

Report No: AUS0000071

# The Gambia: Social Safety Nets Diagnostic

9 June 2018

Social Protection and Jobs Practice  
Africa Region



© 2017 The World Bank  
1818 H Street NW, Washington DC 20433  
Telephone: 202-473-1000; Internet: [www.worldbank.org](http://www.worldbank.org)

Some rights reserved

This work is a product of the staff of The World Bank. The findings, interpretations, and conclusions expressed in this work do not necessarily reflect the views of the Executive Directors of The World Bank or the governments they represent. The World Bank does not guarantee the accuracy of the data included in this work. The boundaries, colors, denominations, and other information shown on any map in this work do not imply any judgment on the part of The World Bank concerning the legal status of any territory or the endorsement or acceptance of such boundaries.

### **Rights and Permissions**

The material in this work is subject to copyright. Because the World Bank encourages dissemination of its knowledge, this work may be reproduced, in whole or in part, for noncommercial purposes as long as full attribution to this work is given.

**Attribution**—Please cite the work as follows: “World Bank. 2018. The Gambia Social Safety Nets Diagnostic. © World Bank.”

All queries on rights and licenses, including subsidiary rights, should be addressed to World Bank Publications, The World Bank Group, 1818 H Street NW, Washington, DC 20433, USA; fax: 202-522-2625; e-mail: [pubrights@worldbank.org](mailto:pubrights@worldbank.org).

## Abbreviations and Acronyms

BReST	Building Resilience through Social Transfers
CODI	Core Diagnostic Instrument
DHS	Demographic and Health Survey
DSW	Department of Social Welfare
EMPRETEC	UN capacity building program
FAO	Food and Agriculture Organization
GBoS	Gambia Bureau of Statistics
GDP	Gross Domestic Product
GER	Gross Enrollment Ratio
GLFS	Gambian Labor Force Survey
HDI	Human Development Index
IHS	Integrated Household Survey
ISPA	Integrated Agency Social Protection Assessment
M&E	Monitoring and Evaluation
MCNHRP	Maternal & Child Nutrition & Health Results Project
MoBSE	Ministry of Basic and Secondary Education
MoFEA	Ministry of Finance and Economic Affairs
MoHSW	Ministry of Health & Social Welfare
MoTIE	Ministry of Trade, Industry and Employment
NaNA	National Nutrition Agency
NDP	National Development Plan
NGO	Non-governmental Organizations
NSPP	National Social Protection Policy
NSPSC	National Social Protection Steering Committee
PAU	Policy Analysis Unit
PLW	Pregnant and Lactating Women
PLWD	People Living With Disabilities
SP	Social Protection
SPIP	Social Protection Implementation Plan
SSHFC	Social Security and Housing Finance Corporation
TANGO	The Association of Non-Governmental NGOs
UNICEF	United Nations Children's Fund
UNDP	United National Development Program
WFP	World Food Programme
YEP	Youth Empowerment Project

## TABLE OF CONTENTS

<b>PREFACE</b>	<b>1</b>
<b>EXECUTIVE SUMMARY</b>	<b>2</b>
<b>COUNTRY CONTEXT</b>	<b>7</b>
<b>ECONOMIC INDICATORS AND HUMAN DEVELOPMENT</b>	<b>7</b>
<b>DEMOGRAPHY</b>	<b>8</b>
POPULATION	8
YOUTH	10
MIGRATION	11
<b>POVERTY</b>	<b>11</b>
<b>EDUCATION</b>	<b>13</b>
<b>HEALTH</b>	<b>14</b>
<b>DISABILITY</b>	<b>16</b>
<b>STATE OF THE SOCIAL PROTECTION SECTOR</b>	<b>17</b>
<b>POLICY FRAMEWORK</b>	<b>17</b>
LEGAL FRAMEWORK	17
NATIONAL DOCUMENTS	17
POLICYMAKING PROCESS	20
<b>INSTITUTIONAL ARRANGEMENTS - SOCIAL PROTECTION ACTORS</b>	<b>21</b>
<b>PROGRAMS AND COVERAGE</b>	<b>22</b>
PROTECTION - SOCIAL ASSISTANCE	22
<b>FINANCING SOCIAL PROTECTION</b>	<b>29</b>
<b>SOCIAL ASSISTANCE IN THE GAMBIA: A QUALITATIVE ASSESSMENT</b>	<b>32</b>
CODI CRITERIA	32
ASSESSMENT OF THE MAIN PROGRAMS, USING CODI CRITERIA	35
ASSESSMENT OF THE OVERALL SP SYSTEM, USING CODI CRITERIA	35
INCLUSIVENESS	36
ADEQUACY	38
APPROPRIATENESS	39
RESPECT FOR RIGHTS & DIGNITY	40
GOVERNANCE & INSTITUTIONAL CAPACITY	41
FINANCIAL & FISCAL SUSTAINABILITY	42
COHERENCE & INTEGRATION	43
RESPONSIVENESS	44
COST-EFFECTIVENESS	<b>ERROR! BOOKMARK NOT DEFINED.</b>
INCENTIVE COMPATIBILITY	<b>ERROR! BOOKMARK NOT DEFINED.</b>
<b>CONCLUSION</b>	<b>46</b>
<b>ANNEXES</b>	<b>48</b>
<b>ANNEX 1: POVERTY DATA</b>	<b>48</b>
<b>ANNEX 2: LABOR MARKET INDICATORS</b>	<b>49</b>
<b>ANNEX 3: SOCIAL PROTECTION CAPACITY AND STAKEHOLDER ASSESSMENT (2016)</b>	<b>51</b>
STAKEHOLDER ASSESSMENT	51
CAPACITY ASSESSMENT	52
<b>ANNEX 4 – NATIONAL AND INTERNATIONAL LEGISLATION PERTINENT TO SOCIAL PROTECTION</b>	<b>54</b>
<b>ANNEX 5 – ESTIMATE OF SOCIAL PROTECTION SPENDING</b>	<b>53</b>

## PREFACE

Despite The Gambia's natural geographical advantages on the West coast of Africa, it remains one of the poorest countries in sub-Saharan Africa, with per capita income of roughly US\$473 and almost half (48.6 percent) of the population estimated to be poor<sup>1</sup>. This estimate of the poverty rate is similar to the 2010 level (when 48.1 percent of the population was estimated to be poor). However, due to population growth during this period, there was an increase in the number of poor from 0.79 million in 2010 to 0.94 million in 2015. The gap between urban and rural areas is increasing with approximately 69.5 percent of the country's poor residing in rural areas. The Gambia lies toward the bottom of the UN Human Development Index in 173<sup>rd</sup> position out of 188 countries in 2017.

In January 2017, The Gambia underwent its first transfer of power in 23 years and started a policy shift toward addressing the country's fragility by enacting reforms to strengthen resilience and democratic rule. The new National Development Plan (NDP)<sup>2</sup> has established its long-term vision (2015-2025) for social protection in The Gambia as *"to establish an inclusive integrated and comprehensive social protection system that will effectively provide preventive, protective, promotive and transformative measures to safeguard the lives of all poor and vulnerable groups and contribute to broader human development, greater economic productivity, and inclusive growth"*. The NDP is supported by a National Social Protection Policy (NSPP), and an associated implementation plan (SPIP).<sup>3</sup>

Multiple social protection (SP) programs are already in place, but they are mostly small-scale, largely donor-driven and uncoordinated. The government is continuing its important efforts to expand and strengthen the existing social interventions in order to build a national SP system. In recent years, the Government and development partners have prepared framework documents to guide work on Social Protection: a Policy, Plan, Costed Minimum Package of Interventions and Fiscal Space study.

The objective of this report is to prepare a diagnostic of the SP sector to provide a baseline for the World Bank team considering future engagement in the sector and to update earlier sectoral assessments. The Inter-Agency Social Protection Assessment (ISPA) Core Diagnostic Instrument (CODI)<sup>4</sup> tool was applied as a means of engaging in a participatory assessment to identify strengths, weaknesses and opportunities in The Gambian SP sector and the building blocks needed for developing robust SP delivery systems. The result is a qualitative assessment of the current state of the SP sector, to provide a baseline for progress under SPIP, and a vehicle for discussing key priorities for the medium term. Due to the difficulties in accessing data about social insurance and pensions, this report focuses on non-contributory social assistance programs.

In addition to this diagnostic report, the World Bank is also investing in support to design the building blocks of a SP system, including the design of a coordinating Secretariat and a Social Registry, both of which are recommended in the NSPP.

This report was prepared by Aissata Fall, consultant for the World Bank, and Penny Williams with support from Cornelia Tesliuc.

---

<sup>1</sup> Integrated Household Survey (IHS) 2015/16, Republic of The Gambia. Poverty is a multidimensional concept, but the monetary poverty numbers quoted here are those used in the IHS: a food poverty line was constructed around the cost of basic needs on a 2400 calorie/day/person basis. A non-food element is added to derive the number of absolute poor. The extreme poor are those whose total consumption (food and non-food) is still below the food poverty line.

<sup>2</sup> The Gambia National Development Plan (2018-2021). Validation Draft. September 25, 2017.

<sup>3</sup> The Gambia National Social Protection Policy 2015-2025.

<sup>4</sup> ISPA is a set of practical, internationally recognized and adopted tools that help countries improve their SP system by analyzing its strengths and weaknesses and offering options for further action. See <http://ispatools.org/> The CODI - or Core Diagnostic module - is used to: map elements of a SP system; analyze SP system performance against national SP objectives and track progress against a standardized set of performance criteria over time; serve as an evidence base for country dialogue on how to strengthen a SP system; identify reform options; and promote exchange and coordination between national & international partners.

## EXECUTIVE SUMMARY

**Almost half the population remain poor, but the proportion has increased in rural areas and decreased in urban areas.** Poverty stands at 48.6 percent nationally and almost 70 percent in rural areas; 21.3 percent are extreme poor, rising to 32.2 percent in rural areas<sup>5</sup>. The poverty rate hasn't changed much in five years. The poor rely heavily on subsistence agriculture for income generation, while informal jobs are predominant in urban areas. The population is growing quickly, moving from rural to urban areas, and an increasing share of young people are suffering from unemployment or underemployment. Emigration rates are also exceptionally high, providing remittances but draining the country's future economic potential.

### GOVERNMENT'S VISION FOR SOCIAL PROTECTION

**The Government has recognized the importance of coupling growth with social protection to reduce poverty.** The Government's National Development Plan (NDP) recognizes that economic stabilization and growth must be accompanied by an investment in the Gambian people in order to reach its development goals: to build the requisite human capital, improve living standards and power the economy. Social protection can support the poorest to participate in inclusive growth and economic development.

**A strong set of social protection guiding documents have been prepared.** A National Social Protection Policy (NSPP) (2015-25) was developed by the Government of the Gambia with the support of development partners through a participatory process. It defines the Government's SP vision and agenda, and proposes a set of priority actions to guide the gradual establishment of an integrated and inclusive social protection system in The Gambia. The NSPP is supported by a Social Protection Implementation Plan (SPIP) (2015-20), which defines a set of activities to implement the policy over the medium-term. However, the Implementation Plan is not accompanied by a financing plan to show how various activities will be funded nor does it articulate who is responsible for implementing the various activities. A minimum SP intervention package<sup>6</sup> was defined in 2015, identifying several social protection focus areas, aligned with the life-cycle approach. These cover the life stages with the most at-risk vulnerabilities: cash transfers for pregnant women and infants; school meals; youth empowerment; and social pension for the elderly.

### CURRENT STATE OF SOCIAL PROTECTION

**Implementation of the Policy and Plan are still at an early stage.** As such, SP interventions and programs currently do not offer adequate coverage to the poor and vulnerable population.

**Preventive SP remains extremely limited to a small, better off segment of the population.** Preventive social protection allows households to insure themselves against a fall in well-being from different shocks before such a shock occurs. It may lessen the likelihood of the shock occurring or limit the impact if or when the shock does occur. Social security is accessible only to a minority of workers in the formal sector. There is no national health insurance or unemployment insurance and no national minimum wage has been legislated.

**Some protective SP schemes exist, but they are generally small and mostly donor-financed.** Protective social protection redistributes income to prevent the very poor from destitution or from falling deeper into poverty when faced with a shock. The main forms of Social Protection interventions are noncontributory social assistance programs that target poor or vulnerable individuals or households in project-based and donor-financed cash and in-kind social transfer projects. Social

---

<sup>5</sup> Integrated Household Survey 2015/16, Gambian Bureau of Statistics. The absolute poverty line was estimated at GMD 1,503.3 per month. The extremely poor are those whose consumption expenditure on food and non-food is less than GMD 982.9 (the cost of the food basket). The mean per capita consumption expenditure in The Gambia is GMD 2,608.4.

<sup>6</sup> Developing a costed Minimum Social Protection Package of Interventions in the Gambia and Identification of Fiscal Funding Mechanisms, Greg McTaggart 4/26/2015 (unpublished)

assistance predominantly addresses food insecurity and malnutrition; infants, children, and pregnant and lactating mothers are the most common beneficiaries. While many of these programs have shown promising results, none yet have the scale or scope necessary to address The Gambia's needs. There are no programs specifically designed for the extremely poor and vulnerable, regardless of categorical status, to support access to a reliable income.

**Promotion SP activities also exist, but are also small in scale compared to need.** Some SP activities promote the accumulation of assets and access to jobs, allowing households to invest and find a sustainable path out of poverty. Improving livelihoods is also an important area of intervention, being implemented through asset and skills development in the agricultural sector, and through the reinforcement of skills and business management, and access to microfinance, particularly for youth.

**Social services are too understaffed and under-resourced to respond efficiently to the needs of the population.** Thus, interventions cannot address vulnerabilities throughout the life cycle and ensure continuity when crises occur. The special needs of particularly vulnerable groups (such as people living with disabilities (PLWD), people living with HIV, malnourished children, and the elderly) and of the extreme poor are not covered adequately.

