

## COUNTRY STRATEGIC PLAN REVISION

### REVISION

#### The Gambia Country Strategic Plan, Revision 2

Gender and age marker code: 3

	Current	Change	Revised
<b>Duration</b>	<i>01 January 2019 –31 December 2021</i>	<i>No change</i>	<i>01 January 2019 –31 December 2021</i>
<b>Beneficiaries</b>	299,818	433,182	733,000
<b>Total cost (USD)</b>	<b>29,628,736</b>	<b>19,483,630</b>	<b>49,112,366</b>
Transfer	23,299,391	17,665,791	40,965,182
Implementation	2,667,057	114,681	2,781,738
Direct support costs	1,853,962	514,016	2,367,978
<b>Subtotal</b>	<b>27,820,409</b>	<b>18,294,489</b>	<b>46,114,898</b>
Indirect support costs (6.5 percent)	1,808,327	1,189,142	2,997,468

### 1. RATIONALE

1. The budget revision (BR) 2 will enable WFP to urgently scale up operations in the context of the COVID-19 crisis to: i) provide lifesaving food assistance to additional food insecure and vulnerable population; and ii) strengthen the operational capacity of the Government to enable a timely and efficient response to the COVID-19 pandemic.
2. As of June 3, 2020, The Gambia has registered a total of 25 COVID-19 cases; one has died, 20 have successfully recovered, and 107 suspected cases have undergone quarantine. The current situation overwhelms the capacity of the health care system as well as the overall humanitarian response<sup>1</sup>.
3. The COVID-19 crisis coincides with a deteriorating food and nutrition insecurity, following an early lean season. The impact of the trade and movement restriction measures including closure of markets and businesses, to contain the spread of COVID-19 compounds the food and nutrition insecurity situation.
4. According to the *Cadre Harmonisé* (CH) 136,586 persons have fallen into crisis to emergency food insecurity. However, effects of COVID- 19 were not factored in the CH analysis, while the fluid and uncertainties of the spread of the virus makes it difficult to gauge and predict the full impact of the COVID-19 pandemic on food security. Nevertheless, with the COVID-19 situation, vulnerability beyond the measured negative impact of the agricultural sector in the CH, further analysis is being carried out to account for the increased urban vulnerability resulting from job/livelihood losses in the various sectors. Job and livelihood losses in the urban areas are estimated to affect about 40,000 persons as a result of the COVID-19 situation, thus increasing the pockets of urban vulnerability and the CH crisis estimates by an additional 40,000 and bringing the total number of people requiring urgent assistance to 176,586. It is also estimated that a further 556,000 persons across all regions require resilience building support to prevent them from falling into severe food insecurity.

<sup>1</sup> The actual number of cases is likely to rise many times higher than the current level. This is due to limited capacity for effective contact tracing, inadequate testing kits, inadequate sensitization and lack of community awareness

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5. Consequently, The Gambia has seen a spike in the number of food insecure population from an estimated 136,600 to 733,000 persons. Furthermore, COVID-19 contributes to the increasing acute malnutrition by an estimated 36 percent affecting 58,177 children with a further quarterly increase of 2.7 to 5.6 percent<sup>2</sup>. Immediate food assistance is required until August 2020<sup>3</sup>.
  6. Consequently, there is need to support and protect livelihoods of the population in crisis (176,586 people, approximately 22,073 households) and those in stress situation (555,988 people, approximately 69,499 households). The emergency response will require to be integrated with resilience-building interventions to enable a quick return to normal.
  7. WFP food assistance will cover the food needs in both rural and urban areas including for the suspected cases under quarantine. WFP will also support capacity augmentation of the government in logistics coordination and information management through development of digitalized grievances redressal mechanisms including the hotline service, provision of equipment to enhance the services of the emergency operational centre, as well training of government personnel.

## 2. CHANGES

### *Strategic orientation*

8. The BR 2 does not foresee the introduction of fundamental changes to the strategic orientation of the CSP. The CSP's start and end dates remain unchanged.

