2015

HUMANITARIAN NEEDS OVERVIEW

The Gambia

December 2014

Prepared on behalf of the government, UNCT and humanitarian partners

PRIORITY NEEDS

Food and Nutrition Security

All efforts at recovery since the massive crop failure in 2011 have, from one year to the other, been aborted by climate-related shocks. In 2014, the late onset of rains led to low agricultural production. The significant number of dry spells caused a lot of destruction, particularly on the rice fields. As a result, the estimated production of most crops has drastically reduced. Rice and groundnuts performed particularly badly in almost all regions, except the Upper River Region.

Drought and poor distribution of rains are estimated to result in a 52 per cent reduction in cereal production compared to 2013, and a 47 per cent reduction compared to the last five years' average (CILSS Midterm review 2014). Households in almost all regions are affected by low purchasing power due to poor harvests, especially where agriculture is the main source of employment and income.

Food prices continue to increase mainly due to the reduced production of cereals, especially rice. The unfavourable exchange rate of the Dalasi against major currencies is expected to worsen in the coming months from the combined effects of poor production of the export crops and very low tourist arrivals. This price increase will be compounded directly through importation, and indirectly through its impact on fuel and transportation whichhave further affected households.

The nutrition status of children under five is likely to worsen in 2015 due to several factors including: poverty; increasing household food insecurity; poor infant feeding practices; increased disease burden particularly related to inadequate WASH services; limited knowledge and low awareness of care givers with regard to essential nutritional and hygiene practices.

Notable is a negative trend in the prevalence of both wasting (acute malnutrition) and stunting (chronic malnutrition). According to the 2010 Multiple Indicator Cluster Survey (MICS IV), the prevalence of wasting among children under five at the national level increased from 6.4 per cent in 2005, to 9.5 per cent in 2010. The 2012 Standardised Monitoring and Assessment in Relief Transitions (SMART) indicated 9.9 per cent were wasted while 1.6 per cent was severely wasted. In 2013, the Gambia Demographic Health Survey (GDHS) estimated that 11.5 per cent were wasted and 4.2 per cent severely wasted.

Photo credit: National Disaster Management Agency (NDMA), The Gambia..

Stunting rates among children under five also show the same trends. The MICS 2005 estimated stunting at 22.4 per cent compared to 24.5 per cent as reported by the DHS (2013). The estimated burden of moderate acute malnutrition (MAM) among children under five is currently estimated at 56,839, while severe acute malnutrition (SAM) is at 10,217 children between 6-59 months based on the 2013 national population census projections and SMART 2012. The prevalence of malnourished pregnant and lactating women in the reproductive age group (15-49) is estimated at 45,944.

Poor access to basic services

Inadequate access to basic social services such as health, safe and clean water, basic sanitation and hygiene aggravates high prevalence of childhood diseases, especially malaria and diarrhea, which have devastating effects on the nutritional status of children. Access to primary health care services is also inadequate as a number of PHC villages are not functioning optimally due to several factors: ineffective village development committee (VDC); lack of support for community health workers; shortage of drugs; weak linkages with basic health facilities; minimum supervision and inadequate demand for sustained preventive health services in the general population, particularly for services requiring multiple follow-up contacts or visits to health facilities.

The under-five mortality has decreased from 131/1000 live births to 109/1000 live births over a period of five years (MICS 2005 and 2010). However, children continue to die, particularly in the rural areas, due to diseases related to water, sanitation and hygiene. In 2010, 33 per cent of all under-five mortality occurred during the first four weeks of life mainly due to neonatal infections (WHO, 2010).This has been attributed to the prevalence of unhygienic practices during delivery, leading to death among newborn babies and poor health of mothers.

Water and sanitation related-deaths represent 20 per cent of under-five (U-5) deaths. Poor coverage of proper sanitation facilities, lack of knowledge of hygiene practices, and limited access to clean water are the main causes of water-borne diseases, particularly diarhoea, among children under-five. The World Health Organization (WHO) estimates that diarrheal diseases are responsible for the deaths of some 880 children under five years in The Gambia each year (WHO, 2008). In 2012, at least 231 meningitis cases caused by the MnW135 virus and 12 deaths -a case fatality rate of 5.3 per cent- were reported in government health facilities. Despite the reduction in incidence reported over the years, cholera and meningitis continue to be a major public health concern.

According to the 2011 Comprehensive Food Security and Vulnerability Analysis (CFSVA)[i] Report, 15 per cent of food insecure households use unimproved sources of water for drinking compared to 10 percent of food secure households. And this is more acute for sanitation as 16 per cent of food insecure households use unimproved sanitation compared to only 5 per cent of the food secure ones. The report concluded that households without access to adequate sanitation facilities are more likely to be food insecure, heightening their vulnerability to diseases, malnutrition and poverty, and further limiting their access to basic services.

Protection

In Education, the impact of the refugee influx from Southern Senegal (Casamance) puts strains on the educational facilities and services that are provided in the Foni districts of The Gambia. The refugee children and their families also need psycho-social support to be able to rebuild their lives and participate in their learning tasks. For the rest of the country, the capacity to put in place resilient structures and measures to withstand heavy rains and storms during the rainy season is weak. As a result, in many schools classrooms, kitchens and toilets were damaged. With the outbreak of the Ebola Virus Disease (EVD) in West Africa, the country's preparedness is being strengthened through awareness creation and preventive health practices. Should an outbreak of EVD occur the potential impact on families would have detrimental consequences particularly on primary caregivers. Children would need alternative care arrangements during the first 21 days, be placed in treatment centres if affected and, if not, in foster or adoptive care. Throughout the process children would need psycho-social counseling. Experience from Sierra Leone, Liberia and Guinea shows that these children face stigma and discrimination. Where the EVD leads to population movements there would be the added need of preventing family separation and, if needed, family tracing and unification.

