

Protracted Relief and Recovery Operation – The Gambia 200557

| Targeted nutrition and livelihood support to vulnerable people impacted by floods and drought in The Gambia | |
|--|-------------------------------------|
| Number of beneficiaries | 100,200 |
| Duration of project | 24 months (June 2013- June 2015) |
| WFP food tonnage | 4,091 mt |
| Cost (United States dollars) | |
| WFP food cost | 4,181,766 |
| WFP cash/voucher cost | 2,500,000 |
| Total cost to WFP | 10,541,814 |

EXECUTIVE SUMMARY

The combined effects of the 2011/2012 Sahel Crisis and heavy flooding in July/October 2012 have eroded vulnerable households' coping mechanisms and resulted in protracted food insecurity in pockets of the country and persisting acute malnutrition.

Despite a recovery in cereal production from the 2012/2013 harvest, access to food continues to be constrained by high food prices and the lingering effects of last year's food crisis. Two thirds of households face food insecurity, particularly during the annual rainy season, of which 5.5 percent suffer from 'moderate' or 'severe' food insecurity. Global acute malnutrition at the national level is 9.9 percent and stunting prevalence reaches over 30 percent in one region.

This protracted relief and recovery operation aims to: (i) support the treatment and prevention of acute malnutrition among children under 5 and pregnant and lactating women in targeted regions (Strategic Objective 3); (ii) restore and rebuild the livelihoods of the most vulnerable population and support their transition to recovery (Strategic Objective 3); and, (iii) support the national disaster risk reduction agenda and enhance government and community capacity in emergency preparedness and response (Strategic Objective 2).

Food assistance for all asset-creation and training activities will be through cash transfers based on beneficiary preference, functionality of markets and the low cost of cash transfers

relative to in-kind food distribution.

The PRRO is fully aligned with the Government's national priorities as defined in national and sectoral plans and the latest national nutrition protocol, as well as with WFP Strategic Objectives 2 and 3. It contributes to Millennium Development Goals 1, 4, and 5 and supports the United Nations Development Assistance Framework (2012–2016).

SITUATION ANALYSIS

Overall Context

1. The Gambia remains a least-developed and low-income food-deficit country, with a population of 1.8 million. The country has high poverty and low human development: 71 percent of the population live below the US\$2 per day poverty line,¹ and it ranks 165th out of 186 countries in the 2012 human development index.
2. The country lies in the Sahelian agro-climatic zone, with a five-month wet season (June – October). According to the International Institute for Environment and Development, The Gambia is top on the list of 100 countries that are most exposed and vulnerable to the effects of climate change, especially weather related hazards such as drought, windstorms and floods.²

The Food Security and Nutrition Situation

3. In 2012, The Gambia ranked 39th on the global hunger index and was categorized within the 'serious' hunger range.³ Two out of three households (66 percent) are food insecure, of which 5.5 percent are considered 'moderately' or 'severely' food insecure.⁴
4. The economy is predominantly subsistence agrarian, with 68 percent of the workforce engaged in agriculture, contributing 33 percent to the national gross domestic product (GDP). Domestic cereal production meets only 50 percent of national consumption requirements, making the country heavily reliant on food imports. Agricultural production faces numerous challenges including decreasing and erratic rainfall, shortened cropping cycles, limited access to markets due to poor road infrastructure and weak producer support and extension services.⁵
5. A severe drought in 2011 led to a substantial crop failure in most of The Gambia and resulted in 19 districts falling into severe food insecurity.⁶ Household food stocks were severely depleted by March 2012 and 206,000 people required immediate food assistance to cope with the crop failure. Drought-affected populations also suffered a significant loss of income from their main cash crop, groundnuts.

¹ Gambia Bureau of Statistics. 2011. Integrated Household Survey.

² International Institute for Environment and Development. 2007. Critical list: the 100 nations most vulnerable to climate change.

³ International Food Policy Research Institute. 2012. Global Hunger Index (Scores above 10 are considered serious, scores greater than 20 are alarming, and scores exceeding 30 are extremely alarming).

⁴ WFP. 2011. Comprehensive Food Security and Vulnerability Assessment.

⁵ Republic of Gambia 2008 Poverty Reduction Strategy 2007-2011 synthesis.

⁶ Government of The Gambia. January 2012. Emergency Multi-Sectoral Needs Assessment.

6. Compounding the effects of the drought, heavy rainfall and flooding in July and October 2012 destroyed agricultural assets, livestock facilities and infrastructure, affecting a further 40,000 people - of whom 28,000 had been drought-affected earlier.⁷ For vulnerable households already in food stress, this further eroded their coping capacities and aggravated food insecurity and malnutrition. Women are 75 percent of the agricultural labour force⁸ and were therefore particularly disadvantaged by the destruction of and reduced access to cropping areas. High numbers of lactating women were reported at health centres unable to produce breast milk for their infants.
7. Abundant rainfall enabled a steady recovery of the agricultural sector during the 2012/2013 cropping season, yet key crops remain below potential.⁹ Food stocks are expected to be depleted before the lean season (June to October). Households recovering from the impact of both the floods and the drought are expected to remain vulnerable for most of 2013 as they lack livelihood opportunities and remain asset-poor and income-poor.
8. Annual food price inflation (at 6 percent in December 2012) remains above overall consumer price inflation (5 percent). Rice prices at retail level reached a new peak in the last quarter of 2012, at 11 percent above 2011 and 10 percent above the 2008 food price crisis levels.¹⁰ Fuel prices have also continued to rise: 53 percent above 2008 levels in March 2013.
9. In recent years, the Gambia has experienced a decline in health and nutrition. The national prevalence of wasting (global acute malnutrition - GAM) among children 6-59 months increased from 6.4 percent in 2005 to 9.5 percent in 2010¹¹ and reached 9.9 percent in 2012.¹² Nutrition surveillance shows wasting consistently peaks during the lean season and that children aged 6-23 months are particularly vulnerable. Wasting has remained serious (above 10 percent)¹³ in two out of six regions (Central and Upper River Regions). In some regions, although wasting is below the 10 percent threshold, in terms of absolute numbers the problem is still substantial: in the West Coast region for example, wasting is 7.5 percent, however the number of malnourished children is 30 percent higher than in the Central River region which has the highest wasting at 13.1 percent. Moderate acute malnutrition was recorded as 8.3 percent in 2012. Wasting ranges from 7.5 percent to 13.1 percent across the six regions.
10. The national prevalence of stunting is 21.2 percent,¹⁴ and ranges from 14 to 31 percent across the regions.¹⁵ Central River Region suffers both serious stunting and wasting. In women of child-bearing age (15-49 years), undernutrition and overnutrition co-exist: 18 percent are underweight and 24 percent are overweight or obese. Undernutrition has been on the rise in urban areas, affecting between 13-16 percent of women in most vulnerable

