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ActionAid International The Gambia

COVID-19 RESPONSE REPORT



December 2020

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Message from the Director

I am glad to share the report of ActionAid International the Gambia regarding our contribution to the national response to COVID-19. AAITG has directly contributed to the implementation for the national response plan through direct investments on human material and financial resources with funding support from our key Donors such as the European Union, the Global Fund AIDS Malaria and TB, AmplifyChange as well ActionAid Mainstream sponsorship funds. AAITG has invested not less than GMD 16,276,485.06 equivalent to GBP 232,521.22 in the COVID-19 response. Thanks to our donors, communities we work with and our partners.

While we are committed to contribute to long term recovery and building resilience of communities, we ask on government to improve its commitment to accountable and transparent governance including on the use of COVID-19 Funds.

BACKGROUND INFORMATION

Introduction

The COVID-19 Pandemic started in December 2020 in Wuhan, China and since then has spread all over the world. As a result, the World Health Organisation (WHO) declared the outbreak as a global pandemic.

In The Gambia, the first COVID-19 case was registered on the 17th March, 2020. To curb the spread of COVID-19 in the country, the Government of The Gambia (GOTG) instituted some measures. Key among them were the closure of the borders, banning social gatherings, and closure of all weekly markets. An assessment on the impact of COVID-19 carried out by AAITG revealed that these measures were applauded by communities. However, they also confessed that livelihood options such as petty trading and sales of farm/vegetable produce were seriously impacted by the closure of weekly markets (*Lumo*). The following were identified by the assessment.

- i. Due to the stoppage of most of the livelihood options of families (petty trading, collection of firewood for sale, sale of farm produce at ‘lumo’s to purchase food and other items). As a result of the closure of the ‘LUMO’s, most families are resorted to use their seeds for the coming rainy season.
- ii. The health facilities do not have testing kit for COVID-19, standard referral systems (ambulance) for COVID-19 POSITIVE patients and inadequate protective gears for frontline health staff. There are no clear SOPs for case detection, referral and treatment for frontline health workers health or if there is not all frontline health workers are aware of it.
- iii. There is still gap between COVID-19 knowledge and its practice in communities especially, social distancing and reporting mechanism.
- iv. Women are exposed to right violations (domestic violence)
- v. Children in the communities did not have access to education; even though government is providing distance learning through radio and TV, this is an illusion for some children from remote communities.

The study made the following recommendations.

- i. Governments, NGOs, and other private institutions should support communities with food items like Rice, Vegetable oil, Beans and Sugar. Where all is not applicable, priority should be given to Rice and Beans and other main foods.
- ii. Supporting smallholder farmers with seeds such as Groundnuts, Rice, maize, and beans will go a long way in strengthening their post COVID- 19 response
- iii. Health facilities to be supported with testing kits, special ambulances for COVID-19 positive patients and the protective gears for frontline health workers. Provision adequate logistics (fuel and allowances) and clear SOP for frontline workers.
- iv. Conduct sensitization on safeguarding principles and establishment of local support groups.
- v. Use MDFT's for Continuous sensitization of communities on the WHO & MOH guidelines with special emphasis on social distancing, reporting mechanism and staying at home.
- vi. Further tightened the border closure to enhance the fight against COVID-19 Pandemic
- vii. Strengthening sensitization on COVID-19
- viii. Provide more support by providing fuel, allowances, and PPE to Frontline Health Workers to enhance the surveillance system.
- ix. The emergency relief support should include both food items such as rice and oil and cash. Providing rice and oil will help in the assurance that the response will be used for its purpose while the cash can serve as fish money for the households.
- x. Communities have started eating their seeds because they have run out of food so if AAITG will bring any respond, it must be immediately before they completely consume their seeds.
- xi. Strengthen the seed and cereal banks in the area to serve as resilience building where farmers can rely on to access seeds as loans.
- xii. Interventions should priorities food and non-food item support in humanitarian response addressing the effect of COVID-19 and its lockdown.

- xiii. Protection issues should be adequately addressed in COVID-19 emergency response plans. Plans should make provision for the distribution of sanitary pads that would include reusable pads, small pants and under wears as well as birth towels for adolescent girls in the communities.

Objectives

To respond to immediate humanitarian support to households and reduce effect of covid-19 on the lives and livelihoods of communities in our LRPs especially sponsored children and their families.