[i] Since 2011, a comprehensive food security and vulnerability analysis has not been conducted.

Enhanced support to refugee and host family needs

The total number of refugees registered in The Gambia is 11,427[1] - of this total 5886 are females (of which 48.8 pre cent are children under 18 years of age) and 5541 are males (of which 54 per cent are children under 18 years of age). Most of the refugees reside in the districts of Foni Kansala (37 per cent), Foni Bintang (35 per cent) and Foni Berefet (25 per cent) with the remainder living mostly in Kombo Central and Kombo East (3 per cent) and in the Greater Banjul Area. Within these districts the refugee population is dispersed and integrated across 71 rural communities and the Greater Banjul Area[2].

Strengthening Early Warning and preparedness support to manage crises

In the Gambia there has been growing awareness of the role played by the Early Warning System/Service in reducing local risks, facilitating coping and adapting strategies to the impact of extreme weather events. A wide variety of sector-wide warning measures is now established and piloted in food security, surveillance of disease outbreaks, nutrition situation and climatic hazards and risks. However, these sector-wide warnings need to be implemented as part of an integrated Early Warning System/Service that can steer communities towards future disaster resilience. Previous reports on disaster risk reduction and climate change adaptation in The Gambia recognized demographic, economic, land use, technological, behavioural change on dietary intake and extreme weather impact as drivers that will shape the future of sustainable development in the country.


GAMBIA: Reference Map (as of 26 Nov 2013)
OCHA
National capital
Regional capital
Town
International boundary
Regional boundary
Perennial lake
Intermittent lake
Major road
Perennial river
1. CENTRAL RIVER
2. NORTH BANK
3. UPPER RIVER
4. LOWER RIVER
5. KOMBO SAINT MARY
6. BANJUL
7. WESTERN
SENEGAL
GAMBIA
GUINEA-BISSAU
GUINEA
BANJUL
BISSAU
Georgetown
Kerewan
Mansa Konko
Basse Santa Su
Brikama
Kuntair
Nja Kunda
Farafenni
Essau
Bakau
Sukuta
Sika
Tujereng
Gunjur
Jalenbereh
Njauri
Kudang
Jarreng
Bansang
Maka
Koussanar
Koumpentoum
Koungheul
Ndioum Guènt
Taif Tiekene
Pafa
Koulia Ba
Maleme-Hodar
Kaffrine
Saloum
Kaolak
Birkelane
Boulel
Mbar
Gossas
Mbour
Ngueniene
Joal-Fadiout
Foundiougne
Djifere
Sakone
Tabakouta
Tiare
Ndiao Bambali
Nganda
Nioro Du Rip
Djamakouta
Kalagi
Soulabali
Vélingara
Bouroukounda
Fatoto
Gambia
Soungrougrou
Casamance
Kolda
Kounkané
Mampatim Maounde
Tiarape
Kamboua
Sédhiou
Tanaff
Soukoutoto
Marssassoum
Bignona
Tiobon
Kafountine
Diouloulou
Kandiadiou
Adeane
Ziguinchor
Diogue
Oussouye
Goudomp
Farim
Fajonquito
Canquelifá
Cacheu
Kabrousse
São Domingos
Ingore
Bissorã
Mansabá
Gêba
Uacaba
Foulamôri
Cabuca
Mansôa
Bombadinca
Che he
Béli
Calequisse
Canchungo
Caio
Quinhámel
Ondame
Xitole
Buba
Corubal
Bedanda
Catio
Kandiafara
Kogon
Tambinyi
Koki
Kébémèr
Ndande
Mboro
Mékhé
Tchilmakha
Tivaouane
Darou-Mousty
Deali
Daraa
Saqata
Linguère
Ranérou
Yonoféré
Vélingara
Touba
Mbacké
Sadio
Gassane
Patakour
Thiès
Rhombole
Bambey
NORTH ATLANTIC OCEAN
50 km
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Creation date: 26 Nov 2013 Sources: Bartholomew, UNCS, ESRI, GAUL Feedback: ochavisual@un.org www.unocha.org www.reliefweb.int