⁷ Government of The Gambia, United Nations, Red Cross Society. 2012. Detailed Impact and Needs Assessments of Flash Floods and Windstorms in The Gambia.

⁸ National Planning Commission May 2008 PRSP II Annual Progress Report 2007.

⁹ Government of the Gambia, Ministry of Agriculture. April, 2013. National Agriculture Sample Survey.

¹⁰ Daa Nyeeno – Food Security and Market Information Bulletin for The Gambia (May 2013).

¹¹ UNICEF. Multiple-indicator cluster survey (2005 and 2010).

¹² The Gambia 2012. Standardised Monitoring and Assessment of Relief Transitions.

¹³ Wasting prevalence 5-9 percent is “poor”, 10-14 percent is “serious” and above 15 percent is “critical”. WHO 1995. Cut-off values for public health significance. www.who.int/nutgrowthb/en

¹⁴ Stunting prevalence 20-29 percent is “medium”, 30-39 percent is “high” and 40 percent is “very high”. Cut-off values for public health significance. WHO 1995. www.who.int/nutgrowthb/en

¹⁵ The Gambia 2012. Standardized Monitoring and Assessment of Relief and Transitions.

urban dwellings.¹⁶ Iron deficiency anaemia is prevalent in 75 percent of children under 5.¹⁷ The incidence of low birth weight is 10 percent.¹⁸ Infant and young child feeding remains a challenge with only 34 percent being exclusively breastfed and only 35 percent receiving weaning foods after 6 months.

11. The causes of undernutrition in The Gambia are varied and include low levels of exclusive breastfeeding, late introduction of weaning foods, low coverage of micronutrient interventions, limited dietary diversity, and a high disease burden - especially during the rainy season. Undernutrition continues to be a major public health problem exacerbated by poverty, high food prices, rural-to-urban migration, climatic shocks and environmental degradation. Acute food shortages occur during the rainy season from June to October, when households often exhaust their food supply.

POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

Policies, Capacities and Actions of the Government

12. The Gambia's Programme for Accelerated Growth and Employment (2012 - 2015) aims to transform The Gambia into a "middle-income country providing a high quality of life to all its citizens by 2020."¹⁹ Social and economic rights of marginalised groups are enshrined in The Gambia's Constitution (1997). The Government's Strategy for Revitalizing Agriculture highlights the need to increase productivity in the smallholder sector.²⁰
13. The National Disaster Management Agency (NDMA) is mandated to coordinate disaster risk reduction, emergency preparedness, early warning, disaster management and response. NDMA reports to the National Disaster Governing Council and has established regional disaster management officers and committees to coordinate interventions at a decentralised level. The regional disaster committees carry out periodic food security assessments and emergency assessments, provide early warning information, and assist in the implementation of emergency interventions. The Gambia is facing significant challenges in the production, analysis and dissemination of information relevant to food security and nutrition: institutional arrangements remain only marginally adequate to enable coordination of development and relief programmes.
14. The National Nutrition Policy (2010-2020) aims to promote optimal nutrition for the population to ensure healthy and sustainable livelihoods. Enhancing food access and implementing nutrition interventions for vulnerable groups are among its main policy priorities. In collaboration with stakeholders, including communities and organizations, the Government aims to mainstream nutrition into relevant national policies and programmes.
15. The health and nutrition sector, led by the National Nutrition Agency (NaNA) under the office of the Vice President and the Ministry of Health and Social Welfare, works with

¹⁶ Government of The Gambia (NaNA and NDMA) and WFP. Preliminary findings: 2013 Urban Vulnerability Assessment.

¹⁷ NaNa, WFP and the Canadian Impact Grant 2006: Baseline study report of the integrated community based anaemia control project.

¹⁸ United Nations Children Fund (UNICEF), MICS 2010.

¹⁹ Government of the Republic of Gambia. 2012. Programme for Accelerated Growth and Employment.

²⁰ Ministry of Agriculture, Ministry of Trade, Industry, and Employment; Republic of The Gambia. 2009. Gambia National Agricultural Investment Programme (2010-2015).

UNICEF, the World Bank, the World Health Organization (WHO), WFP and other nutrition partners to develop strategies to address malnutrition. The sector participated in updating national guidelines for the integrated management of acute malnutrition (IMAM).

16. In July 2012, The Gambia officially joined the global movement on Scaling up Nutrition (SUN) and established a multi-stakeholder platform. Advocacy has been undertaken with key government ministries and partners to combat malnutrition.

