitarian assistance. This estimation is based on the number of people classified as food insecure by integrated food security phase classification 3 (IPC3) - 442,429, malnourished children, and refugees. Food insecurity is prevalent in 29.6 per cent of the assessed population all over the country. However, significantly higher proportions are registered in the northern and southern parts of Central River, North Bank and Lower River regions, with rates here ranging from 14 to 82 per cent.

Currently, approximately 2,331 food insecure households have been identified for support through the World Food Programme (WFP) 2013-2015 protracted relief and recovery operation (PRRO), funded by the Central Emergency Response Fund (CERF). The same fund is providing resources through FAO for 30,100 farmers; through UNICEF for water, sanitation and hygiene services and nutrition for 2,500 children suffering from severe, acute malnutrition (SAM) and through WHO for health services for 46,278 people.

Prevalence of malnutrition varies between different Local Government Areas (LGAs). The results of the 2013 demographic and health survey (DHS) showed that malnutrition was most prevalent in Basse, Kuntaur, Janjanbureh and Kanifing LGAs. Janjanbureh and Basse have the highest prevalence of stunting while Basse and Kuntaur have the highest prevalence of global acute malnutrition (GAM) among children under five. The SMART¹ nutrition survey of 2012 indicated a similar pattern in Kuntaur, Janjanbureh and Basse Local Government Areas with malnutrition prevalence above the 10 per cent WHO-recommended threshold. The 2014 national nutrition surveillance report also showed that Central River Region had the highest prevalence of acute malnutrition with GAM levels of 15 per cent and SAM of 3.5 per cent followed by Lower River at 12.8 per cent GAM and 2.4 per cent SAM. The prevalence was also high in Western North Bank Region (NBRW) at 12.5 per cent GAM and 1.3 per cent SAM, West Coast Region 1 (WCR1) GAM 10.6 per cent and SAM 1.2 per cent while West Coast Region 2 (WCR2) had a GAM of 11.7 per cent and SAM of 2.3 per cent. In addition, iron deficiency anaemia is present in 72.8 per cent of children under five and in 60.3 per cent of women of child bearing age (DHS 2013). The incidence of low birth weight is 12 per cent. Infant and young child feeding remains a challenge with 47 per cent being exclusively breastfed. Significant variations in weight among women were observed between urban and rural settings. Women living in rural areas are more likely to be underweight (20 per cent) than those in urban areas (14 per cent). At LGA level the proportion of underweight women is highest in Janjanbureh (23.8 per cent) followed by Mansakonko (21.5 per cent) and Kerewan (21.4 per cent), and lowest in Kanifing (10.9 per cent). Low levels of nutrition in women aggravate the deteriorating status of nutrition and health amongst children.

According to the Gambia DHS 2013, only 39.8 per cent of the population has the use of improved toilet facilities not shared with other households, a statistic dipping as low as 24.3 per cent in rural areas. The high proportion of the population using improved water sources for drinking (91 per cent) masks serious regional disparities and vulnerabilities due to several factors, including population growth which has outstripped capabilities of water systems in most growth centres, poor maintenance of facilities and the depth of the water table. Access to improved water sources and sanitation remains a major challenge in rural areas of The Gambia, especially in Upper River and Central River Regions which have the highest rates of under-five mortality and malnutrition. Along the same lines, 30 per cent of the population of Janjanbureh Local Government Area is using unimproved sources of drinking water¹. Across LGAs the proportion of the population with access to improved sanitary means of excreta disposal is low, particularly in Basse where only 39.7 per cent of people have such access. In some urban settings, namely Ebo Town and Tallinding, access to water supply, proper hygiene practices and sanitation are inadequate.

KEY HUMANITARIAN ISSUES

- 1 Food and nutrition security
- 2 Access to basic services
- 3 Provision of protection essential services and solutions for refugees
- 4 Availability and inclusivity of humanitarian information for early warning and crisis management

Full HNO: <http://wca.humanitarianresponse.info>

¹ SMART methodology: (Standardized Monitoring and Assessment of Relief and Transitions) is a standardized, simplified field survey methodology that produces a snapshot of the current situation on the ground.

Inadequate funding has meant the status hasn't changed since the 2013 humanitarian needs overview (HNO) indicated the need for improvement.

Basic health services are available but beyond the reach of the most vulnerable members of the population. Their means are limited and meeting food needs is their main priority. Physical access to health services, especially during the rains, is extremely difficult and women, lactating mothers and children under five are most at risk in this regard. Even those who are able to access health facilities find basic essential drugs are not readily available most of the time, and medical equipment and specialised health staff are limited. As a result, the maternal mortality rate is 433 per 100,000 live births and infant mortality is as high as 74 per 1,000 births.

The current outbreak of Ebola Virus Disease (EVD) in Guinea, Liberia and Sierra Leone with the likelihood of spread in the West African sub-region and beyond has made it imperative that a robust and sustainable surveillance system be set up for early detection of potentially imported cases of EVD. This should be accompanied by strong social mobilization and communication and by training, including simulation exercises, in contact tracing and case management. Provision should be made for appropriate and fit-for-purpose logistics and supplies.

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STRATEGY

People in need and people targeted

In 2014, the immediate needs of the most vulnerable people were for food and agricultural inputs to fight hunger and increase production for food security; for treatment of moderate and severe malnutrition; for assistance to refugees and surveillance, and for screening and treatment of seasonal disease outbreaks. It was hoped that this assistance would lay the foundations for recovery and would support national institutions in delivering basic services. In so far as much of the anticipated funding for the 2014 Strategic Response Plan was not realized, the situation of many vulnerable communities, households and individuals remains largely unchanged or has worsened. Thus the approach in 2015 will be to augment earlier strategies to address the increasing number of people in need, simultaneously introducing new strategies to respond to emerging humanitarian situations. Even though much effort has already gone into enhancing the country's preparedness for an outbreak of Ebola Viral Diseases (EVD), there is still a need to strengthen the capacity of the health system to accommodate incidents of imported cases.

In addition, the humanitarian system in The Gambia aims to build the capacity of local actors by training national authorities and other counterparts, particularly local NGOs, in disaster management. Efforts will be focused on increasing national monitoring and surveillance systems and aligning sectoral data collection and information management systems with national systems for early response and resilience.

Figure 1: Number of people in need

By Sector	Male	Female	Total
Food insecure people	219,002	223,427	442,429
Nutrition			
Children with moderate acute malnutrition (MAM)	22,740	34,111	56,851
Children with severe acute malnutrition (SAM)	4,087	6,130	10,217
Malnourished pregnant and lactating women (PLW)	-	45,944	45,944
Refugees	5,541	5,886	11,427
Total	251,370	315,498	566,868

Source: The Gambia HNO, December 2014

PREGEC (Regional information system for Food Crisis Prevention and Management) Assessment November 2014

Planning Assumptions

This Strategic Response Plan studied two planning scenarios: (1) an optimistic scenario forecasting improvement in the food and nutrition situation as a result of significant increases in crop production driven by favourable climate and the Government's Vision 2016 Project to achieve sufficient food production for domestic consumption by 2016. If this scenario plays out, many households will have better access to food and/or income; food prices will fall significantly and surplus income realized through sales of produce will enable access to basic social services such as hospitals and schools.

