



Annual Social Protection Report (2024)

National Social Protection Agency, The Gambia

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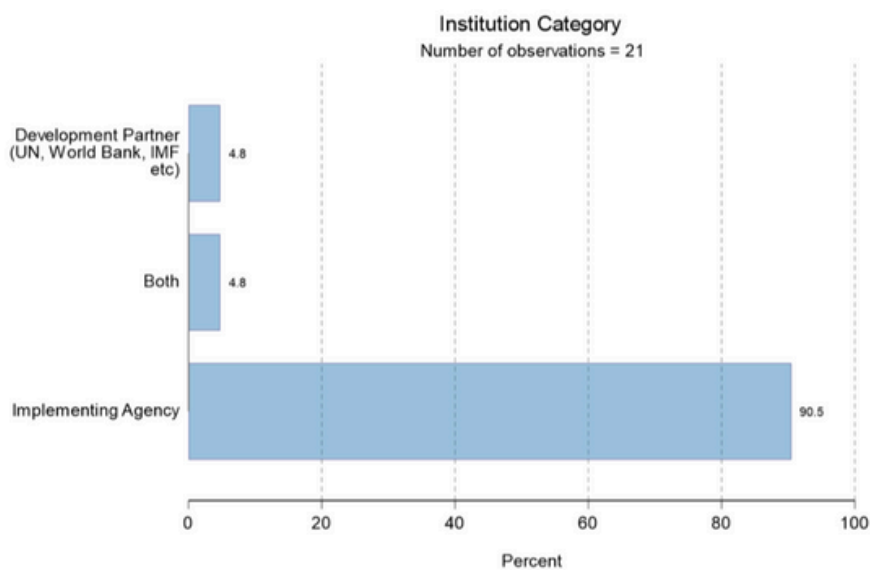
1. BACKGROUND INFORMATION

1.1 INSTITUTION CATEGORY

The survey responses reveal that the overwhelming majority of institutions engaged in social protection activities in The Gambia are implementing agencies (19 out of 21, or 90.5%). Only one identified itself as a development partner, and another s both.

This composition indicates that the dataset is heavily weighted towards actors directly responsible for programme delivery. While this enriches the evidence base with operational detail and frontline perspectives, it also introduces a potential bias: funding institutions, regulatory agencies, and policy-only actors are underrepresented. Consequently, insights into financing strategies, donor priorities, or high-level policy coordination may not be fully captured. Nonetheless, the dominance of implementers allows for a more grounded understanding of programme execution challenges, innovations, and field-level experiences.

1.2 NUMBER OF PROGRAMS BEING REPORTED



The reported number of programmes per institution varies considerably, ranging from zero to five, with a mean of two. This suggests that while a handful of institutions manage multiple programmes simultaneously, the majority are running only one active initiative (relating to social protection). This fact distribution highlights two structural features of the social protection landscape in The Gambia:

1. Concentration of effort: many institutions appear to specialise in a single area of intervention, reflecting limited capacity or a deliberate focus on depth rather than breadth.
2. Capacity variation: The fact that some institutions can have five programmes suggest higher organisational capacity, possibly backed by other resources, whereas those with only one may have a challenge with funding and/or operational constraints.

This pattern underscores the fragmented but diverse nature of the social protection ecosystem, where smaller organisations coexist alongside larger institutions.

Table 1: Number of Programs

Observations	21
Mean	2
Median	1
Min	0
Max	5

2 SOCIAL PROTECTION PROGRAMS IN THE GAMBIA

The inventory of programme names demonstrates the breadth of interventions currently being undertaken. The list spans agriculture (e.g., input support to rice farmers, subsidised fertilizer and seed distribution), education (keeping girls in school, scholarships, vocational training), health (bed net distribution, HIV treatment, maternal health clinics), and social care (alternative care, orphanage programmes, youth employability), among others. Two key observations arise:

1. Sectoral diversity – Social protection in The Gambia is not confined to cash transfer schemes or pensions but extends into multi-sectoral domains such as climate resilience, sustainable forestry, and skills development. This reflects a broad understanding of social protection as encompassing livelihood security and resilience-building.
2. Institutional fragmentation – The sheer number of distinct programme titles points to a highly fragmented landscape. While this diversity ensures wide coverage, it may also complicate coordination and dilute impact where mandates overlap.

The implication for policy is clear: more effective coordination mechanisms are required to prevent duplication and to align these programmes under a coherent national strategy.

2.2 PROGRAM DESCRIPTION

The descriptions provided offer qualitative insights into programme objectives and operations. Several themes emerge:

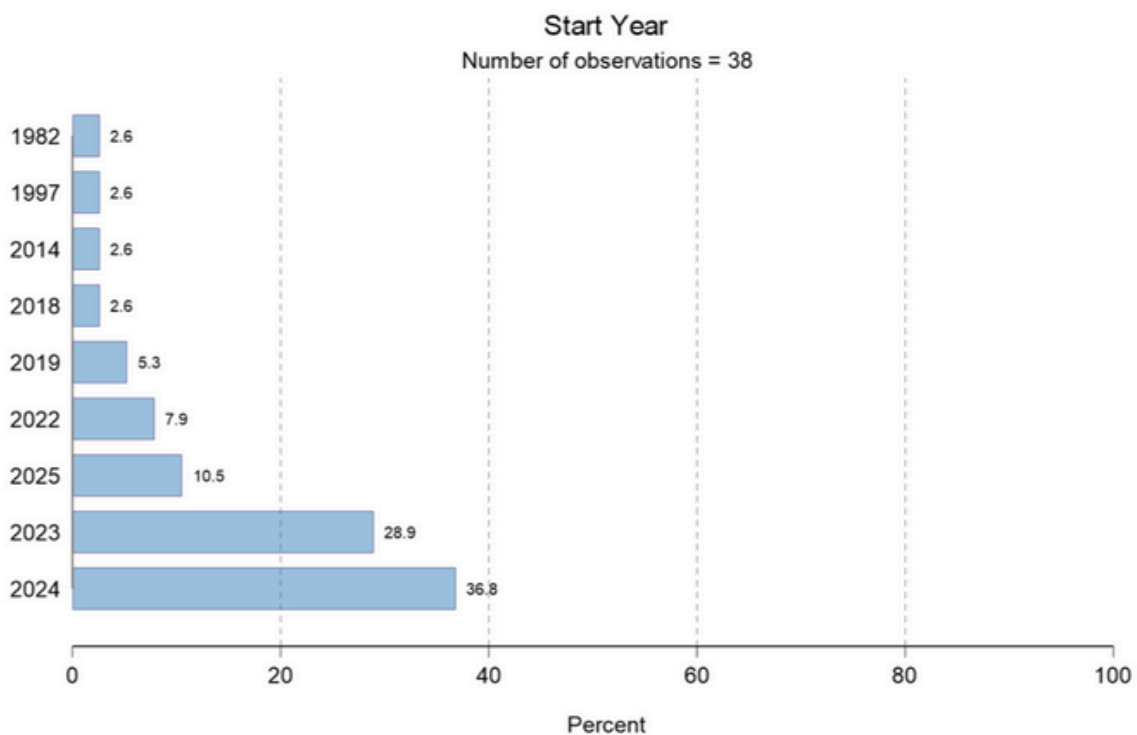
- Education-related programmes (e.g., Life Stage 2, Keeping Girls in School, McGovern–Dole school feeding) emphasise the removal of financial barriers to access – covering uniforms, learning materials, bicycles, and meals. The focus is both on increasing enrolment and improving retention, highlighting education as a cornerstone of social protection.
- Agricultural interventions (e.g., African Emergency Food Production Facility, RVCTP) are largely framed around stabilising domestic food production in response to external shocks (notably the Russia–Ukraine conflict). These programmes combine input support (seeds, fertilizer) with policy reforms and database strengthening, reflecting an evolution from short-term relief to system-wide resilience-building.
- Health and nutrition programmes (e.g., distribution of bed nets, SOS Children’s Villages maternal clinics) demonstrate a service-delivery orientation. They combine direct provision (e.g., hospital bill payments, immunisation campaigns) with capacity-building for caregivers and communities, showing integration of preventive and curative measures.
- Livelihood and youth-focused programmes (e.g., YTEP, livelihood strengthening, waste monetisation) reveal a push toward economic empowerment as part of social protection. They blend vocational skills, small-business support, and savings associations to build self-reliance.