To enhance awareness on the COVID-19 and precautionary measures for prevention and control

To advance women and girls rights

Build the resilience of smallholder farmers by supporting them with agricultural production inputs to increase productivity

Coordination

ActionAid The Gambia has set up a Covid-19 Committee that is charged with the operational processes of the response at both organizational and programs level. The Committee had a TOR and coordinates all actions from resource mobilization to staff safety and community-based actions. The Committee is supervised and supported by the SMT and the Head of HROD and Head of programs are members of the committee and serve as Liaison between the Committee and the SMT. The plan was implemented jointly with local partners and National Disaster management Agency (NDMA) specifically their regional structures. This complemented the ongoing efforts by governments and its development partners to build on the collective efforts of all stakeholders and in line with National Government priorities, as our efforts are part of National Response Strategy.

Strategies

Key strategies used were working through and with partners for awareness raising, direct response, resilience building while advocating and advancing women's rights across all these strategies. The partners, mainly the Apexes/Ecozones selected the beneficiaries referring to guides provided by AAITG.

A gender sensitive **Grievances and Complaints** mechanism was put in place to receive and settlement complaints and to conduct post distribution monitoring (**PDM**). This committee, which comprised two women and a man was established for each Apex.

During the distribution, beneficiaries were called by their villages. They formed queues, observing social distance, and wearing face mask rules. First the beneficiary collected a coupon from one of the two teams in each distribution centre, which she/he to collect her money from the other team. All beneficiaries were advised to count and confirm their money before leaving the ground.

Budget

The total cost of Covid-19 Response is GMD16,267,485.06, which is equivalent to GBP232,521.22. Most of this budget (80.8 %) are project funded and the rest (19.2 %) is CS funds.

Table 2 shows the details of the source of funding.

Table2: Funding Source by Activity

SOURCE	PROGRAM	ACTIVITY	COST (GMD)	COST (GBP)	% CONTRIBUTION
CS	Prevention & Control	Purchase of sanitary items (sanitizers, Dettol soap, buckets, etc.)	88,730.00	1,267.57	19.2 %
	Reduce Food Unavailability	Purchase of Food Items (rice, oil, beans)	3,029,728.46	43,281.84	
EU	Building Resilience	Re-stocking Seed & Cereal Banks (Millet, rice & Ground nut)	2,698,500.00	38,550.00	34.8 %
		Support Poultry Production	2,325,000.00	33,600.00	
		Support small ruminant production	462,500.00	6,607.14	
		Cash Transfer Bail out	150,000.00	2,142.86	
GFATM	Support Access to treatment	Transport refund to PLHIV	6,948,910.00	99,270.14	42.8 %
	Prevention & Control	Support MOH with Gloves	11,500	164.29	
Amplify Change	COVID-19 & GBV Response		534,616.6	7,637.38	3.2 %

Total	16,276,485.06	232,521.22	100 %
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RESPONSE PROGRAMMES

Prevention and control

In a drive to ensure prevention and control of the spread of COVID-19, AAITG supported communities and Ministry of Health (MOH) with infection control materials and other sanitary materials. Ten thousand (10,000) units of gloves were provided to MOH for use by front line health workers. In the LRPs, WASH materials included detergents, buckets, soap, and hand sanitizers were supplied to public institutions, (schools, health centres, police stations, army camp, markets, car parks, and vegetable gardens).



Figure 1: Item Distribution at Kudang Police Post and Kumbaney Vegetable Garden

In total 120 bottles of hand sanitizers, 80 bottles of liquid Dettol, 80 bottles of liquid soap, 10 buckets with tap heads, and 6 wash-hand basins with kettles distributed among 17 beneficiaries (institutions and public places). See Table for detailed beneficiaries.