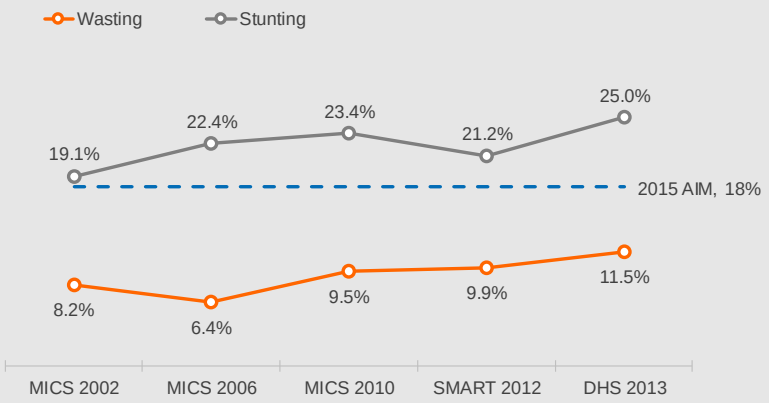
IMPACT OF THE CRISIS

IMPORTANT POINTS

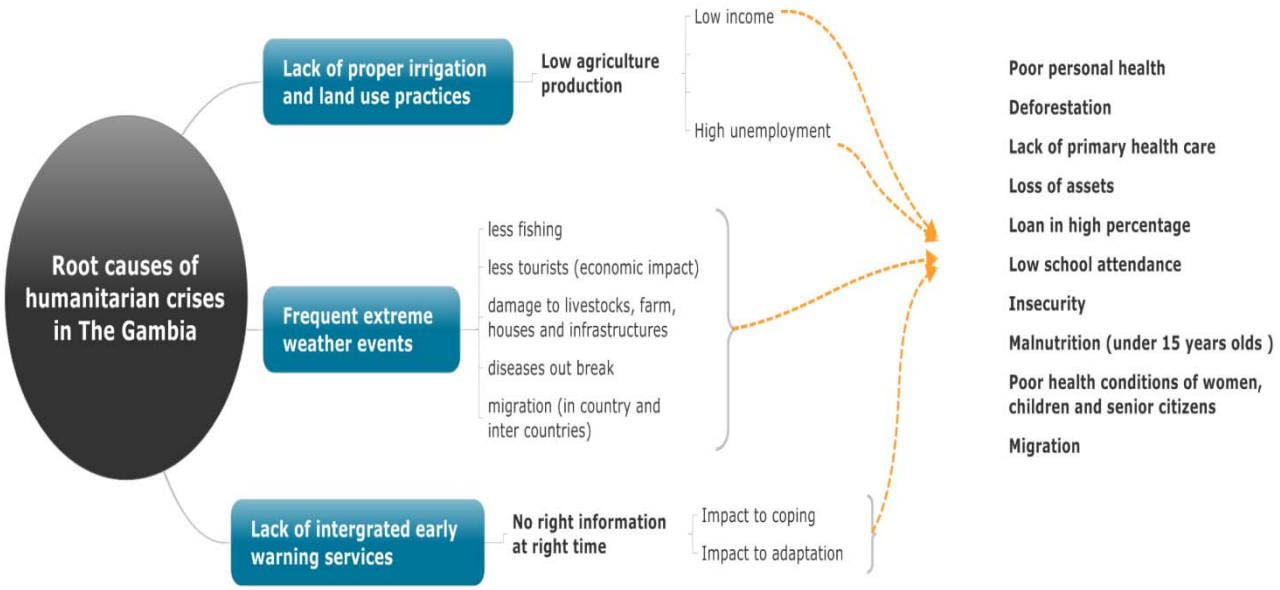
A history of poor farm production levels and attendant poor incomes, resulting in more than 261,784 people suffering from food insecurity. Access to food constrained by poor rainfalls and high food prices fueled largely by the deterioration in the exchange rate of the local currency (Dalasi).

Wasting and stunting levels highest in 10 years based on information collected through MICS, SMART and DHS surveys (ssee diagram).

Wasting and stunting levels comparison 2002 – 2013



Drivers and underlying factors



The Gambia remains a least-developed and low-income food-deficit country, with a population of 1.9 million[3]. The country has high poverty and low human development: 71 percent of the population lives below the US$2 per day poverty line, and it ranks 172nd out of 186 countries in the 2014 human development index[4]. The country is situated in the Sahelian agro-climatic zone, with a five-month wet season (June –October) during a good year. 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, sea level rise/coastal erosion and floods.

Low agricultural outputs which constrain household income and mounting pressure on food prices are mainly driven by the following: lack of inputs (fertilizers& seeds); inadequate farming implements/tools (pre and post-harvest implements); rural urban drift; poor farming practices and land use (land clearing and burning and deep tillage); high interest rate on rural credit from Village Savings and Credit Associations (VISACAs); extreme weather conditions; lack of proper value chain (for marketing and processing arrangements); weak institutional support; continuous dependence on rain-fed agriculture; and erosion of livelihoods from successive incidences of shocks.

As of September 2014, year on year inflation of food products has increased from 7.31 to 7.34 per cent. The increment was more pronounced in non-food products and services which changed from 4.23 to 4.84 per cent over the same period. Rising food prices continue to negatively affect the food access and quality of diet of the poorest and most vulnerable households and reduce their capacity to withstand other shocks (e.g. drought, floods or loss of primary bread winner in the family)[5].

Water and sanitation infrastructure coverage is limited and usually not in the best condition where it exists. Furthermore, climate variability is increasingly becoming a challenge for communities due to increasing changes in rainfall patterns thus affecting not only agricultural production but also the water table particularly in the northern parts of the country. The increasing frequency of flooding caused by torrential rainfall and poor drainage systems in urban slums centers has tremendously affected livelihoods and properties. Continuous population movement especially to the urban areas further means unplanned and unregulated urbanisation with some residences developing on natural water ways. Low technology quality in housing construction means that light winds and rain can destroy buildings easily.

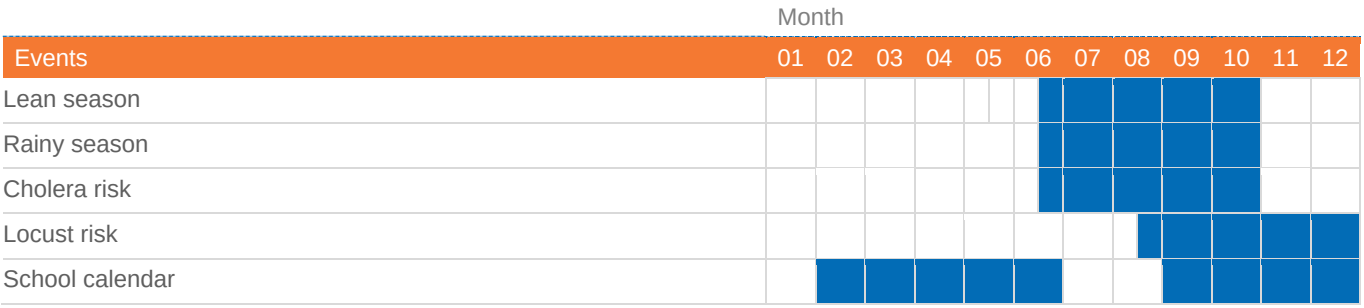
The state of health and health service delivery is aggravated by factors such as: inadequate human resources (numbers and trained); inadequate equipment; limited resources (basic essential medicines); inadequate access to tertiary basic health facilities with Basic Emergency Obstetric Care (BEmOC); malaria shifting from <5 to 14 years and above; health seeking behaviour of the population; low enumeration of health staff contributing to lack of motivation; inadequate accommodation for health staff; inadequate/lack of electricity and water supplies in most of the facilities; and poor environmental sanitation.