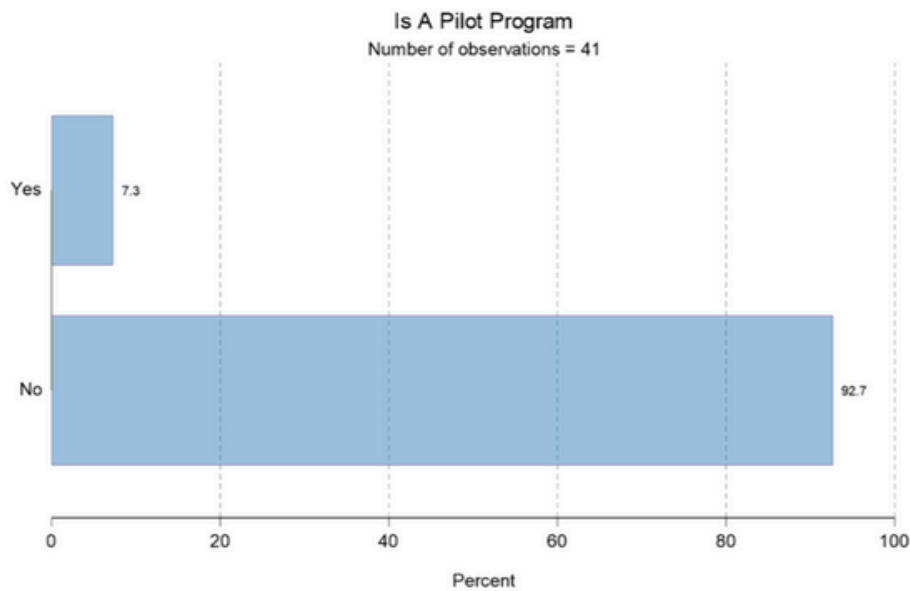
- Climate resilience programmes (e.g., mangrove restoration, anticipatory action protocols, women and youth-led ecological initiatives) demonstrate how environmental sustainability is increasingly positioned as a social protection issue, linking ecological risk with community vulnerability.

Overall, the programme descriptions reveal a multi-dimensional approach to social protection – spanning consumption support, capability enhancement, and risk mitigation. However, the narratives also reflect reliance on external funding and partnerships, raising questions of sustainability once donor projects close.

2.3 PROGRAM DURATION

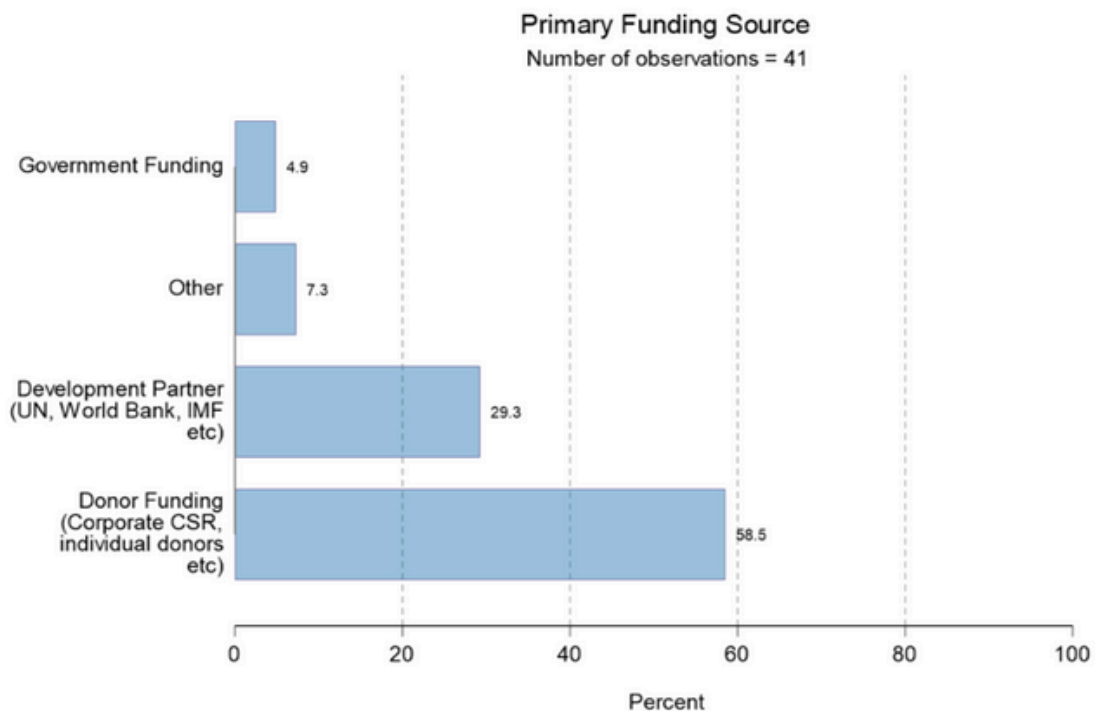
A majority of the programs covered in this exercise, reported being started in 2024—this is largely an artefact of the reporting period, but some programs also were started as early as the 1980s—these are not mainstream government social protection programs such as pensions, provident funds and the like. The majority of programmes (87.5%) were reported as currently active, with only 12.5% having ended—the small share of completed programmes may reflect the reality of donor funding cycles. During the reporting period, most interventions were ongoing and communities could rely on continued support. Only 7.3% of interventions were categorised as pilots, while the vast majority (92.7%) were full programmes. This is noteworthy: it suggests that most initiatives are beyond the experimental phase and are being implemented at scale. While this reflects maturity in design, it also raises questions of evaluation and adaptation – if few pilots are being tested, how are new approaches trialed before expansion and/or rollout?