Table 1: List of Beneficiaries

No.	Institution/Place Beneficiaries	Buckets	Basin with Kettles	Liquid Dettol (Bottles)	Liquid Soap (Bottles)	Hand Sanitizers (Bottles)
1	Kudang Market	1		5	5	6
2	Kudang Police	1		5	5	6
3	Kudang Health Centre	1		5	5	24
4	Kudang Army Camp			5	5	6
5	Sinchu Gundo Garden		1	3	5	6
6	Sinchu Gundo Junction	1		5	5	
7	Bamba Kolong Junction	1		5	5	
8	Jarreng Market	1		5	5	6
9	Jarreng Police	1		5	5	6
10	Kumbaney Garden		1	3	5	6
11	Sinchu Njugari Garden		1	3	5	6
12	Dankunku Health Centre	1		10		18
13	Kudang Angal Futa		1	5	5	
14	Choya unction	1		5	5	
15	Kudang Mayo Cooling Centre		1	5	5	6
16	Maka Niamina		1	3	3	
17	LRPs & Apexes	1		3	7	24
TOTAL		10	5	80	80	120

Information, Education and Communication (IEC)

To increase communities' awareness on Covid-19, materials such as posters and T-Shirts were printed and distributed to communities. The messages in the posters and on T-Shirts were adapted from WHO and MOH. In addition, several TV, radio, and online classroom sessions/programs were conducted. The discussions/sessions focused on Covid-19 and its intersectional issues such as GBV, gender responsive public services and women's economic rights and initiatives. We have used National Broadcasters and Community Radios.

Humanitarian Relief

Food Relief

To reduce Covid-19 impact on food availability, AAITG supported 2006 vulnerable households, each with cash worth the cost of a 50 kg bag of rice, 5-litre gallon of oil and 5 kg beans. The beneficiaries are from AAITG intervention communities in Niamina and Upper Niumi. A total of 841 are from Upper niumi (LRP 9), 646 from Niamina East & West (LRP8) and 519 households from Niamina Dankunku (LRP 11).