**While the program design, implementation, and management of social assistance programs may be sound, the programs are not well coordinated to achieve a coherent safety net.** There are almost no information systems or systematic sharing of operational data. Coordination is improving both at national and regional levels. Further work is needed to strengthen existing structures and their implementation capacity for registration, targeting, delivery of benefits and monitoring and evaluation (M&E).

**Due to very limited public expenditure in recent years and limited fiscal space currently, financing the Implementation Plan is a big challenge.** There is no specific budgetary item in the national budget for social protection. The Gambia is facing a difficult fiscal situation with domestic revenue declining in the context of a high level of debt and slow economic growth. That said, several expenditure reforms have been enacted to create fiscal space and the new Government is benefiting from concerted support from international partners. A recent Fiscal Space Analysis<sup>7</sup> identified the most likely sources of financing for an expanded SP system to be additional tax revenue directed to SP and grant financing from development partners. Government expenditure on social assistance is currently extremely limited.

**The lack of a well-developed functional SP system leads many communities and families to use informal coping mechanisms based on extended family and community ties to manage economic shocks and chronic poverty.**

#### INSTITUTIONAL ARRANGEMENTS

**The leadership, coordination, and implementation mechanisms of the SP sector are established.** SP interventions are taking place in several sectors, including in health, nutrition, education, agriculture and trade. The Department of Social Welfare (DSW) has leadership responsibility for social protection. It operates under the Ministry of Health and Social Welfare, but its responsibilities and capacity are limited in scope and its budget is devoted mainly to staff costs with very limited resources for social assistance operations for poor people. The NDP specifically promotes a National Social Protection Secretariat, intended to strengthen coordination of social protection interventions across sectors. A National Social Protection Steering Committee (NSPSC), comprising members from several government Ministries, development partners and non-governmental organizations (NGOs), is chaired by the Policy Analysis Unit (PAU) within the Office of The President and supported by the DSW. It meets periodically. The absence of an integrated monitoring and evaluation (M&E) system, a social registry

---

<sup>7</sup> Fiscal Space Analysis for Social Protection in the Gambia, Draft Report. Economic Policy Research Institute (2017)

or integrated management information system hinders informed policy-making and co-ordinated program development, hence beneficiary targeting approaches are inefficient, and delivery mechanisms are not being maximized.

**DIAGNOSTIC ASSESSMENT**

**To benchmark progress under the SPIP, a diagnostic of the SP sector using CODI tools was initiated.** CODI is a diagnostic tool that assesses overall SP system performance, in an internationally-agreed framework, against ten performance criteria. It will provide a benchmark for measuring progress within The Gambia, but is not meant to be used to compare it with other countries. This assessment approach can help identify SP areas that may benefit from strengthening, or those that are in line with good practices, as well as ensuring that trade-offs between criteria are made explicit to policy makers.

**Box 1: The CODI modules and rating scale**

The CODI has ten modules:

1. **Inclusiveness** refers to the system’s capacity to protect all members of society along the life cycle, with special consideration for the most vulnerable;
2. **Adequacy** refers to the sufficiency of the system’s benefit levels;
3. **Appropriateness** refers to the system’s overall arrangements to respond to national context and needs;
4. **Respect for Rights and Dignity** refers to social protection entitlements and implementation arrangements being anchored in law;
5. **Governance and Institutional Capacity** assesses the rules, regulations, roles, responsibilities, and related implementation capacities;
6. **Financial and Fiscal Sustainability** relates to the system’s financial and fiscal sustainability;
7. **Coherence and Integration** refers to the alignment and coherence of the system across its policies, programs and administrative structures, as well as coherence with related policy areas;
8. **Responsiveness** refers to the system’s M&E framework and flexibility to adjust/adapt in response to socio-economic crises;
9. **Cost-Effectiveness** refers to cost-effectiveness both for those financing and for those benefiting from a program;
10. **Incentive-Compatibility** refers to ensuring that the system’s programs don’t generate distortionary effects.

Each of these modules contains areas with questions and ratings across a four-point scale:  
**1) Latent; 2) Emerging; 3) Moderate; and 4) Advanced.**

**Due to the difficulty of obtaining data, the team was not able to apply all the modules proposed by the CODI methodology.** The absence of rigorous assessment or evaluations of programs made cost-effectiveness and incentive compatibility un-ratable. All of the ratable criteria scored between Latent and Emerging on the four-point scale. This low score reflects the nascent development of the SP sector in the Gambia: it should evolve quickly over the next years, given the current government's will and efforts, as well as substantial support from development partners.

The highest scores (Emerging) are derived for **Appropriateness** reflecting a clear Policy and Implementation Plan with specific targets and timeframes, although financing and institutional capacity need to be strengthened; and **Adequacy** reflecting that some interventions are contributing to poverty reduction, equity, access to basic services and promoting economic activity, although these programs are donor-financed and insufficient to provide predictable benefits for all those who need them.

Slightly lower ratings (Latent-Emerging) were recorded for **Respect for Rights & Dignity** reflecting the focus of the NSPP and existing programs on rights-based programming, although there are no national laws to prescribe entitlement to benefits and there are insufficient programs to enable the poor to fulfil their rights and live in dignity; **Inclusiveness** reflecting the focus on gender equality and nondiscrimination that are embedded in some laws, policies, strategies and program designs, although the SP system does not yet ensure nondiscrimination throughout the life cycle or availability of and accessibility to SP programs for the poorest and most vulnerable; and **Governance & Institutional Capacity** reflecting the existence of formal roles in SP governance and a Steering Committee that shares information on a regular basis, although there are no information systems for routinely capturing, sharing and using operational data and insufficient government staff capacity to manage a comprehensive SP system.

Finally, low scores (Latent) were suggested for **Financial & Fiscal Sustainability** given that there is no national budget line for SP and extremely limited Government contributions to social protection - most social assistance interventions are donor-financed; **Coherence & Integration** since SP programs are determined by donors based on mandate and needs, with some coordination or alignment to ensure that existing programs complement each other, there is no M&E or program evaluation available, nor is there a management information system to inform policy actions, although a proposed National Social Protection Secretariat could take a leadership, coordination, and monitoring role vis-à-vis NSPP implementation and support a Social Registry to coordinate outreach, assessment and registration of potential beneficiaries; and **Responsiveness** reflecting the fact that there are no budget or implementation mechanisms in place to effectively respond to shocks, crises, socioeconomic changes, or demographic developments for the majority of programs, although a National Disaster Management Agency has been established and the government and development partners provide reasonable responses to those affected when a disaster occurs.

This assessment reinforces the findings outlined above, namely that the Gambia has a good framework of policies and plans for social protection, and a number of programs supporting the goals therein. However, more financing is needed to increase the coverage of such programs and investment is also needed in systems to improve coordination and harmonization for efficiency and effectiveness.

#### **NEXT STEPS**

**The government and development partners are moving toward the NSPP's goals of scaling-up ongoing proven interventions, as well as introducing new cash transfer and livelihood promotion programs to address gaps in coverage and align programs more effectively to meet the needs of the poor population.** The Government's National Development Plan Financing Strategy identifies some priority programs, which the government and some development partners are supporting (or planning to). Those works are currently being supplemented with technical support from development partners, including the World Bank, to build capacity and introduce delivery systems.

**The medium-term priorities that are set out in the SPIP remain pertinent, need implementation, and are detailed further in the report:**

1. Establishing and strengthening NSPP leadership, coordination and implementation mechanisms by developing and implementing a multi-year capacity-building plan;
2. Increasing coverage of social protection by implementing programs to support the economic and social inclusion of poor and vulnerable people;
3. Strengthening systems for effective planning, delivery and monitoring of the social protection sector; and
4. Development of a sustainable financing strategy to fund the implementation of the NSPP.

In the short-term, the government and development partners should:

1. Approve and provide financial and human resources to establish a coordinating Secretariat;

2. Mobilize government and development partner financing to increase the coverage of SP programs outlined in the NDP Financing Strategy;
3. Invest in the implementation of key information system tools, including a Social Registry and Management Information System; and
4. Commit to implementation of the findings of the Fiscal Space study, including development of a financing strategy for the medium-term and making additional resources available for basic social protection programs in the short-term.

## COUNTRY CONTEXT

### ECONOMIC INDICATORS

The Gambia has a market-based economy that relies primarily on services, agriculture and tourism, with remittances also providing significant income. In recent years, the economy was hit by economic shocks in agriculture caused by erratic rainfalls and in tourism caused by the spillover effects of the regional Ebola crisis and the political crisis in late 2016. It is now starting to recover with political stability, economic reforms and significant international support.

Economic mismanagement in recent years, including high expenditure and bailouts to failing State-Owned Enterprises, domestic borrowing to cover recurrent deficits and unpredictable monetary policy left the economy on the brink of crisis. The macroeconomic framework was characterized by high levels debt (over 120 percent of Gross Domestic Product (GDP) in 2016), annual deficits of nine percent of GDP (2013-16) and gross international reserves of only 1.4 months of import cover at end 2016. Interest payments on public debt absorbed almost half of government revenue in 2016, sharply reducing resources available for development spending in this critical period. GDP growth has fluctuated around a three percent average over the last fifteen years, reaching six percent occasionally, but also plummeting to minus four percent in several years.

The economy has recovered somewhat from its growth slowdown in 2016 as investor confidence returned in 2017. Real GDP growth is expected to be above three percent in 2017, propelled by lower interest rates, a recovery in agriculture due to a favorable rainy season, and a rebound in the service sector. The fiscal situation, which deteriorated during the political crisis, has improved due to strengthen fiscal discipline and significant external support. Remittances were estimated to contribute 22 percent of GDP in 2016<sup>8</sup>.

The services sector was the leading contributor to the GDP from 2011 to 2016 (averaging 63 percent). During the same period, the Industry sector's contribution hardly varied averaging just 15 percent. Tourism is the main foreign exchange earner. Growth in agriculture, which is estimated to employ 70 percent of the population, is impeded by inadequate irrigation, outdated farm techniques and insufficient value-added (e.g. processing and packaging). The main cash crop is ground nuts.

**Table 1: Key Economic Indicators**

Economic Indicators	2011	2012	2013	2014	2015	2016
GDP (current Thou.US\$)	904,257	912,570	903,779	849,123	938,795	964,599
GDP growth (annual %)	-4.33	5.86	4.78	0.88	4.72	1.63
Inflation, GDP deflator (annual %)	4.37	3.79	5.95	8.09	7.54	4.19
Agriculture, value added (% of GDP)	24.61	24.54	23.64	20.34	21.10	17.79
Industry, value added (% of GDP)	15.38	15.89	15.75	14.48	14.85	13.39
Services, etc., value added (% of GDP)	60.01	59.58	60.61	65.18	64.04	68.82
Exports of goods and services (% of GDP)	26.28	30.77	29.20	26.10	21.68	24.00
Imports of goods and services (% of GDP)	40.79	44.15	40.87	38.31	32.51	41.90
Gross capital formation (% of GDP)	25.36	23.38	21.90	21.22	20.94	18.73

Source: World Bank: <https://data.worldbank.org/country/gambia>

<sup>8</sup> International Fund for Agricultural Development: Sending Money Home: Contributing to the Sustainable Development Goals, One Family At a Time (2017)

Positive average real GDP growth of three percent per year in the past decade has not reduced poverty. As the Gambia’s population growth also increased at a similar rate, the number of poor people actually rose to 940,000 or 48.6 percent of the population. The positive economic growth was much more beneficial to higher-income people and much less to those with lower incomes; poverty was largely unresponsive to growth. Inequality between rich and poor shrank slightly: at the national level, the Gini index decreased from 0.359 to 0.356 percent between 2010 and 2015.<sup>9</sup>

Despite many opportunities, and a strong will for the provision of quality social services based on a robust and sustainable macroeconomic stability and growth as a fundamental objective, the Gambia faces numerous fragilities, described as follows in the NDP:<sup>10</sup>

**Box 1.1: The Gambia: Fragilities**

- A deterioration in governance with the country’s ranking in the Mo Ibrahim index declining from 19th to 35th out of 54 African countries between 2009 and 2016 (WB 2017)
- A historic transition to democracy ending 22 years of dictatorship but with lingering tensions
- An economy highly susceptible to weather-related shocks, fiscal slippages and worsened by a history of executive mismanagement and weak institutions
- Inadequate provision of vital infrastructure services such as electricity, water and sanitation and waste management
- Weakened social fabric with heightened community tensions
- Limited progress in reducing poverty in the face of growing rural poverty – the proportion of the population below the poverty line has remained flat at around 48% between 2010 and 2015

**DEMOGRAPHY**

**POPULATION**

The most recent national census conducted by The Gambian Bureau of Statistics (GBoS) was in 2013, and it counted 1,922,950 people, with a population density of 176.1 persons per square kilometer – one of the highest in Africa. According to GBOS population data, the gender ratio of the total population was 0.94 in 2015.

Life expectancy at birth was estimated at 60.5 in 2015. It has increased by 6.7 years during the last 20 years (from 1996 to 2015). The annual population growth rate was 3.1 percent from 2003-2013, due to declining mortality rates combined with increasing fertility rates (5.6 children per woman) and early childbearing: this represents an increase of 37 percent from the 1993-2003 period. This has created a

<sup>9</sup> Calculation based on HIS 2015 in Republic of the Gambia, Poverty and Shared Prosperity Note. World Bank, August 2017.

