

**ANNUAL REPORT OF
THE RESIDENT/HUMANITARIAN COORDINATOR
ON THE USE OF CERF GRANTS**

Country	GAMBIA
Resident/Humanitarian Coordinator	Ms. CHINWE DIKE
Reporting Period	1 January 2009 – 31 December 2009

I. Summary of Funding and Beneficiaries

Funding (US\$)	Total amount required for the humanitarian response:	\$782,018	
	Total amount received for the humanitarian response:	\$386,544	
	Breakdown of total country funding received by source:	CERF \$ 386,544 CHF/HRF COUNTRY LEVEL FUNDS OTHER (Bilateral/Multilateral)	
	Total amount of CERF funding received from the Rapid Response window:	\$386,544	
	Total amount of CERF funding received from the Underfunded window:	0	
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	\$386,544
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	0
		c. Funds for Government implementation:	0
		d. TOTAL:	\$386,544
	Beneficiaries	Total number of individuals affected by the crisis:	14,724 individuals
Total number of individuals reached with CERF funding:		14,724 total individuals	
		3,000 children under age 5	
		7,800 females	
Geographical areas of implementation:	Six of the seven regions of The Gambia (KMC, WR, CRR, URR, LRR and NBR)		

II. Analysis

Humanitarian Context

In September 2009, the Gambia experienced heavy, torrential rains which caused extensive flooding and resulted in loss of lives, crops and livestock, as well as large scale damage to infrastructure and household property. All six of the seven regions of the country were affected. Nine human lives were lost, while approximately 15,000 people (52 percent female and 20 percent children under age five) were in need of immediate assistance.

The displaced population was in critical need of humanitarian aid because a large number of households affected lost their homes, possessions and assets. Flooding exacerbated the risk of cholera and other childhood illnesses, which could lead to increased morbidity and untimely deaths among children.

During the emergency, water, hygiene, sanitation and disease outbreak were the main concerns. Significant loss of livelihoods had been reported. Small farmers and traders were among the most affected because their goods had been destroyed or damaged, and their livestock had been lost.

There were also reports indicating that rice fields had been submerged. Millet crops were put down in preparation for harvest in the Central River Region. The timing of the emergency coincided with harvesting period for local farmers.

Justification for CERF Funding

In light of the foregoing, the United Nations System in collaboration with the Government of the Gambia prepared a joint funding proposal to the CERF rapid response window to meet the immediate basic needs of the flood-affected population. The United Nations's response identified three priority areas that lacked funding support and, therefore, required immediate provision of: emergency food aid; water and sanitation; and health.

At the end of the emergency intervention, CERF funds had been used to:

- Provide emergency food assistance to 1,744 households consisting of 14,343 beneficiaries during the period November 2009 to January 2010.
- Strengthen access to water and sanitation and improve community sanitation and hygiene practices for the 15,000 people affected by the floods (3,000 of whom were children under age five), while ensuring that the rights of all children and women were protected from the adverse consequences of the flooding.
- Provide medicines and other supplies to all major health facilities in the affected areas for easy access by 15,000 people affected by the floods, including the 5,000 displaced in all the six administrative regions.

Coordination and Partnership Building

Decision Making Process to Launch a Response and Decide Allocation:

Coordinated by the Resident Coordinator (RC), a UN Interagency Task Force was created in September 2009 to assist the Government of the Gambia develop a proposal that would be used to seek funding from the CERF Rapid Response window. The result of the mission was a Consolidated Flash Appeal (to respond to the consequences of the drought emergency) and a joint CERF proposal (to respond rapidly to the four life-saving prioritised areas of the response).

Coordination Amongst the Humanitarian Country Team:

All the agencies (WFP, United Nations Children's Fund (UNICEF) and the World Health Organization (WHO)) coordinated the humanitarian response in close collaboration with the National Disaster Management Agency (NDMA). For UNICEF and WHO, this also included participating in the acquisition and actual delivery of supplies to the affected communities.

WFP collaborated with NDMA to map out procedures and modalities for food distribution in the regions. Distribution was based on the list of beneficiaries compiled per region. In conducting the distribution exercise, WFP Food Aid Monitors and Municipal/Regional Disaster Management Committees (RDMC) took the lead at various levels. UNICEF collaborated with NDMA to obtain data on locations and populations affected by flooding in all regions. This information was crucial in planning, *inter alia*, identification of water, sanitation and hygiene (WASH) facilities and supplies.