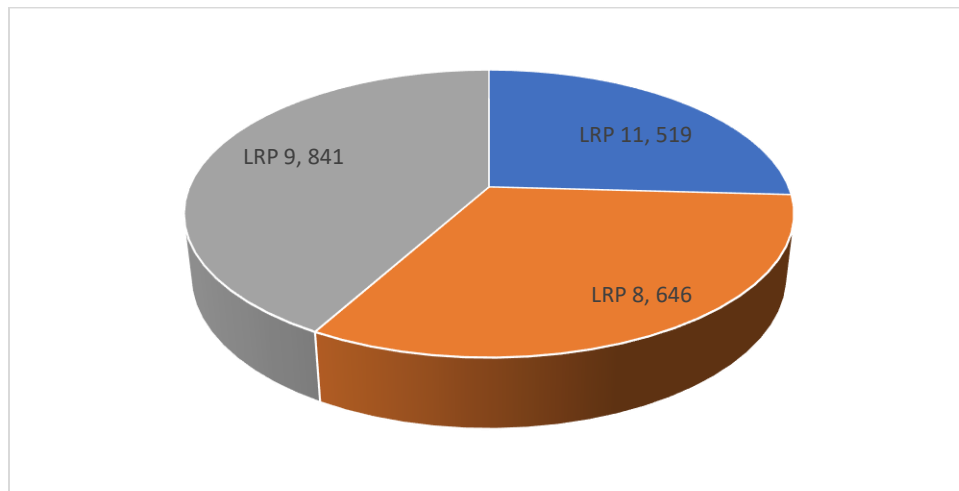


Figure 2: Distribution of Food Relief Beneficiaries by LRP

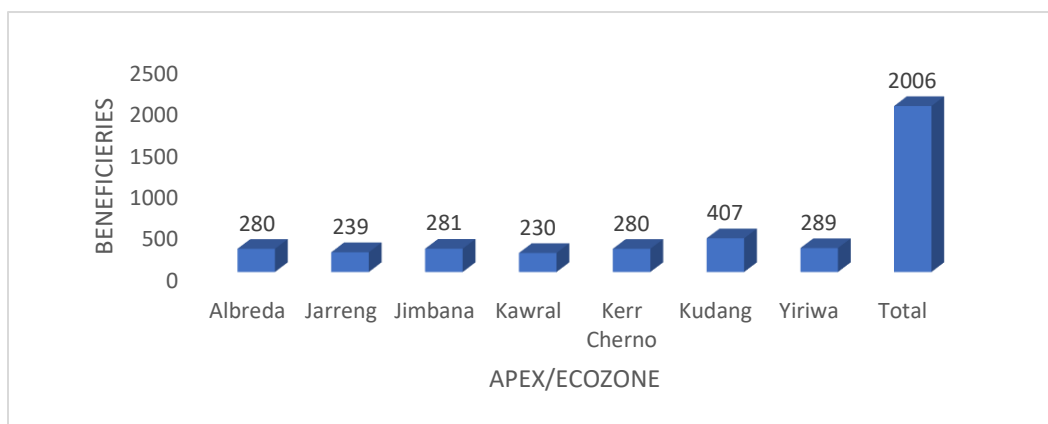


Figure 3: Distribution of Food Relief Beneficiaries by Apex/Ecozone

The targeted households were the most vulnerable, with specific consideration for women-headed households. A little less than 39 % of the beneficiaries are women-headed households, while the rest (61.3%) are male-headed households.

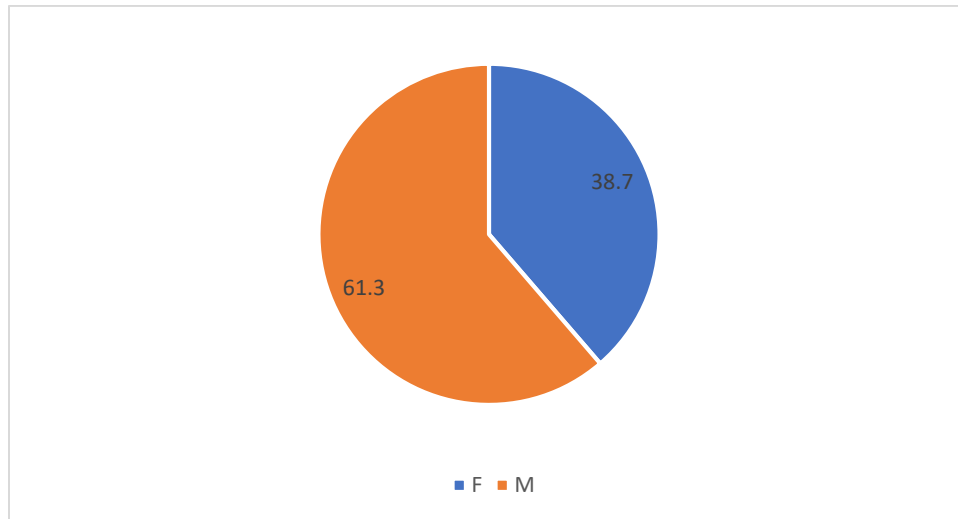


Figure 4: Distribution of Food Relief Beneficiaries by Gender

Provision of Sanitary Pads to Girls



During the period under review, vulnerable girls especially sponsor girls between 13 and 18 years were supported with reusable Sanitary pads. A total of 1917 girls from 6 Apexes/Ecozones in 3 LRPs benefited. Forty-four percent of the beneficiaries are from upper Niumi (LRP 9), 37 % from Niamina East and West (LRP8) and 19 % Niamina Dankunku (LPRs 11)