2.4 PRIMARY FUNDING SOURCE

Funding for social protection is dominated by donor support, with 58.5% from corporate CSR/individual donors and 29.3% from development partners. Government funding accounts for only 4.9%, and “Other” (7.3%) refers to contributory schemes such as employer and employee pooling. This imbalance underscores the structural dependency on external finance for social protection in The Gambia. While donor funding ensures resource mobilisation, it raises sustainability concerns. The limited government share suggests fiscal constraints and competing budget priorities, but also it suggests one source of bias in this analysis: not enough government agencies and ministries are taking part of exercises like this—a more comprehensive budget analysis is currently underway to estimate the overall share of government



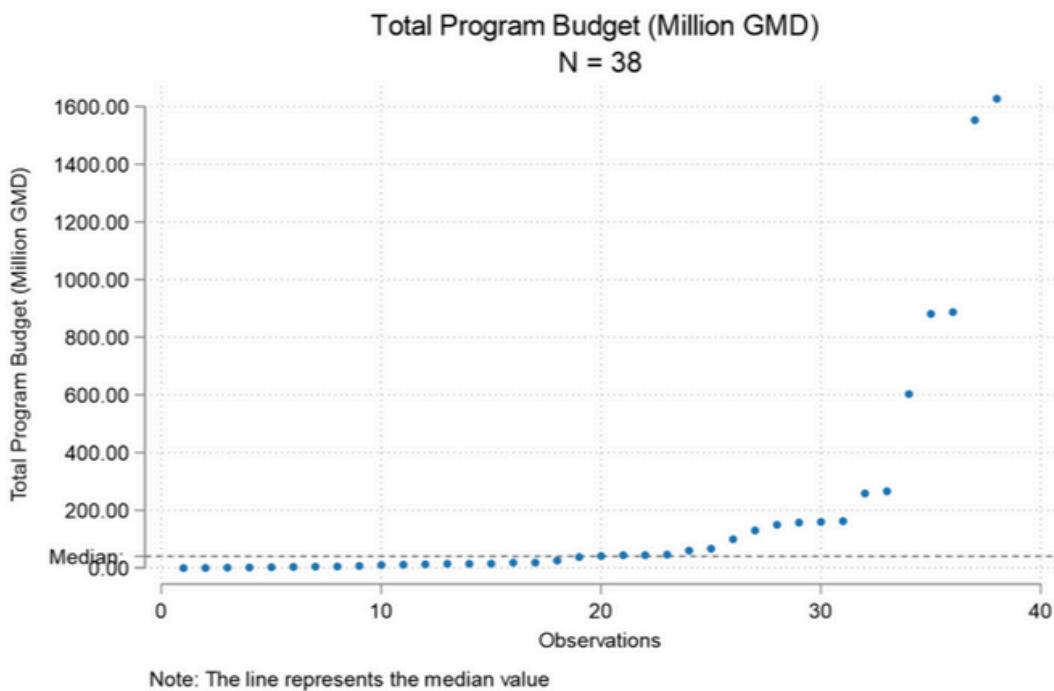
expenditure on social protection in the country. “Other” responses highlight contributory schemes such as employer contributions and pooling arrangements. This shows that outside donor and state financing, there is space for social insurance–type mechanisms that draw on employer–employee solidarity. These contributory models, while limited in scope, represent an important complement to tax– or donor–financed programmes, particularly for formal sector workers.

2.6 TOTAL PROGRAM BUDGET (MILLION GMD)

Budgets show significant variation, presumably driven by program size (in terms of institution and coverage size): the mean is 196 million GMD, but the median is only 39.96 million, with a maximum exceeding 1.6 billion. This wide dispersion reveals a skewed distribution where a small number of very large projects dominate the resource envelope, while the majority operate with relatively modest budgets. This pattern implies two things:

- 1. A handful of “flagship” donor–funded initiatives drive national–level sector spending.
- 1. Smaller programmes risk being overshadowed, though they may provide essential niche or community–level support.

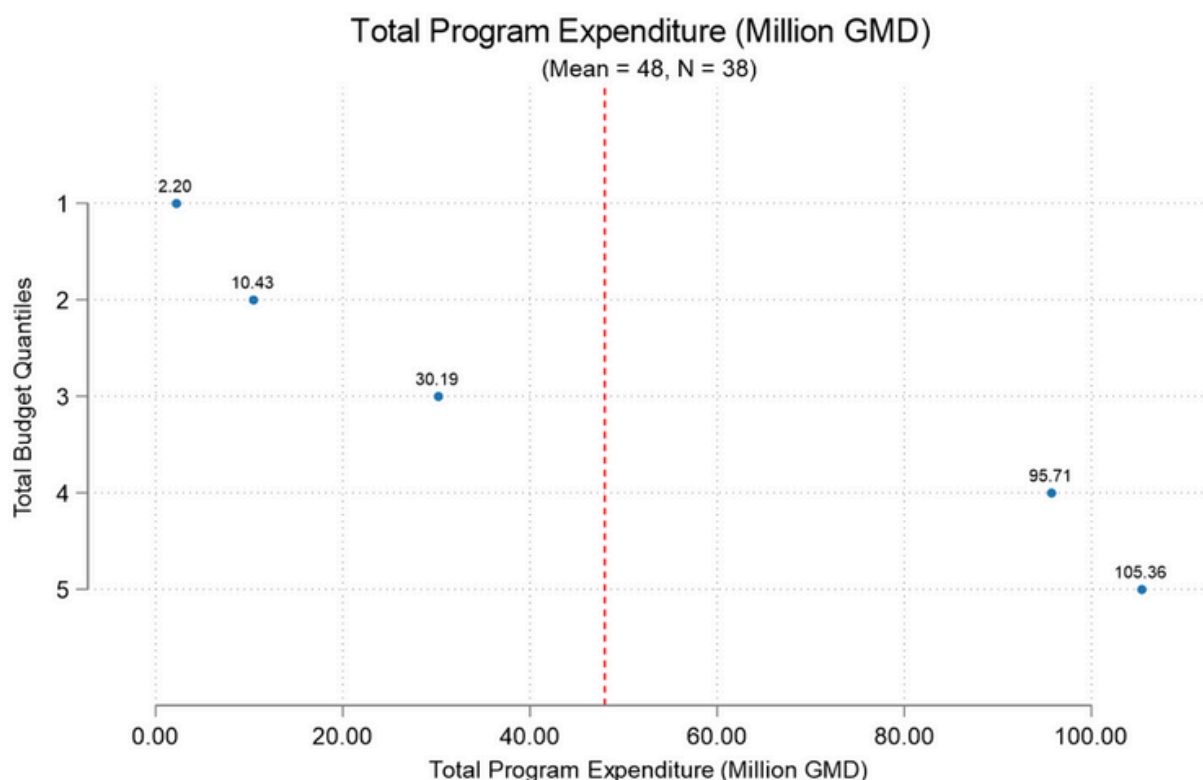
Strategically, it is unclear what this fact means—perhaps, one interpretation may be that the importance of ensuring equitable distribution of resources across both large–scale and smaller, locally relevant interventions.