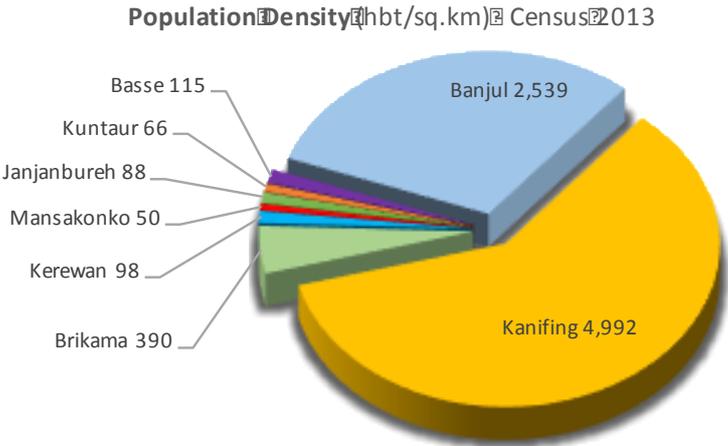
<sup>10</sup> The Gambia National Development Plan (2018-2021). Validation Draft 25.09.17.

young population with a high dependency ratio<sup>11</sup> (87 in 2013<sup>12</sup>). The Demographic and Health Survey (DHS)<sup>13</sup> 2013 shows that 45.9 percent of the population is under 15, while 15-24 year-olds accounting for a further 19.1 percent of the population, and 25-64 year-olds 31.2 percent. The elderly (above 65) account for 3.8 percent of the population.

The Gambia’s population demographic structure, with a significant population of young dependents, and the high population growth rate could provide an opportunity for economic growth, but only if enormous investments are made in skills and opportunities for youth. Otherwise, a large, unoccupied and frustrated youth cohort can present a significant drain on economic potential and pose a risk to social stability.

The rural population decreased between 2013 and 2015 with better-off families moving to urban areas, which experienced poverty decreases, while poverty in rural areas intensified. At the national level the average household size is 8.2 persons. Rural households have more members than urban ones (9.9 vs. 7.1 persons). Household sizes range widely in different administrative areas: in Banjul it is 4.4 persons; in Basse, 14.9. The following figures show the geographical disparity of population density, with the highest concentrations in the Kanifing and Banjul areas.

**Figure 1: Population Density by Region**

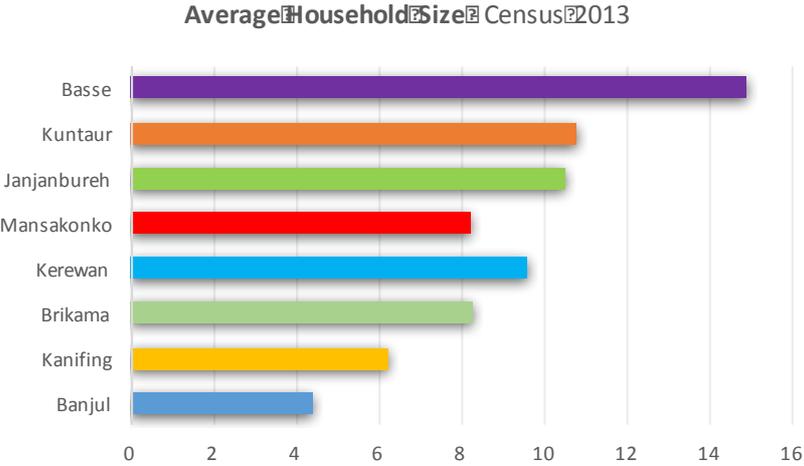


<sup>11</sup> The dependency ratio is an age-population ratio of those typically not in the labor force (dependents) and those typically in the labor force (who are productive and will shoulder the responsibility of caring for dependents).

<sup>12</sup> The Gambia National Development Plan (2018-2021). Validation Draft 25.09.17.

<sup>13</sup> The Gambia Demographic and Health Survey 2013 <https://dhsprogram.com/publications/publication-FR289-DHS-Final-Reports.cfm>.

**Figure 2: Average Household Size by Region**



Source: *Gambia Census 2013*

**YOUTH**

The 2013 census estimated that 37.2 percent of the Gambian population was between the ages of 13 and 30, which is the official age bracket for youth. This population increased by 41.1 percent between 2003 and 2013, which means an annual growth rate of 3.4 percent, slightly higher than the national average annual growth rate of 3.1 percent over the same period.<sup>14</sup> Despite the fact that the Gambia's dynamic, youthful population could be an asset for current and future development, there is a high dependency factor in the society that must be considered in development programming, including planning for social protection. In The Gambia, 18 percent of girls aged 15-19 have already begun childbearing. Guaranteeing and promoting sexual and reproductive health rights, including family planning, is of key importance if young people are to be able to fulfil their role in the development of the country.

The high dependency ratio is reinforced by the employment situation for youth: in 2017, about 70 percent of youth (ages 13-30) were unemployed,<sup>15</sup> and 62 percent of those 15-24 years of age are reported as underemployed.<sup>16</sup> Harnessing the demographic dividend requires investments in youth to ensure they contribute productively to Gambian society and do not seek opportunities elsewhere.

Several barriers discourage youth from undertaking efforts to become productive and empowered citizens of The Gambia. Poor and inadequate education, and insufficient access to knowledge, skills and information hinder the development of their competitiveness at the national and international levels. Access to education and to relevant skills, combined with later marriage and childbearing, is particularly critical for young rural women to fully seize local economic opportunities.

Roughly one quarter of youth aged 10-14 have no education and there is gender parity in this group across all levels of completed education. Older youth (those who should be in or entering the labor market) have higher levels of no education (averaging 41 percent) and higher levels of gender disparity, with higher educational attainment for males than females.

Gambian youth also face the challenge of financial service providers who are reluctant to engage with them owing to their lack of financial solvency, and society's general lack of trust regarding their

<sup>14</sup> 2013 Population and Housing Census Report.  
<sup>15</sup> The Gambia National Development Plan (2018-2021) — Validation Draft 09.25.17  
<sup>16</sup> Government of the Republic of the Gambia, 2017

capacities for running businesses sustainably. Thus, they are offered a poor range of accessible markets, which is further narrowed by the growing formalization of markets, and the use of rigorous standards for their supply chains. Young women are further challenged by cultural norms that limit their freedom of movement. Cornered by the considerable difficulties they encounter in seeking jobs, a growing number of young people choose alternative means of livelihood, including migration (see below).

The Youth Empowerment Project (YEP), implemented by the International Trade Centre, in cooperation with the Ministry of Youths and Sports and the Ministry of Trade, Industry and Employment, supported by the European Commission, started in early 2017. It complements various programs that focus on enhancing the job skills of youth, and aims to scale up these skills among youth in the workforce in response to existing market demands.<sup>17</sup>

## **MIGRATION**

The Gambia has one of the highest net migration rates on the African continent, and in the world. Gambians are the seventh largest nationality group in the top ten registered nationalities that arrived in Italy by boat in 2017.<sup>18</sup> The youth migration rate is of particular concern, as the departure of so many young people progressively drains the country's life force and potential for capacity, essential for building a sustainable future for The Gambia. In 2015, 65 out of 100 16-30-year-olds interviewed said that they have at least two friends or relatives who had migrated using the “back way” — a term used to describe the illegal routes used by migrants usually involving a hazardous overland journey through Niger to Libya in the hope of getting onto a boat to reach Europe (Hunt 2015). Both the European Union and the United States are now instituting more active policies to return undocumented immigrants and the former is investing in pre-migration strategies to reduce the likelihood of youth leaving the country.

## **POVERTY**

It is recognized that poverty is a multidimensional phenomenon with monetary and non-monetary aspects. Poverty, vulnerability and risks are multidimensional and dynamic, with risk factors often intertwined and mutually reinforcing. In 2015, the Human Development Index (HDI) for The Gambia was 0.45,<sup>19</sup> - an increase from 0.36 in 1996. In 2015 this positioned the country at 173 out of 188 countries and territories. The Gambia's 2015 HDI rank is below the average of 0.497 for countries in the low human development group and below the average of 0.523 for countries in Sub-Saharan Africa.

Data on monetary poverty is most readily available. Between 2010 and 2015, the national incidence of poverty has hardly changed: 48.1 percent in 2010, and 48.6 percent in 2015. Likewise, the rate of extreme poverty has been relatively stable: 21.3 percent in 2010, and 20.8 percent in 2015. The high population growth rate has resulted in an increase in the number of poor people, which reached 0.93 million in 2015-16, as compared to 0.79 million in 2010.

However, significant disparities between urban/rural and administrative areas are concealed behind these national figures. Between 2010 and 2015, urban poverty was reduced by 5.4 percent, and extreme urban poverty by 25.7 percent (from 33.4 to 31.6 percent for poverty; and from 11.3 to 8.4

---

<sup>17</sup> Youth Empowerment Project, 2017

<sup>18</sup> Italian Ministry of Interior, report by International Office of Migration at <https://www.iom.int/news/mediterranean-migrant-arrivals-reach-148882-2017-deaths-reach-2783>.

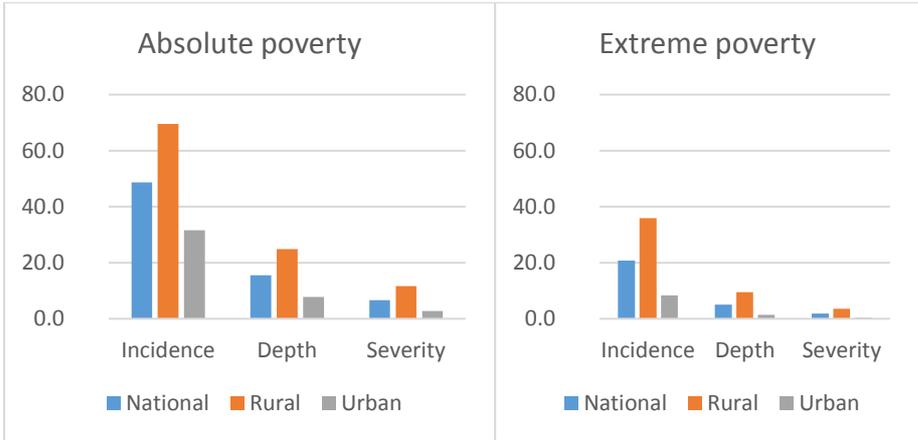
<sup>19</sup> UNDP Human Development Reports <http://hdr.undp.org/en/composite/HDI>.

percent for extreme poverty). The depth and severity of poverty also declined by 5.4 and 14.3 percent respectively, and by 34.8 and 42.9 percent for extreme poverty.

Even though the rural population decreased from 43.7 to 40.4 percent between 2010 and 2015, poverty in rural areas increased from 64.2 to 69.5 percent, and extreme poverty from 32.3 to 35.9 percent. This is partly because the poorest people stay in rural locations, while those who are less poor move toward the cities and also recognizes the dynamism of the urban services sector and the risks inherent in rural farm activities. Many of those able to migrate to urban centers have done so, leaving the poorest behind. Thus, the depth and the severity of both poverty and extreme poverty grew significantly in rural areas (see Annex 1).

In urban areas, poor people are numerous but closer to the poverty line. Brikama, a semi-urban Local Government Authority, has the highest share of the population and the largest share of people living in poverty (40 percent). In rural areas, the number of poor people is increasing, and the population is falling farther below the poverty line. Poverty therefore remains a rural phenomenon, with impoverishment moving toward extreme poverty.<sup>20</sup> Kuntaur has a high poverty headcount ratio, but only five percent of the total population and less than eight percent of those living in absolute poverty.

**Figure 3: Poverty in the Gambia (2015)**



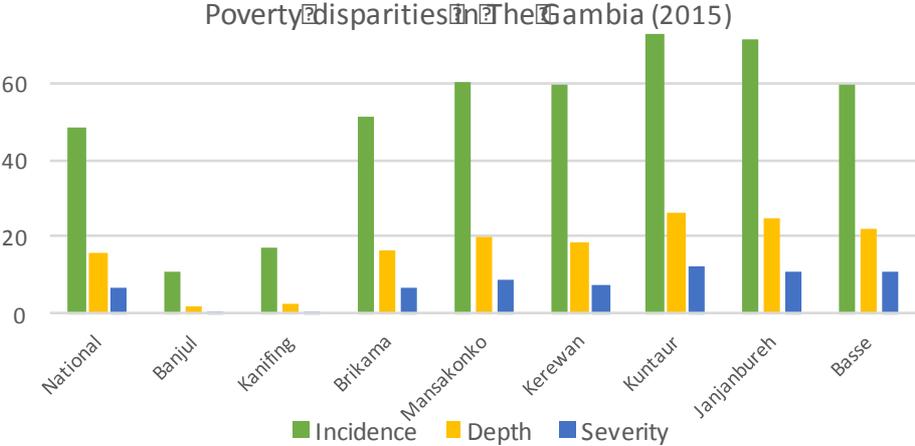
Source: IHS 2015/16. Gambia Bureau of Statistics (2017).

Beyond the disparities found between urban and rural areas, the Gambian population also faces regional imbalances in the incidence of poverty<sup>21</sup>. Banjul and Kanifing, which are home to the main cities, are the least poor regions, with a decreasing incidence of poverty (30.7 percent in Banjul, and 27 percent in Kanifing between 2010 and 2015). All the other regions displayed poverty rates of between 50 and 72 percent in 2015, with sharp poverty increases in some of them—Janjanbureh had the largest poverty increase of 31.7 percent, followed by Kuntaur with 15.7 percent.

<sup>20</sup> Republic of the Gambia, Poverty and Shared Prosperity Note. World Bank, August, 2017.

<sup>21</sup> References drawn from the Integrated Household Survey (IHS 2015/16) use the names of the eight Local Government Authorities, whereas programs (Table 2) are mapped according to the former Division or Region names. These map roughly as follows: Banjul municipality - Banjul City LGA; Kanifing Municipality – Kanifing LGA (together Banjul and Kanifing are known as Greater Banjul); West Coast Region – Brikama LGA; Lower River Region – Mansakonko LGA; North Bank Region – Kerewan LGA; Central River East – Janjanbureh LGA; Central River West – Kuntaur LGA; Upper River – Basse LGA.