NOTE:

The number of the food insecure people has been reviewed to reflect the findings of the November 2014 PREGEC Assessment. According to the Human Development Index (2013) approximately 33.6 per cent of the Gambian population lives on under \$1.25 per day

(2) The second and most-likely scenario is based on the planning assumption that the number of people requiring humanitarian support will increase dramatically owing mainly to poor performance in the agriculture sector, high cost of living induced by a weakening local currency which is likely to continue in the face of underperforming cash crop and tourism sectors due to EVD outbreak in the sub- region, and the cumulative effects of recent crises in adequately responded to, leading to increased degradation of livelihoods.

Humanitarian partners will monitor whether the situation is deteriorating or changing for the better, and will review their planning figures accordingly.

Figure 2: Number of people targeted

By Sector	Male	Female	Total
Food insecure people	131,401	134,056	265,457
Nutrition			
Malnourished children MAM	13,613	13,888	27,500
Malnourished children SAM	2,782	2,838	5620
Malnourished PLW	-	4,500	4,500
Refugees	5,541	5,886	11,427
Total	153,337	161,168	314,504

NOTE: Food insecurity sector will also target approximately 60 per cent of the affected population.

Source: Drawn from The Gambia HNO, December 2014

In the course of 2014, The Gambia received \$2.5 million² from CERF to intervene in the areas of food security, nutrition, water, sanitation and hygiene (WASH) and health. This sum, together with other funds received, accounted for approximately 23.4 per cent of the total estimated budget of \$18.3 million of the SRP 2014 – 2016. The country team is aware of the lack of funding, as already underlined by the limited presence of humanitarian actors in the country. Nonetheless, despite this constraint humanitarian partners plan to reach at least 55.5 per cent of people in need in 2015 with one form of support or another. This challenging path has been chosen in order to begin the process of stalling the number of vulnerable people falling into humanitarian need. Any alternative, minimalist approach would hamper recovery and halt attempts to build resilience.

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 recover and 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.

² All dollar signs in this document denote United States dollars.

In light of the above, the SRP for The Gambia proposes to provide humanitarian assistance to approximately 314,504 people identified as most vulnerable through:

Distribution of cash for food to 265,457 people (33,182 households) in IPC3 and IPC4

- i) Provision of seeds and fertilizer, best local breeds of small ruminants and poultry, feed and feed supplement, veterinary medicines and other farm inputs to affected farmer households to reinforce and protect livelihoods of most vulnerable populations and to restore food production of small farmers, particularly women's groups.
- ii) Rehabilitation of community irrigation structures, to sustain crop production throughout the year, and community watering points for livestock.
- iii) Rehabilitation of grain storage facilities.
- iv) Targeted treatment of acute malnutrition among children under five and pregnant and lactating mothers, and support to people living with HIV.
- v) Improved access to clean water, sanitation and hygiene (WASH).
- vi) Provision of reproductive health information and services to pregnant and lactating women and adolescent girls.
- vii) Surveillance of communicable diseases to detect disease trends and provide timely response for any outbreaks including vaccine-preventable diseases.
- viii) Strategic placement of essential medical supplies such as oral rehydration salts (ORS), antibiotics, anti-malarial and other basic drugs.
- ix) Support to the country's preparedness measures for an EVD outbreak.
- x) Support to institutional capacity to anticipate and manage disasters.

Support the registration and ensure provision of protection, essential services and durable solutions for refugees

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's Programme for Accelerated Growth and Employment focused on the rejuvenation of general economic activity and strengthening of social sectors to respond adequately to the needs of the population; the EVD Preparedness Plan; the Social Protection Policy and Action Plan; and the Vision 2016 Project with an eye to making The Gambia self-sufficient in rice production by 2016. The objectives of these policies are to improve national and household food security and reach adequate nutritional levels, including during periods of disaster and with particular attention to the most vulnerable groups and households in rural and urban communities; to enhance access to social services; to generate employment opportunities for greater economic growth and to reduce poverty.

Scope of the Response

This humanitarian response plan targets all seven administrative regions of Gambia, with greater focus on Lower River Region, Upper River Region, Central River Region, North Bank Region and West Coast Region, where significant numbers are identified to be in need. The plan targets on average about 56 per cent of the people identified for humanitarian assistance - it is expected that the remaining 37 per cent will be taken care of by Government and civil society programmes as well as programmes of other development partners. It is possible that some people in need may not be reached due to lack of funding, limited humanitarian capacity in the field and population dynamics making it difficult to trace them. Approximately 314,504 people (17 per cent of the population) will be targeted by the SRP 2015 of whom 265,457 are described as food insecure in the IPC3 and IPC4.

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

The National Disaster Management Agency and UN agencies will ensure appropriate coordination arrangements with related government departments and NGOs. Humanitarian actors will continue to monitor and ensure that necessary measures are taken to respond to new emergencies throughout the implementation cycle. Periodic multi-sectoral needs assessment and coordinated contingency planning exercises will be undertaken to prepare for any sudden changes in the situation.

Rationale

The underlying cause of the humanitarian situation, that is, repeated incidence of climate and environment related hazards, means that a one shot solution is not appropriate. Similarly, the spread of the crises across the country make it virtually impossible to mobilize adequate resources to address the problems. The strategic goal of the intervention is thus to alleviate the suffering of the affected population from the immediate effects of the crises, focusing on the most severely affected in the communities, while building the capacity of affected people to respond on their own in the event of future shocks.

How will the strategy be implemented?

Existing Government, UN system and NGO structures for delivering humanitarian relief are adequate but there is a need to ensure inter-sector collaboration for maximum impact. The UN will be responsible for overall management of the project funds, monitoring and reporting on progress of activities. There is sufficient knowledge and experience within the public sector and the NGO community for delivery of food security, coordinated nutrition, health and WASH interventions. Each cluster/sector lead will consult and work with NGO and governmental partners at national and decentralized levels to identify and implement critical activities. The humanitarian country team (HCT) will meet at quarterly intervals to review progress of ongoing projects and provide direction for maximum project impact.

Priorities within the scope of the response

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, other protection needs).
- Addressing the humanitarian impact of epidemics (e.g. cholera, meningitis) including strengthening Ebola preparedness.
- Addressing the humanitarian impact of natural disasters.

While food and nutrition security remain the priority for intervention, concerted efforts will be made to reinforce the capacity of households, communities and government authorities to anticipate, prepare, respond to and recover from crises whenever these occur. Resilience building will be at the core of our response. Targeting will be guided by:

Geographic priority: levels of food insecure or otherwise vulnerable people are significantly higher than the national average in Lower River Region, Upper River Region, Central River Region, North Bank Region and West Coast Region. Malnutrition is more prevalent in the Local Government Areas (LGA) of Kuntaur, Janjanbureh, Kerewan and Basse.