### *Strategic outcomes*

9. BR2 to the CSP will entail the following changes:
  - i) Increasing the beneficiary caseload and related transfers aligning with the additional food needs:
    - a) Under **Strategic Outcomes 1, Activity 1**: "Provide food assistance and social and behavioural change communication (SBCC) training for crisis-affected populations and strengthen the capacity of national partners to respond to crises" and
    - b) Under **Strategic Outcome 3, Activity 3**: "Provide comprehensive nutrition support including nutritious foods for pregnant or lactating women and girls and children under 5 to prevent acute and chronic malnutrition, complemented by support for the Government in the management of nutrition programmes". The increase in caseload for Activity 3 is as a result of scaling up to a national coverage (7 regions) rather than the previous 4 provincial regions. The MICS 2018 had revealed that there are numerous pockets of urban vulnerable communities and additionally COVID-19 will increase the burden of Acute Malnutrition by 36% with a quarterly increment of between 2.7% to 5.6%.
  - ii) Scaling up capacity strengthening to enhance effective humanitarian response delivery aligned to **Strategic Outcome 5, Activity 5**: "Provide technical support

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<sup>2</sup> Impacts of Food Security and COVID19 on Burden Acute Malnutrition- WFP, UNICEF, April 2020

<sup>3</sup> December 2019 Pre-harvest Assessment, March 2020 Cadre Harmonisé (CH) Analysis, and the follow up vulnerability assessment of the impact of COVID-19 on agriculture, livelihood and food security

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to the Government on coherence between relevant policy instruments under the National Development Plan (NDP); implementation of the NSPP, with a focus on a gradual transition to government ownership of the home-grown school meals programme; national management of nutrition programmes; and disaster preparedness and shock response systems”.

- iii) WFP capacity strengthening will involve provision of technical support for: i) assessments/surveys to inform appropriate response design and implementation and enhance preparedness, ii) distribution arrangements and monitoring, iii) assets/equipment transfer including laptops, tablets, printers to the emergency operational centres, iv) training sessions on various emergency programming and coordination, v) coordination and technical support.

#### ***Targeting approach and beneficiary analysis***

10. WFP assistance under Activity 1 will target the most vulnerable and food insecure population including households with malnourished children aged 6-59 months, People Living with HIV/AIDS, women who lost their jobs in the informal sector (linked to the decline in tourism), persons with disabilities and those under quarantine. Activity 3 targets MAM Children, pregnant and lactating women and girls (PLW/G), PMTCT mothers and Children 6-23months

#### ***Transfer modalities***

11. WFP will provide both in kind and cash transfers. Cash Based Transfers (CBT) will be delivered through mobile digital payments.

#### ***Partnerships***

12. WFP will closely collaborate with Ministry of Health, NDMA, Ministry of Agriculture, the Gambia Red Cross Society and other sister UN agencies.

#### ***Country office capacity***

13. This BR will enable CO to augment its existing staffing capacity for CBT and Supply Chain, both at CO and field office level.

#### ***Supply chain challenges***

14. In kind food will be procured through international purchase. Protracted delays in cargo movements and custom clearance may disrupt distribution schedules. WFP will negotiate with the Government for prioritized logistical arrangements for its shipments into the country. WFP will contract commercial transporters to deliver food across the country.

#### ***Accountability to affected populations, protection risks, restrictions of gender and disabilities***

15. WFP will facilitate adequate community engagement and consultations, timely provide relevant information on entitlements, transfer modalities, targeting criteria, logistics, distribution arrangements and protection risks. WFP will institute effective and dignified complaints and feedback mechanisms (CFMs) linking with the existing systems including the hotlines.

16. WFP will continuously analyze protection risks and develop mitigating measures that guarantee safety and dignity of the affected populations. WFP will also take all necessary measures to avoid contributing to the spread of the COVID-19 outbreak.

### ***Monitoring and Evaluation***

17. CO is adapting monitoring guidelines for the COVID-19 context initially through establishment of mVAM to collect data on post-distributions, household food security, market prices and health related indicators to support coordinated response analysis and informed decision making for government and partners.