**Figure 4: Regional Poverty Disparities in The Gambia (2015)**



Source: IHS 2015/16. Gambia Bureau of Statistics (2017).

The Gambia Labour Force Survey 2012 estimated that 34.1 percent of employed persons (15+ years) were considered working poor<sup>22</sup>, with a strong disparity between employed males (21.6 percent) and employed females (49.3 percent). In urban areas, 26.2 percent of the employed were considered as poor, compared to 46.7 percent in rural areas. Rural-urban and sex differentials persist with 29.7 percent of males and 63.4 percent of females considered as working poor in the rural areas vis-à-vis 21.6 percent and 49.3 percent in urban areas.

**Food security** is a major challenge to be addressed in poverty eradication. Although The Gambia has favorable conditions for food self-sufficiency, about 60 percent of the country’s staple food supplies are imported, including the main staple – rice – despite favorable conditions for domestic production. Furthermore, 55.1 percent of the population cannot meet the daily-required needs, and 64.8 percent of the rural population and 47.2 percent of the urban population suffer from food insecurity (Integrated Household Survey (IHS) 2015). The region of Brikama represents almost half of the food-poor population. Most rural households depend heavily on agriculture as a source of livelihood. The decline in agricultural productivity due to outdated methods, as well as climate variability, have increased food poverty and rural poverty.

Several programs implemented by the National Nutrition Agency (NaNA) are currently trying to address hunger and poverty, focusing particularly on pregnant and lactating women and young children in food-insecure areas.

**EDUCATION**

The Gambian government has shown a strong commitment to education in the past decade, with expenditure for this sector between 16 and 19 percent since 2010. The Education Sector Strategic Policy (ESSP) is currently being revised to bring it into alignment with the recently ratified Education Policy (2017-2030). The literacy rate is 63.9 percent for men and 47.6 percent for women. A technical vocational education and training component is being included in the senior secondary, tertiary, and higher education levels,<sup>23</sup> to provide more relevant education, to fulfill the Gambia's developmental

<sup>22</sup> The working poor was defined as the employed persons with a monthly income less than D1,158.00 per month. This was the de facto poverty line used in the LFS report.

<sup>23</sup> There are four levels of education in The Gambia: (i) Basic Education (nine years, consisting of lower and upper basic education); (ii) senior secondary education; (iii) tertiary education (non-degree post-secondary); and (iv) higher education (degree level).

aspirations, and to alleviate the disproportionate share of unemployment being borne by young people.

In recent years, gender parity, fee-free primary education policy, teacher training and management, and the education management information system have shown major advances. Near gender balance in lower and upper basic school enrollment have also achieved remarkable progress —female students accounted for 51 percent of all enrollments in 2016; and girls and boys complete school at similar rates (36.1 percent and 37.1 percent at the senior level). In 2013, net attendance ratios were 61.0 and 84.4 respectively for the lowest quintile; and 65.6 and 89.6 for the highest.<sup>24</sup>

Sub-grants are provided to all lower basic, upper basic, and senior secondary public schools to offset informal fees that were initially charged by schools to implement the fee-free education policy. The cohort of teachers has increased in the last five years, and teachers' working conditions have been improved, to support expanding access to education. Nevertheless, there are still too many children not in school, and too many school dropouts, resulting in a lack of opportunities and employability for young people. Almost twenty percent of school children attend religious schools that have a very limited curriculum.

The Ministry of Basic and Secondary Education, supported by the World Food Program (WFP) is providing school meals to children in food-insecure areas to encourage their participation in school.

## HEALTH

Improved access to basic health care services across the country has resulted in households living within 4.6 km of a health facility, on average (although this increases to 5.8 km in rural areas). Significant achievements in child health have largely been driven by immunization which stands at 93 percent.

Infant mortality has declined to 34 deaths per 1,000 live births, and under-5 mortality was 54 per 1,000 by 2013. Poor households have experienced both supply-side and demand-side constraints in accessing health care services, and early childhood mortality shows important income-related disparities. For the period 2003-13, infant mortality and under-5 mortality rates have remained high in the lowest four quintiles at about 45 and 67 per 1,000 live births respectively, while the richest quintile rates are more than 50 percent lower (at 18 and 34 per 1,000 live births.) These disparities have resulted in infant, child, and under-5 mortalities being significantly higher in rural areas than in urban ones<sup>25</sup>.

Maternal and women's health care remains insufficient: only 57 percent of women have skilled attendance at delivery, a rate that has been stagnant since 2000; and while at least one antenatal care visit by a skilled provider was nearly universal in 2005-06, this has now dropped to 86 percent. Moreover, the first antenatal care visit in the first trimester is extremely low due to social norms and perceptions. Contraceptive prevalence rate has declined to 9 percent (one of the lowest in Africa), a trend that is unusual. This is all the more worrying since overall, 18 percent of girls ages 15-19 have begun childbearing (24 percent in rural areas), and the most vulnerable part of the population, women and young people, have limited, even nonexistent, access to sexual and reproductive health information and services. All of these factors, combined with limited emergency obstetric care for pregnant women and frequent and early pregnancies, has led to the high maternal mortality ratio of 360/100,000 live births<sup>26</sup>.

---

<sup>24</sup> Demographic and Health Survey 2013.

<sup>25</sup> Demographic and Health Survey 2013.

<sup>26</sup> World Bank, Maternal and Child Nutrition and Health Results Project April 2014

Primary health care was for a long time the main element of the strong Gambian health care system, but it no longer has the capacity to provide adequate services to the population in the face of the high population growth rate; a bias in the allocation of health financing toward tertiary care; the fragmentation of service delivery; insufficient health care providers; high attrition rate; insufficient financial and logistical support and staff training for health care providers; and the prevalence of traditional beliefs in health practices; and misaligned incentives in the health sector to drive results. A Maternal and Child Health and Nutrition Project implemented by the Ministry of Health and NaNA provides support to primary health care facilities, with financing being disbursed against changed practices and health results.

Government health expenditures are 11% of GDP, below the recommended 15% as agreed in the 2001 Abuja Declaration. Government health expenditures comprise 51% of total health expenditures, and out of pocket payments comprise another 24% of total health expenditures. Expenditures are marked by biased intra-sectoral allocation of the health budget where 54 percent of the national budget remains at tertiary level (made up of hospitals and a Teaching Hospital) and less than 20 percent of funds go to the decentralized level. The MOHSW has conducted two feasibility studies (the most recent in 2011) on the introduction of National Health Insurance to improve access to health care and improve financial risk protection with the intention of starting with the formal sector (the civil servants), but no progress has been made on this front. The national health accounts for 2013 show that out-of-pocket (OOP) expenditure was 21.2 percent of the total health expenditure in 2012, and, in spite of a slight decrease in 2013 to 19.4 percent, it is still a burden for the majority of poor Gambians<sup>27</sup>.

The prevalent “double burden of malnutrition”<sup>28</sup> causes both direct and indirect losses due to poor physical condition, poor cognitive function and learning deficits, increased susceptibility to illness and increased medical costs. In 2012, only 8 percent of children ages 6-23 months were benefiting from healthy feeding practices for infants and young children (DHS 2013). At the national level, 25 percent of children under the age of five are stunted,<sup>29</sup> and eight percent are severely stunted, with a higher prevalence in rural areas (where 29 percent are moderately stunted, and 19 percent severely stunted) than in urban areas (where it is ten percent and six percent respectively). Differences were also noticed regarding income level: 30 percent of children living in households in the lowest wealth quintile were moderately stunted, and 11 percent severely stunted, while the rate was 15 and four percent in the highest quintile.

While overweight and obesity is increasing among women living in urban areas, undernutrition and low Body Mass Index continues to plague young women in rural areas, putting them at higher risk of pregnancy and delivery complications. With childbearing beginning in adolescent years in a substantial portion of households, this has negative consequences for the children born to adolescent mothers. In 2012, diet-related noncommunicable diseases accounted for 17 percent of total deaths in the country.<sup>30</sup>

A Maternal and Child Health and Nutrition Project implemented by the Ministry of Health and NaNA incentivizes women in food-insecure areas to register their pregnancy early at health clinics and participate in follow-up appointments, while the Building Resilience through Social Transfers (BReST) initiative, an EU financed, UNICEF supported and NaNA implemented cash transfer supports 6,000 of these women until their children are two years old. WFP and NaNA also provide nutritional supplements to children with, or at risk of, malnutrition.

---

<sup>27</sup> World Bank, Maternal and Child Nutrition and Health Results Project April 2014

<sup>28</sup> Overweight and obesity coexisting with undernutrition and micronutrient malnutrition

<sup>29</sup> low height-for-age

<sup>30</sup> WHO country Profile – The Gambia, 2012.

## DISABILITY

The prevalence of a physical disability among household members aged 7-69 is three percent.<sup>31</sup> This includes the two percent of the population that is visually handicapped; less than one percent that is hard of hearing, and slightly more than one percent who have difficulty using their legs. Less than one percent of household members aged 7-69 have equipment suitable for persons with reduced mobility.

Most of the physically disabled are in the 55-64 year-old population. The prevalence of physical disability does not vary by sex, urban/rural residence, or wealth, but it does vary by educational level (3.8 percent in households with no education). Geographical disparities are noticed between administrative areas: the lowest prevalence is in Basse region with one percent disabled and the highest rates are found in Banjul and Janjanbureh with six percent.

Disability is a strong priority within the NDP, with programs being supported by the government since the early 1980s. The DSW has a disability unit, which provides for the rehabilitation and the integration of persons with disabilities, including cash support, help with schooling and prosthetic limbs.

---

<sup>31</sup> Demographic and Health Survey, 2013

## STATE OF THE SOCIAL PROTECTION SECTOR

The Gambia's new NDP<sup>32</sup> reaffirms the critical role of SP in reaching its development goals, based on the documents that have progressively framed the context and prospects for the sector over the last five years:

- the **NSPP**, which was elaborated by the government of The Gambia, in collaboration with UNICEF and the United Nations Development Programme (UNDP), and approved in February 2016; and
- the **SPIP**, which was built on the strategic objectives of the NSPP.

The NSPP aims to contribute to the realization of the NDP goals regarding the development of a well-educated, trained, skilled, healthy, self-reliant, and enterprising population, as well as to guarantee a well-balanced ecosystem and a decent standard of living for everyone, under a system of government based on the consent of citizens. The promotion of productivity and income security through equal opportunity, and access to resources and services to enhance decent livelihoods and guarantee a minimum standard of living to the population will be supported by both noncontributory and contributory SP measures.

### POLICY FRAMEWORK

#### LEGAL FRAMEWORK

The Constitution of the Republic of The Gambia (1997) ensures inalienable rights in the areas of survival, development, protection, and participation for Gambians. The Gambia has ratified numerous national and international legal instruments guarantee the rights of the Gambian people to protection against a range of social risks (see list at Annex 4):

Several acts and laws that protect Gambians against some social risks, including a Children's Act (2005), an HIV/AIDS Prevention Act (2015), and a Women's Act (2010). However, the Social Welfare Act dates back to 1987, the Disability Act is under preparation and noncontributory social protection interventions have not yet been legislated.

Developing legislative measures like a disability bill; legislation to ensure decent earnings and living standards; the adoption of a national minimum wage; commitment to ensure effective law enforcement; and the delivery of quality social services, are among the priorities of NSPP.

Presently, in the absence of a specific Social Protection Act or any text anchoring the sector in law, the responsibility for social protection lies with DSW and the Social Welfare Act of 1987.

#### NATIONAL DOCUMENTS

The process for the achievement of the long-term vision for social protection in The Gambia has been set out in the NDP (2018-2021), the NSPP (2015-2025) and the SPIP (2015-20). The NDP emphasizes the need to invest in physical and human capital and places social protection at the heart of The Gambia's poverty reduction strategies.

#### ***The Gambia NDP (2018-2021)***

Eight strategic priorities address the country's challenges over the three years of the plan period:

1. Restoring good governance, respect for human rights, the rule of law, and empowering citizens through decentralization and local governance;
2. Stabilizing our economy, stimulating growth, and transforming the economy;
3. Modernizing our agriculture and fisheries for sustained economic growth, food and nutritional security, and poverty reduction;

---

<sup>32</sup> The Gambia National Development Plan (2018-2021). Validation Draft 25.09.17.

4. Investing in our people through improved education and health services, and building a caring society;
5. Building our infrastructure, and restoring energy services to power our economy;
6. Promoting an inclusive and culture-centered tourism for sustainable growth;
7. Reaping the demographic dividend through empowered youth; and
8. Making the private sector the engine of growth, transformation, and job creation.

The fourth strategic priority “Investing in our people through improved education and health services, and building a caring society”—sets a goal of “quality health, education, and basic social services accessible and affordable to all and improved social and child protection systems in place for the most vulnerable,” to be reached through nine outcomes. Two of them are directly related to social protection:

- **Outcome 8:** The poor and most vulnerable benefit from improved social safety nets and social security; and
- **Outcome 9:** Enhanced inclusiveness and participation of persons with disabilities in the national development agenda.

The key expected results for social protection and child protection have been defined as:

- Increase the proportion of children whose births are registered within the first year from 35.3 percent<sup>33</sup> to 50 percent;
- Increase the proportion of children under 5 whose births have been registered from 75 percent<sup>34</sup> to 90 percent;
- Increase the proportion of beneficiaries under the safety net programs from 25 percent to 80 percent;
- Create a social health insurance scheme;
- Increase the proportion of social welfare officers per capita from 3/30,000 to 5/20,000.

### **NSPP 2015-2025**

This policy aims to ensure more efficient and effective use of resources; reinforce management and administrative systems; and build a more inclusive SP system that makes basic income and social services available to the poorest and most vulnerable people.

The SP policy has determined priority target groups to include extremely poor individuals and households, vulnerable children, the elderly, people with disabilities, the chronically ill, individuals and families affected by HIV, vulnerable women and youth, refugees and migrants, and prison inmates and their families.