Demographic priority: pregnant and nursing mothers, female-headed and labour-deficient households, children under five, and refugees..

Constraints and how the humanitarian country team 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 will address this situation in the next planning cycle by reinforcing the capacity of relevant government departments and agencies to collect (using standardized guidance tool) and analyse data.

- **Inadequate funding to address unmet needs:** the country has been challenged with a chronic humanitarian situation that deepens each year. At the same time, The Gambia has been consistently and seriously underfunded over past years, with limited visibility by donors. For the 2014 SRP, only 23.4 per cent of the \$18.3 million funding appeal was funded. The humanitarian country team will strengthen partnership and vigorous fund raising efforts' bearing in mind that 29.6 per cent of its population is in need of humanitarian assistance.
- **Poor infrastructure network:** poor road networks are a major constraint to access, particularly during the rainy season when many roads become difficult to use in northern Central River Region and Upper River Region. Limited mobile phone networks and internet access pose additional constraints in rural areas. One of the ways humanitarian actors will strengthen preparedness activities will be by pre-positioning 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 programmes is undermined by the high turn-over in national counterparts. Furthermore, the presence of NGOs is very limited in affected areas.

Cross-cutting and context-specific issues

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

Even though identification, registration and profiling of vulnerable groups will remain a great challenge during the implementation period for this response plan, particular emphasis will be placed on ensuring (i) enhanced response to immediate and special needs by taking gender issues and the need for disaggregated data into account in assessments, analysis and reporting and (ii) strengthening resilience by factoring in traditional coping mechanisms and differentiating between the needs of women, girls, boys and men.

How does this strategy complement longer term plans?

Whereas Gambian government policy tends to be long term and mostly structural in nature, its eventual impact depends on the capacity of the population to participate in policy implementation. This participation is not optimal if the people are food insecure, malnourished to the point that their cognitive abilities are compromised, uneducated and unhealthy. The present strategy will address immediate needs of people at risk of or affected by humanitarian crises by providing food and agricultural relief, nutrition support for children and their mothers, and disaster response capacity building for communities. In addition to relieving the suffering and disruptions associated with humanitarian crises, it will equip affected populations with livelihood assets and skills to effectively participate in the implementation of long term plans.

Response monitoring

Based on the Sahel Regional Strategic Response Plan, The Gambia SRP will be monitored and progress reviewed against multi-year strategic objectives. Sectors will report on achievements during the 2015-2016 programme cycle on a quarterly basis through the Online Reporting System. The monitoring and evaluation officer in the office of the Resident Coordinator will work with cluster leads to ensure regular and correct reporting.

Sectors will be evaluated based on the number of beneficiaries reached, needs still outstanding and extent of funding mobilized. The HCT will organise midyear reviews as well as lessons learned sessions at the end of each year to review performance. and guide the planning process for subsequent years.

Process and Participation

During the process of developing the HNO and SRP in 2013, the HCT constituted sector/cluster working groups with membership from the UN system, the Government and NGOs. Each of these groups was led by a UN Agency supported by the relevant government Ministry, Department or Agency (MDA). These groups were responsible for gathering data and collating the materials while the HCT played the oversight role of reviewing and approval.

On being informed of the culmination of the HNO and SRP revision process, the working groups were issued with guidelines for the completion of the various tasks. In the case of the HNO, a two-day working session for all of the working groups involved was convened by OCHA with technical support from the OCHA Regional Office in Dakar. The draft document that emerged from this meeting was circulated to the HCT members for their review and comments which were then fed into the final document. Similarly, a one-day working session was organized for the revision of the SRP. This session led to completion of the cluster frameworks which were later circulated via email for comments. Comments received were integrated into the main document, which was shared with the working groups for review and subsequently the revised version was submitted for validation by the HCT.

Planned Needs Assessments

Cluster/sector	Geographic areas and population groups targeted	Lead agency and partners	Date	Title or Subject
Food Security	National (excluding Banjul and Kanifing Municipal Council)	Ministry of Agriculture, Permanent Interstate Committee for Drought in the Sahel (CILSS), WFP, FAO	March 2015 and November 2015	Cadre Harmonisé Food Security Assessment
Nutrition	National	UNICEF, National Nutrition Agency (NaNA)	2015	SMART

Current gaps in information

Cluster/sector	Geographic areas and population groups	Subject
Education	National	Disaster Affected Schools and Pupils
Food Security	National	Household Food Security at Regional Level
Nutrition	National	Up-to-date nutrition data

Planned needs assessments

Cluster/sector	Geographic areas and population groups targeted	Lead agency and partners	Planned date	Subject
Nutrition	National	NaNA, Ministry of Health and Social Welfare (MOHSW), UNICEF, WFP	2015	SMART Survey
Food Security	National	NaNA, Ministry of Agriculture (MoA), The Gambia Bureau of Statistics (GBoS) WFP FAO, MoA, GBoS	2015	Protracted relief and recovery operations (PRRO), baseline food and nutrition security assessment follow-up Household food security and economy Surveys and needs assessments

STRATEGIC OBJECTIVES AND INDICATORS

STRATEGIC OBJECTIVE 1: TRACK AND ANALYSE RISK AND VULNERABILITY, INTEGRATING FINDINGS INTO HUMANITARIAN AND DEVELOPMENT PROGRAMMING.

Indicator		Baseline and targets		
		Baseline	2015	2016
Early warning mechanisms established for:	Food Security ³	Yes	Yes	Yes
	Malnutrition	Yes	Yes	Yes
	Epidemics	Yes	Yes	Yes
	Displacement and Disasters	Yes	Yes	Yes
Existence of vulnerability data sets for all sectors and regions	Food Security	Yes	Yes	Yes
	Malnutrition	Yes	Yes	Yes
	Epidemics	No	Yes	Yes
	Displacement and Disasters	No	Yes	Yes
Risk and vulnerability analysis integrated in country	United Nations Development Assistance Framework (UNDAF)	No	Yes	Yes
	Common Country Assessment (CCA)	No	Yes	Yes
	SRPs	Yes ⁴	Yes	Yes
	Other key international planning instruments	No	Yes	Yes
Agricultural investments target marginalised and vulnerable households (AGIR (Global Alliance for Resilience Initiative) indicator)		No	Yes	Yes

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		
		Baseline	2015	2016
Improved or stabilized coping capacity of affected households (measured by the Coping Strategies Index (CSI))		19.3		

³ <https://rowca.egnyte.com/fl/TGvKGBC8bf>

⁴ <http://reliefweb.int/report/gambia/2015-humanitarian-needs-overview-gambia-december-2014>

Indicator	Baseline and targets		
	No	Yes	Yes
Development and implementation of national social protection policies and programmes (AGIR)	No	Yes	Yes
Stabilisation or improvement of overall Cadre Harmonisé classification in livelihood zones over two seasons as a result of continued humanitarian assistance	3 ⁵	4	5
Development and operationalization of early action trigger mechanism for emergencies	No	Yes	Yes

STRATEGIC OBJECTIVE 3: DELIVER COORDINATED AND INTEGRATED LIFE-SAVING ASSISTANCE TO PEOPLE AFFECTED BY EMERGENCIES.