Policies, Capacities and Actions of other Major Actors

17. The United Nations Development Assistance Framework (UNDAF, 2012-2016) prioritizes nutrition and food security. It aims to strengthen national capacity, enhance social protection, address poverty through activities to reduce risk and exposure to shocks, and create livelihood opportunities.
18. The United Nations country team developed the Emergency Humanitarian Response Strategy (2012) to respond to the crop failure, high malnutrition and endemic diseases. High impact nutrition interventions remain a priority as well as reaching highly vulnerable populations affected by natural disasters. A United Nations country team (UNCT) common action plan for (2012) focuses on building resilience through interventions for livelihoods, health, food security and nutrition.
19. Discussions on the resilience agenda have been ongoing since the Sahel crisis. A National Resilience Programme was developed in late 2012.²¹ Elements of The Gambia's planned priorities, developed in collaboration with the United Nations system and other partners, include: addressing the chronic levels of food insecurity and malnutrition, integrated programmes, a more coordinated and harmonized approach to humanitarian response, coordinated needs assessments and evidence-based outcome monitoring.
20. WFP works closely with UNICEF on the management of acute malnutrition. UNICEF is supporting NaNA to improve the management and analysis of nutrition information, in particular through national standardised monitoring of relief transitions surveys. WFP works in coordination with FAO in areas related to food security and resilience, including food security assessments, technical assistance, food processing, enhancing market access through local procurement, and also through interventions that provide seeds, farm implements and livestock vaccinations.

Coordination

21. Food security and nutrition interventions are coordinated by the Government, WFP, FAO and UNICEF within a thematic group of development and humanitarian actors, which provides inputs to the national Food Security Council.
22. United Nations agencies have established technical working groups under the UNCT. A United Nations joint disaster management and resilience team coordinates the work of humanitarian partners. A United Nations joint proposal (2014 – 2015) is being developed to strengthen national capacities in data collection, analysis and communication in food security and early warning.

²¹ Government of The Gambia and UN System. 2012 The Gambia Responses and Recovery Plan for 2013.

23. WFP also coordinates its operations with the umbrella organization “The Association of Non-Governmental Organizations in The Gambia” (TANGO) which provides support for the implementation of interventions in food security, nutrition and health.
24. A joint memorandum of understanding on social protection has just been signed between the Government and United Nations agencies, including WFP, to advocate and promote development of a national policy.

OBJECTIVES OF WFP ASSISTANCE

25. This protracted relief and recovery (PRRO) will help address the residual humanitarian needs of households struggling to recover from multiple shocks, while also supporting them to rebuild their lives and livelihoods. As a transitional intervention, the recovery activities under this PRRO aim to lay a foundation for longer-term investments to strengthen the resilience of vulnerable people to climatic and economic shocks. Activities are aligned to WFP’s Strategic Objectives 2 (Prevent acute hunger and invest in disaster preparedness and mitigations measures) and 3 (Restore and rebuild lives and livelihoods in post-disaster and transition situations).
26. Specifically, the PRRO aims to: (i) support the treatment and prevention of acute malnutrition among children under 5 and pregnant and lactating women in targeted regions (Strategic Objective 3); (ii) restore and rebuild the livelihoods of the most vulnerable population and support their transition to recovery (Strategic Objective 3); and, (iii) support the national disaster risk reduction agenda and enhance government and community capacity in emergency preparedness and response (Strategic Objective 2).
27. The PRRO contributes towards achievement of the Millennium Development Goals (MDGs) 1, 4, and 5²² and is aligned with the United Nations Development Assistance Framework (2012–2016).

WFP RESPONSE STRATEGY

Nature and Effectiveness of Food Security-Related Assistance to Date

28. WFP assistance to The Gambia started in 1970 with a community-based school feeding project and has responded with humanitarian assistance to natural disasters and to assisting Senegalese refugees.
29. In response to the severe drought in 2011, WFP prepared an immediate response emergency operation for two months while developing a full emergency operation (EMOP) which assisted drought-affected communities, from June-November 2012 which included the lean season. Given the severity of the crisis and the need for immediate food assistance, the EMOP (200421) focused assisting those most heavily affected by the crop failure in the five rural regions (West Coast, North Bank, Lower River, Central River and Upper River Region). Activities included: blanket supplementary feeding for children 6-59 months and targeted food assistance (food and cash transfers) for small-holder farming households. The EMOP assisted 230,000 people.

²² MDG 1: Eradicate extreme poverty and hunger; MDG 4: Reduce child mortality; MDG 5: Improve maternal health.

30. In the absence of targeted supplementary feeding for the treatment of moderate acute malnutrition (MAM) in The Gambia, the blanket supplementary feeding intervention was extended beyond the usual target age group (children 6-23 months) to reach children 6-59 months.
31. Post-distribution monitoring of the cash transfers under the EMOP found that beneficiaries have a strong preference for cash, with 89 percent of households using the cash almost exclusively for food. An evaluation of the cash transfers by WFP's cooperating partner Concern Universal concluded that the cash distributions created a multiplier effect in the communities: retailers, wholesalers and local producers at the community level benefited indirectly from increased spending by the beneficiaries, and households headed by women reported improvements in the nutritional value and diversity of their family diets.
32. WFP is well established as lead-agency in the area of food security analysis and vulnerability identification. WFP's support has identified and mapped vulnerabilities across The Gambia, contributing to enhanced sectoral coordination and has resulted in the establishment of a country-wide food security and market monitoring system. Vulnerability analysis and mapping has proven to be a useful tool for the improved targeting of WFP and partner interventions in food security and nutrition. WFP has been providing the NDMA with support to enhance the agency's operational and technical capacities, particularly in emergency assessments, contingency planning, vulnerability and risk analysis, logistics, food distributions, monitoring and reporting.
33. WFP is also implementing a development project, "Establishing the Foundation for a Nationally-Owned, Sustainable School Feeding Programme" (August 2012-July 2016) to assist the Government to increase access to primary education and strengthen the overall institutional and policy framework for a nationally owned and home-grown school feeding programme.