Five priority policy areas have been defined:

1. **Safeguarding the welfare of the poorest and most vulnerable populations.** Focus on expanding the coverage of social assistance and social welfare measures in order to provide protection and support to those individuals and families who are most in need (through unconditional cash and in-kind transfers). This component, which is prioritized in the first stage of policy implementation, targets the extreme poor and labor-constrained households, and provides complementary social welfare services for vulnerable groups.
2. **Protect vulnerable populations from transitory shocks.** Introduce new measures and strengthen existing mechanisms to prevent people from falling into, or further into, poverty by safeguarding

<sup>33</sup> Multi Indicator Cluster Survey (MICS) 2010.

<sup>34</sup> Demographic and Health Survey 2013.

their income and consumption levels during shocks through a mix of contributory and noncontributory social insurance programs targeting the moderately and near-poor who are exposed to risks.

3. **Promote the livelihoods and incomes of the poorest and most vulnerable of the economically active populations** by ensuring that SP measures promote sustainable livelihoods, with the aim of enhancing living conditions on a more permanent basis. (A package of livelihood support measures for extremely poor individuals and households with productive capacity, which enables them to gain access to more productive employment and/or attain higher incomes.)
4. **Reduce people's exposure to social risks and vulnerabilities** by developing social services and legislative measures that protect them against discrimination and exclusion, and by assisting them in managing protection-violation risks such as violence, neglect, and abuse. (Adoption of a disability bill, and legislation to ensure the prioritization of decent earnings and living standards, including the adoption of a national minimum wage; commitment of adequate budgets and human resources to ensure effective law enforcement; and the delivery of quality social services.)
5. **Strengthen leadership, governance, and SP systems in order to design and deliver effective and efficient programs** over the short term, by establishing effective leadership and cross-sectoral governance arrangements to facilitate policy implementation and coordination, and to strengthen institutional capacity in relevant ministries; and by developing targeting and monitoring structures, increasing SP spending, and identifying a sustainable fiscal space for financing SP programs. Over the medium term, by continuing the decentralization of institutional structures and delivery mechanisms; making further investments in a comprehensive monitoring and information system; and undertaking robust evaluations of key programs.

Strong government leadership and coordination institutions (at both the national and regional levels) are expected to drive implementation of the NSPP, and sustain reforms in the SP sector.

### ***SPIP 2015-2020***

The SPIP is built on the strategic objectives of the NSPP and defines a set of activities to guide its implementation. The plan includes the progressive expansion of coverage through new and existing schemes, as well as strengthening leadership, and coordination, monitoring, evaluation, and financial arrangements.

Four areas of implementation have been defined:

1. **Establish and strengthen NSPP leadership, coordination, and implementation mechanisms.** Leadership and coordination institutions are defined by the NSPP. At the national level, the Social Protection Leadership and Coordination Unit is responsible for coordination and delivery of the activities under the implementation plan. This Leadership and Coordination Unit is comprised of:
  - the Policy Analysis Unit (PAU) within the Office of The President is mandated to oversee the coordination of the development of a robust SP system and to lead implementation of NSPP;
  - the NSPSC is responsible for matters of policy advocacy and resource mobilization, as well as oversight and accountability regarding the implementation of SP programs;
  - the National Social Protection Secretariat is mandated as an executive arm of the Leadership and Coordination Unit, and is responsible for coordinating and monitoring the implementation of NSPP and the Implementation Plan;
  - Technical Work Teams, which should be established in line with the NSPP's key thematic and program areas, are responsible for providing technical guidance, support, and the implementation of specific policies and programs; and
  - Support Units for the effective development, implementation, and monitoring of NSPP.

**2. Increase coverage of SP policies and programs to meet NSPP objectives.** After the NSPSC and Technical Work Teams identify the key priority programs and the sustainability of funding, technical design and costing of new and/or scaling-up of programs are planned, to be coordinated by the National Social Protection Secretariat with the involvement of line ministries and development partners.

**3. Strengthen the system for the effective planning, delivery, and monitoring of SP programs,** by addressing fragmentation and ensuring better coordination across actors and programs, to achieve better leverage of resources, enhanced value for money, and stronger outcomes in the delivery of benefits.

This implementation area defines four outcomes:

- Establishment of a Social Registry with an Integrated Management Information System;
- Increased awareness across The Gambia of impacts and benefits from national SP programs and lessons learned;
- Establishment of an integrated M&E framework to inform evidence-based policy and programming decisions that are appropriate for The Gambia;
- Strengthened capacity of key stakeholders for designing, implementing, and monitoring SP policies and programs.

**4. Develop a sustainable financing strategy and mechanism to fund the implementation of NSPP and specific programs** by:

- Developing a costing exercise on SP interventions, and enabling a favorable environment for NSPP implementation;
- Allocation of a specific budget for social protection;
- Identification and creation of a fiscal space for the sustainable (i.e., long-term and predictable) financing of SP programs.

However, there are currently insufficient physical, financial or human resources invested in social protection, so progress on the SPIP is nascent.

## POLICYMAKING PROCESS

The NSPSC, which was formed in 2012 and chaired by the PAU of the Office of the President of The Gambia, has led the preparation of the NSPP and its implementation plan.

The NSPSC has organized several activities to initiate a national policy dialogue, including high-profile National Social Protection Forums that have been held every year since November 2012. In 2012-13, with support from UN partners, the NSPSC initiated the first diagnostic analysis of the country's social protection system, and a comprehensive mapping of SP programs in The Gambia. The resulting document "Moving Towards an Integrated and Equitable Social Protection in The Gambia" provided critical information and guidance for national dialogue and decision-making efforts regarding the development of NSPP.

The NSPP was prepared in a participatory manner. A broad-based policy formulation process began in December 2013, through a series of national and regional consultations with line ministries, subnational governments, community leaders, development partners, and representatives of civil society and the private sector. These consultations offered the opportunity for various stakeholders to debate NSPP's vision, goals, and strategic objectives. Priority target groups were identified; in-depth exploration of programmatic options and priorities was conducted; and technical work teams collaborated to discuss policy options on specific thematic issues. The final documents were submitted to the Cabinet in October 2014, and The Gambia's first National Social Protection Policy 2015-2025 was approved by the government in February 2016.

## INSTITUTIONAL ARRANGEMENTS - SOCIAL PROTECTION ACTORS

The **PAU**, located in the Office of the President, is mandated to coordinate the development of a robust SP system and to lead implementation of NSPP, in close collaboration with other relevant stakeholders, such as the NSPSC, DSW, other relevant Ministries, Departments and Agencies, development partners and NGOs.

The NSPP calls for the establishment of a **National Social Protection Secretariat (Secretariat)** to be responsible for the leadership, coordination, and monitoring of NSPP implementation. It has been decided that the NSPP be hosted in the Office of the Vice President.

The **NSPSC**, which was formed in 2012 with multi-sectoral membership and chaired by the PAU, is responsible for policy advocacy and resource mobilization, oversight, and accountability with regard to the implementation of SP programs. It aims to facilitate the alignment of SP system objectives with other sector priorities; link complementary services under different ministries; and share resources. It meets on an as-needed basis, but participation is limited and not consistent from across ministries, undermining the sense of collective ownership for social protection.

Key thematic and programmatic area **Technical Working Teams**, led by line ministries, are envisaged to work under the supervision of NSPSC to provide technical guidance and manage the direction, implementation, and monitoring of specific programs.

The **DSW** is headed by a Director and comprises about one hundred staff, mostly rehabilitation, adult care, disability, or childcare specialists based in Banjul. Three or four social workers have recently been appointed in each region, although they lack operating budget, equipment or vehicles. The overall DSW budget is extremely small and insufficient for DSW to carry out a broader social protection mandate. It is only able to finance very small programs that cannot reach the scale required for an effective impact on poverty.

The semi-autonomous **NaNA** reports to the Office of the Vice President. NaNA runs multiple, large scale health and nutrition programs by partnering with health facilities, regional health directorates and community level actors (including Village Support Groups in communities where NaNA has rolled out the Baby Friendly Community Initiative). Some of the programs address the demand-side obstacles to accessing health care and changing household and community nutrition behaviors and practices, using conditional and unconditional cash transfers. It has significant implementation capacity and is supported by various development partners, including the European Union, UNICEF and World Bank.

The **Ministry for Basic and Secondary Education (MoBSE)** also manages a cash transfer program that aims to ensure children in religious schools are also provided with courses from the national curriculum. They also manage and are progressively contributing to the school meals program, financed largely by the World Food Program. The **Ministry of Trade, Industry and Employment** and **Ministry of Youth and Sports** play leading roles in the implementation of the Youth Empowerment Project, which provides an extensive package of technical, vocational and entrepreneurship training and market linkages for youth; the **Ministry of Youth and Sports** supports the Songhai initiative, which aims to get young people trained in farming techniques; and the **Ministry of Agriculture** supports some community livelihoods programs.

The Association of Non-Governmental Organizations (**TANGO**), founded in 1983, is the umbrella organization for 80 national and international NGOs operating in The Gambia. It aims to maximize the use of resources mobilized by NGOs for relief and social development purposes through collaboration, networking, and mutual reinforcement of each other's activities.

Regional-level coordination of social protection activities is anticipated to be modeled after the central-level structures. In each region, sector heads will create an SP subcommittee within the Technical Advisory Group, under the leadership of the regional governors. They will be responsible for

coordination, implementation, monitoring, and reporting at the regional level. Regional DSW offices will gradually replace the interim SP subcommittees.

## PROGRAMS AND COVERAGE

A variety of studies and reports have been carried out to support the shift from fragmented interventions to a coherent social protection system. They all point to the issue of extremely low coverage for individual social safety net programs (with the exception of the School Meals Program and Micro-Nutrient Deficiency Program).

In 2015, NSPSC commissioned a study to develop a comprehensive program document for a **minimum social protection intervention package**<sup>35</sup> that proposed to:

- Maintain existing programs by securing their funding in the national budget;
- Introduce new programs on a national basis including: programs for children (low income, orphan etc.); programs for women (low income, pregnant, widow); program for people with disabilities; and a pension for the elderly;
- Develop pilot projects in some regions, for a rural health insurance scheme and expand school meals.

In the government's 2018 budget, a government contribution of D30,000,000 to the School Meals Program is allocated and the small contribution of D500,000 to Welfare of Gambians and Refugees allocation remains unchanged from the 2017 allocation. The new programs identified are under consideration for financing by some development partners. There is no national health insurance scheme.

## PROTECTION - SOCIAL ASSISTANCE

Non-contributory social assistance (that provides transfers in cash or in-kind to individuals or households) is provided to some poor and vulnerable populations. Four main objectives are identified in current programs: maternal and child health; keeping children in school; supporting youth to find jobs; and helping poor, work-able adults improve livelihoods. There are no predictable, long-term cash transfers targeting the extreme poor, elderly or disabled, and social transfers cannot efficiently support the attainment of basic needs, due to their extremely limited reach and size.

The short-term, externally financed and *ad hoc* characteristics of social assistance programs in The Gambia has led to limited coverage of social risks for the most vulnerable. Given that almost half of the population – or over 1.8 million people – is poor, it is clear from Table 2 that the coverage of existing formal SP programs are not of an adequate scale or breadth to meet the SP needs of the population. The School Meals Program and Micro-Nutrient Deficiency Program are the only programs reaching more than one percent of the population.

Social services remain weak and under-resourced. Although suburban locations host the extreme poor and migrant families, they have insufficient support. Special needs for particularly vulnerable groups — such as the elderly, people with disabilities, and people living with HIV/AIDS — have a low level of coverage and receive inadequate and sporadic support. Projects and programs that comprise social assistance interventions inadequately consider the specific needs of other highly vulnerable groups such as migrants, refugee families, single parents, widows, or child-headed households.

---

<sup>35</sup> "Developing a Costed Minimum Social Protection Package of Interventions in The Gambia and Identification of Fiscal Funding Mechanisms." Greg McTaggart (unpublished, 2015)

Information regarding some of the main social assistance programs is displayed in Table 2. The inventory is not exhaustive and informal, community based initiatives are also likely to exist. The Muslim tradition of Zakat is prevalent in The Gambia, although there are no formal statistics on the role it plays in informal social protection.

The actual proportion of the population reached by these programs is hard to define. A simple tally of the beneficiaries listed in Table 2 below would suggest that 298,321 individuals were reached – or 15 percent of the population. However, the number could be much larger if one assumes that some of these transfers are made to families (so the beneficiary number would be multiplied by 6.8 for average household size), whilst the number could also be smaller if some individuals may benefit from more than one intervention (thus eliminating double-counting). Until an integrated beneficiary registry exists, it will be impossible to determine an accurate number.