2.7 TOTAL PROGRAM EXPENDITURE (MILLION GMD)

Expenditure data mirror the budget data, with wide variation across programmes. The quantile breakdown—for ease of understanding, shows that while some projects disbursed modest sums (e.g., below 20 million GMD), others spent well over 500 million. The median expenditure (12.25 million) sits far below the mean (47.78 million), again highlighting the skew towards large outliers. This gap between budget and expenditure also raises questions of absorptive capacity. Some programmes may face bottlenecks in

disbursement, leading to under-execution, while others successfully channel significant resources. Strengthening monitoring, procurement processes, and institutional capacity is thus key to improving efficiency.



2.8 PRIMARY INTERVENTION AREA

The most common areas of intervention are education support and school feeding (21.1%), followed by health/social insurance (13.2%), youth employment (10.5%), and cash transfers (10.5%). Smaller shares focus on food security, pensions, gender, climate resilience, and housing. This spread indicates a strong human capital orientation in The Gambia's social protection portfolio, with education and health dominating. Yet, relatively low representation of cash transfers is notable compared to global trends where cash has become a central modality. This suggests that in the Gambian context, in-kind support and service delivery remain central to the social protection approach.

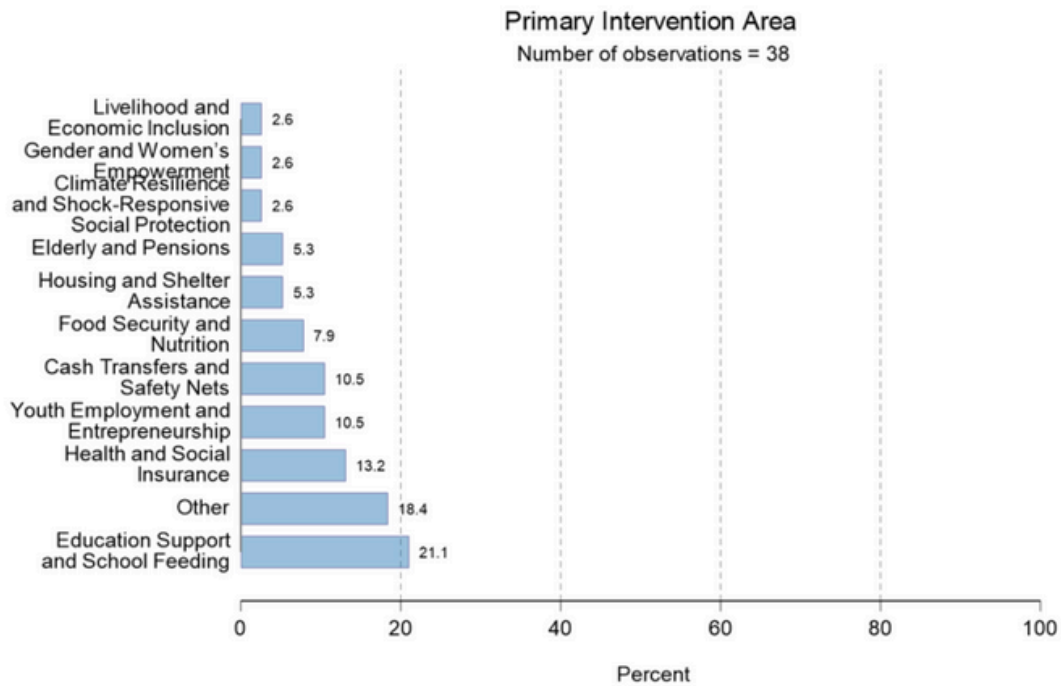
“Other” responses show that some programmes fall outside standard categories (for the purposes of this survey), notably:

- WASH (water, sanitation, borehole drilling)
- Public health inputs (medicine provision to the Ministry of Health)
- System strengthening (social protection system design)

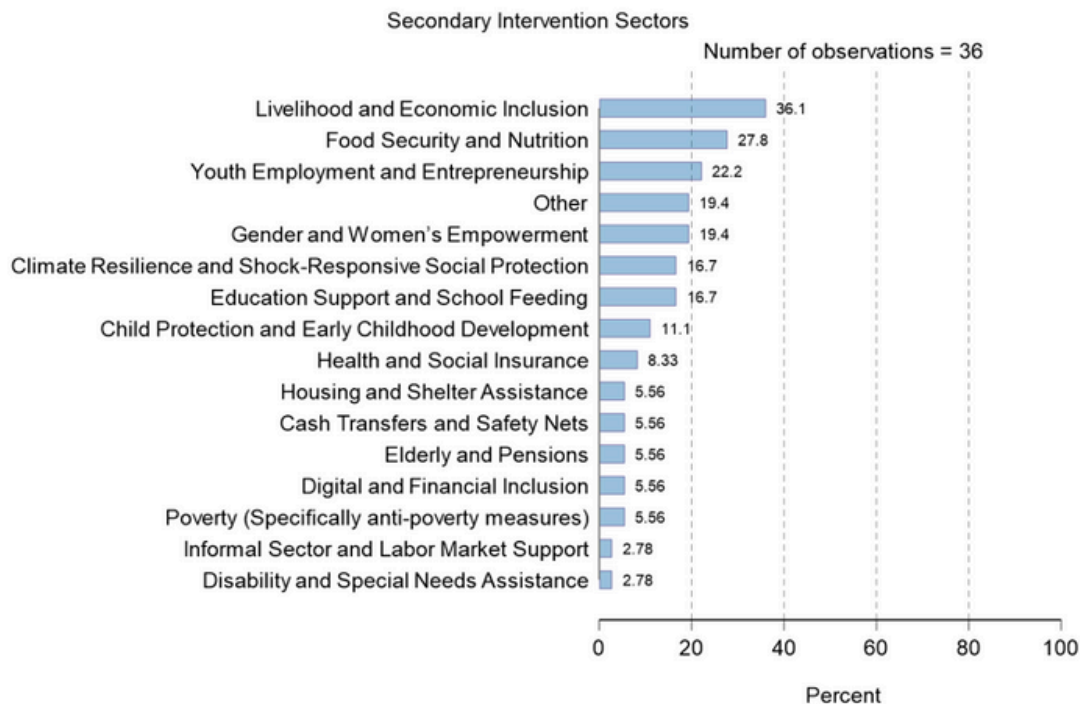
These areas illustrate that social protection is understood broadly, extending into infrastructure and institutional capacity-building. They also highlight the integrated nature of interventions: water access and

health system strengthening are treated as social protection functions because of their direct impact on vulnerability reduction.