Strategy Outline

34. The development of this PRRO is based on extensive consultations with the Government, donors, the United Nations System and NGOs. The PRRO will start as The Gambia enters into the annual lean season. It aims to improve food security and nutrition across all six regions in The Gambia. The operation has three components: (i) nutrition security; (ii) recovery from shocks; and, (iii) disaster risk management.

Component 1: Nutrition security

35. *Treatment of moderate acute malnutrition (MAM):* Targeted supplementary feeding will be provided to treat MAM in children aged 6-59 months and malnourished pregnant and lactating women in all six regions.²³ Targeted supplementary feeding will be implemented close to the health facilities to facilitate access to health services and will be closely linked with UNICEF's therapeutic feeding centres. Entry and discharge criteria, as well as duration of treatment, will be in line with the National Nutrition Protocol. Malnourished individuals will be identified and referred to targeted supplementary feeding centres by village support groups operating in villages under the baby-friendly community initiative, or through primary health care structures. Targeted supplementary

²³ Central, Upper and Lower River Region, North Bank, West Coast Region, Kanifing Municipality and Banjul.

feeding will also be provided to children discharged from therapeutic feeding programmes to enhance their full recovery. Beneficiaries will be sensitised on sustainable ways of improving their diets before discharge – this will also be extended to spouses. Antenatal and postnatal services will ensure a holistic approach to maternal and child health and nutrition. Home visits will follow up treatment and reinforce nutrition education messages.

36. *Prevention acute malnutrition:* Blanket supplementary feeding will be provided to children aged 6-23 months in Central and Upper River regions during the five-month lean season. Caregivers will receive key health and nutrition messages on infant and young child feeding, water, sanitation and hygiene. The activity will also promote access to essential nutrition actions provided by cooperating partners and nutrition education to develop knowledge on the proper utilization of local nutritious foods. For 2014, district-level targeting will be further refined based on updated nutrition information. Should blanket supplementary feeding be assessed as no longer relevant, a budget revision will remove this activity from the operation.

Component 2: Recovery from shocks

37. Food assistance for asset-creation (FFA) through cash transfers and cash-for-training activities will be offered to the most vulnerable households affected by the 2011 drought and 2012 floods for five months during the annual lean season (June to October). This support will stabilise the food security and nutrition situation while paving the way for future resilience-building interventions with other partners.

38. Asset-creation activities will include:

- Rehabilitation of community assets lost during the floods, such as flood protection barriers to protect farmland.
- Creation of run-off water harvesting assets and small irrigation structures to mitigate the impact of droughts.
- Promotion of community and homestead gardening and tree planting to improve food access, promote food diversity at household level and contribute to income generation. Crop production near the house will encourage women's participation. Community gardening and tree planting are expected to enhance community resilience by enabling community-based entrepreneurship, seed regeneration and the prevention of soil erosion.

Expecting and lactating mothers will be exempted from labour intensive activities and will be engaged in gardening and other training.

39. Training activities will include:

- Small-scale food processing and preservation. WFP will further explore women-sensitive activities to promote food diversity at household level and sustainable income generation.
- Promotion of household storage silos piloted by FAO and sensitization to reduce post-harvest losses.
- Integration of horticulture for nutrition and health through sensitizations on good nutrition practices.
- Promotion of energy-saving stoves and other fuel efficient practices to lessen women's workload for firewood collection. NGOs with the required experience will be identified to work with the communities.

40. WFP will explore partnerships with agencies involved in vocational training and small-scale income generation to enhance asset-creation activities that support capacities and opportunities for recovery.
41. Cash transfers will be distributed through established micro-finance institutions and cooperating partners. An assessment will guide implementation in the main urban regions (Kanifing Municipality and Banjul).

Component 3: Disaster risk management

42. WFP aims to increase institutional capacity at all levels in disaster risk management by strengthening early warning, food security monitoring and humanitarian coordination systems. Institutions that will be targeted include: the NDMA; disaster management committees; the Ministry of Agriculture; regional agricultural directorates; the Ministry of Health; the national nutrition agency; multi-disciplinary facilitation teams at community level; community-based organizations; food management committees; village development committees; and NGOs. WFP will enhance emergency preparedness and engage humanitarian partners in capacity-building activities, development of standards in food security monitoring and vulnerability measurement and the institutionalization of assessment and coordination tools. Enhanced availability of and better capacity to process early warning information will feed into preparedness and response planning.

Hand-Over Strategy

43. At the national level, FFA planning and implementation will be with the NDMA and will promote increasing government management and resourcing of activities. Additional training on data collection, analysis and communication by WFP will promote understanding of food security and nutrition and enable government departments to better coordinate and use relevant data. Some of the elements of the nutrition component are expected to be absorbed within a national project on results-based financing: remunerating health providers based on their performance should improve primary health care delivery. WFP is working with partners to ensure the integration of maternal and child health and nutrition.
44. At regional level, WFP will work with regional health teams and nutrition field officers on the planning and management of programmes for treatment and prevention of acute malnutrition programmes and advocate for active involvement of the government health and nutrition partners. This is intended to build capacity for eventual ownership of these activities, including the allocation of funds. Regional FFA focal points will advocate for inclusion and expansion of asset-creation activities into the NDMA's budget.
45. At the community level, community leaders and food committees will be trained on operation and maintenance of the assets and will take over management of the asset upon completion of the PRRO. Communities will form an integral part of capacity building in disaster risk management, both as beneficiaries and contributors towards the strengthening of relevant systems.