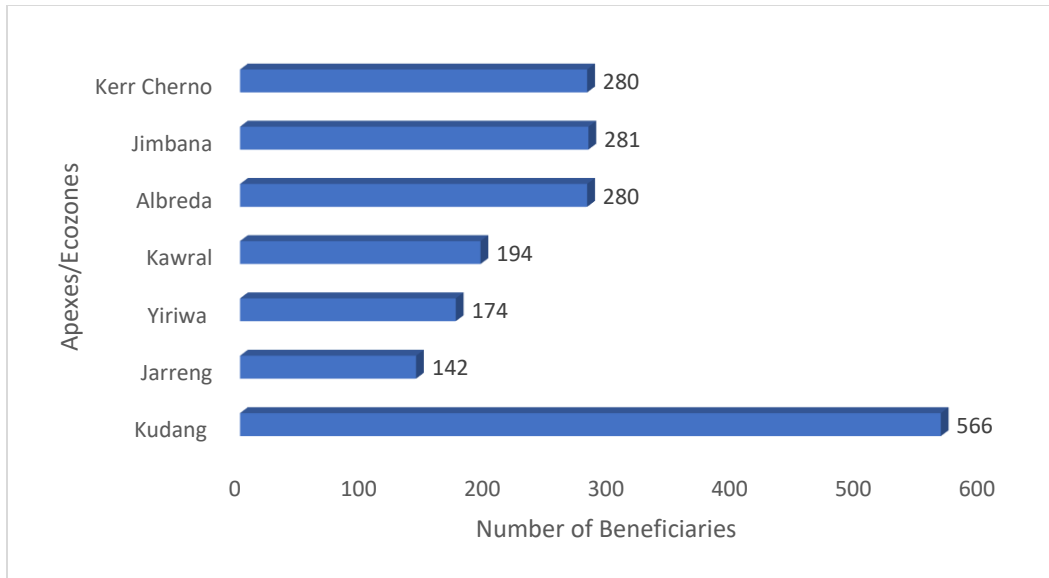


Figure 5: Distribution of Sanitary Pads by Apex/Ecozone

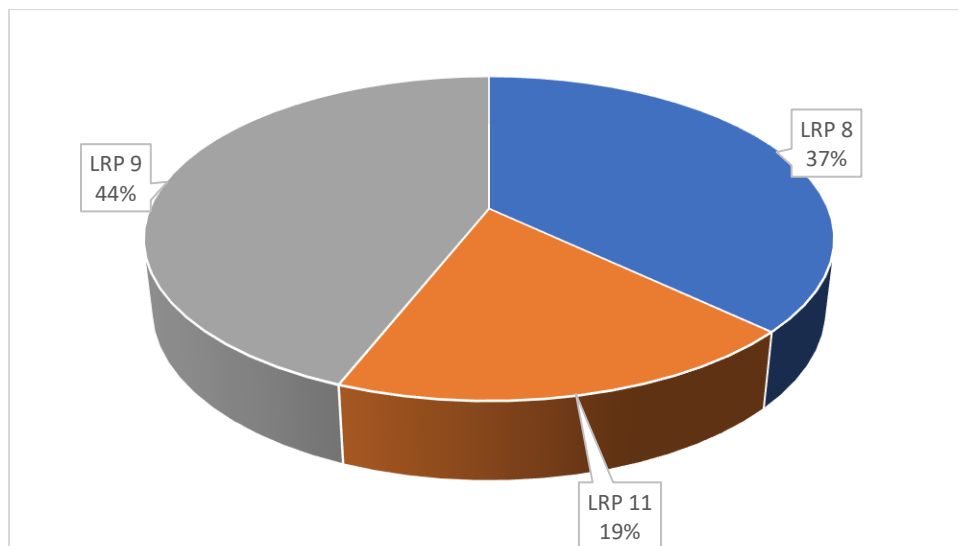


Figure 6: Percentage of Sanitary Pads Distribution by LRP

Support People Living with HIV&AIDS to Access Treatment Sites



AAITG through partners have supported People Living with HIV&AIDS with transport refund to access ART sites. This targets 7,833 PLHIVs on ART treatment care across the country. Monthly transport refund is provided from June to December 2020.

COVID-19 and GBV

Conducted 9 GBV TV classroom sessions (annex 2 concept note) which was aired on two TV stations (QTV &GRTS) and on our YouTube channels. Nine (9) one stop centres will also be supported with basic medical items and supplies for the management of GBV cases.

Resilience building.

Support Seed and Cereal Banks

As many economic activities have seized, some farmers resorted to using their seeds as food for their families. It is against this background, the study concluded that seeds and cereals availability would be a major challenge to smallholder farmers. In hindsight of this, AAITG supported the establishment of Seed and Cereal Banks in Naimina and Nuimi. Five hundred and thirty (530) individuals (52 % males and 48 % are females) directly benefited from this scheme.