2.9 SECONDARY INTERVENTION SECTORS



Secondary areas demonstrate further diversification: the most common include livelihood and economic inclusion (36.1%), food security (27.8%), youth employment (22.2%), and gender empowerment (19.4%). Notably, climate resilience and education support also appear prominently. This layering reflects the multi-dimensional character of Gambian programmes, where interventions rarely target a single domain. For instance, school feeding may simultaneously promote education, nutrition, and gender equity, while livelihood projects address both poverty reduction and climate adaptation. The open responses reinforce this multidimensionality, citing community infrastructure, non-food item distribution, free medical care, and



system strengthening. These entries highlight the flexibility of organisations in adapting social protection to immediate community needs, though they also underline the challenge of standardising categories for national monitoring.

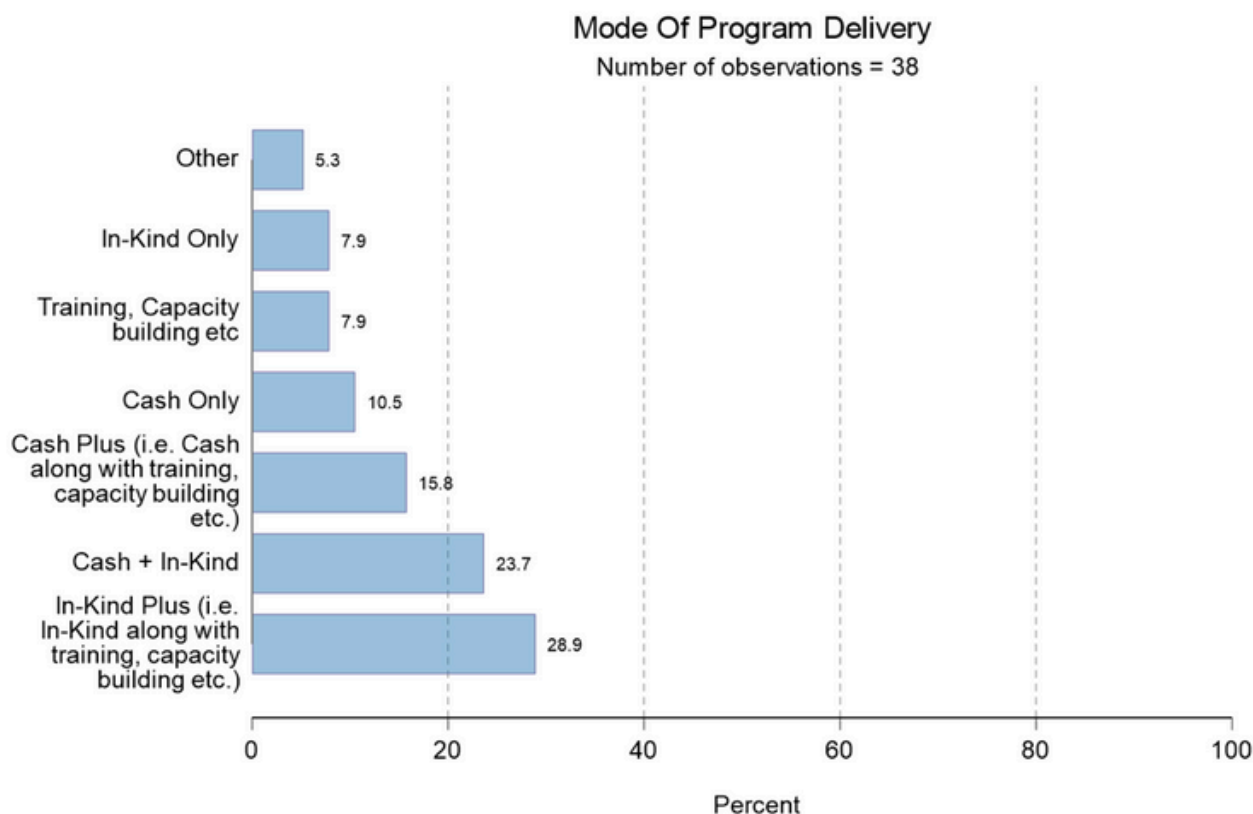
2.16 Mode of Program Delivery

Delivery modes are diverse. While cash-only (10.5%) and in-kind only (7.9%) approaches exist, the majority combine modalities: cash plus (15.8%), in-kind plus (28.9%), or cash + in-kind (23.7%). Training and capacity-building appear as standalone delivery in 7.9% of cases.

This shows that Gambian programmes increasingly adopt “plus” models, integrating transfers with services or training. This aligns with global evidence that combined approaches strengthen impact by addressing both immediate consumption needs and longer-term capabilities. The qualitative responses expand on delivery modes:

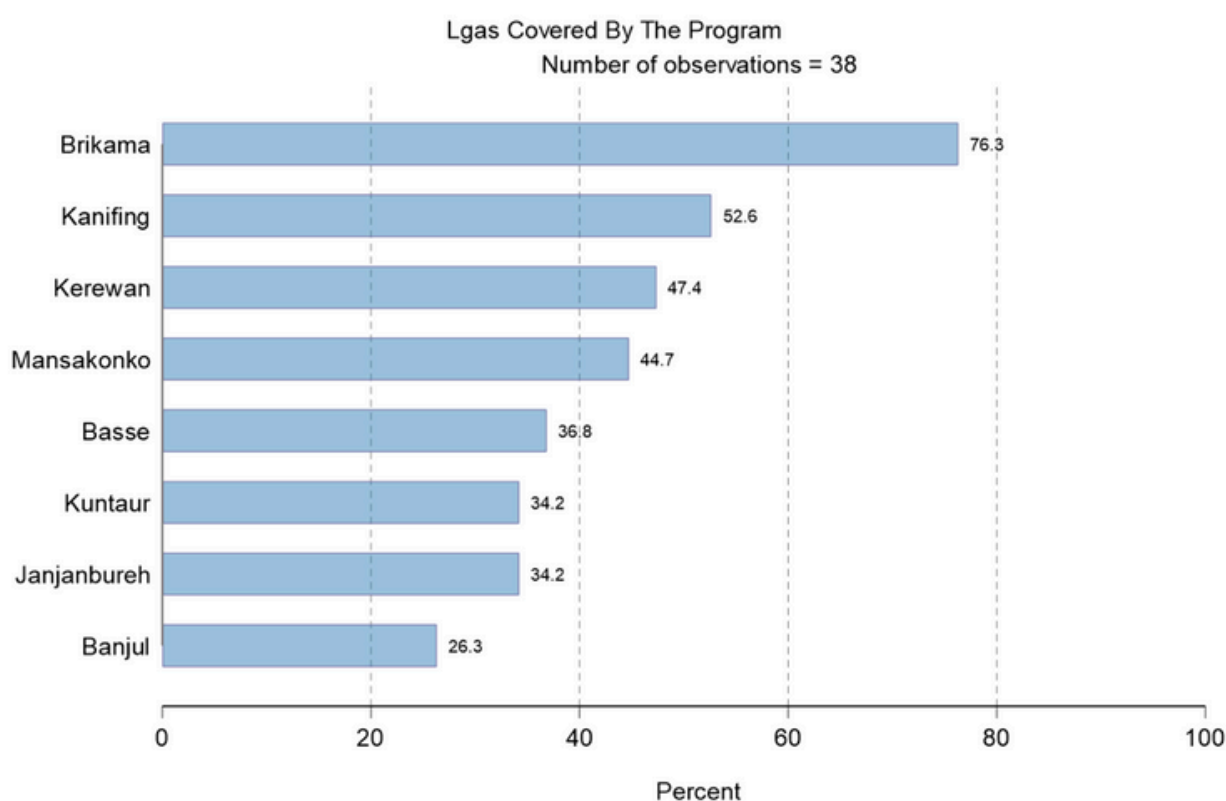
- Maternal and child health services (prenatal/postnatal care, immunisation, nutrition education).
- Holistic alternative care (psychosocial support, education, skill development, preparation for independent living).

These examples illustrate that certain interventions cannot be neatly categorised into “cash” or “in-kind.” Instead, they adopt a service ecosystem approach, providing a package of supports tailored to beneficiary well-being.



2.10 LGAS COVERED BY THE PROGRAM

Coverage is uneven across Local Government Areas (LGAs). Brikama (76.3%) and Kanifing (52.6%) dominate, followed by Kerewan (47.4%), Mansakonko (44.7%), and Janjanbureh (34.2%). Banjul, though the capital, registers relatively low coverage (26.3%). This pattern suggests that programming is concentrated in high-population or high-need regions (Brikama, Kanifing) but also, does extend into rural areas. However, some LGAs appear underserved (on paper). Ensuring more balanced geographic distribution remains critical to achieving nationwide social protection coverage—this distribution ideally should be in line with how different needs are also distributed across the country.



3. REGIONAL VARIATION IN SOCIAL PROTECTION COVERAGE AND EXPENDITURE

3.1 PERCENTAGE OF FUNDING ACROSS LGAS

The funding allocation across LGAs shows significant disparities. The median shares are highest in Kanifing (52.4%) and Brikama (43.3%), while others such as Banjul (5.4%) and Kuntaur (14.7%) receive relatively smaller allocations. The ranges are very wide—for instance, Brikama (0–100%) and Basse (2–100%)—indicating that some programmes channel substantial resources into particular LGAs, while others bypass them entirely.

This unevenness reflects both population concentration (urban LGAs naturally attract more resources) and programme targeting priorities (e.g., agricultural schemes concentrated in rural LGAs like CRR). However,

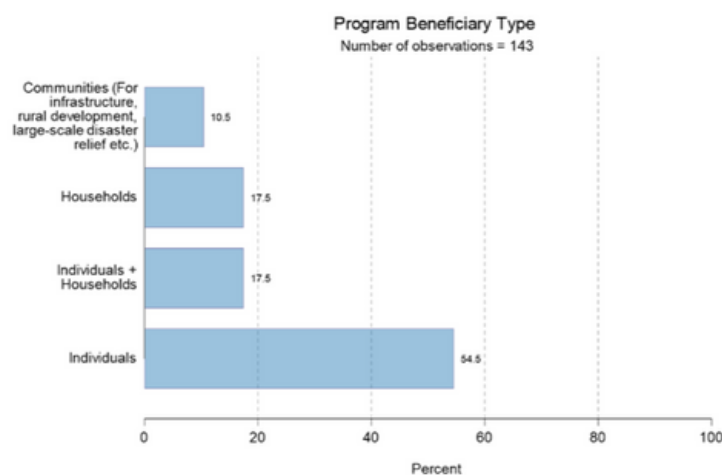
the variability raises concerns of equity and consistency, suggesting the need for a clearer framework to balance geographic allocations.

	Observations	Mean	Median	Min	Max
LGA Name					
Banjul	8	5.38	5	1	10
Basse	13	20.46	11	2	100
Brikama	28	43.25	31.5	0	100
Janjanbureh	14	24.71	14	4	78
Kanafing	5	52.4	39	1	100
Kanifing	15	20.87	20	0	50
Kerewan	19	24.63	14	3	96
Kuntaur	9	14.67	6	0	55
Mansakonko	16	21.5	13	2	100
Total	127	26.65	15	0	100

3.2 PROGRAM BENEFICIARY TYPE

Over half of programmes (54.5%) report targeting individuals, while 17.5% focus on households, 17.5% on a combination of both, and 10.5% on communities.