High cost of education limits access to proper schooling. In 2009, 46 per cent primary education was funded by households (Country Status Report 2010) including the cost of school supplies and school uniforms especially for refugee families and host families. The Government has introduced the School Improvement Grant in Lower Basic schools in 2013. The scheme is extended to the Upper Basic Schools in 2014, and it is expected that in 2015 the scheme will be expanded to include Senior Secondary Schools. While the grant has reduced the cost burden of education on families, its full impact is yet to be assessed. Low demand and religious factors, in some quarters, also limit access to education. Sporadic influxes of refugees into The Gambia, following escalation of tension, are resulting in the demand to provide educational services for the refugee children. For the rest of the country the major humanitarian issues in education are storm damaged school infrastructures such as classrooms, kitchens and toilets. In 2014[6] about 900 children in five schools were affected as a result of storm damaged classrooms.

In 2009, 2010 and 2012 between 15,000 and 40,000 people have been negatively affected by floods and windstorms on an annual basis, with major damage recorded to private property, infrastructure and livelihoods.[7] While flooding has been a re-current phenomenon in The Gambia as a result of heavy rainfall, blocked drainages and widespread settlement in riverine urban areas, late and erratic rainfall patterns had greater negative impact on household food production and well-being during the past two years.

Critical events timeline

Figure 1 : Critical events timeline



Scope and demographic profile of the crisis

On the basis of recent assessments, it is estimated that 386,223 people are in crisis and require immediate humanitarian assistance. This estimation is based on the numbers for food insecure people, malnourished children, and refugees. Food insecurity is prevalent all over the country (23.5 per cent of the assessed population). However, significantly higher proportions are located in the northern and southern parts of Central River, North Bank and Lower River regions- with rates ranging from 26 to 32 per cent[8]. The high dependence on agriculture both as a source of income and food means that the population, including those remotely related to agriculture, is directly affected by shocks, or indirectly through the impact on export earnings and the exchange rate. Populations residing in flood/disaster prone areas throughout the country, including urban areas, are also considered to be vulnerable.

Similarly the prevalence of malnutrition varies by Local Government Areas (LGAs). The results of the DHS 2013 showed that malnutrition was more prevalent in the Local Government Areas (LGAs) of Basse, Kuntaur, Janjanbureh, and Kanifing. The LGAs of Janjanbureh and Basse have the highest prevalence of stunting while Basse and Kuntaur had the highest prevalence of global acute malnutrition among children under five. The Nutrition Survey (SMART 2012) also indicated a similar pattern in Kuntaur, Janjanbureh and Basse LGAs, with malnutrition prevalences above the 10 per cent WHO-recommended threshold. In addition, iron deficiency anemia is prevalent in 72.8 per cent of children under five and in 60.3 percent of women of child bearing age (DHS 2013). The incidence of low birth weight is 12 percent. Infant and young child feeding remains a challenge with 47 per cent being exclusively breastfed. Significant variations in underweight among women were observed between urban and rural settings. Women living in rural areas are more likely to be underweight (20 pre 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), while underweight is lowest in Kanifing (10.9 per cent). The above situation aggravates the already deteriorating nutritional and health status of the children.

The national water and sanitation coverage figures mask serious disparities and vulnerabilities related to WASH services. Access to improved water sources and sanitation remains a major challenge in Upper River and Central River regions, which have the highest rates of under five mortality and malnutrition. According to 2010 MICS, 30 per cent of the population of Janjanbureh Local Government Area is using unimproved sources of drinking water. Across LGAs, the proportion of the population practicing open defecation is higher in Kuntaur (13.6 per cent), Janjabureh (8.2 per cent), Kerewan (4.8 per cent) and Mansakonko (3.8 per cent) LGAs.

It is estimated that approximately 65 per cent of the land area in The Gambia, mainly sections bordering Senegal, are at risk of cholera outbreaks. However recent trends show a significant reduction in numbers affected across the country. The Gambia lies in the meningitis belt and every year there are sporadic outbreaks in all regions, and in particular in the Upper and Central River regions. No confirmed case of EVD has been reported in The Gambia. However, the country is at high risk as a result of cross border movements between The Gambia, Senegal and beyond.

According to the National Malaria Sentinel Surveillance System (NMSSS), the Malaria Programmatic Review (MPR) and the Health Information Management Service Statistics of 2012, malaria is endemic in all districts of The Gambia. The average number of outpatient visits per person in 2012 was 1 to 2, the utilization rate of outpatient

services was 120 per cent and uncomplicated malaria cases outpatient attendance was 14.43 per cent. Eastern parts of the North Bank Region have the highest average Out Patient Department (OPD) visits per person (2.08 per cent), highest utilization rate of OPD services (207 per cent), and lowest outpatient attendance of uncomplicated malaria (3.24 per cent). Malaria transmission in The Gambia is highly seasonal with 90 per cent of infections occurring during the rainy season. The highest rates are recorded in Banjul and Kanifing Municipalities, and in the West Coast, Upper River and Central River regions.

The national target for the Gambian population for Basic Emergency Obstetric Care (BEmOC) facilities is fourteen. However, currently there are only two BEmOC providing the expected functions, both located in West Coast Region. Each of the seven health regions has a national hospital though with inadequate staffing.