BENEFICIARIES AND TARGETING

46. Geographic targeting at national, regional, district and community levels is guided by food security and nutrition assessments and surveys. Activities will focus on areas affected by the 2012 shocks i.e. floods and drought.
47. Treatment of MAM will be introduced in phases, starting with the three most vulnerable rural regions (North Bank, Central and Upper River) and gradually expanding to cover West Coast and Lower River Regions, Kanifing Municipality and Banjul. Beneficiary planning figures have been determined using the most recent prevalence of GAM and projected population estimates. Targeted supplementary feeding will be provided to children aged 6-59 months and pregnant and lactating women. Admission and discharge criteria will follow the national protocol.²⁴ Planning figures will be revised based on national nutrition survey findings and actual admissions.
48. Blanket supplementary feeding for all children aged 6-23 months will be administered during the lean season (June-October) to help prevent acute malnutrition in:
- regions with GAM at or above the 10 percent 'serious' threshold;
 - districts and localities within targeted regions with aggravating factors, including those assessed to have been seriously impacted by the 2011 drought.
- WFP will work with partners to target all children aged 6-23 months in identified districts irrespective of their nutrition status. Children identified as malnourished through screenings will be referred to the appropriate feeding centres for treatment.
49. FFA will cover six regions targeting 40,000 beneficiaries (5,000 households) identified using the 2012 detailed flood assessment and through local committees, with an emphasis on households affected by both floods and drought. Both rural areas and urban areas will be included. Localities prone to disasters will be mapped out at regional level in consultation with the NDMA. Communities that will implement FFA will also be included as locations for generating and enhancing early warning information. Following a food security assessment planned for the end of 2013, targeting for this activity will be adjusted in 2014 as required.

²⁴ For children under 5, the entry criteria are: i) weight-for-height between $-2 < Z < -3$; or ii) MUAC between $>115 < 125$ mm or iii) growth faltering. Pregnant and lactating women are admitted on first contact if MUAC is below 210 mm or they are assessed to have a high risk pregnancy or pregnant women not gaining weight. Discharge criteria is a child attaining $\Rightarrow z > -1.5$ or MUAC $\Rightarrow >125$ mm for two consecutive visits while Pregnant and lactating women will stay in the programme until the child is 6 months.

| TABLE 1: BENEFICIARIES BY ACTIVITY | | | |
|---|-----------------|--------------------|------------------------------|
| Activity | Men/boys | Women/girls | Total (24 months) |
| Treatment of MAM - children aged 6-59 months | 13,720 | 14,280 | 28,000 |
| Treatment of MAM - pregnant and lactating women | | 12,500 | 12,500 |
| Prevention acute malnutrition - children aged 6-23 months | 11,025 | 11,475 | 22,500 |
| FFA and cash for training | 19,600 | 20,400 | 40,000 |
| Total | 44,345 | 58,655 | 103,000 |
| Adjusted Total* | 42,973 | 57,227 | 100,200 |

*Adjusted total avoids double counting beneficiaries benefitting from more than one activity

NUTRITIONAL CONSIDERATIONS AND RATIONS / VALUE OF CASH TRANSFERS

50. The nutrition products selected for use in the nutrition-specific interventions will provide essential macronutrients and micronutrients to ensure optimal child mental and physical development. Under both the treatment and prevention of moderate acute malnutrition, WFP will provide Super Cereal Plus for children. For malnourished pregnant and lactating women admitted into targeted supplementary feeding, Super Cereal with sugar and vegetable oil will be used. In line with the national nutrition protocol, 270 days is the recommended duration of treatment for malnourished pregnant and lactating women.²⁵ The choice of foods is expected to minimize supply chain difficulties.
51. For asset-creation and training activities, each participant will receive 132 Dalasi (US\$4.00) per day, which is just below the average agriculture daily rate in order not to destabilize the labour market.²⁶ This will provide a monthly transfer value of 1,648 Dalasi (US\$50). Activities will be undertaken for 12.5 days per month so as not to further burden affected households during the agricultural season. Based on market food prices and the rationale that households can meet a portion of their own food requirements, the transfer value will cover 80 percent of the food requirements for a household of eight people.

²⁵ Pregnant women who are screened as malnourished are admitted as early in the pregnancy as possible (usually around the 3rd trimester of gestation) and stay in the programme until the child is 6 months old. Therefore, the estimated duration is an average 3 months during pregnancy + 6 months post childbirth = 9 months or 270 days.

²⁶ The average agricultural labour wage during this season is approximately US\$4.50 per day.

| Commodity | Treatment of MAM - children 6-59 months | Treatment of MAM - pregnant and lactating women | Prevention acute malnutrition - children 6-23 months | FFA and cash for training |
|------------------------------------|---|---|---|------------------------------|
| Vegetable oil | | 20 | | |
| Super Cereal Plus | 200 | | 200 | |
| Super Cereal ²⁷ | | 200 | | |
| Cash (US\$/person/day) | | | | 0.50 |
| TOTAL | 200 | 220 | 200 | 0.50 |
| Total kcal/day | 787 | 929 | 787 | |
| Number of feeding days per year | 60 | 270 | 150 | 62.5 |

| Commodity | Treatment MAM - children 6-59 months | Treatment MAM - pregnant and lactating women | Prevention acute malnutrition - children 6-23 months | FFA and cash for training | Total |
|---------------------------------|---|--|--|------------------------------|------------------|
| Vegetable oil (mt) | | 158 | | | 158 |
| Super Cereal Plus (mt) | 1,008 | | 1,350 | | 2,358 |
| Super Cereal ²⁸ (mt) | | 1,575 | | | 1,575 |
| Cash (US\$) | | | | 2,500,000 | 2,500,000 |
| TOTAL (mt) | 1,008 | 1,733 | 1,350 | | 4,091 |
| TOTAL (US\$) | | | | 2,500,000 | 2,500,000 |

IMPLEMENTATION ARRANGEMENTS

Participation

52. Targeted supplementary feeding will be implemented by government health officials and NGOs at locations close to the health centres. Under the supervision of cooperating partners and community health nurses, trained community volunteers will assist in screening, pre-mixing of commodities and outreach. Blanket supplementary feeding will involve community management committees and will be overseen by competent health and nutrition cooperating partners (including: Catholic Relief Services and Nutritionists without Borders). WFP will explore collaboration with telecommunication companies to

²⁷ SuperCereal premixed with sugar will be used

²⁸ SuperCereal premixed with sugar will be used

deliver health and nutrition messages through mobile telephone networks and other means.