Indicator	Baseline and targets		
	Base	2015	2016
People affected by emergencies receiving life-saving assistance	57,529 ⁶	314,504	251,603 ⁷
Percentage of funding spread between clusters	83% ⁸	50%	50%
Number of people in Cadre Harmonisé phases 3+4	442,429 ⁹	265,457	212,366
Percentage of children under 5 years with severe acute malnutrition discharged and recovered	75	90	90
Number of affected vulnerable people (children, women, men) having received a timely and functional WASH minimum package adapted to their vulnerability(ies)	19,690	125,488	100,390

⁵ None of the six administrative areas assessed is stable. Two are under pressure and the remaining four are in crisis. The target aims to reduce the number of regions in crisis, thus increasing the number of regions under pressure.

⁶ This estimation used the percentage of total funds appealed for and received (23.4 per cent) against the total population targeted (245,850).

⁷ This projects that only 20 per cent of beneficiaries will see their needs met to the extent that they graduate from needing relief assistance.

⁸ The nutrition sector ⁹(the best funded) received about \$1 million of the budgeted \$1.2 million (approximately 83 per cent). Multi-sector for refugees (least funded) did not receive funding for activities in the SRP.

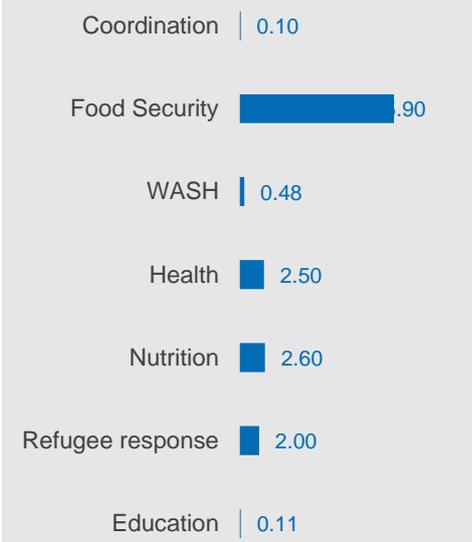
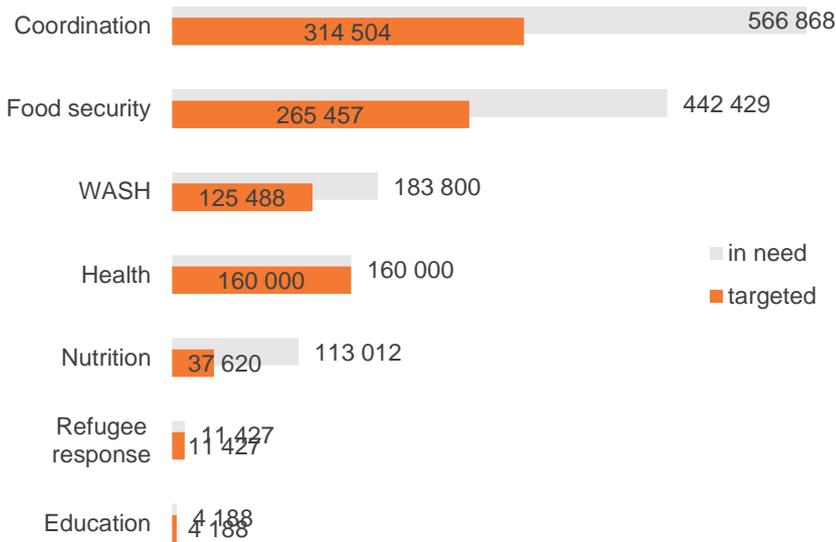
⁹ Of this number 60 per cent is targeted by the SRP and the rest by government and civil society programmes. The target assumes that only 40 per cent will be reached with relief in r 2015. 2016 may witness further decreases in needs due to continuous intervention and some increases in needs, depending on the harvest. Thus the slight projected decrease – by 20 per cent.

SECTOR PLANS

PEOPLE IN NEED
566,868

PEOPLE TARGETED
314,504

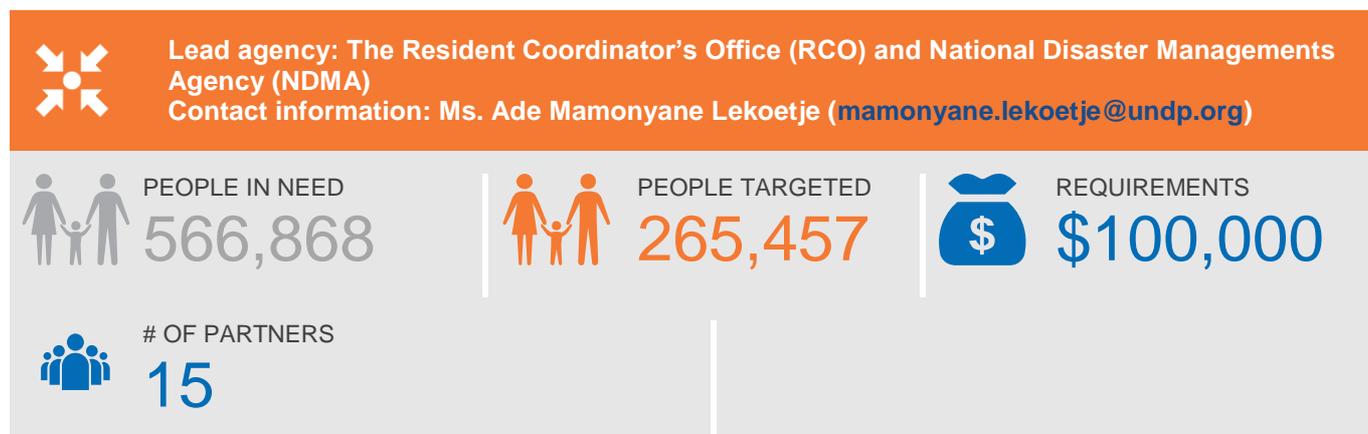
REQUIREMENTS (US\$)
23.7 million



	People in need (in thousands)	People targeted (in thousands)	Requirements (in \$)
Coordination	566,868	314,504	100,000
Education	4,188	4,188	107,000
Food Security	442,429	265,457	15,927,420
Health	160,000	160,000	2,500,000
Refugee Response	11,427*	11,427	1,991,027
Nutrition	113,012	37,620	2,581,031
WASH	183,800	125,488	481,000
TOTAL			23,687,478

*This figure includes refugees living in urban areas of The Gambia, predominantly in the capital, Banjul

COORDINATION



To ensure that humanitarian action effectively responds to the needs of the worst affected people, a comprehensive and inclusive coordination mechanism is needed at national and field level to guide emergency preparedness and response. Existing national and sub-national coordination mechanisms, managed by the National Disaster Management Agency, will be supported as appropriate. Under the leadership of the Resident Coordinator the Gambia UNCT 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:

- Coordinate with and build the capacity of national counterparts to ensure alignment with national emergency response planning mechanisms and to increase the capacity 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 analysing and reporting on the humanitarian situation. The sector will facilitate national and regional 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 inclusiveness of relevant state institutions in planning processes at all levels.