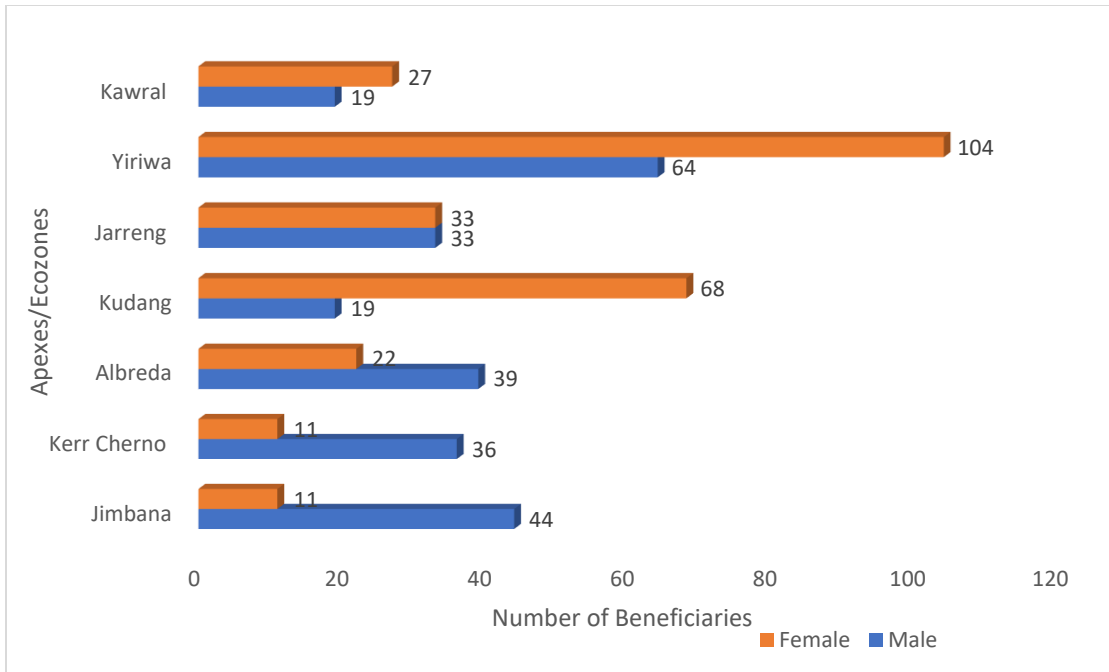


Figure 7: Distribution of Seeds and Cereals Bank by Sex

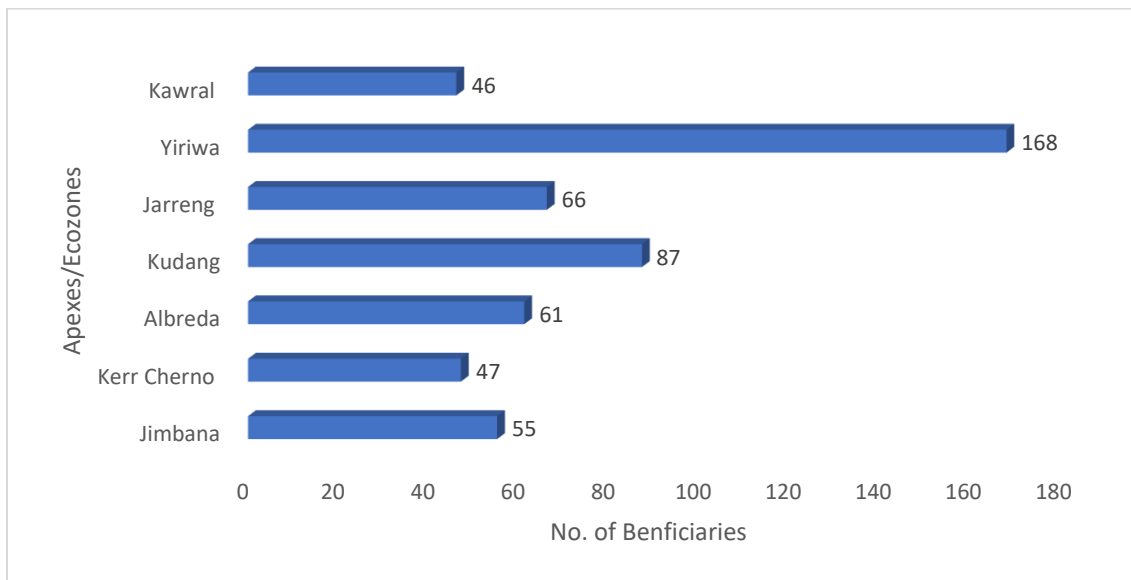


Figure 8: Distribution of Seed and Cereal Bank Beneficiaries by Apex



Figure 9: Chief Damfa handing over the Purchased Seeds to Beneficiaries

Bail Out Package:

AAITG endeavored to support women farmers to build their resilience against climate change by helping them diversify their economic activities. The diversified activities include small ruminant, vegetable, poultry production, petty trading and tie-dye and batik. Unfortunately, the outbreak of the Covid-19 Pandemic has negatively affected these economic activities. Farmers were constrained with the marketing of their produce, consequently reducing their incomes. To enable farmers, rejuvenate these economic activities AAITG provided D260,000.00 to twenty-six women.