53. Local committees that support the identification of beneficiaries for FFA and training activities will be comprised of at least 50 percent women. Beneficiaries are involved in needs assessments and post-distribution monitoring, to feedback on the assistance received and inform on household-level outcomes. They also participate in the community-level prioritization of assets to be created, as well as in the implementation of works. Over 50 percent of FFA beneficiaries will be women. Work norms will be adjusted to the needs, capacities, and vulnerabilities of male and female participants.

Partners and capacities

54. NaNA, the Ministry of Health and Social Welfare, UNICEF and WFP will cooperate on the implementation of nutrition activities with the support of health workers at health centres, primary health care villages and baby friendly community initiatives to ensure access to hard-to-reach populations. Cooperating partners will implement targeted supplementary feeding activities, manage the commodities and prepare monthly reports for submission to WFP. WFP recognises that partners will require capacity development support to ensure smooth implementation and to assure quality control of foodstuffs in storage. Community health workers and village support groups will assist with active screening, and follow up of malnourished children.
55. The Ministry of Health and Social Welfare, NaNA, WFP and UNICEF will: support training of health workers on IMAM and Integrated Management of Neonatal and Childhood Illness case management skills; provide the necessary equipment, tools and guidelines; and develop information, education and communication materials on nutrition.
56. WFP will provide fortified blended foods for the treatment of MAM, while UNICEF will provide therapeutic foods for the treatment of severe acute malnutrition. WFP will continue to work with local transporters for a timely delivery of commodities to targeted supplementary feeding centres and community distribution points for blanket supplementary feeding.
57. For the implementation of activities under FFA, WFP's main government partners are the NDMA, the Ministry of Agriculture and the Ministries of Water and the Environment. WFP will seek partnerships with FAO and the International Fund for Agriculture Development (IFAD) to provide required technical assistance. Cooperating partners will be involved in planning, defining and monitoring work norms and activities.
58. A capacity gap-analysis of Government and cooperating partners will be carried out to inform planned disaster risk management support.

Procurement and Logistics

59. The commodities required for this operation are not available on the local market and will be procured internationally.

60. Internationally procured food will arrive in The Gambia through Banjul Port to WFP's main warehouse in Banjul. Transport of commodities to final distribution points will be mainly contracted to commercial transporters. All food reception, storage and handling is tracked through WFP's Commodity Movement Processing and Analysis System (COMPAS).

Transfer modalities

61. Based on beneficiary preference to receive cash instead of food transfers where market conditions are conducive, WFP will partner with microfinance institutions (MFI) for the distribution of cash. MFIs are proven to be flexible and efficient in reaching beneficiaries, particularly in rural areas.²⁹ WFP monitors will be present at each distribution location to reduce the risk of losses. MFIs will be contracted through a competitive procurement process and governed through WFP contractual agreements.

62. WFP and partners will continuously monitor market and price development and the transfer value will be adjusted as required. Sensitization sessions on locally available nutritious foods will be held for beneficiaries prior to receiving the cash transfers to help promote the use of these transfers to support food security and nutrition.

63. To ensure that women's control over food in the household is not reduced by cash transfers, WFP will advocate and build awareness at community level. Assessments will be carried out to review MFI and cooperating partners' accounting systems, audit and internal controls to determine the level of risk and develop capacity when required. WFP will explore the possibility of working with the Cash Learning Partnership to train local NGOs on using cash transfers.

Non-Food Inputs

64. WFP will collaborate with NaNA and the Ministry of Health and Social Welfare to create educational materials related to nutrition, hygiene, sanitation and food preparation to complement the nutrition interventions.

65. The implementation of the targeted and blanket supplementary feeding activities will require the participation and empowerment of frontline communicators, including: community drama groups, traditional communicators, school-based groups, the local media and mobile film vans who can disseminate health and nutrition messages in various settings across the country. UNICEF, WHO and WFP will contribute to this campaign.

66. WFP will plan complementary support with the Government and other partners to ensure the appropriate tools and machinery are provided for FFA activities, including inputs from FAO for horticultural activities.

PERFORMANCE MONITORING

67. WFP will use vulnerability analysis and mapping, emergency food security and livelihoods assessments, post-distribution and beneficiary contact monitoring, nutrition

²⁹ WFP post-distribution monitoring finding from EMOP 200421.

surveys and studies to analyse vulnerability and evaluate the impact of assistance. Existing monitoring and evaluation tools will be updated, and staff capacity increased.

68. Output and outcome monitoring data will be collected regularly and will serve to improve programme management and effectiveness. (Annex II). Monitoring will be conducted jointly with cooperating partners and government and embedded within the agreements with government partners and NGOs. Cooperating partners and food monitors report monthly.
69. Integrated food security and nutrition monitoring will evaluate household food security status, nutrition and health outcomes to inform targeting and intervention modalities.
70. Updated nutrition information will be captured through nutrition surveillance and trends reported in the national health and nutrition information system. WFP will continue to contribute to nutrition assessments led by NaNA, and partners. Participatory community plans will serve as baselines for FFA activities.
71. WFP will conduct a mid-term evaluation of the project in June 2014 which will examine the need for further assistance to ensure requirements for the 2015 lean season are covered. There will be a final external evaluation at the end of the project.