According to an assessment in 2012[9], out of 1,170 refugee children identified, 1,052 were registered within 10 Early Childhood Development Centres, 15 Lower Basic Schools, nine Upper Basic Schools and three Senior Secondary Schools, with refugee children usually making up three to 16 per cent of the total student population.

Figure 2: Statistics of the population in The Gambia[ii]

100 per cent

1.9 million total population as of November 2014

100 per cent

1.9 million people living in areas affected by crisis

20.3 per cent

386,223 people in need of humanitarian assistance as of November 2013[10]

Figure 3: Breakdown of people in need of humanitarian assistance[11]

Sector	Male	Female	Total
Food insecure[12]	129,583	132,201	261,784
Nutrition[13]			
Malnourished children MAM	22,740	34,111	56,851
Malnourished children SAM	4,087	6,130	10,217
Malnourished PLW	-	45,944	45,944
Refugees[14]	5,541	5,886	11,427
Total	162,151	224,272	386,223

[ii] Please note that the figures are estimates from different assessments.

Status of population living in affected areas

The food security and nutrition situation

The Gambia ranks 32nd on the Global Hunger Index (2014)[15] with a score of 13.6 and was categorized within the 'serious' hunger range. According to the Cadre Harmonise, three fifths of the assessed population are food insecure, of which 30 per cent are considered 'moderately' or 'severely' food insecure.

The economy is predominantly subsistence agrarian, with 68 per cent of the workforce engaged in agriculture, contributing 33 per cent to the national gross domestic product (GDP). Domestic cereal production barely meets 50 per cent 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.

The late onset of rains in 2014 led to late maturity of some early maturing crop varieties throughout the country. In addition, the increasing number of dry spells resulted in disruptions particularly with rice production. Generally, productions of most crops have drastically reduced in comparison to the last season and the five years' average. Specifically, rice and groundnuts performed very badly in almost all the regions except in Upper River Region.

The Gambia imports a lot of rice to meet its domestic consumption needs. Markets are functional and provide enough supply to households. However, household in almost all regions are affected by low purchasing power due to poor harvest. Compared to last year, with the increasing population at the rate of 3.3 per cent, rice imports increased and the projected situation indicates that import of basic commodities will increase.

There is availability of rice in large quantity, virtually in all the markets across the country as observed. This availability however does not impact on the prices which are steadily on the increase. The price of imported rice increased from Dalasi 23.00 to 24.38 per kg, representing a 5.66 per cent increment. Locally grown rice also rose from Dalasi 26.23 to 29.00 per kilogram, representing a 9.55 per cent variation compared to October 2014.

Food prices continue to increase mainly due to reduction in the production of cereals, especially rice (as the main staple food), and the unfavourable exchange rate of the Dalasi against major currencies. The Dalasi continues to lose value, inflation is hiking, and consumer price inflation measured indicates an increase of 6.3 per cent in September 2014 which is slightly higher than the 6.1 per cent in September 2013. Food inflation accelerated to 7.34 per cent from 7.31 per cent.[16]

According to CILSS November 2014 report (Cadre harmonisé), the projected food insecurity is alarming with regional variations. The situation is relatively better in Upper River Region as compared with other regions due to better performance of the rains and remittances. Classifying the food insecure population into four phases, the Cadre harmonisé figures are as follows:

Figure 3 : Estimation of the food insecure population – Cadre Hamonise November 2014

		PHASE 1		PHASE 2		PHASE 3		PHASE 4	
Second Admin. Level	Total Population	Nov.- Dec. 2014	Jan.- Mar. 2015	Nov.- Dec. 2014	Jan.- Mar. 2015	Nov.- Dec. 2014	Jan.- Mar. 2015	Nov.- Dec. 2014	Jan.- Mar. 2015
WCR	713,698	321,164	428,219	321,164	235,520	71,370	49,959		
LRR	84,008	28,563	5,881	33,603	9,241	21,002	53,765	840	15,121
URR	244,714	122,357	24,471	97,886	176,194	24,471	36,707		7,341
CRRN	101,090	29,316	8,087	40,436	38,414	30,327	9,534	1,011	5,055
CRRS	126,910	35,535	11,422	50,764	59,648	38,073	50,764	2,538	5,076
NBR	225,475	63,133	6,764	90,190	49,605	67,643	135,285	4,510	33,821
Banjul									
KMC									
Total	1,495,895	600,068	484,844	634,043	568,622	252,886	376,014	8,899	66,414

As of December 2014, 261,784 persons require immediate food assistance. This figure is projected to increase to 442,429 from January to March 2015.

The total production for the 2014 cropping season is estimated at 160,796 metric tons. Compared to the 2013 season (321,740 mt), a decline of 50 per cent has been marked. The total cereal production for the 2014 cropping season is estimated to be 109,782 metric tons. This represents a decrease of 52 per cent as compared to last year (see table below). The five year production average stood at 331,007 metric tons. In comparison with the 2014 production estimates (160,796 metric tons), a marked decline of 48 per cent has been noted. Rice, which is the staple food for The Gambia has greatly suffered as a result of the nature of the rainfall. Total paddy (upland and swamp rice) recorded a significant decline of 57 per cent when compared to the 2013 cropping season.

This decline in production is attributed to the late onset of rains and its eratic distribution at the beginning of the season, resulting into germination problems in most parts of the country. Seeds became a problem for some farmers to replant their fields. There were also some reports of depleting soil fertility with prevalence of salinity in the rice growing areas.