**Table 2: Information on Some of the Main Social Assistance Programs**

<b>Programs Targeting Maternal and Child Health and Nutrition</b>								
<i>Name of Program</i>	<i>Objective</i>	<i>Target Method &amp; Population</i>	<i>Benefit Periodicity, Level &amp; Duration</i>	<i>Regions</i>	<i>#beneficiaries Most recent year</i>	<i>Implemented by</i>	<i>Financed by</i>	<i>Started year</i>
Maternal & Child Nutrition & Health Results Project (MCNHRP) Conditional Cash Transfer	Increase the uptake of Ante-natal care services according to national guidelines	Geographical and categorical targeting Pregnant women	D300 in the first trimester of pregnancy D300 for completing the 3 other scheduled visits 2 payments maximum	NBR, CRR, URR, LRR	11,402	Ministry of Health and Social Welfare, NaNA	World Bank	2014
Building Resilience through Social Transfers for Nutrition Security (BReST)	Build resilience and improve the nutritional status of lactating women	Geographical and categorical targeting Lactating women with children <2	Monthly D600 24 months	NBR, CRR, URR	4,731	NaNA	EU	2017
Targeted Nutrition and Livelihood Spt	Treatment and prevention of acute malnutrition; restore and rebuild livelihoods of the most vulnerable and support their recovery	Geographical targeting (food insecure areas) and Categorical targeting (pregnant and lactating women (PLW), children <5)	Nutrition supplements. Monthly D1648 for asset creation and training	WCR, NBR, CRR, URR, LRR	5306	NDMA	WFP, FAO, UNICEF	2012

Integrated Management of Acute Malnutrition	Treat Malnutrition in children and PLW	Geographical and Categorical Children 6-59 months + PLW	Monthly cereal and oil ration; nutritional rehabilitation pack daily for five months	NBR, CRR, URR, LRR	16,900 children ; 7,500 PLW	NaNA		2017
Integrated Management of Acute Malnutrition	Treat Severe Acute Malnutrition	Categorical Children 0-59 months with Severe Acute Malnutrition	Nutritional rehabilitation pack daily, as needed	National	966	NaNA		2013
Micro-Nutrient Deficiency Programme	Reduce Vitamin A deficiency	Categorical Children <5 + Post-Partum mothers (<8 weeks after delivery)	Vitamin A supplements	National	142,368	NaNA		2000
<b>Programs Aiming to Keep Children in School</b>								
<i>Name of Program</i>	<i>Objective</i>	<i>Target Method &amp; Population</i>	<i>Benefit Periodicity, Level &amp; Duration</i>	<i>Regions</i>	<i>#beneficiaries Most recent year</i>	<i>Implemented by</i>	<i>Financed by</i>	<i>Started year</i>
School Meals Programme	Support pre-primary and primary education achievement	Pre-primary and primary school children	5 days/week One daily school meal throughout the school year	6 regions Schools in most vulnerable communities	102,657	MoBSE	EU, Govt of The Gambia, Govt of Japan	2010

<b>Programs Targeting Youth</b>								
Youth Empowerment Project	Improve employability and self-employment; increase employment along value chains	Categorical targeting Youth, demand-driven	Training	National	1037 youths trained with TVET or entrepreneurship	MoTIE	EU	2017
Songhai Initiative	Support young people with knowledge of farming and entrepreneurship	Categorical targeting Youth	Training			MoYS	UNDP	2015
<b>Programs Supporting Poor Working Age Adults</b>								
<i>Name of Program</i>	<i>Objective</i>	<i>Target Method &amp; Population</i>	<i>Benefit Periodicity, Level &amp; Duration</i>	<i>Regions</i>	<i>#beneficiaries Most recent year</i>	<i>Implemented by</i>	<i>Financed by</i>	<i>Started year</i>
Maternal & Child Nutrition & Health Results Project (MCNHRP) Food and Nutrition Security Unconditional Cash Transfer	Address short-term household economic constraints	Geographical and community based targeting Households with pregnant women + children <5	Monthly D1,000.00 for 12 months and a productive asset	NBR, CRR, URR, LRR	0	NaNA	World Bank	2017
Family Strengthening Program	Productive engagement to support health and education costs	Categorical targeting Destitute families	Two payments D2500 to D6000	Urban areas of Greater Banjul, WCR, URR	100	Dept of Social Welfare	Govt of The Gambia	2011

Improving Food and Nutrition Security (Livelihoods)	Increase household food security and incomes of participating farmers, improving nutrition in school aged children.	Geographical (through regional agriculture staff)	Inputs, tools and training	WCR, NBR, CRR, LRR, URR	8 new community groups (assuming 50 members = 400)	Ministry of Agriculture, FAO	EU	2013
Livelihoods and Food Security	Support communal gardens	Geographical (based on poverty)	Inputs, tools and training	NBR		Action Aid	EU	
Access to Justice / Legal Aid	Provide access to justice for poor and vulnerable members of the community	Universal Persons charged with capital offences, children, remand prisoners, convicts and walk-in clients	Year-round Provision of legal aid to persons who cannot afford the services of a lawyer As needed	Nationwide	>800	National Agency for Legal Aid		
Mobile Legal Aid Clinics / Access to Justice & Legal Education	Decentralize legal aid services to rural communities	Community-based targeting Persons charged with offences, children, remand prisoners, convicts and walk-in clients	Quarterly Provision of legal aid to persons who cannot afford the services of a lawyer As needed	WCR, NBR, CRR, URR, LRR	4,154	National Agency for Legal Aid		

**NBR:** North Bank Region, **CRR:** Central River Region, **URR:** Upper River Region, **LRR:** Lower River Region, **GB:** Greater Banjul, **WCR:** West Coast Region

### Delivery and Management Information Systems

There is no national system in place to identify poor or vulnerable individuals, coordinate efforts or monitor quality of service and results. Deriving information to compile a table, such as the one above, requires manual compilation of data provided *ad hoc*. This in turn prevents analysis of gap in coverage or overlaps; of impact; or of opportunities for more efficient resource use.

To date, geographical and categorical have been the primary methods used for targeting. Some programs are using the SCOPE beneficiary registry system to support key transactions with beneficiaries. The NSPP has identified the need to establish a national Social Registry to maintain standardized information on households and their poverty status, improve monitoring of access to SP programs and services nationwide, as well as to provide accurate information for better data analysis, planning and the efficient coordination of social assistance. In 2017 the NSPSC, in collaboration with the World Bank, initiated work on the design of such a Social Registry. This is still at an early stage with the determination of key design parameters.

While some programs are implemented with or by government agencies, many operate without a government contribution and are not recorded in the national budget.

### PREVENTION - SOCIAL INSURANCE

These benefits are limited, with social insurance only accessible to a minority of workers in the formal sector: only 10 percent of all employees are covered.<sup>36</sup> The coverage does not include unemployment insurance. No national minimum wage has been legislated.

In addition to the benefits available to the whole population (e.g., free schooling and health care), formal sector workers have access to sick pay, coverage for work-related injuries, and pensions. They are offered three pension options, accessible only in a formal employer-employee relationship: these employees benefit from a 10-15 percent employer contribution in addition to their wages:

- Civil Service Pension Scheme: pension for life from retirement (from age 45)
- Federated Pension Scheme: pension for life from retirement (from age 45)
- National Provident Fund: lump sum from age 60

These options are provided by the Social Security and Housing Finance Corporation (SSHFC), which acts as the sole pension provider to both public and private sector organizations in The Gambia.

Despite the fact that household livelihoods rely heavily on agriculture, with its high level of weather-related risks, and despite the government's priority for this sector, the country has no state-led crop insurance program for farmers.

The Gambia also has no national health insurance program. The only existing health insurance schemes are those for private sector workers. Only 2.3 percent of women and 3.3 percent of men have health insurance coverage, mostly through employer-based insurance and mostly in urban areas. However, children under the age of five, pregnant women, and people living with HIV/AIDS do have access to free health care provided by subsidized health services.<sup>37</sup>

### PROMOTION - LIVELIHOODS

Various programs are also being implemented to improve livelihoods by expanding the incomes and capabilities of the beneficiaries through, on the one hand, asset and infrastructure development (mainly in the agricultural sector), and on the other hand, enterprise development through skills and business management training and access to microfinance.<sup>38</sup>

---

<sup>36</sup> Gavrilovic, 2013.

<sup>37</sup> Government of the Republic of the Gambia, 2015.

<sup>38</sup> Government of the Republic of the Gambia, 2015.

The Family Strengthening Program takes this approach in relation to a small number of destitute families and disabled individuals by providing grants and some mentoring to enable the extreme poor to invest in micro-entrepreneurship. To address youth unemployment and underemployment, skill-enhancing programs and a large new Youth Empowerment Project (YEP)<sup>39</sup> aim to reinforce the supply-side of skills development for youth using a market-led approach. Some programs, such as those supporting food and nutrition security, focus on community groups developing livelihoods approaches, often with on-farm activities or community gardens.

It can clearly be seen that social protection coverage is limited. The analysis conducted in 2015 for developing a minimum SP package of interventions provides a quick overview of the groups covered by SP programs in The Gambia (2015).<sup>40</sup>

**Table 3: Groups Who Benefit from Social Sector Programs (2015)**

Category	Standard Health Care	Additional Health Care	Maternity Leave	Paid Sick Leave	Schooling	Educational Assistance	Injury At Work
Employed Persons	Yes	Some	Yes	Yes	Yes	Many	Yes
Informal Sector	Yes	No	No	No	Yes	Many	No
Unemployed	Yes	No	No	No	Yes	Many	No
Disabled	Yes	No	No	No	Yes	Perhaps	No
Those impacted by HIV/AIDS	Yes	Some	No	No	Yes	Perhaps	No
Extremely poor individuals and households	Yes	No	No	No	Yes	Perhaps	No
Vulnerable children	Yes	No	No	No	Yes	Perhaps	No
The elderly	Yes	No	No	N/A	Yes	N/A	No
Chronically ill persons	Yes	Some	No	No	Yes	Unlikely	No
Vulnerable women and youth	Yes	Some	No	No	Yes	Perhaps	No
Refugees and migrants	Perhaps	Perhaps	No	No	Perhaps	Perhaps	No
Prison inmates and their families	Yes	Some	No	No	Yes	Probably	No

Source: McTaggart, G. *Developing a Costed Minimum Social Protection Package of Interventions*.

**FINANCING SOCIAL PROTECTION**

The Gambia is facing a challenging fiscal situation, with a drop in domestic revenue collection and a decrease in tourism sector activities, which resulted in slowed economic growth in 2016-17, although the International Monetary Fund (IMF) forecasts that 2017 growth will pick up marginally and will eventually move to a higher growth trajectory over the medium to long term.<sup>41</sup>

The NSPP places a strong emphasis on the obligation to finance SP interventions and programs by increasing and strengthening revenue generation. The NSPP has stipulated financing levels of 3-5 percent of GDP in Phase 1 of NSPP (2015-2020), and 10 percent by the end of the policy period (2025). A manual tally of Government and development partner contributions to known social assistance

<sup>39</sup> Ministry of Youths and Sports, Ministry of Trade, Industry and Employment, International Trade Centre.

<sup>40</sup> “Developing a Costed Minimum Social Protection Package of Interventions in The Gambia and Identification of Fiscal Funding Mechanisms” Greg McTaggart (2015).

<sup>41</sup> World Bank 2017 Gambia - Emergency Development Policy Operation Project Paper

programs suggests that current spending is approximately 0.93 percent of GDP, with the government contribution being just 0.09 percent of GDP (Annex 5).

In 2017, the DSW's recurrent expenditures represented just 0.6 percent (D4,815,000/US\$101,370) of the Ministry of Health and Social Welfare's recurrent budget (D794,866,909/US\$16,734,040). The execution of this planned budget was not fulfilled, leaving even fewer resources for social protection expenditure.

The DSW's non-staff budget is divided into five items:

- **50.2 percent** is allocated to SP Services (D2,420,000/US\$51,000) covering travel, telecoms, fuel and vehicle maintenance, office, uniforms, materials, training, food, scholarships, welfare.
- **26.5 percent** is allocated to Disability and Rehabilitation Services (D1,275,000/US\$26,840), and is mainly used for specialized and technical materials (prosthetic limbs, crutches, etc.).
- **15.0 percent** is allocated to Birth and Death Registration Services (D720,000/US\$15,160). D100,000 (US\$2,100) is planned for the registration of births. The rest is spent on allowances, conferences, office expenses, materials, and training.
- **5.2 percent** is allocated to Leprosy and Tuberculosis Control Services (D250,000/US\$5,260)
- **3.1 percent** is allocated to Eye Health Services (D150,000/US\$3,160)

Only the first of these – SP services - can really be considered social protection resources and, of this, just a tiny proportion - D500,000 (US\$10,500) - is devoted to the welfare of Gambians and refugees.

DSW's staffing budget represented 3.3 percent (132 staff at a cost of D3,861,016/US\$81290) of the overall Ministry of Health and Social Welfare's staffing budget (2918 staff at a cost of D118,129,095/US\$2,486,930) in 2017.