Cluster Output Indicators		
Sahel Indicators		
Country Specific Indicators		Target 2015
1.	An integrated early warning system functional and publishing information bulletins	4
2.	Coordinated multi-sector assessments with key partners including Government and civil society supported	2
3.	Capacity of regional counterparts (Government and civil society) in emergency response planning built	5
4.	Disaster risk maps for planning guidance and reference produced and shared	2

STRATEGIC OBJECTIVE 1: TRACK AND ANALYSE RISK AND VULNERABILITY, INTEGRATING FINDINGS INTO HUMANITARIAN AND DEVELOPMENT PROGRAMMING.

Activities	Locations	Indicator	Target 2015
Support multi- sectoral assessment of risk, vulnerability and identification of priority needs	The Gambia	Minimum number of multi-sectoral assessments supported	2
Activate and support the proper functioning of the early warning system	The Gambia	Number of early warning bulletins published	4
Produce and distribute disaster risk maps for each region	Banjul, Central River, Lower River, North Bank, Upper River, Western	Number of maps produced and shared	6
Support the development and review of country/regional HNO and SRP	The Gambia	Country/regional HNO and SRP document available	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.

Activities	Locations	Indicator	Target 2015
Build the capacity of national counterparts to ensure alignment with national emergency response planning mechanisms and to increase the capacity of national institutions to respond to emergencies.	Banjul, Central River, Lower River, North Bank, Upper River, Western	Number of people trained	60
	Banjul, Central River, Lower River, North Bank, Upper River, Western	Number of training sessions held	6

EDUCATION



Lead agency: United Nations Children Fund (UNICEF)
Contact information: Rupert Leighton (rleighton@unicef.org)



CHILDREN IN NEED

4,188



CHILDREN TARGETED

4,188



REQUIREMENTS

\$107,000



OF PARTNERS

4

Floods, windstorms and displacement generally pose a serious threat to education, by damaging school facilities and consequently disrupting school lessons. Many classrooms in affected schools in the Gambia have either been totally destroyed or are in such poor condition that it is difficult for children to learn there. 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. Classrooms, teaching and learning materials were destroyed. The strategy in 2015 will be to rehabilitate the damaged classrooms and school facilities to enable resumption of teaching and learning. Affected children and their families will be provided with protection services and psychosocial support to strengthen their resilience.

The capacity of the Ministry of Education will be strengthened to conduct assessment and coordination of humanitarian response strategies. The process of developing the education plan was constrained by unavailability of data on the impact of food insecurity, malnutrition and epidemics on child schooling. The education cluster planned to address this information gap by reinforcing the capacity of the education information management system to collect and analyze data on humanitarian needs. Given this situation, the education cluster plan targets 4,188 children of whom 1,170 are refugee children, while 3,018 children are attending schools affected by floods and windstorms.

Cluster Output Indicators

Sahel Indicators		Target 2015
1.	Number of pre-school, school age children and youth, including children and youth with disabilities, enrolled in quality education through the education cluster/sectoral group's emergency response (desegregated by gender)	4,188
2.	Average number of school days per month in which one school meal or snack is provided [During the planning phase, education clusters should target 80 per cent of total school days in the response]	20
3.	Number of school meals distributed	19,797,515

Country Specific Indicators

1.	Number of Ministry of Education (MoE) officials trained at district/local level	50
2.	Effective inter- and intra- sector coordination mechanisms are in place	1
3.	Number of learning environments at risk	10

STRATEGIC OBJECTIVE 1: TRACK AND ANALYSE RISK AND VULNERABILITY, INTEGRATING FINDINGS INTO HUMANITARIAN AND DEVELOPMENT PROGRAMMING.

Activities	Locations	Indicator	Target 2015
Establish inter- and intra- sector coordination mechanisms in targeted areas	The Gambia	Minutes of inter- and intra- sector coordination mechanism meetings	2
Participate in analysing risks and vulnerabilities related to education at school, regional and national level	The Gambia	Risk and vulnerability assessment report	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.

Activities	Locations	Indicator	Target 2015
Build capacities of MoE at national and local level in emergency preparedness and response	Banjul, Central River, Lower River, North Bank, Upper River, Western	Number of MoE officials trained at district/local level	50

STRATEGIC OBJECTIVE 3: DELIVER COORDINATED AND INTEGRATED LIFE-SAVING ASSISTANCE TO PEOPLE AFFECTED BY EMERGENCIES.

Activities	Locations	Indicator	Target 2015
Provide basic educational supplies for affected children in The Gambia		Number of affected children with access to basic educational supplies	4,188

FOOD SECURITY



Lead agency: name (World Food Programme and Food and Agriculture Organization)
 Contact information: Vitoria Ginja and Perpetua Katepa-Kalala (Vitoria.ginja@wfp.org,
perpetua.katepa-kalala@fao.org)



PEOPLE IN NEED

442,429



PEOPLE TARGETED

265,457



REQUIREMENTS

\$15,927,420



OF PARTNERS

7

Food insecurity has become endemic in the country owing to repeated incidence of crop failure, incidence of animal disease outbreak, rising food prices and the lack of adequate support mechanisms to victims. Approximately 991,051 (66.3 per cent of the assessed population¹⁰) are food insecure across IPC2, IPC3 and IPC4. Whereas government and some donor interventions are addressing concerns of the IPC2 population (568,622 or 57 per cent of the food insecure), the SRP is focused on addressing the populations that falls into IPC3 and above (442,429 or 43 per cent of the food insecure). This population in addition to lacking the required livelihood assets to produce enough, currently lack sufficient food to meet the required food intake. The response will target 60 per cent (or 265,457 people) with direct food assistance and other supports to enable households to produce more and eventually support themselves. We expect the remaining 40 per cent (176,971) to be supported by government, CSOs and other development partners' programmes.

Key strategies will in addition, include building on the institutional and technical capacities of government and communities in disaster risk management and reduction, provision of direct food relief for severely food insecure through unconditional cash transfers and provision of variety of a variety of Agro-pastoral farm inputs, rehabilitation of irrigation structures to sustain crop production throughout the year and to boost production.