Projected production estimates and crop production ('000 MT) 2009 – 2014[17]

Production	2009	2010	2011	2012	2013	2014	Change of 2014 over 2013 (Percent)	5 Year Average	Change of 2014 over 5 Year Average (Percent)
Early Millet	88,819	77,505	72,941	96,467	71,527	34,879	-51	81,452	-57
Late Millet	11,383	18,872	14,293	19,622	22,272	11,140	-50	17,288	-36
Sorghum	12,929	14,440	20,556	23,146	30,390	16,127	-47	20,292	-21
Maize	32,350	35,761	23,613	28,934	33,060	17,623	-47	30,744	-43
Total Coarse Grains	145,481	146,578	131,403	168,169	157,249	79,769	-49	149,776	-47
Upland Rice	35,767	46,327	38,530	40,838	52,237	22,066	-58	42,740	-48
Swamp Rice	14,197	16,599	12,606	13,381	17,467	7,947	-55	14,850	-46
Total Paddy	49,964	62,926	51,136	54,219	69,704	30,013	-57	57,590	-48
Total Cereal	195,445	209,504	182,539	222,388	226,953	109,782	-52	207,366	-47
Total Groundnut	113,282	97,516	83,858	119,614	93,862	50,056	-47	101,626	-51
Findo	188	158	319	367	416	450	8	290	55
Sesame					509	508	0	509	0

Undernutrition has been on the rise in urban areas, affecting between 13-16 percent of women in the most vulnerable urban dwellings. Undernourishment amongst women does not only increase the risk of poor pregnancy outcomes, but also increases the risk of maternal mortality during child birth. The above situation means that immediate response measures must be taken to save lives and to prevent all forms of malnutrition among children and pregnant and lactating women. The high rates of malnutrition as presented above imply increased numbers of children will overwhelm the healthcare facilities thus increasing the health care costs. Furthermore this situation increases the burden on the mothers' caring capacity coupled with the other household chores. Malnutrition compromises the immunity of children and adults which results in increased frequency and duration of infections and diseases. This in the long run affects the children's ability to grow well, and limits their cognitive development and learning abilities in school.

Among young children, the causes of undernutrition 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. The DHS indicates apparent differences in feeding practices by place of residence and mothers' education status. The report shows that children residing in urban areas are more likely to be fed according to a minimum of three Infant and Young Child Feeding (IYCF) practices than rural children. The report indicates that at LGA level, the proportion of children who are fed according to the IYCF recommendations is lowest in Kuntaur and highest in Banjul and Kanifing. This might explain the variations in the prevalence of malnutrition. Overall the feeding practices in The Gambia are poor across the board, and there is an urgent need to accelerate awareness about optimum feeding practices for infants and young children (DHS 2013).

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.

Refugee support

The spontaneous nature of refugee movements and the porous border between The Gambia and Senegal inhibit effective household tracking and the establishment of figures on the total refugee population. The recently concluded Verification and Registration exercise put the total number of refugees at 11,427. Most of these are Senegalese and currently live in refugee households in the rural areas of The Gambia.

The Joint Assessment Mission (JAM) report, in July 2013, indicated that up to 84 per cent of the refugee population showed some signs of food insecurity and vulnerability. Nearly half of the households (45 per cent) are able to meet only minimally adequate food consumption needs (2,100 kcal per person/day) without engaging in irreversible coping strategies undermining their livelihood base. The proportion of the refugee population experiencing moderate or severe food insecurity and/or engaging in damaging coping strategies is at alarming 39 per cent. The high level of moderate and severe food insecurity among refugees can be explained by multiple factors, such as low food availability, highly constrained production capacity, endemic poverty and low asset ownership and the overall limited impact of food and livelihood interventions. External shocks that were experienced recently, such as a countrywide crop failure and rising food prices, have also played a pivotal role in exacerbating the refugee households' level of vulnerability and undermining their food access and coping capacity.

The nutrition situation of the refugee population has significantly deteriorated and calls for quick intervention. The prevalence of global acute malnutrition among children aged 6-59 months surpassed the WHO emergency threshold of 15 per cent and stands at 18.1 per cent, more than double the rates measured in the West Coast Region (7.5 per cent) nearly at the same time. The level of stunting is 'serious' at 32.3 per cent and the proportion of underweight children is rated 'critical' at 30.1 per cent. The level of morbidity among children and women of reproductive age is high at 44.5 per cent and 35.1 per cent respectively, despite declining trends in incidence levels of single diseases, good overall access to health care facilities and steady progress in the provision of preventive health care services.

The proportion of households observing proper hygiene practices is much lower than the national average of 18 per cent (DHS, 2013), a serious cause for concern regarding the potential of disease outbreak and poor food utilization. About 30 per cent of caregivers report hand washing with water only, after the use of a toilet or washing of child stools, with 28 per cent of refugee households report unprotected wells as main source of drinking water. Overall water availability among the refugee population has not significantly improved over the past years and still remains a major challenge. Nearly a quarter of households (24.9 per cent) report even unmet basic water needs for cooking, drinking and washing, while general water insufficiency continues to hamper productive activities (e.g. vegetable gardening, livestock rearing).

Many of the refugee households (28 per cent) continue to use open and unprotected wells as their main sources of drinking water, while most of households (76 per cent) do not treat water in any way before consumption, thereby heightening the exposure to contamination and water borne diseases. One out of five refugee households show signs of heightened sanitary vulnerability through use of open pits or unavailability of any toilet within the compound.

The housing situation of the refugee households has improved only slightly compared to 2009 findings[18] and much remains to be done to enhance their housing status and living conditions. Almost 40 per cent of households are still dependent on external assistance for shelter, of which nearly half still lives under one roof with host families, while the other half makes use of separate housing structures provided by host families.