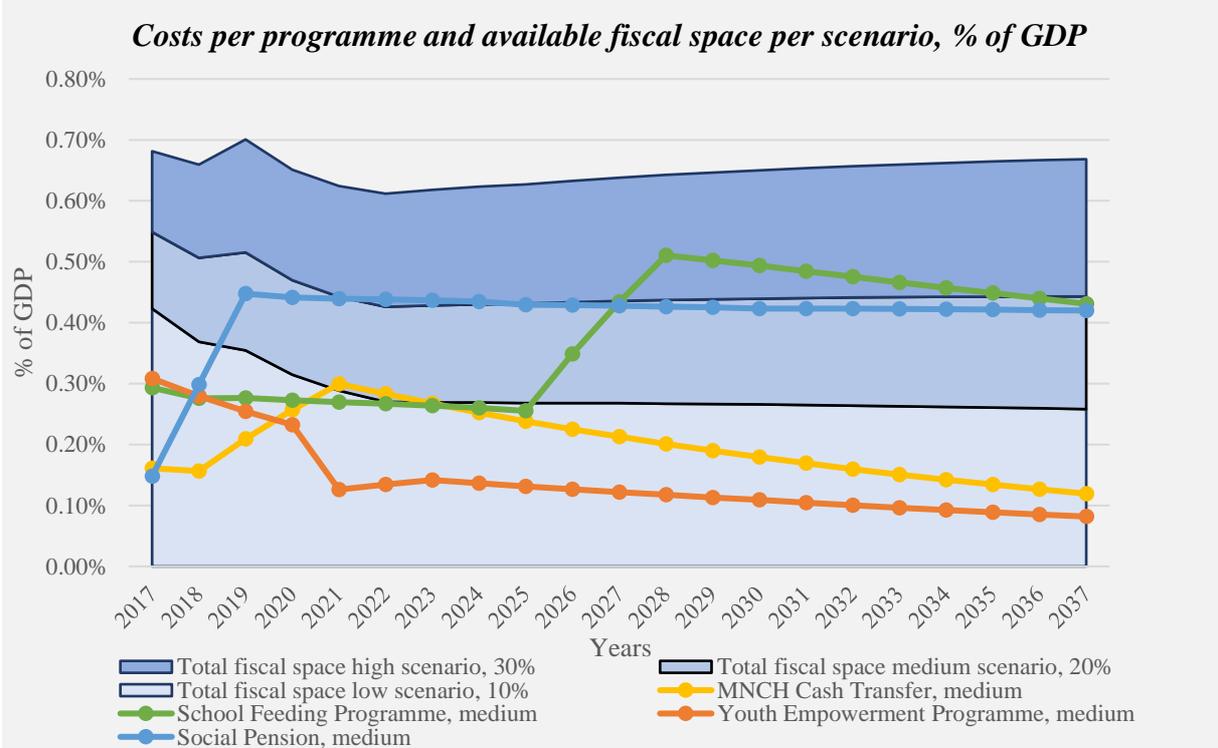
Staff are planned as follows:

- **Directorate:** 36 staff members, ranging from director to cleaning staff
- **Home for the Elderly and Shelter for Children:** 38 staff, ranging from manager to cleaning staff
- **Disability Unit:** 11 staff, ranging from principal technician to trainee technicians
- **Social Welfare Office:**
  - Banjul City Council: 5 staff (4 professional social welfare staff, 1 cleaner)
  - Kanifing Municipality Council: 5 staff (4 professional social welfare staff, 1 cleaner)
  - West Coast Region: 5 staff (4 professional social welfare staff, 1 cleaner)
  - Lower River Region: 7 staff (5 professional social welfare staff, 1 typist, 1 cleaner)
  - Central River Region: 9 staff (7 professional social welfare staff, 1 typist, 1 cleaner)
  - North Bank Region: 6 staff (4 professional social welfare staff, 1 typist, 1 cleaner)
  - Upper River Region: 10 staff (8 professional social welfare staff, 1 cleaner).

In 2017, the social welfare staff increased by 27 positions compared to 2016, with increases in the number of regional social workers. Nevertheless, social welfare offices in all regions are understaffed by 20 to 60 percent compared to planning for 2017. Currently, each regional office has four staff members, except the Lower River Region, which has three. Social welfare officers have very low operating budgets and generally no service vehicles: thus, they are obliged to use private taxis, phones, and computers at their own expense.

In 2017, a Fiscal Space Analysis<sup>42</sup> was conducted to estimate the costs of introducing four programs, namely: (i) a maternal and newborn child health cash transfer; (ii) a national school meals program; (iii) a youth empowerment program; and (iv) a social pension) and to assess the current availability and potential to create a fiscal space for their sustainable financing. The most likely sources of financing identified were additional hypothecated tax revenue and continued grant financing from development partners. It concludes that a range of 0.26 to 0.67 percent of GDP per year could be created for additional social protection financing, while the costs of the modelled programs lie in the range of 0.04 to 0.65 percent of GDP depending on the programs and coverage levels chosen. In the medium scenario of each program, the two with most targeting are affordable in a low fiscal space scenario, whereas those that are more universal in nature are only affordable in a medium fiscal space scenario. All four programs in the medium fiscal space scenario would cost 1.25 percent of GDP, in line with the average for Sub-Saharan Africa. Depending upon the efficiency and effectiveness of these programs, the returns to beneficiaries, communities and even GDP can be high.

**Figure 6: Cost per program (medium scenario) and available fiscal space, as a share of GDP**



Source: Fiscal Space Study, EPRI (2017)

<sup>42</sup> Fiscal Space Analysis for Social Protection in the Gambia, Draft Report. (EPRI 2017).

## SOCIAL ASSISTANCE IN THE GAMBIA: A QUALITATIVE ASSESSMENT

Alongside the technical studies referenced above, various activities have been undertaken to create a better understanding of social protection as a cross-cutting issue. These activities include sensitization workshops, trainings, and joint analyses of the sector. In November 2016, stakeholders at a Social Protection Capacity Assessment Workshop<sup>43</sup> initiated a joint assessment of interventions in line with the priority areas defined in NSPP. This collaborative work focused on the opportunities and necessary steps to improve the coverage of social assistance and social welfare measures for the protection of the poor and vulnerable (see Annex 4).

In 2017, following an introductory CODI session and the completion of detailed questionnaires, a Social Protection Intervention Rapid Qualitative Assessment<sup>44</sup> workshop was held in Banjul and attended by members of the NSPSC. The 2017 workshop aimed to identify the main SP interventions meeting each NSPP objective; assess them along some of the CODI criteria; and propose priorities for focusing on the short and medium term. The assessment below builds upon the 2016 and 2017 workshops as well as a desk review of documents about the social assistance sector. The lack of administrative or evaluation data and the unfamiliarity of many participants with programs other than those they were directly involved provided an incomplete picture of the SP sector.

### CODI CRITERIA<sup>45</sup>

CODI is a diagnostic tool designed to map key elements of a social protection system, analyze social protection system performance against national objectives, serve as an evidence base for dialogue about how to strengthen the social protection system, and promote exchange and coordination between national and international partners. This approach helps identify SP areas that may benefit from strengthening, or that are in line with good practices, as well as ensuring that trade-offs between criteria are made explicit to policy makers.

The ten criteria are:

- **Inclusiveness:** refers to the system's capacity to protect all members of society along the life cycle with special consideration for the most vulnerable.
- **Adequacy:** refers to the sufficiency of the system's benefit levels.
- **Appropriateness:** refers to the system's overall arrangements to respond to national context and need.
- **Respect for Rights & Dignity:** refers to social protection entitlements and implementation arrangements being anchored in law.
- **Governance and Institutional Capacity:** assesses the system's rules, regulations, responsibilities and related implementation capacities.
- **Financial and Fiscal Sustainability:** refers to the system's financial and fiscal sustainability.
- **Coherence & Integration:** refers to the alignment and coherence of the system across its policies, programs, and administrative structures as well as coherence with related policy areas.

---

<sup>43</sup> Capacity Assessment Workshop Report. Banjul, November 9, 2016. Government of The Gambia, World Food Programme Center of Excellence in Brazil and the WFP Country Office.

<sup>44</sup> Gambia Social Protection Intervention Rapid Qualitative Assessment based on CODI's criteria: Workshop Report, Banjul, November 6-7, 2017. NSPP, World Bank.

<sup>45</sup> CODI: Core Diagnostic Instrument. 'What matters' guidance note.' ISPA 2015 — <http://ispatools.org/>.

- **Responsiveness:** refers to the system’s M&E framework and flexibility to adjust/adapt in response to socio-economic crises.
- **Cost Effectiveness:** refers to cost effectiveness both for those financing and for those benefiting from a program (apply only if evidence exists).
- **Incentive Compatibility:** refers to ensuring that the system’s programs don’t generate distortionary effects (apply only if evidence exists).

During this workshop, the participants debated only six of the ten criteria, rating them on a scale **from 1 (Latent) to 4 (Advanced)**. The CODI criteria for Inclusiveness, Adequacy, Appropriateness, Respect for Rights and Dignity, Coherence and Integration were debated. The criteria relating to Cost-Effectiveness and Incentive-Compatibility are only applied if evidence exists and it did not in The Gambia due to a lack of assessments or evaluations of key programs. The criterion on Financial and Fiscal Space was covered by the concurrent Fiscal Space Analysis, while information on Governance and Institutional Capacity was drawn from a desk review.

The workshop identified social protection programs that currently support the four NSPP objectives.

- ❖ **Objective 1:** Support the extreme poor and other vulnerable groups in attaining an improved standard of living and enhanced human development by providing predictable, long-term income support, and access to basic social services.

Programs:

- |                                     |  |
|-------------------------------------|--|
| • BReST                             | • Health Fee Waiver                    |
| • Conditional Cash Transfer Majalis | • Legal Aid                            |
| • EMPRETEC (UN capacity building)   | • MCNHRP                               |
| • EU 2018 Social Protection Program | • Nutrition                            |
| • Family Strengthening Program      | • School Meals                         |
|                                     | • Shelter for Children and the Elderly |
|                                     | • School Improvement Program           |

- ❖ **Objective 2:** Address seasonal unemployment and underemployment, and provide livelihood opportunities and labor capacity for the poorest and most vulnerable groups, to allow them to escape extreme poverty.

Programs:

- |                                      |   |
|--------------------------------------|---|
| • Agriculture for Economic Growth    | • Post-Crisis Response to Food and Nutrition Insecurity (EU Env. B) |
| • BReST                              | • School Meals  |
| • Climate Smart Project (NEMA)       | • Youth Empowerment Project (YEP)                                   |
| • EMPRETEC                           |   |
| • Inclusive Finance and Job Creation |   |

- ❖ **Objective 3:** Support the poor and vulnerable during times of economic shock through the provision of safety nets and insurance mechanisms to safeguard them against deprivation and vulnerability to poverty.

Programs:

- |                         |  |
|-------------------------|--|
| • BReST                 | • Primary Health Care                  |
| • Disaster Risk Program | • Shelter for Children and the Elderly |
| • Industrial Injuries   |  |

- ❖ **Objective 4:** Strengthen synergies between the formal SP system and informal SP structures and mechanisms in order to ensure that traditional forms of support continue to play their vital SP role at the community level.

Programs:

- BReST
- MCNHRP
- Primary Health Care
- School Meals
- Shelter for Children and the Elderly

### ASSESSMENT OF THE MAIN PROGRAMS, USING CODI CRITERIA

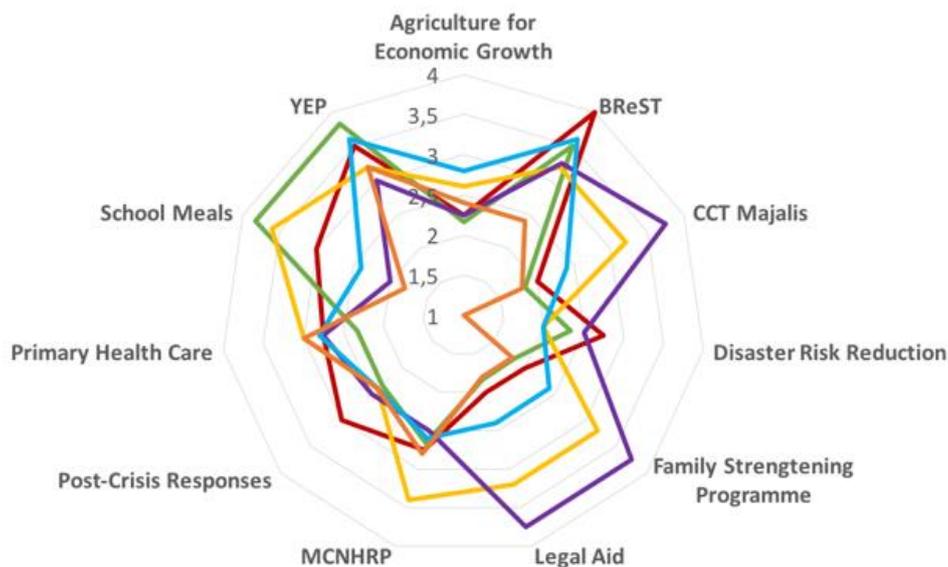
The six CODI criteria were applied to the following 11 programs:

- Agriculture for Economic Growth
- BReST
- CCT Majalis
- Disaster Risk Program
- Family Strengthening Program
- Legal Aid
- MCNHRP
- School Meals
- Post-crisis response to Food and Nutrition Insecurity
- Primary Health Care
- Youth Empowerment Project (YEP)

The ranking was done by groups or individually, according to the participants' knowledge of each program. Therefore, this is not to be considered as a conclusive result, but as a building block toward further in-depth study.

### **6 CODI's criteria applied to the main social protection programmes in The Gambia**

- |                            |                                 |
|----------------------------|---------------------------------|
| 1. Inclusiveness           | 2. Adequacy                     |
| 3. Appropriateness         | 4. Respect for Rights & Dignity |
| 7. Coherence & Integration | 8. Responsiveness               |



### ASSESSMENT OF THE OVERALL SP SYSTEM, USING CODI CRITERIA

This information was then collated. However, data regarding the main existing interventions were provided by too few programs to get a fully representative overview and two of the criteria ("cost-

effectiveness” and “incentive compatibility”) were not ratable, because no relevant information was made available. Those with sufficient information were ranked from 1 (Latent) to 4 (Advanced).

**The overall system performance scored 1.4 out of 4 or Latent-Emerging.**

The table below displays the mean ratings for each criterion:

CODI criteria	Rating
1. Inclusiveness	1.4
2. Adequacy	2.0
3. Appropriateness	2.0
4. Respect for Rights & Dignity	1.5
5. Governance & Institutional Capacity	1.3
6. Financial & Fiscal Sustainability	1.0
7. Coherence & Integration	1.0
8. Responsiveness	1.0
9. Cost-effectiveness	Unrated
10. Incentive Compatibility	Unrated

**INCLUSIVENESS**

Inclusiveness	1.4
Gender equality, nondiscrimination, and special needs	2
Coverage: Non-Contributory	1
Coverage: Contributory	1
Effective coverage	1
Accessibility	2

***Gender Equality, Nondiscrimination, and Special Needs: Rating 2/4***

*CODI's rate definition: Only for few programs, gender equality, non-discrimination, and special needs of vulnerable persons are taken into consideration in social protection laws, policies, strategies, programs' design, and in practice.*

Gender Equality is supported in legislation by the Women's Act of 2010 (amended in 2012); the Sexual Offenses Act of 2013; and the Domestic Violence Act of 2013. In 1979 The Gambia also ratified the Convention for the Elimination of Discrimination Against Women (CEDAW).