Cluster Output Indicators

Sahel Indicators

Target 2015

1.	Number of targeted households that received agricultural support	3,180
2.	Number of targeted households that received support for their livestock	10,000
3.	Number of targeted people that received conditional transfers (cash, vouchers based)	265,457
4.	Number of targeted people that received conditional transfers (food based)	0
5.	Number of targeted people that received unconditional transfers (cash, vouchers based)	265,457
6.	Number of targeted people that received unconditional transfers (food based)	0

Country Specific Indicators

1.	Number of targeted communities that received training in DDR/M and early warning systems management	100
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¹⁰ The IPC assessment in The Gambia is based on the population the six agricultural regions which excludes Banjul and the KMC

STRATEGIC OBJECTIVE 1: TRACK AND ANALYSE RISK AND VULNERABILITY, INTEGRATING FINDINGS INTO HUMANITARIAN AND DEVELOPMENT PROGRAMMING.

Activities	Locations	Indicator	Target 2015
Analysis of the response and preparedness capacity of different actors to address food insecurity in case of flooding, drought and other hazards in the national contingency plans	The Gambia	Number of reports produced	2
Conduct Vulnerability Analysis Mapping (VAM) and risk assessments	The Gambia	Number of reports produced	3
Empower communities on food security and resilience	The Gambia	Number of communities trained in disaster preparedness and mitigation	50
Strengthening the national monitoring of agricultural and food situation	The Gambia	Conduct joint emergency food security assessments (EFSA)	2
	The Gambia	Number of annual reference surveys conducted jointly	2
	The Gambia	Number of information systems integrated in the national surveillance system	2
	The Gambia	Number of market research	12
	The Gambia	Number of people trained in data collection	40
	The Gambia	Number of people trained in the data compilation and analysis	10

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.

Activities	Locations	Indicator	Target 2015
Capacity building and technical support to partners in emergency food security assessment, DRR/M and resilience	The Gambia	Number of partners benefiting from capacity building	12
	The Gambia	Number of training sessions organized for sector groups and communities	7
Conduct crop-based food and nutrition education for communities	The Gambia	Number of sensitization meetings conducted in the communities	50

Activities	Locations	Indicator	Target 2015
Protect and rehabilitate / strengthen livelihoods of food insecure households through the distribution of livestock inputs (restocking, livestock feed and other zoo veterinary inputs)	The Gambia	Number of vaccinated, dewormed and treated animals	400,000
		Number of households livestock restocked	500
Protect and rehabilitate / strengthen livelihoods of vulnerable households to climate hazards through the distribution of agricultural inputs subsequent planting season (including lowland crops) for both rainy season and off-season	The Gambia	Number of households receiving assistance in agriculture	3,180
		Number of tons fertilizer distributed	500
		Number of tons seeds distributed	300
		Number to Community Irrigation Structures Rehabilitated	50

STRATEGIC OBJECTIVE 3: DELIVER COORDINATED AND INTEGRATED LIFE-SAVING ASSISTANCE TO PEOPLE AFFECTED BY EMERGENCIES.

Activities	Locations	Indicator	Target 2015
Conditional cash transfer, or	The Gambia	Number of food insecure people	265,457
Unconditional cash transfer	The Gambia	Number of food insecure people	265,457

HEALTH



Lead agency: name World Health Organization
 Contact information: Dr. Charles Sagoe Moses (sagoemosesc@who.int)



PEOPLE IN NEED

160,000



PEOPLE TARGETED

160,000



REQUIREMENTS

\$2,500,000



OF PARTNERS

8

The prospects of economic and social recovery of the affected areas are bleak in the absence of a healthy population. This health sector plan will therefore 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. This will be achieved through partnership and coordination with the MOH, WHO, UNFPA and UNICEF, 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.

Keys priorities for the health sector include strengthening health facilities, supplying them with life-saving medicines and medical equipment and supporting the extended the ISDRdisease surveillance programme. 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 obstetric care (BEmOC) in reproductive health; communicable disease surveillance and response, and medical and psychosocial support for women and child victims of abuse and people living with HIV/AIDS.

Cluster Output Indicators

Sahel Indicators		Target 2015
1.	Number of children under five vaccinated against measles in districts supported by cluster members	114,000
2.	Number of outpatient consultations in districts supported by cluster members	
3.	Number of complete monthly epidemiological reports received at central level	1
4.	Number of births assisted by a skilled attendant in districts supported by cluster members	46,000

Country Specific Indicators

1.	Number of children immunized with measles 2	114,000
2.	Number of children vaccinated against childhood vaccine preventable diseases	114,000
3.	Number of children given SMC drugs during 4 cycles in affected regions	114,000
4.	Number of health facilities that have prepositioned medicine for diseases most likely to occur	55

STRATEGIC OBJECTIVE 1: TRACK AND ANALYSE RISK AND VULNERABILITY, INTEGRATING FINDINGS INTO HUMANITARIAN AND DEVELOPMENT PROGRAMMING.

Activities	Locations	Indicator	Target 2015
Epidemiological reporting tools develop, validated, printed and distributed to all health facilities	Banjul, Central River, Lower River, North Bank, Upper River, Western	Number of epidemiological tools printed and distributed	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.

Activities	Locations	Indicator	Target 2015
Implementation of seasonal malaria chemo-prevention (SMC) in children under five	Banjul, Central River, Lower River, North Bank, Upper River, Western	Number of children who received SMC drug	4
Pre-positioning medicines for diseases most likely to occur locally as per contingency plan	Banjul, Central River, Lower River, North Bank, Upper River, Western	Number of health facilities with emergency stock of medicines	55
Preparation of health facilities to receive and treat EVD cases	Banjul, Central River, Lower River, North Bank, Upper River, Western	Number of health facilities prepared to receive and treat EVD cases	15
Procurement of seasonal malaria chemo-prevention (SMC) drugs	Banjul, Central River, Lower River, North Bank, Upper River, Western	Doses of SMC drugs procured	294,000
Staff training for case management of diseases most likely to occur locally as per contingency plan	Banjul, Central River, Lower River, North Bank, Upper River, Western	Number of staff trained to complete monthly epidemiology reports	256
Training for midwives in emergency obstetric care	Banjul, Central River, Lower River, North Bank, Upper River, Western	Number of midwives trained in emergency obstetric care by region	320

STRATEGIC OBJECTIVE 3: DELIVER COORDINATED AND INTEGRATED LIFE-SAVING ASSISTANCE TO PEOPLE AFFECTED BY EMERGENCIES.

Activities	Locations	Indicator	Target 2015
Conduct national measles 2 vaccination campaign	Banjul, Central River, Lower River, North Bank, Upper River, Western	number of national measles 2 vaccination campaign conducted	1
Procurement of measles 2 vaccines	Banjul, Central River, Lower River, North Bank, Upper River, Western	doses of measles 2 vaccines procured	275,100

Activities	Locations	Indicator	Target 2015
Regional and national measles 2 vaccination campaign micro-planning	Banjul, Central River, Lower River, North Bank, Upper River, Western	regional and national measles 2 vaccination campaign micro-planning conducted	7

NUTRITION



Lead agency: United Nations Children's Fund (UNICEF) and World Food Programme
 Contact information: Rupert Leighton (rleighton@unicef.org) Vitoria Ginja
 (vitoria.ginja@wfp.org)



PEOPLE IN NEED

113,012



PEOPLE TARGETED

37,620



REQUIREMENTS

\$2,581,031



OF PARTNERS

5

The steadily increasing rate of acute malnutrition among children under five in The Gambia is alarming not just at the peak of the lean season, but also in post-harvest periods. Many women are also undernourished, a factor placing them at risk of poor pregnancy outcomes and increasing the risk of their children developing chronic malnutrition. For these reasons immediate life-saving measures must be taken to prevent all forms of malnutrition among women, including pregnant and lactating women, and children.