Partnerships:

All the Agencies (WFP, UNICEF and WHO) relied heavily on partnerships with the various Government Ministries, parastatals and community level institutions and groups to pre-position the items, map out the number, distribution and location of affected people and participate in the delivery of the items.

WFP worked through Food Management Committees (FMCs) established in all the distribution centres. The FMCs played an integral role in the distribution, and their active involvement guaranteed control of the process. The UNICEF WASH Section facilitated water and sanitation interventions with sector counterparts, key partners, network members, and Local Government bodies. The existence of the multisectoral working group for WASH provided the opportunity to leverage strong partnership in the planning and implementation of interventions.

Through the multisectoral working group for WASH interventions, community radio stations allocated air time for hygiene and sanitation message dissemination. Youth and women associations, at community level, were involved in communicating the importance of proper hygiene and sanitation. WHO's main partner in the humanitarian response was the Ministry of Health which helped to ensure that the procured medicines and supplies were delivered to NDMA.

Summary of Strengths and Weaknesses of the Above Partnership Arrangements

Strengths

- The above arrangement did not only help to avoid overlapping but they also facilitated the required synergies among the actors;
- Timely arrangements ensured effective implementation of the designed plan for distribution of food and non-food items;.
- Ability to deliver the services to the beneficiaries in time due to the availability of human resources at district level; and
- Facilitation of the smooth joint response by the relevant actors to the affected areas.

Weaknesses

- Poor quality of weighing scales caused over-scooping and under-scooping at some distribution centres;

- Incorrect recording of stock balances;
- Policy guidelines of the WFP Operations have caused hindrance at some regions because people did not understand WFP Operational Procedures;
- Lack of mobility was a challenge for the regions as some centres were far from each other;
- Lack of incentives from RDMCs led to withdrawal of some members; and
- Inadequate sensitization of the RDMCs and the beneficiaries.

Prioritisation:

The UNCT's Interagency Task Force facilitated shared understanding of the emergency, and agreed on the priority areas for the UN's immediate assistance. The Task Force held similar discussions and an agreement was reached on priority response areas, where emergency activities should begin immediately. It was therefore critical to request CERF funding to carry out the life-saving response in the first three months of the flood. The main priority areas/sectors for intervention included: emergency food aid, water and sanitation, and health.

At other levels, prioritisation of the humanitarian response varied, depending on the nature of the items, distribution of the affected people and institutions involved in the response.

Table 1: Distribution of Populations Affected by the Floods and Prioritisation for WFP Emergency Food Aid

Regions	Total Affected		Total Displaced	
	Households	People	Households	People
KMC	397	4,090		531
WR	355	3,222	64	662
CRR	188	1,243	188	1,243
URR	66	715	16	106
LRR	194	2,674	83	1,246
NBR	958	2,783	153	1,488
Grand Total	2,088	14,727	434	5,488

CERF's Added Value:

CERF funds were mobilised rapidly and implementation started simultaneously. The UN Country Team was able to start timely implementation of the emergency response projects, thereby averting further deterioration of the food insecurity, health conditions and nutritional status of women, children and other vulnerable populations. CERF kept implementation in motion while funding was being mobilised from the donors.

CERF funding was complementary to other funding sources. The funds were used to respond to a livelihood crisis rather than to a traditional food security crisis. The funds arrived, when the country needed to launch a strong emergency response to save lives and alleviate immediate suffering among vulnerable populations affected by the crisis.

III. Results: (To be completed by participating agencies)

Sector/ Cluster	CERF project number and title	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
EMERGENCY FOOD AID	09-WFP-071 Provision of Emergency Food Assistance to People Affected by Floods	\$255,125	\$461,983	14,724 people (7,656 females) (7,068 males) Including 5,488 displaced by the floods in the six regions	Timely provision of food commodities to approximately 15,000 people affected by the floods; and, Benefiting households coping strategy index and food consumption score is maintained or reduced.	Emergency Food Aid- emergency food aid was distributed to nearly all vulnerable and targeted beneficiary groups. Please see table below.	CERF funding complemented the financial resource envelope of the WFP Emergency Operation by meeting the food requirements of the most critically affected and the displaced households.	Monitoring and evaluation was carried out at both field and national level. Periodic joint monitoring visits were organized by WFP and cooperating partners' representatives to assess the level and quality of programme implementation. Output/results indicators were measured through monthly reports of cooperating partners' reports and WFP field staff.	As the emergency affected more women than men, the emergency response focused on a greater number of women than men, i.e., 7,656 women compared to 7,068 men.