### ***Proposed transition/handover strategy***

18. Provision of capacity support to government in line with SO5 focuses transition towards national ownership. As part of the exit strategy, WFP will provide on-the-job guidance for the government counterparts in response planning and implementation.

### ***Risk Management***

19. WFP periodic risk assessments will identify and implement mitigation actions for all risks related to the anticipated deteriorating food security as the lean season progresses with attention to gender equality and protection issues. Market assessment will inform quick adjustments to the transfer modality as needed.

### ***Beneficiary analysis***

20. All proposed changes in beneficiary figures per transfer modality for Activities 1 and 3 are reflected Table 1.

<b>Strategic Outcome</b>	<b>Activity<sup>4</sup></b>	<b>Modality</b>	<b>Period</b>	<b>Women (18+ years)</b>	<b>Men (18+ years)</b>	<b>Girls (0-18 years)</b>	<b>Boys (0-18 years)</b>	<b>Total</b>
Strategic Outcome 1	Food assistance to crisis affected population (CBT)	Food	Current	1,581	1,519	1,581	1,519	6,200
			Increase/decrease	151,174	144,069	232,071	204,054	731,368
			Revised	152,755	145,588	233,652	205,573	737,568
	Food assistance to crisis affected population (Food)	CBT	Current	30,786	29,578	30,786	29,578	120,728
			Increase/decrease	121,078	115,161	201,503	174,796	612,538
			Revised	151,864	144,739	232,289	204,374	733,266
Strategic Outcome 2	Provision of school Meals to children (Food)	Food	Current	1,237	1,188	61,287	56,928	120,640
			Increase/decrease	0	0	0	0	0
			Revised	1,237	1,188	61,287	56,928	120,640
	Provision of school Meals to children (CBT)	CBT	Current	0	0	40,648	39,053	79,701
			Increase/decrease	0	0	0	0	0
			Revised	0	0	40,648	39,053	79,701
Strategic Outcome 3	Provision of comprehensive nutrition programming for pregnant or lactating women and girls and children under 5	Food	Current	5,940	0	26,608	22,665	55,213
			Increase/decrease	18,132	312	27,169	29,003	74,616
			Revised total	24,072	312	53,777	51,668	129,829
Strategic Outcome 4	Provision of assistance to	CBT	Current	3,000	2,000	0	0	5,000
			Increase/decrease	0	0	0	0	0
			Revised	3,000	2,000	0	0	5,000

<sup>4</sup> Indicate whether transfer is in the form of in-kind, CBT or capacity strengthening. If more than one modality per activity, duplicate the rows.

	smallholder farmers and communities								
<b>TOTAL (without overlap)</b>			Current	<b>42,544</b>	<b>34,285</b>	<b>116,015</b>	<b>106,974</b>	<b>299,818</b>	
			Increase/decrease	<b>109,264</b>	<b>110,402</b>	<b>116,190</b>	<b>97,326</b>	<b>433,182</b>	
			Revised	<b>151,808</b>	<b>144,687</b>	<b>232,205</b>	<b>204,300</b>	<b>733,000</b>	

### Transfers

21. There are no changes to the targeting approaches and transfer modalities. However, capacity strengthening support will increase for Activity 1.

Strategic outcome	Strategic Outcome 1			Strategic Outcome 2		Strategic Outcome 3				Strategic Outcome 4
Activity	Activity 1			Activity 2		Activity 3				Activity 4
Beneficiary type	Quarantined individuals	PLHIV	Households	Children	Children	Children	Children	PMTC clients	PLW G	Households
Modality (indicate food or CBT)	Food	CBT	Food & CBT	Food	CBT	Food	Food	Food	Food	CBT
Cereals	450		208	60	-	-	-		-	-
Pulses			-	12	-	-	-		-	-
Oil	30		-	7.2	-	-	-		25	-
Salt	5		-	3	-	-	-		-	-
Supercereal Plus			-		-	200	200			-
Supercereal								200	200	
Plympu sup						100				
Plumpy doz							50			
total kcal/day (to be completed for food and cash modalities)	2,100	2,100	2,100	1,216	1,216	787	787	984	984	2,100
% kcal from protein	84	84	84	21.5	21.5	14.5	14.5	14.5	14.5	84
Cash-based transfers (USD/person/day; use average as needed)		0.08	0.03	0.5	0.12					2