The sector aims to reduce the risk of mortality and morbidity through integrated programmes promoting infant and young child feeding (IYCF), early identification, referral and management of acute malnutrition and prevention of malnutrition including micronutrient deficiencies. As a priority, the cluster will also increase the capacity of health workers and community groups to improve response to the nutrition needs of affected populations. For integrated management of acute malnutrition (IMAM) and prevention of micronutrient deficiency interventions, the cluster will focus on regions with highest GAM rates – which will include CRR and LRR. Improving the nutritional status of children and women would be impossible without addressing issues around household food insecurity, WASH and health. Therefore the nutrition sector will collaborate with these sectors to ensure that affected and vulnerable children under five years old, mothers and pregnant women receive integrated life-saving treatment for acute malnutrition.

Cluster Output Indicators

Sahel Indicators		Target 2015
1.	Number of children 6-59 months with severe acute malnutrition admitted to therapeutic nutrition programme	5,620
2.	Number of children 6-59 months with moderate acute malnutrition admitted to TSFP (targeted supplementary feeding programmes)	27,500
3.	Number of health centres implementing nutrition activities	74
4.	Number of 6-23 month-old children and PLWs admitted in BSFP (blanket supplementary feeding programmes)	22,500

Country Specific Indicators

1.	Number of children screened for acute malnutrition at community level	150,000
2.	Number of malnourished PLW women assisted through targeted supplementary feeding	4,500
3.	Number of reports/events with analysis of under-nutrition widely disseminated	2
4.	Number of health facilities with staff trained in integrated management of acute malnutrition	74

STRATEGIC OBJECTIVE 1: TRACK AND ANALYSE RISK AND VULNERABILITY, INTEGRATING FINDINGS INTO HUMANITARIAN AND DEVELOPMENT PROGRAMMING.

Activities	Locations	Indicator	Target 2015
Advocacy for vulnerabilities analysed and requiring support	The Gambia	Number of joint advocacy initiatives related to vulnerability analysis	2
Wide dissemination of updated data, analysis and evaluations for action	The Gambia	Number of reports/events with analysis of under-nutrition widely disseminated	3
Provide and secure nutrition, health drugs and other essential supplies to ensure access to medical-nutritional care (eg. in-patient care for complicated SAM)	The Gambia	Number of health facilities with essential medical and nutrition care supplies	19
Provide useful updates on SAM and MAM trends by regular surveys (prevalence, coverage, accessibility)	The Gambia	Number of useful surveys conducted to measure acute malnutrition	3

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.

Activities	Locations	Indicator	Target 2015
Breastfeeding promotion	The Gambia	Number of health facilities displaying and using appropriate IEC on breast feeding promotion	74
Provide adequate, safe, appropriate and timely complementary feeding	The Gambia	Number of PLW registered under blanket and multiple micronutrient supplementary feeding receiving appropriate complementary foods	4,500

STRATEGIC OBJECTIVE 3: DELIVER COORDINATED AND INTEGRATED LIFE-SAVING ASSISTANCE TO PEOPLE AFFECTED BY EMERGENCIES.

Activities	Locations	Indicator	Target 2015
Plan for and procure specialized nutritious foods for treating severely acutely malnourished children 6-59 months	The Gambia	Quantity of food procured for severely acutely malnourished children 6-59 months	407
Plan for and procure specialized nutritious foods for use in targeted supplementary feeding for children 6-59 months	The Gambia	Quantity of food (MT) procured for malnourished children 6 - 59 admitted to the targeted supplementary feeding programme	331

Activities	Locations	Indicator	Target 2015
Plan for and procure specialized nutritious foods for targeted supplementary feeding for PLW	The Gambia	Quantity of food (MT) procured for malnourished pregnant and lactating women	243
Prevention of malnutrition	The Gambia	Number of PLW registered in blanket supplementary feeding programme Number of children registered for multiple micronutrient supplementary feeding programme	4,500 25,000
Screen and identify moderately malnourished children and pregnant and lactating women and enroll them into the treatment programmes	Banjul, Central River, , Lower River, North Bank, Upper River, Western	Number of screening sessions conducted at community level	84
Screening of malnutrition	The Gambia	Number of health staff trained i screening for SAM and MAM	100
Support free of charge hospital management of severe acute malnutrition (SAM) in	The Gambia	Number of children with severe acute malnutrition admitted to a therapeutic nutrition programme	620
Support free of charge management of severe acute malnutrition (SAM) in outpatient facilities	The Gambia	Number of children 6-59 months with severe acute malnutrition admitted to a therapeutic nutrition programme	5,000

WATER SANITATION AND HYGIENE – WASH



Lead agency: United Nations Children's Fund (UNICEF)
Contact information: Rupert Leighton (rleighton@unicef.org)



PEOPLE IN NEED

183,800



PEOPLE TARGETED

125,488



REQUIREMENTS

\$481,500



OF PARTNERS

7

Inadequate access to safe drinking water and basic sanitation and poor hygiene practices leave a significant part of food and nutrition insecure populations at continuous risk of contracting waterborne diseases. Ensuing poor health results in loss of production which in turn impedes economic recovery. Emergency WASH needs are expected to remain high in 2015 due to this set of circumstances.. At national level the WASH cluster will focus on joint assessment capacity building on data collection and analysis, while at community level the focus will be on teaching families how to improve water safety hygiene and sanitation practices. Other major life-saving activities will include provision of immediate access to safe water supplies, basic sanitation and hygiene promotion.

Cluster Output Indicators

Sahel Indicators		Target 2015
1.	Number of children admitted for SAM treatment having received a WASH kit with key hygiene messages/behaviour counselling for parents/care givers (household water treatment and hygiene supplies)	5,620
2.	Number of nutritional centres with a functional, minimum WASH package (safe drinking water with chlorine residual, disinfectant for washing hands and food utensils, hygienic and secure defecation measures, key hygiene messages / behaviour counselling).	14
3.	Number of affected people provided with a minimum WASH package adapted to their vulnerabilities (safe drinking water, sanitation, hygiene supplies, key messages/behaviour counselling).	125,488

STRATEGIC OBJECTIVE 1: TRACK AND ANALYSE RISK AND VULNERABILITY, INTEGRATING FINDINGS INTO HUMANITARIAN AND DEVELOPMENT PROGRAMMING.