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WATER AND SANITATION	09-CEF-061 Water and Sanitation Interventions to Recent Illness and Deaths Related to Flooding	\$59,932	\$119,864	14,724 people (7,656 females) (7,068 males) Including 5,488 displaced by the floods in the 6 regions	All affected areas have access to adequate, safe water supply, basic sanitation and beneficiaries are reached with information on hygiene practices and household water treatment.	<p>Water and Sanitation Measures to Prevent Illness and Deaths Related to Flooding:</p> <p>Water containers of varying sizes ranging from 10-20 litres to facilitate safe water collection transportation from safe water sources including storage at the level of the household.</p> <p>2,296 plastic water containers were procured and distributed to 649 households thus increasing their water collection and storage capacity for family use. 1,298 of 10 litres and 998 of 20 litres sizes.</p> <p>Additionally, 1,298 gallons of bleach; 600 chlorine tablets were supplied to all the 649 affected families to treat their water in their homes and disinfect potentially contaminated surfaces and soap for 18,000 people to ensure effective hygiene behaviour.</p> <p>The DWR has been supported to conduct regular water quality monitoring at the affected communities, and 8 drums of chlorine was also provided to ensure disinfection of contaminated water sources. Through this, 917 water sources were tested, cleaned and purified.</p>	The CERF funds allowed to uphold people's right to access medicines and other medical supplies. 15 surveillance officers were trained on basic surveillance techniques.	<p>Monitoring was conducted nationally and locally through the MoH, LGAs, NDMA, Community Development, and DWR. The Multi-sectoral Working Group discussed programmatic and funds monitoring issues during the technical meetings. The MoH has been updating such meetings on diarrhoea prevalence using routine administrative data from the health regions.</p> <p>Joint technical assessment was conducted by the MoH, Community Development and DWR to mobilize the communities for improved sanitation, assess the situation and discuss constraints and the way forward with the regional disaster management committees.</p> <p>Water quality monitoring of water sources has been ongoing and the results have been positive in terms of water source protection from contamination.</p> <p>The Director of Dept. of Water Resources (DWR) chaired the technical meetings to discuss progress and constraints in implementation, share information, and propose actions – including</p>	As the emergency affected more women than men, the emergency response focused on a greater number of women than men, i.e., 7,656 women compared to 7,068 men.

					<p>No major outbreaks of water-related diseases, such as cholera and other serious forms of diarrhoea were reported among the flood affected communities.</p> <p>60 units of improved pit latrines were built for 60 critical households representing 9.2% of the total household affected.</p> <p>UNICEF coordinated communication activities with the government and other partners such as the GRCS and NDMA.</p> <p>A community based sanitation education and hygiene promotion was conducted in all the health regions targeting flood affected communities and 90% of the population.</p> <p>The sessions focused on the prevention of diarrhoeal diseases, hand washing, water handling, and safe disposal of human faeces and other wastes. Proper hand washing and household water treatment were also demonstrated to the communities.</p> <p>132 community volunteers were trained on water disinfection methods and interpersonal communication skills to promote and monitor household water treatment.</p>	<p>discussions on how to accelerate implementation.</p> <p>The DWR spearheaded implementation of water source disinfection and water quality monitoring while the health sector led community-based hygiene and sanitation education and promotion.</p>	
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HEALTH	09-WHO-063 Health Interventions to Prevent Disease Outbreak and Deaths Related to Flooding	\$71,487	\$200,171	14,724 people (7,656 females /7,068 males) Including 5,488 displaced by the floods in the six regions	All affected areas have access to basic medicines and supplies are provided with information on how to prevent disease outbreak resulting from the floods.	There was a reduction in incidence of waterborne diseases among the affected population.	The CERF funds contributed to ensuring the people's right to access to medicines and other medical supplies. 15 surveillance officers were trained on basic surveillance techniques.	Monitoring and Evaluation for the project was conducted by the Government through the Ministry of Health and the National Disaster Management Agency through periodic visits to the areas affected by the floods.	As the emergency affected more women than men, the emergency response focused on a greater number of women than men, i.e., 7,800 women compared to 7,200 men.

Annex 1: Acronyms and Abbreviations

CERF	Central Emergency Response Fund
CRR	Central River Region
DWR	Director of Water Resources
FMC	Food Management Committees
GRCS	Gambia Red Cross Society
KMC	Kanifing Municipal Council
LRR	Lower River Region
NDMA	National Disaster Management Agency
NBR	North Bank Region
RC	Resident Coordinator
RDMC	Regional Disaster Management Committees
UN	United Nations
UNICEF	United Nations Children's Fund
URR	Upper River Region
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation
WR	Western Region