Number of feeding days per year	14	150	150	196	196	180	360	360	128
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	Current budget		Increase		Revised budget	
	Total (mt)	Total (USD)	Total (mt)	Total (USD)	Total (mt)	Total (USD)
Cereals	6,978	3,926,709	18,973	9,332,500	25,951	13,259,209
Pulses	429	317,772	0	0	429	317,772
Oil and Fats	271	332,810	93	74,077	364	406,886
Mixed and blended foods	4,234	4,140,227	-179	3,998,394	4,055	8,138,622
Other	202	32,292	0	54	202	32,346
<b>TOTAL (food)</b>	<b>12,114</b>	<b>8,749,810</b>	<b>18,887</b>	<b>13,405,025</b>	<b>31,001</b>	<b>22,154,836</b>
Cash-based transfers (USD)		7,004,335		2,787,700		9,792,035
<b>TOTAL (food and CBT value – USD)</b>	<b>12,114</b>	<b>15,754,146</b>	<b>18,887</b>	<b>16,192,725</b>	<b>31,001</b>	<b>31,946,871</b>

### 3. COST BREAKDOWN

22. The overall cost of the CSP has increased from USD 29.6 million to USD 49.1 million.

Tables 4 and 5 provide details of the cost breakdown for the budget changes.

	Strategic Result 1 / SDG Target 2.1	Strategic Result 1 / SDG Target 2.1	Strategic Result 2 / SDG Target 2.2	Strategic Result 3 / SDG Target 2.3	Strategic Result 5 / SDG Target 17.9	Total
Strategic outcome	1	2	3	4	n	
Focus area	Crisis Response	Resilience Building	Resilience Building	Resilience Building	Root Causes	
<b>Transfer</b>	13,855,696	-826,951	3,616,387	524,673	495,986	<b>17,665,791</b>
<b>Implementation</b>	,97,250	-104,856	-65,250	73,537	114,000	<b>114,681</b>
<b>Direct support costs</b>						<b>514,016</b>
<b>Subtotal</b>						<b>18,294,489</b>
<b>Indirect support costs (6.5%)</b>						<b>1,189,142</b>
<b>TOTAL</b>						<b>19,483,630</b>

**TABLE 5: OVERALL CSP/ICSP/LEO COST BREAKDOWN, AFTER REVISION (USD)**

	<b>Strategic Result 1 / SDG Target 2.1</b>	<b>Strategic Result 1 / SDG Target 2.1</b>	<b>Strategic Result 2 / SDG Target 2.2</b>	<b>Strategic Result 3 / SDG Target 2.3</b>	<b>Strategic Result 5 / SDG Target 17.9</b>	<b>Total</b>
Strategic outcome	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>n</b>	
Focus area	<b>Crisis Response</b>	<b>Resilience Building</b>	<b>Resilience Building</b>	<b>Resilience Building</b>	<b>Root Causes</b>	
<b>Transfer</b>	16,787,302	10,252,216	10,313,171	2,298,273	1,314,220	<b>40,965,182</b>
<b>Implementation</b>	437,544	755,785	789,413	483,668	315,329	<b>2,781,738</b>
<b>Direct support costs</b>	929,478	615,247	588,618	145,383	89,252	<b>2,367,978</b>
<b>Subtotal</b>	18,154,325	11,623,247	11,691,201	2,927,324	1,718,801	<b>46,114,898</b>
<b>Indirect support costs (6.5%)</b>	1,180,031	755,511	759,928	190,276	111,722	<b>2,997,468</b>
<b>TOTAL</b>	<b>19,334,356</b>	<b>12,378,758</b>	<b>12,451,129</b>	<b>3,117,600</b>	<b>1,830,523</b>	<b>49,112,366</b>