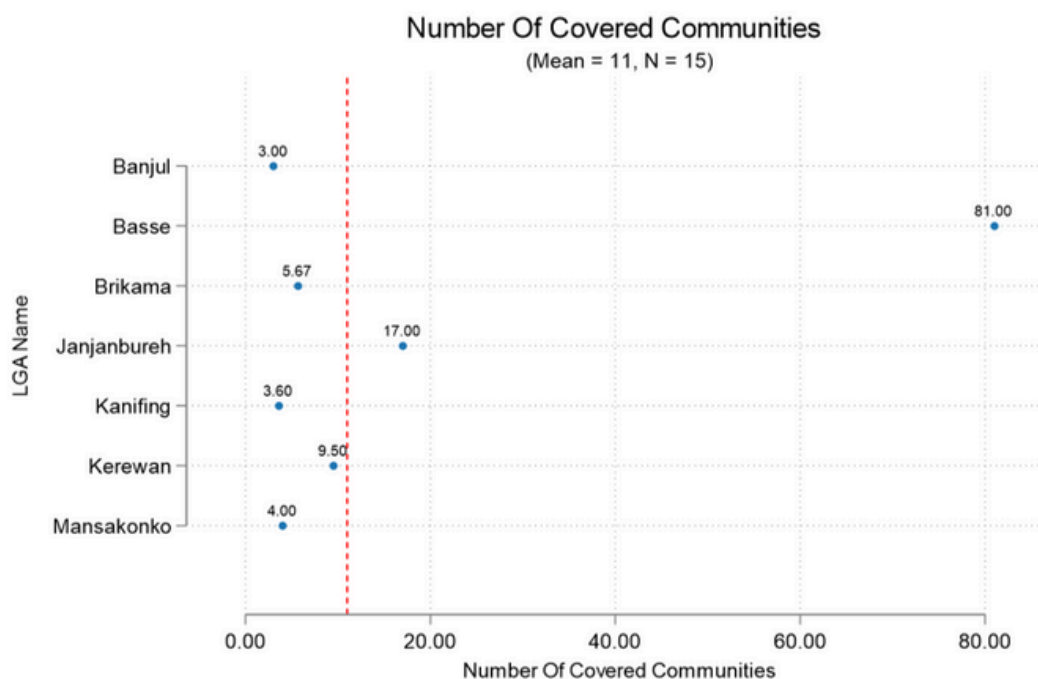
This predominance of individual targeting highlights the service-delivery orientation of Gambian social protection (e.g., health, education, training). However, relatively fewer programmes target households or communities, even though these units often bear the brunt of poverty and shocks collectively. Strengthening household- and community-based programming could improve resilience and foster more inclusive social protection.



3.3 NUMBER OF COVERED COMMUNITIES

The data reveal sharp contrasts in community reach. For instance, Basse has 81 communities covered, while Banjul has only 3. Mid-level figures include Janjanbureh (17), Kerewan (9.5 average), and Mansakonko (4). Brikama, despite being highly resourced, reports coverage of only 4–13 communities.

This suggests that programme intensity differs by region: some LGAs (e.g., Basse) see wider coverage, while in others, resources may be more concentrated in fewer communities. For policy, this points to the importance of aligning funding allocation (3.1) with actual coverage to avoid over-concentration in a few areas.



3.4 TYPE OF COMMUNITY-LEVEL WORK

The open responses list borehole drilling, disaster hotspot mapping, free medical services, and hazard assessment. Several entries mention field missions with local authorities and weather centres.

These activities highlight the multi-functional character of community-level interventions: they are not limited to infrastructure but extend into preparedness, capacity-building, and governance engagement. Importantly, the repeated references to disaster risk assessment and mapping demonstrate how climate resilience is being embedded into local social protection work.

3.5 NUMBER OF BENEFICIARY HOUSEHOLDS

Household reach varies dramatically. Kanifing (mean 2,046 households) and Kerewan (mean 1,376 households) show the largest coverage, while Basse (81 households) and Banjul (152 households) are much lower. Brikama is notable for high variability (0–2,500 households).

These disparities again underline a duality: urban LGAs benefit from scale (likely due to higher population density), while smaller or rural LGAs show narrower coverage. Yet some more rural LGAs (e.g., Mansakonko at 1,252 households) demonstrate that targeted projects can achieve significant outreach outside urban centres.

Table 1: Number of Beneficiary Households

	Observations	Mean	Median	Min	Max
LGA Name					
Banjul	1	152	152	152	152
Basse	1	81	81	81	81
Brikama	3	913.67	241	0	2500
Janjanbureh	1	245	245	245	245
Kanifing	5	2046.2	2000	231	3000
Kerewan	2	1375.5	1375.5	251	2500
Mansakonko	2	1252	1252	4	2500
Total	15	1247	251	0	3000

3.6 CHILDREN, YOUTH, DISABILITY, AND OLDER BENEFICIARIES PROGRAMS FOCUSED ON HELPING CHILDREN (0–14 YEARS)

Of the 128 responses, 42.2% of programmes focus on children, while the majority (57.8%) do not. While child-focused initiatives are clearly present—such as school feeding, immunisation, and healthcare—they remain a minority. Given the demographic structure of The Gambia, where children comprise a significant share of the population, this suggests a potential underinvestment in child-specific programming relative to broader needs. Expanding early childhood and school-age interventions would strengthen the long-term human capital base and may have long-gestating, long term effects.

MALE CHILDREN (0–5 YEARS)

The numbers show extremely wide variation, from as low as zero in some LGAs to over 14,000 in Kanifing. Brikama also shows very high coverage (mean ~1,330, max 7,342). In contrast, rural LGAs such as Basse and Janjanbureh have far smaller numbers (under 200). This demonstrates that urban areas dominate service delivery for young boys, reflecting both population density and programme concentration. However, it may also signal gaps in rural outreach, leaving younger children in remote areas less covered.

FEMALE CHILDREN (0–5 YEARS)

Similar patterns emerge: urban centres (Kanifing, Brikama, Mansakonko) record the highest numbers, while smaller LGAs show very limited reach. Notably, Brikama reports up to 7,658 young girls covered, dwarfing other LGAs. The data suggest that while young children overall are being reached, gender parity is not systematically tracked—some LGAs show far higher coverage for boys than girls (e.g., Kanifing), while others are reversed. This underscores the need for disaggregated planning and monitoring to ensure equity across sexes.

MALE CHILDREN (6–14 YEARS)

Coverage expands significantly at older ages. Brikama again dominates (up to 41,800 boys), followed by Mansakonko (13,901) and other regions with thousands of beneficiaries. Urban LGAs consistently report the largest figures. This reflects the concentration of school-based programmes (e.g., feeding, scholarships), which naturally capture children in this age bracket. However, disparities remain across LGAs, with some reporting minimal coverage.

FEMALE CHILDREN (6–14 YEARS)

Trends are similar to male children, though the numbers for girls are often slightly higher. Brikama reports the highest maximum (42,383 girls), suggesting a strong emphasis on girls' education initiatives such as Keeping Girls in School. Mansakonko also shows very high coverage (14,481). This gender-positive skew suggests that policy emphasis on girls' retention in school is bearing fruit in terms of beneficiary numbers. However, the reliance on donor-funded programmes for these outcomes raises sustainability concerns.

PROGRAMS FOCUSED ON HELPING YOUTH (15–35 YEARS)

Overall, 36.2% of programmes target youth explicitly. Regional breakdown shows higher engagement in Brikama (44.4%), Kanifing (41.7%), and Kerewan (33.3%), while others fall below one-third. This indicates that while youth are a priority in some LGAs, they are not consistently targeted nationwide. Given the importance of youth employment in national development, expanding coverage beyond urban centres is critical.

FEMALE YOUTH (15–35 YEARS)

Beneficiary numbers for young women again vary widely: Brikama (up to 3,256), Kanifing (2,401), and Banjul (859) report higher coverage, while rural LGAs often record fewer than 200. The pattern suggests that urban young women have more access to employability and livelihood initiatives, while rural women remain underserved. Addressing this urban–rural divide is key to inclusive empowerment.