Activities	Locations	Indicator	Target 2015
Identification and mapping of areas, populations, behaviours and high risk periods for cholera transmission	Banjul, Central River, Western	Number areas with joint WASH/health analysis of populations most at-risk of cholera, for whom priority WASH actions can be conducted	6

Promoting the creation of local water commissions or other consultative bodies including the most vulnerable users	Central River, Lower River, North Bank, Upper River, Western	Number of consultative bodies (i.e.local water commissions or committees) created that include the most vulnerable users at the decision-making level (potentially from project steering committees, maintenance committees, etc.)	5
Support to national authorities for data collection and analysis on access to water and sanitation	Central River, Lower River, North Bank, Upper River, Western	Number of areas where humanitarian operations are taking place with available data on access to water and sanitation	5

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.

Activities	Locations	Indicator	Target 2015
Monitoring of water resources in areas of food insecurity (IPC ≥ 3) and hydrological stress	Central River, Lower River, North Bank, Upper River, Western	Number of strategic water points regularly monitored for its functionality	50
Strengthening access to WASH in health centres / nutrition centres targeted on the basis of nutrition indicators and aggravating factors (diarrhoea)	Banjul, Central River, Lower River, North Bank, Upper River, Western	Number of nutrition centres where programmes to improve WASH access are implemented in the framework of early response programmes/early recovery	14
WASH activities in targeted communities based on nutrition indicators / diarrhoea	Banjul, Central River, Lower River, North Bank, Upper River, Western	Number of boys receiving improved WASH access programmes in the framework of early response/early recovery programmes	2,781
	Banjul, Central River, Lower River, North Bank, Upper River, Western	Number of girls receiving improved WASH access programmes in the framework of early response/early recovery programmes	2,838

STRATEGIC OBJECTIVE 3: DELIVER COORDINATED AND INTEGRATED LIFE-SAVING ASSISTANCE TO PEOPLE AFFECTED BY EMERGENCIES.

Activities	Locations	Indicator	Target 2015
Create hygiene promotion activities targeting both women and men.	The Gambia	Number of women with improved knowledge of water and hygiene related diseases	62,870
Create hygiene promotion activities targeting both women and men.	The Gambia	Number of men with improved knowledge of water and hygiene related diseases	62,618

Activities	Locations	Indicator	Target 2015
Creating , training and following up mixed (men and women) community mediators on treatment techniques and conservation of drinking water at home	The Gambia	Number of mixed community mediators (men/women) trained and aware of essential techniques to treat and store water at domestic level	150
Implementation of the minimum WASH package (water points, latrines and sensitization) in schools that have a school feeding programme	The Gambia	Number of schools with school feeding programmes delivering an equitable minimum WASH package (girls and boys)	20
Monitoring and evaluation on functionality of WASH package (residual chlorine, VIP latrines etc.) involving the most vulnerable	The Gambia	Number of people who have benefited from a project involving the most vulnerable people in the monitoring and evaluation of the functionality of a WASH package (residual chlorine, VIP latrines etc.)	70,789
Repairing strategic mixed water points in food insecurity pastoral areas (IPC ≥ 3)	The Gambia	Number of strategic water points repaired	60

REFUGEE RESPONSE CHAPTER



The current refugee population in the Gambia is 11,427 (UNHCR mid-year statistical report as of end of June 2014). The majority of refugees are Senegalese and as the situation in the Casamance remains fragile with no definite change in sight, the appeal will be used for enhancing the following needs:

- Increasing opportunities for self-reliance and livelihoods support through income generation; skills development and training
- Access to national services including education, health and HIV/AIDS services;
- Access to land for agriculture and shelter;
- Issuance of civil status documentation by national institutions and its capacity development supported.
- Participation of communities in SGBV prevention and response enabled and sustained.
- Voluntary counselling and testing (VCT) and care and treatment of people of concern living with HIV/AIDS provided.
- Water, hygiene and sanitation systems 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.

Refugee Response Output Indicators

Sahel Indicators		Target 2015
1.	Number of eligible people registered	11,427
2.	Number of people of concern with specific needs receiving support	1,000
3.	Number of people attaining a durable solution (return, local integration, or resettlement)	11,427

4.	Number of reported SGBV incidents for which survivors receive medical assistance	0
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STRATEGIC OBJECTIVE 1: TRACK AND ANALYSE RISK AND VULNERABILITY, INTEGRATING FINDINGS INTO HUMANITARIAN AND DEVELOPMENT PROGRAMMING.

Activities	Locations	Indicator	Target 2015
Coordination and partnership strengthened	The Gambia	Capacity development supported	30
	The Gambia	Involvement in UN CCA/UNDAF and national development strategies actively maintained	1
	The Gambia	Joint assessment, planning, and evaluation exercises held	1
Law and policy developed or strengthened	The Gambia	# of advocacy interventions made	5
	The Gambia	# of events, workshops and seminars organized	10
Services for people with specific needs strengthened	The Gambia	# of older refugees receiving specific support	800
	The Gambia	# of refugees with disability receiving specific support	200

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.

Activities	Locations	Indicator	Target 2015
Health status of the population improved		Access of refugees to national or government primary health facilities ensured (yes/no)	0
	The Gambia	Number of refugees referred to primary and tertiary medical care	1,500
Level of individual documentation increased	The Gambia	# of government officials trained	90
	The Gambia	# of identity documents issued to refugees	1,000
Population has optimal access to education	The Gambia	Primary education provided	2,000
	The Gambia	Secondary education provided	800
Population has optimal access to reproductive health and HIV services	The Gambia	Refugees included in national treatment programme	11,427
	The Gambia	VCT services provided free of charge to refugees	11,427
Potential for integration	The Gambia	Advocacy conducted	7

realized	The Gambia	Coexistence projects promoted with development actors, government, private sector and other stakeholders	2
Quality of registration and profiling improved or maintained	The Gambia	# of government officials trained	30
	The Gambia	% of registration data updated during the last year	95
Self-reliance and livelihoods improved		Risk of SGBV is reduced and quality of response improved	0
	The Gambia	# of community based committees / groups working on SGBV prevention and response	30
	The Gambia	# of refugees enrolled in apprenticeship / on-the-job training schemes	400
	The Gambia	# of small business associations formed / supported	20
	The Gambia	# of survivors enrolled in income generating and occupational activities	20
	The Gambia	Number of refugees receiving production kits or inputs for agriculture / livestock / fisheries	2,000
Supply of potable water increased or maintained	The Gambia	Water management committees established and active	20
	The Gambia	Water system constructed, expanded and/or upgraded	10

STRATEGIC OBJECTIVE 3: DELIVER COORDINATED AND INTEGRATED LIFE-SAVING ASSISTANCE TO PEOPLE AFFECTED BY EMERGENCIES.

Activities	Locations	Indicator	Target 2015
Operation management, coordination and support strengthened and optimized	Gambia	Monitoring conducted	1
	Gambia	Participation in existing coordination mechanisms	5
Shelter and infrastructure established, improved or maintained	Gambia	# of shelter maintenance tool-kits and materials provided	500