Figure 11: Cash Bailout Beneficiaries Receiving their Money

Support Smallholder Farmers to Diversify their Agricultural Production

In strengthening the resilience of smallholder farmers, AAITG supported individuals in poultry and small ruminant production. Forty-three people from 4 Apexes were supported to boost their livestock production, in either small ruminant or poultry production.

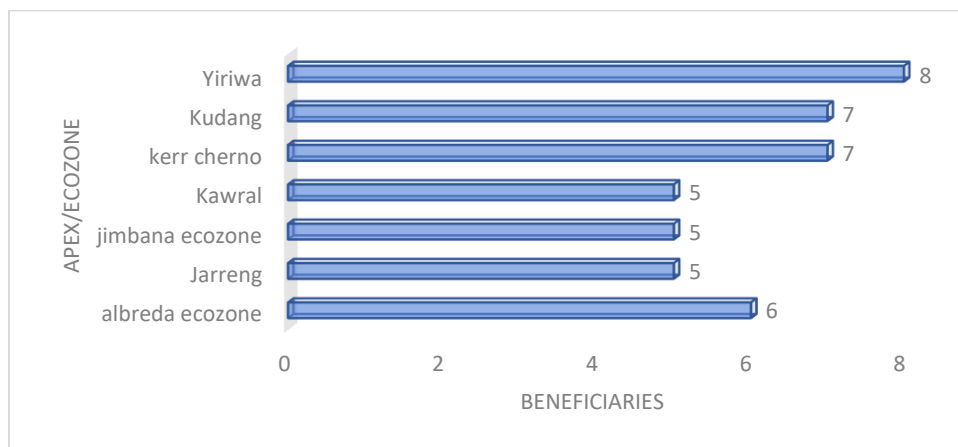


Figure 7: Distribution of Livestock Beneficiaries by Apex/Ecozone

CONCLUSION

The COVID -19 outbreak has changed the dynamics of program algorithm and lessons we have learnt is that we have to adjust our systems and human resources need to meet the new needs of how we work or deliver on deliver processes. IT played a critical role in this and we need to continue to invest on ICT and internal policies to adjust to the new ways of working.

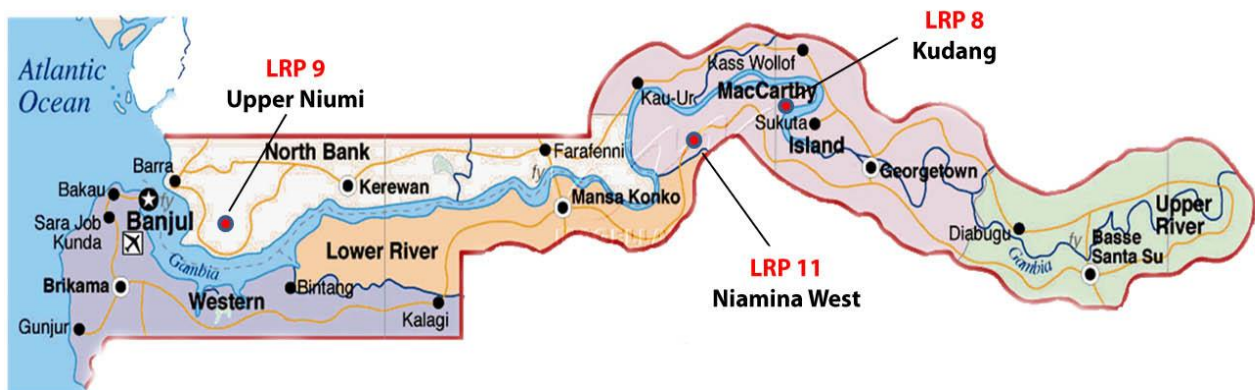
Finally, we thank our donors and remain sincere gratified for their support and contribution to national development. Below are our Donors and Supporters



AmplifyChange



6)Our LRPS



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