Over the last four years, the protection status of refugees has considerably improved with the introduction of the Refugee Act, the establishment of the Commission for Refugees and the near universal coverage of the population with identification documents, thereby enhancing their overall mobility, access to basic services and protection of fundamental human rights. However, local integration and the pursuit of sustainable livelihood activities remain hampered by incomplete access to and very limited ownership of land for housing, farming or gardening activities. Uncertainty over the continuation of land usage in the future seems to be an important barrier for refugees to agriculture-based self-reliance activities and the improvement of their food security status.

Water, Sanitation and Hygiene

According to the GDHS 2013, nine out of 10 households (91 per cent) in The Gambia get their drinking water from an improved source, while only 37 per cent use an improved toilet facility that is not shared with other households. This high national coverage however, masks serious regional disparities and vulnerabilities which result from several factors, including population growth which outstripped the existing water systems in most growth centres, and poor maintenance of facilities and deep water table. Access to improved water sources and sanitation remains a major challenge in the 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 line, 30 per cent of the population of Janjanbureh Local Government Area is using unimproved sources of drinking water[19]. Across LGAs the proportion of the population with access to improved sanitary means of excreta disposal is low, particularly in Basse at 39.7 per cent. There are also some critical urban settings, namely Ebo Town and Tallinding, where access to water supply, proper hygiene practices and sanitation are inadequate and need improvement. The status has not changed since the last HNO planning cycle in 2013 due to inadequate funding to implement the interventions.

Health

The maternal mortality rate is 433 per 100,000 live births and fertility rates are high at 4.7 per woman in the urban areas, 6.8 per woman in the rural areas, and 5.9 nationally. In both urban and rural areas peak fertility occurs between the ages of 25 and 29 (DHS 2013). The contraceptive prevalence rate is declining from 10 per cent (MICS 2010) to 9 per cent (DHS 2013). According to the 2013 DHS, 41 per cent of women aged 15-49 have experienced physical violence at least once since age 15, 5 per cent report having experienced sexual violence at least once in their lifetime, overall about one in four ever married women (26 per cent) report having experienced emotional, physical, or sexual violence from their spouse, and 12 per cent report having experienced one or more of these forms of violence.

Basic health services are available but out of reach to the most vulnerable population because they live on limited income with meeting their food needs as the main priority. Physical access especially during the rains is extremely difficult and women, lactating mothers and children under five are most at risk. Even if they can access health facilities, the basic essential drugs are not readily available most of the time, and other medical equipment as well as specialised health staff is limited. When referred to tertiary facilities, costs for travel and services are not affordable for their income level. Therefore, mortality increases due to delays in accessing services. The entire population of The Gambia is exposed to meningitis and malaria while approximately 65 per cent is at risk of cholera.

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

The advent of 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 put in place for early detection of potentially imported cases of EVD. This should be accompanied by strong social mobilization and communication, simulation and training on contact tracing and case management, as well as provisions for the appropriate and required quantities of logistics and supplies. The geography proximity of The Gambia to the epidemics' foci, together with extensive population

movements across porous borders, puts The Gambia at particular high risk.

Education

Many children attend inadequately resourced schools particularly in terms of teaching and learning materials. Most classrooms are either totally destroyed or in bad condition making children learn under very difficult circumstances. For example, in Central River and Upper River regions 3,018 students aged between seven and 13 were affected by local flood and high wind events in 2012 and 2013. Although no comprehensive data on storm damaged schools are available, UNICEF field visit have reported that five schools in Upper river Region were storm-damaged in June 2014. In all cases the roof was blown off rendering the classrooms unusable. The office paper work of the head teachers was also soaked in the rains. Approximately 900 students were affected. In the event of flooding, many schools are converted into temporary shelters affecting student attendance and learning activities.

In some schools, classroom facilities are over stretched by the large number of pupils making learning less effective. Access to water and sanitary facilities is limited, many are either in need of rehabilitation or insufficient to cover the needs of all enrolled students. This exposes children to poor sanitary conditions and loss of school days, especially girls. Many children are in need of rehabilitation and psychosocial needs. While completion rates are slowly improving (primary completion 73.4 per cent), it is still a concern that more than a quarter of the primary school children do not complete school. The situation is even worse at secondary school level.[20]The high drop out rate is a serious concern as it affects survival rate of schooling, which is only 75 per cent at lower basic, and 60 per cent for the whole basic cycle[21].

Response capacity

Who	What (Sector)	Where	Partners
Ministry of Health	Policy, planning, early warning, epidemic management and control	Countrywide	UN agencies, The Gambia Red Cross Society, Met Office, Water resources department, Ministry of Agriculture, Department of Animal Health and production, parks and wildlife, National Environmental Agency (NEA).
National Nutrition Agency (NaNA)	Nutrition	Countrywide	UNICEF, WFP and WHO
National Environment Agency (NEA)	Fisheries, land management, water resource management, climate change adaptation, pollution control, environmental disaster risk management and health.	Countrywide	Government departments, CBOs, INGOs.
National Disaster Management Agency (NDMA)	Disaster risk reduction, response and coordination of resilience planning, monitoring disaster events and situational analysis, communication of risk information and Food Security sector	Countrywide	Government departments, academic institutions, INGOs/ CBOs, The Gambia Fire and Rescue Services, Joint Operation Centre, UN agencies, local private sectors and non residential Gambians.
Department of Livestock Services	Agriculture and Livestock, Environment	Countrywide	FAO, Ministry of Agriculture, NEA
The Gambia Red Cross	Health disaster risk reduction, emergency response (logistics) Food Security and Protection.	Countrywide	UN agencies, government departments, CBOs, INGOs.
Action Aid	Food Security, Livestock	Countrywide	Ministry of Agriculture, WFP and FAO, NDMA
Concern Universal	Food Security	Countrywide	NDMA, WFP
Catholic Relief Services	Food Security, Nutrition	Countrywide	
Childs' Fund	Health, Education, Protection	Countrywide	WHO, Ministry of Health, NDMA
UNICEF	Nutrition, WASH, Education and Health	Countrywide	Related government ministries, WFP, WHO
WFP	Food security, DRR, school feeding (safety nets)	Countrywide	Relevant government ministries, UNICEF, FAO
FAO	Agriculture, livestock, water resources, fisheries and forestry.	Countrywide	Ministry of Agriculture, Ministry of Fisheries, Ministry of Forestry, Climate Change, Environment, Water Resources and Parks and Wildlife, WFP
UNDP	DRR, Early recovery, Sustainable Environment	Countrywide	FAO, UNICEF, WFP and relevant government agencies
WHO	Health, Nutrition	Countrywide	Ministry of Health
UNHCR	Protection	Western region	Department of Immigration, WFP, UNICEF
UNFPA	Health, BEmOC, HIV/AIDs, MISP, GBV	Countrywide	WHO, UNHCR, NDMA, MoH
DSW	Child Protection and Social Protection	Banjul, KMC and with limited national coverage	UNICEF, GRCS, NDMA
MoBSE	Education	National coverage	UNICEF, WFP, NDMA