RISK MANAGEMENT

72. Contextual risks that threaten assets and livelihoods and increase food insecurity include: the ongoing conflict in neighbouring Mali and Senegal and a potential spill-over into other countries; the recurrent risks of drought, flooding or locust infestation; outbreaks of Contagious Bovine Pleuro Pneumonia (as there is no regular national cattle immunization); food price volatility; and market dysfunctions. Contingency planning is undertaken by the NDMA, with the assistance of the United Nations agencies under the leadership of WFP based on hazard and risk analysis and supported by early warning information.
73. Institutional risks include resourcing constraints and associated pipeline breaks. WFP will intensify its efforts to foster new relationships with non-traditional donors and maintain closer and regular engagement with all partners.
74. Programmatic risks include the quality control of food stored in supplementary feeding centres, which WFP will mitigate through the promotion of good storage practices. The use of alternative commodities that are pre-packaged and with longer shelf life such as SuperCereal plus will help mitigate operational risks associated with food storage, handling and food expiration.
75. Staff and partners will comply with the “Do No Harm” principle to avoid increasing beneficiaries’ exposure to existing or potential protection risks. To ensure beneficiaries’ safety while involved in WFP’s activities, actions such as or awareness-raising sessions with key staff and partners will be conducted.

Security Risk Management

76. The Gambia has been relatively stable and no major security incident has occurred involving United Nations staff, supplies, partners and beneficiaries. Non-WFP vehicles involved in the transportation and distribution of food will be clearly marked with WFP visibility materials, and when necessary, security escorts will be acquired from government security forces.

RECOMMENDATION

The Executive Director is requested to approve the proposed protracted relief and recovery operation for The Gambia 200557.

.....

Date:.....

Ertharin Cousin
Executive Director
United Nations World Food Programme

ANNEX I-A

| PROJECT COST BREAKDOWN | | | |
|---|--------------------------|-------------------------|-------------------------|
| Food¹ | Quantity (mt) | Value (US\$) | Value (US\$) |
| Oil and fats | 158 | 139,860 | |
| Mixed and blended food | 3,933 | 4,041,906 | |
| Total food | 4,091 | 4,181,766 | |
| Cash transfers | | 2,500,000 | |
| Total food, cash and voucher transfers | | | 6,681,766 |
| External transport | | | 291,252 |
| Landside transport, storage and handling | | | 429,706 |
| Other direct operational costs | | | 1,133,720 |
| Direct support costs (see Annex I-B) | | | 1,315,719 |
| Total WFP direct costs | | | 9,852,163 |
| Indirect support costs (7.0 percent) ² | | | 689,651 |
| TOTAL WFP COSTS | | | 10,541,814 |

¹ This is a notional food basket for budgeting and approval. The contents may vary.

² The indirect support cost rate may be amended by the Board during the project.

| DIRECT SUPPORT REQUIREMENTS (US\$) | |
|---|------------------|
| Staff and staff-related costs | |
| Local staff - national officers | 31,519 |
| Local staff - temporary assistance | 298,230 |
| International consultants | 6,946 |
| Local consultants | 4,515 |
| Staff duty travel | 381,414 |
| Subtotal | 722,624 |
| Recurring expenses | |
| Rental of facility | 25,000 |
| Utilities | 15,535 |
| Office supplies and other consumables | 22,500 |
| Communications services | 144,526 |
| Equipment repair and maintenance | 19,000 |
| Vehicle running costs and maintenance | 102,915 |
| Office set-up and repairs | 14,857 |
| United Nations organization services | 70,000 |
| Subtotal | 414,333 |
| Equipment and capital costs | |
| Vehicle leasing | 20,400 |
| Communications equipment | 158,362 |
| Subtotal | 178,762 |
| TOTAL DIRECT SUPPORT COSTS | 1,315,719 |