MALE YOUTH (15–35 YEARS)

Kanifing accounts for up to 3,095 young men. Brikama also shows substantial outreach (2,058). By contrast, many rural LGAs (e.g., Kuntaur, Mansakonko) record fewer than 100 beneficiaries. This disparity reflects labour market realities: urban youth benefit more from training and employment programmes, while rural areas may lack both access and opportunity. Without targeted rural initiatives, migration pressures may intensify.

PROGRAMS FOCUSED ON HELPING THOSE WITH DISABILITIES

Across 128 responses, 42.2% of programmes include persons with disabilities (PWDs), while 57.8% do not. Regionally, Janjanbureh (53.3%) and Kerewan (50%) are notable for higher inclusion, while others remain lower. This shows that disability inclusion is unevenly mainstreamed. Some LGAs are performing well, but overall less than half of programmes explicitly target or include PWDs. Mainstreaming disability sensitivity across all social protection is an area requiring stronger government guidance.

MALES WITH DISABILITY

Coverage is highly uneven. Brikama reports very high numbers (up to 950 males), while some LGAs record near zero. Mansakonko also reports high figures (391). The large disparities may reflect where disability-focused programmes are active, but they also indicate that many regions lack systematic outreach.

FEMALES WITH DISABILITY

Patterns are similar: Brikama (up to 936) and Mansakonko (327) dominate, while other LGAs record very low numbers. Interestingly, Basse reports slightly more females with disabilities (11) than males (5), suggesting variation in how disability is identified and targeted regionally. This highlights the need for consistent disability data collection to ensure equitable coverage across gender and geography.

PROGRAMS FOCUSED ON PEOPLE >35 YEARS

Only 22% of programmes explicitly target older populations. The majority focus on youth or children. Regional breakdown shows Brikama (23.8%) and Kerewan (38.5%) with some outreach, but most LGAs

remain minimal. This reveals a gap: older adults are not systematically covered by social protection, despite their vulnerability (especially in informal labour contexts without pensions).

MALE >35 YEARS

The numbers are small, with coverage concentrated in Kanifing (69) and Kanifing (143). Brikama reports none. This suggests that very few programmes provide direct support to older men.

FEMALE >35 YEARS

Similarly, coverage is limited: Basse (119) and Kanifing (50) report some reach, while Brikama records none. Older women are clearly underrepresented in beneficiary counts, despite their disproportionate role in caregiving and informal work.

TOTAL BENEFICIARY HOUSEHOLDS

Across 35 observations, the mean number of beneficiary households is 1,507, but the median is much lower at 650. The maximum reaches 8,000 households, again reflecting the dominance of a few large-scale interventions. This skew suggests that while some programmes achieve wide coverage, most are relatively modest in scope. A dual approach is therefore evident: flagship projects deliver scale, while numerous smaller interventions provide more targeted, niche support.

4 BENEFICIARY TARGETING STRATEGY

Beneficiary targeting strategies varied across different programs. They can be summarised in the following ways:

- 1.Data-driven targeting** – Several organisations report using the Gambia Social Registry (GAMSR) and the GamSR proxy means test to identify and target households or individuals. This represents a systematic, evidence-based approach that aligns with government strategy for harmonisation. However, challenges around data accuracy and verification (see Section 4.2) limit full effectiveness.
- 2.Participatory and community-based approaches** – A large number of organisations used Participatory Rural Appraisals (PRAs), community mobilisers, or local leaders to identify needs. These approaches enhance ownership and contextual relevance, though they risk inconsistencies across regions and may have some targeting errors.
- 3.Project-specific targeting criteria** – Some interventions applied pre-project activities (livelihood zoning, seasonal calendars), or targeted specific groups (e.g., rice-producing households, refugee-hosting communities, girl-child households verified for school attendance). These criteria reflect programme objectives but may fragment the overall system.

The mixture of methods demonstrates flexibility, but it also reveals a lack of standardisation. While localised approaches ensure relevance, they complicate efforts to build a unified national system. The strategic challenge for government is to integrate community-based targeting into the GAMSR framework, ensuring both accuracy and legitimacy.

5 TYPES OF IMPLEMENTATION CHALLENGES

The responses highlight a diverse set of challenges, which can be grouped into thematic areas:

1)Data and verification issues.

- a)Several organisations noted inaccuracies in GAMSR data (e.g., mismatched names, outdated records, inability to trace beneficiaries who migrated).
- b)Proxy means tests sometimes excluded intended beneficiaries, while some responses emphasised the risk of leaving out the most vulnerable if verification is incomplete.

2)Logistical and timing constraints

- a)Late arrival of inputs (certified rice seed).
- b)Contractors failing to complete work on schedule.
- c)Large turnouts at distribution events, creating strain on organisers.

3)Capacity and resource limitations

- a)Limited financial capacity to support all vulnerable households identified.
- b)Lack of community awareness about programmes.
- c)Inadequate budgets for specialised inputs (e.g., canoes for mangrove restoration).

4)Coordination and governance gaps

- a)Weak institutional coordination and scramble over restoration sites.
- b)Refugees' low participation in decision-making, leading to their exclusion from community-level benefits.

5)Programme-specific operational issues

- a)MoBSE's late amendments to the Ndokk project school lists disrupted logistics.
- b)Challenges with madrassa schools (Arabic instruction, poor infrastructure, weak organisational capacity).

In summary, implementation challenges stem from structural system weaknesses (data, coordination) as well as operational bottlenecks (timing, resources). Addressing these requires strengthening the GAMSR, improving inter-agency coordination, and ensuring better planning with partner ministries.

5 MAIN PROGRAM LEARNINGS

The responses offer rich insights into what works in practice. Key lessons include:

1)Community engagement and ownership

- a)Multiple organisations stressed that involving communities, grassroots leaders, and beneficiaries from the outset builds trust, transparency, and sustainability.
- b)Projects that adopted bottom-up approaches reported stronger ownership and smoother implementation.

2)Women and vulnerable groups' empowerment

- a)Several entries highlighted the transformative impact when women are supported with tools and income opportunities.
- b)However, championing empowerment was noted as challenging, requiring sustained effort.

3)Effective coordination and communication

- a)Collaboration among stakeholders (e.g., in school feeding) is crucial.
- b)Timely information-sharing enhances efficiency.

4)Programme responsiveness and adaptability

- a)The African Emergency Food Production Facility (AEFPF) demonstrated that rapid scaling-up can stabilise food production during crises.
- b)Use of certified seed distribution and training communities in mangrove propagation were cited as examples of adaptation and sustainability.

5)Systemic gaps

- a)Refugees remain largely excluded from government-led safety nets, a recurring lesson that calls for stronger state engagement.