National and local capacity and response

The capacity of relevant Government institutions to respond to humanitarian crises remains limited across most areas in the country by resources, technical and institutional capacities. The overall coordination at the strategic level is led by the National Disaster Governing Council, under the leadership of the President. For example, in the previous declared emergency (2012 food crisis), three thematic groups were established at the national level to guide and coordinate interventions in the following sectors:

i) Agriculture and Food Security (chaired by the Office of the Vice President);
ii) Health and Nutrition (chaired by the Ministry of Health);
iii) Water and Sanitation (jointly led by Department of Water Resources and UNICEF).

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 Disaster Risk Reduction (DRR) responses 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.

Generally at least 75 local NGOs operate under 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 sectors. This includes the Gambian Red Cross Society.

International capacity and response

The Gambia has a presence of 11 UN agencies, eight of which respond directly to emergencies within mandated areas respectively.

While the HCT and cluster system is not official established in The Gambia, five sectors exist under the lead of respective mandated agencies. The UN system has also established a Disaster Management Group, which is currently chaired by WFP.

With regards to international NGOs, four organisations (Catholic Relief Service, Action Aid, Child’s Fund and Concern Universal) work in various areas, as indicated in the above table.

ASSESSMENT PLANNING

HIGHLIGHTS

The process of developing the Humanitarian Needs Overview (HNO) has highlighted huge gaps and challenges pertaining to availability and credibility of information. As a matter of priority[iii], The Gambia humanitarian partners have unanimously agreed to address this situation in the next planning cycle; particularly by reinforcing the capacity of relevant agencies to collect (using one standardized guidance tool) and analyze data.

Existing, ongoing and or planned needs assessments in The Gambia

Sector(s)	Name/Type of assessment	Implementing agencies	Planned dates	Geographic areas and population groups targeted
Multi-sector	Verification and Registration Exercise 2014	UNHCR, The Gambia Red Cross Society, WFP, UNICEF	Completed	All communities with refugee populations
Nutrition	PRRO Baseline Food and Nutrition Security	NaNA, MOA, GBOS WFP	Ongoing	Nationwide
	Assessment Follow-Up 2014 SMART Survey	NaNA, MOHSW, UNICEF, WFP	Planned for 2015	Nationwide
Health	MICs	UNICEF		Nationwide
	National Assessment for Emergency Obstetrics and New Born Care	MoH, WHO	Completed	Nationwide
	National Meningitis Outbreak Report	MoH, WHO	Completed	Nationwide
Food and Nutrition Security	Annual Services Statistics Report	NaNA, UNICEF and WFP	Completed	Nationwide
	Baseline Assessment for knowledge, attitudes and practices 2014	WFP	Ongoing	Nationwide
	Baseline Assessment for the PRRO			
DRR	Vulnerability mapping of hazards and risks 2014	NDMA, UNDP	Completed	Upper and Central River Regions
Protection/ Emergency Response	Refugees Support Programme	The Gambia Red Cross Society, NDMA, UNHCR, WFP, BMC, KMC	April 2014	West Coast Region

[iii] The country team has agreed to prioritize Information Management as one of the key activities of intervention in 2015.

SOURCES

1 ..... Verification and Registration Exercise 2014

2 .....UNHCR Verification and Registration Exercise 2014

3 .....Preliminary results of The Gambia 2013 population and housing census

4 .....
UNDP HDI 2014

5 ..... The Monetary Policy Committee of the Central Bank of The Gambia (Dec 2014)

6 .....NDMA Assessment 2013

7 .....NDMA Assessment 2013

8 ..... CILSS Cadre harmonisé Food Security Assessment November 2014

9 ..... Rapid assessment conducted by the Ministry of Basic and Secondary Education with support from UNICEF on school access and educational needs of refugee children in the host communities (June 2012)

10 .....UN Country Team and the Gambia Bureau of Statistics

11 ..... Humanitarian team in The Gambia

12 ..... CILSS Cadre harmonisé Food Security Assessment November 2014

13 ..... SMART 2012

14 ..... Verification and Registration Exercise 2014

15 ..... IFPRI (2014)

16 .....Monetary Policy Committee of the Central Bank of The Gambia Report December 2014

17 ..... Pre-harvest crop assessment 2013/2014 cropping season (Source: Planning Services Unit, Department of Agriculture, 2014)

18 .....Joint Assessment Mission (JAM) report 2009

19 ..... GDHS 2013

20 ..... MoBSE Statistical Yearbook 2013/2014

21 ..... CSR, 2010