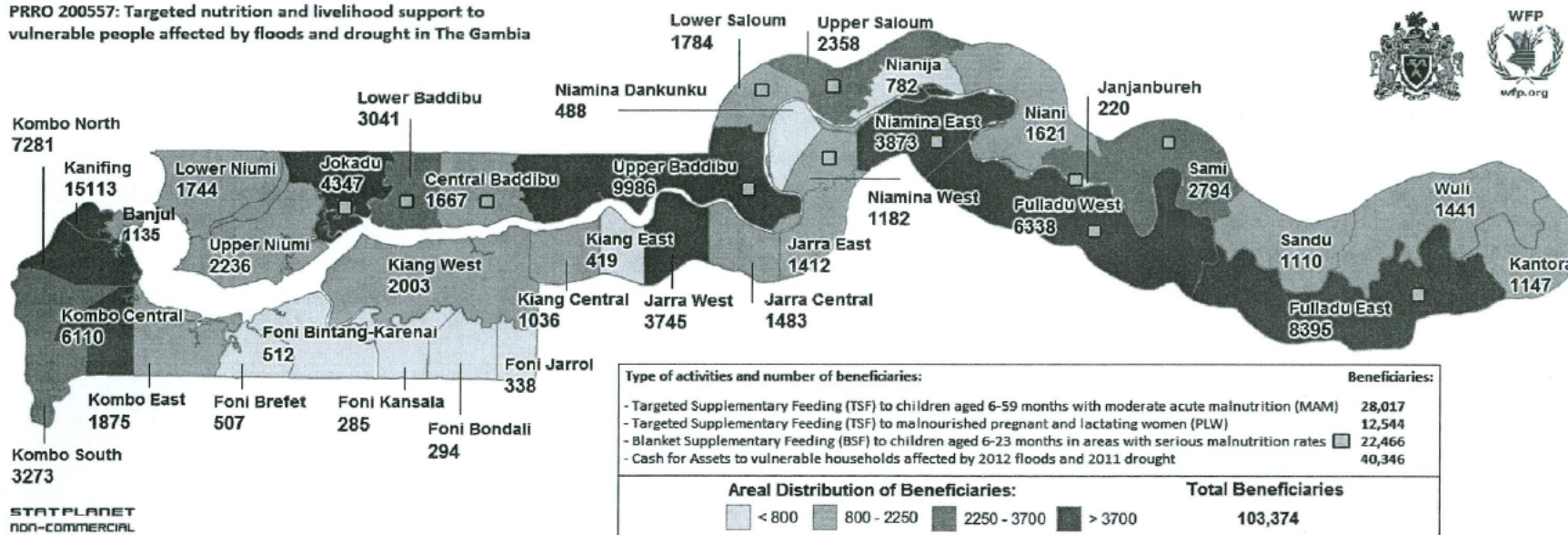
ANNEX I-B

ANNEX II: GAMBIA PRRO 200557 LOGICAL FRAMEWORK

| Results | Performance indicators | Assumptions |
|---|---|---|
| Strategic Objective 2 – Prevent Acute Hunger and Invest in Disaster Preparedness and Mitigation Measures. | | |
| Goal 1: To support the national disaster risk reduction agenda and enhance government capacity in emergency preparedness and response. | | |
| Outcome 2.1 Early warning systems; contingency plans; food security monitoring systems set in place and enhanced with WFP capacity development support | <ul style="list-style-type: none"> ➤ Disaster preparedness index. Target: 7 | <ul style="list-style-type: none"> ➤ Government leadership & community participation in training; commitment from partners ➤ Reliable information available |
| Output 2.1: Disaster mitigation measures in place with WFP capacity-development support | <ul style="list-style-type: none"> ➤ Risk-reduction and disaster preparedness and mitigation systems in place, by type: (early-warning systems, food security monitoring systems and contingency plans, etc) | <ul style="list-style-type: none"> ➤ Government leadership and community participation in training, commitment from partners ➤ Adequate partner and government capacity |
| Strategic Objective 3 – Restore and rebuild lives and livelihoods in post conflict, post disaster or transition situations. | | |
| PRRO Goal 2: To support the re-establishment of the livelihoods and food security and nutrition of communities and families affected by shocks. | | |
| Outcome 3.1: Reduced acute malnutrition in targeted groups of children and pregnant and lactating women | <ul style="list-style-type: none"> ➤ Prevalence of low mid-upper arm circumference (MUAC) among children under 2. Target: <5% ➤ Prevalence of acute malnutrition among children under 5 in WFP intervention areas (weight-for-height). Target: <5% Targeted supplementary feeding performance indicators: recovery rates >75%; death rates <3%; defaulter rates <15% | <ul style="list-style-type: none"> ➤ Partners apply the new nutrition protocol ➤ Adequate funding received in time ➤ The right food and supplies are received in time ➤ Adequate health structures to facilitate wider coverage. Partners capacity to provide complementary services ➤ Potential flooding during rainy season does not prevent beneficiaries adherence |
| Outcome 3.2: Adequate food consumption over assistance period reached for targeted households and communities | <ul style="list-style-type: none"> ➤ Household food consumption score. Target >42 | <ul style="list-style-type: none"> ➤ Adequate and timely funding to ensure healthy pipeline ➤ Partners are able to provide complementary services |
| Output 3.1: Food and non-food items distributed in sufficient quantity and quality to targeted women, girls and boys under secure conditions | <ul style="list-style-type: none"> ➤ Number of women, men, girls and boys receiving food and non-food items, by category and as % of planned ➤ Tonnage of food distributed, by type, as % of planned ➤ Quantity of fortified foods, complimentary foods and special nutritional products distributed, by type and % of actual distribution ➤ Total amount of cash transferred to beneficiaries ➤ WFP expenditures related to distribution of food , non-food items, cash transfers and vouchers, by activity and transfer modality (US\$) ➤ Number of United Nations agencies/international organizations that collaborate in the provision of complimentary inputs and services ➤ Number of NGOs that collaborate in the provision of complimentary inputs and services | <ul style="list-style-type: none"> ➤ Adequate and timely funding to ensure healthy pipeline ➤ Cash accurately accounted for by partners |
| Output 3.2 : Developed, built or restored livelihood assets by targeted communities and individuals | <ul style="list-style-type: none"> ➤ Number of community assets created or restored by targeted communities and individuals, by type and unit of measurement. | <ul style="list-style-type: none"> ➤ Communities have the capacity and support to maintain assets created through FFA |

MAP OF THE GAMBIA FOR PRRO 200557

PRRO 200557: Targeted nutrition and livelihood support to vulnerable people affected by floods and drought in The Gambia



STATPLANET
NON-COMMERCIAL





ACRONYMS USED IN THE DOCUMENT

| | |
|--------|---|
| EMOP | emergency operation |
| FAO | Food and Agriculture Organization of the United Nations |
| FFA | food assistance for assets |
| GAM | global acute malnutrition |
| IMAM | integrated management of acute malnutrition |
| MAM | moderate acute malnutrition |
| MICS | multiple-indicator cluster survey |
| NaNA | National Nutrition Agency |
| NGO | non-governmental organization |
| NDMA | national disaster management agency |
| UNCT | United Nations country team |
| UNDAF | United Nations Development Assistance Framework |
| UNICEF | United Nations Children Fund |
| WFP | United Nations World Food Programme |
| WHO | World Health Organization |