The net attendance ratio<sup>46</sup> of girls to boys, as measured by the Gender Parity Index, is 1.02 in primary schools, and 0.89 in secondary schools.<sup>47</sup> This shows that gender parity has been reached in the primary schools, and that there is some gender disparity in favor of males in secondary schools.

<sup>46</sup> The Net Attendance Ratio is the total number of students of a specific school age, expressed as the percentage of the population of the same school age.

<sup>47</sup> DHS 2013

The National Health Policy 2012-2020 addresses gender-sensitive issues, including the equal involvement of women in decision making and in health care delivery.

The National Gender and Women's Empowerment Policy (2010-2020) aims to mainstream gender in all national and sectoral policies, programs, plans, and budgets in order to achieve gender equity, equality, and women's empowerment in the development process.

The constitution of The Gambia provides for the protection and rights of persons with disabilities, and The Gambia has also ratified the Convention on the Rights of Persons with Disabilities. The special needs of the disabled have not been legislated yet, but a disability bill is being prepared that would help to create an enabling environment for PLWD to be full-fledged actors in national development.

Nondiscrimination has also been addressed with the HIV and AIDS Prevention and Control Act (2015).

Systematic application of the principles of gender equality, nondiscrimination, and special needs consideration is critical to improve the situations of vulnerable groups and to drive social change. For example, young rural women still have less access to relevant education, to land, and to the labor market than men. Acceptance of persons living with HIV is generally more common among men than among women, in urban than in rural areas, and among those with a higher level of education and wealth. Enrollment and retention in schools as well as social integration are still also hindered by disability.

**Coverage: Non-Contributory: Rating 1/4**

*CODI's rate definition: Coverage of the target population (as defined nationally) across the life cycle through non-contributory programs is very low.*

There is no mechanism that can provide accurate data regarding current numbers of beneficiaries at the national level. Short-term, emergency-oriented, and *ad hoc* implementation of social assistance has only limited coverage of the social needs of the most vulnerable. There are no predictable, long-term cash transfers targeting the extreme poor, and social transfers cannot efficiently support the attainment of basic needs, due to their extremely limited reach and size. Social services are too weak to adequately cover all locations and the special needs of highly vulnerable groups.

**Coverage: Contributory: Rating 1/4**

*CODI's rate definition: Small share of economically active population (including informal sector workers) are covered by contributory social security (insurance) programs/mechanisms and labor market services.*

Only 10 percent of workers in the formal sector have access to social insurance, including sick pay, work-related injury, and pension; there is no unemployment insurance or paid maternity benefits, and there is no minimum wage. Existing health insurance schemes are contributory and accessible to private sector workers only: they cover less than four percent of the population.

**Effective Coverage: Rating 1/4**

*CODI's rate definition: Most of target and potentially eligible population is excluded in practice from receiving benefits when a contingency occurs.*

The contributory and noncontributory coverage indicators show that the targeted population has very low coverage from existing programs and schemes, and that social needs on the whole are barely covered: this means that most of the potentially eligible population receive no benefits.

**Accessibility: Rating 2/4**

*CODI's rate definition: Access to social protection programs is a challenge due to moderate transaction costs. For example: the modest information campaign or irregular rounds of enrolment with no or limited access to individually request for enrolment.*

Many of the existing social assistance programs are supported by information campaigns and are brought to potential beneficiaries following geographical and categorical targeting. As such, initial transaction costs are moderate for those who have been pre-targeted for an intervention, although

there may be transaction costs associated with complying with program requirements. There is no on-demand enrollment and beneficiary lists are fixed at the time of initial targeting, with limited grievance redress.

**ADEQUACY**

<b>Adequacy</b>	<b>2.0</b>
Benefit levels compared to social protection needs	2
Benefit level compared to national benchmarks	2
Impact of benefits on economic activity	2
Benefits compared to national/program objectives	2
Redistributory, or poverty reduction, effects	2
Benefit provision and service delivery standards	2

**Benefit Levels Compared to Social Protection Needs: Rating 2/4**

*CODI's rate definition: Benefits and services of a minority of programs are regular and predictable and adequate to meet social protection needs of the population.*

On the whole, the current SP programs are focused on addressing the needs of the most vulnerable groups. While most are focused on poor parts of the country, there are no specific benefits for the extreme poor regardless of geographical location or specific category of vulnerability. Even if existing programs provide a strong basis for a national safety-net system, their long-term sustainability and predictability are uncertain, as they rely on very low levels of domestic funding, and are predominantly donor-financed.

The social security that formal sector employees have access to are regular and predictable, but are not considered adequate given low wages and the 34.1 percent of employed persons who are working poor.<sup>48</sup> The sustainability of the scheme is also questionable, as SSHFC faces challenges regarding the timely collection of employer contributions, which results in huge accumulated arrears in receivables for pension or provident funds, which in turn endangers the funding of national pensions and social security, and thus its reliability for the future.

**Benefit Level Compared to National Benchmarks: Rating 2/4**

*CODI's rate definition: Benefit level of a majority of programs appear too low with respect to national benchmarks.*

There are no national benchmarks, except the poverty lines set by the Integrated Household Survey (IHS) 2015 at D18,040 (US\$458) per person per year for the absolute poverty line, and D1,795 (US\$300) per person per year for the extreme poverty line used in the NDP. The two programs (BReST and MCNHRP Unconditional Cash Transfer) providing monthly payments do so in the range of D600-D1000 per month, which is approximately 40-66 percent of the absolute poverty line. Other programs, such as the Family Strengthening Program can provide only very small benefits.

**Impact of Benefits on Economic Activity: Rating 2/4**

*CODI's rate definition: The combination of benefits and services is not adequate to promote productive economic activity for those in working age.*

While clearly a priority in the NDP, there are currently few benefits and services promoting productive economic activity for those of working age. Two programs implemented by the Ministry of Youth and Sports and the Ministry of Trade, Industry and Employment, funded by the European Union are

<sup>48</sup> The Gambia Labour Force Survey 2012 (GLFS 2012).

focused on enhancing the skills of youth: the Agriculture for Economic Growth and Food Security/Nutrition to Mitigate Migration Programme and the YEP have the potential to boost this rating in future assessments.

**Benefits Compared to National/Program Objectives: Rating 2/4**

*CODI's rate definition:* Benefits across programs are contributing very little to achieving national social protection objectives.

Analysis of social risks throughout the life cycle has provided the basis for the design of existing social assistance programs, with a focus on children and youth people. Food insecurity, malnutrition, access to education, and youth unemployment are the social risks being addressed contribute to national SP objectives.

The NDP's fourth strategic priority: investing in the people through improved education and health services, and building a caring society also has a focus on young children, but current programs are far from achieving the goal of 80 percent coverage of safety net programs, creation of a social health insurance scheme and higher coverage of social welfare officers per capita.

**Redistributive or Poverty Reduction Effects: Rating 2/4**

*CODI's rate definition:* The design of the system aims for, but does not achieve, significant results regarding the distribution of resources in favor of the poor, equal protection against risks and vulnerability, or reduction of poverty.

A core goal of NSPP is to contribute to greater equity, pro-poor growth, and social cohesion through a fairer distribution of resources and benefits in order to reduce growing inequality in The Gambia, and to create economic opportunities for the poor. This principle presently translates into programs that place an emphasis on the poorest and most vulnerable, especially children, but that are still insufficient to provide equal protection for everyone and it is too early to tell whether they have had poverty reduction effects. The incidence of widespread poverty and extreme poverty has not declined, and there are large disparities with poverty increasing in rural areas.

**Provision of Benefits and Service Delivery Standards: Rating 2/4**

*CODI's rate definition:* Some programs have defined benefit provision and service delivery standards, but they are not consistently enforced.

There is very little information available to rate this indicator. While some SP programs have operational manuals and defined standards, very little detailed description was provided by stakeholders. Thus, the rate can best be *estimated* at 2/4, but more accurate information is needed.

**APPROPRIATENESS**

Appropriateness	2
Formulation of objectives, targets, and time frames	4
Alignment of social protection policies / programs / strategy	2
Combination of schemes and programs	1
Composition of expenditure	1
Evidence-based policy and program design	2

**Formulation of Objectives, Targets, and Time Frames: Rating 4/4**

*CODI's rate definition:* Social protection main policies / objectives are well-formulated and set realistic targets and timeframes in an approved national social protection strategy. A clear action plan exists.\_

Based on extensive consultations with stakeholders, NSPP has defined five priority areas and four strategic objectives, with medium-term programmatic options. The Social Protection Implementation

Plan 2015-2020 proposes a set of activities to guide the implementation of NSPP, in which areas for immediate action and the progressive expansion of coverage through new and existing schemes are described. This plan aims to guide the dialogue between key SP stakeholders for more efficient coordination to prioritize, design, and fund the next steps for the effective implementation of NSPP.

The first stages of NSPP will target the poorest individuals, households, and communities, and those who are vulnerable to poverty and deprivation due to social vulnerabilities and exclusion: namely, extremely poor individuals and households, vulnerable children, the elderly, PLWDs, the chronically ill, people and families affected by HIV, vulnerable women and youth, refugees and migrants, and prison inmates and their families.

**Alignment of Social Protection Policies /Programs /Strategy: Rating 2/4**

*CODI's rate definition: Social protection main policies/ strategy /program design are somewhat aligned with national social protection needs.*

Among existing SP programs, including those recently created and some that are being expanded, are aligned with NSPP and SP needs, despite insufficient data for efficient targeting. This is an ongoing process, in its early stages.

**Combination of Schemes and Programs: Rating 1/4**

*CODI's rate definition: Mix of social protection programs is arbitrary, the majority of functions are not covered at all.*

Covering all functions of SP is the core principle of NSPP, but for the moment there are too few programs and schemes to create the needed network and synergies. While several programs exist for children, they do not have sufficient coverage to provide a strong protection framework; a new program for youth empowerment, along with the small Family Strengthening Program, should help fill the gap in relation to young people and economic promotion; there are almost no programs for the vulnerable elderly.

**Composition of Expenditures: Rating 1/4**

*CODI's rate definition: Composition of expenditures does not reflect the population's needs and is allocated in an ad hoc manner across functions of social protection.*

There is no clear data on SP expenditures as a whole, thus no means for the government to optimize allocations for an efficient response to the needs of the population. Financing is largely driven by development partners based on the priorities identified in consultation with the government, but is insufficient to address the various functions of social protection or to meet the population's needs.

**Evidence-Based Policy and Program Design: Rating 2/4**

*CODI's rate definition: Few policies and programs (including their budgeting) are designed on the basis of evidence (risks and vulnerability analysis, social protection needs, and gaps assessments, etc.).*

The main existing programs have been designed on the basis of social needs, particularly food insecurity, malnutrition, and unemployment. Nevertheless, most data are from the DHS 2013 sampling, and there are few evaluations of impact to inform program design and there is no integrated management information system that would assess under-coverage of needs or populations, or allow for more accurate and relevant design.

**RESPECT FOR RIGHTS & DIGNITY**

<b>Respect for Rights &amp; Dignity</b>	<b>1.5</b>
Entitlements anchored in law	1
Enforcement mechanisms: public authority, complaint and appeal mechanisms, and public awareness	1

Respect for dignity and human rights	3
Confidentiality of private information	1

#### **Entitlements Anchored in Law: Rating 1/4**

CODI's rate definition: Social protection entitlements are not prescribed by law.

A range of rights for protection against some social risks are entitled by several acts and laws, but there is no law that prescribes social protection *per se*, as a whole set of contributory and noncontributory mechanisms that secure people's living conditions throughout the life cycle. The Social Welfare Act dates back to 1987.

#### **Enforcement Mechanisms: Public Authority, Complaint and Appeal Mechanisms, and Public Awareness: Rating 1/4**

CODI's rate definition: Enforcement mechanisms are not existent: no public authority, no complaint and appeal mechanisms in place, and the public is not informed about existing programs

There are no national enforcement mechanisms for noncontributory social protection and its various functions. Some programs related to nutrition have a grievance function available during pay day or during information sessions when beneficiaries tend to gather at health centers.

#### **Respect for Dignity and Human Rights: Rating 3/4**

CODI's rate definition: Benefit design and delivery mechanisms (application, registration, delivery) of some programs respect human rights standards and principles.

The Gambia's Constitution and other national and international legal instruments state that people in The Gambia hold inalienable rights in the areas of survival, development, protection, and participation. All programs are clearly aligned with human rights principles and are designed to guarantee them: in addition, rights-based programming is a core principle of NSPP.

#### **Confidentiality of Private Information: Rating 1/4**

CODI's rate definition: There are no mechanisms in place to protect private individual information.

No mechanisms to protect privacy exist.

### **GOVERNANCE & INSTITUTIONAL CAPACITY**

<b>Governance &amp; Institutional Capacity</b>	<b>1.3</b>
Reporting mechanisms, roles, and responsibilities anchored in law	1
Program implementation guidelines/operational manuals state reporting mechanisms, roles, and responsibilities	2
Enforcement mechanisms	1
Institutional supervisory capacity	1
Staff implementation capacity	1
Stakeholder participation	2

#### **Reporting Mechanisms, Roles, and Responsibilities Anchored in the Law: Rating 1/4**

CODI's rate definition: Legal framework does not prescribe the reporting mechanisms, roles, and responsibilities of different agencies/entities across the different programs and schemes of the social protection system.

There is no legal framework, and NSPSC does not provide such a framework.

**Program Implementation Guidelines/Operational Manuals State Reporting Mechanisms, Roles, and Responsibilities: Rating 2/4**

*CODI's rate definition: Only some programs have implementation guidelines/operational manuals which define the reporting mechanisms, roles, and responsibilities of agencies for administration, delivery, and monitoring of programs.*

Some of the existing social assistance programs have operational manuals and implementation guidelines, but none were provided for this survey.

**Enforcement Mechanisms: Rating 1/4**

*CODI's rate definition: There are no mechanisms in place to enforce compliance with program rules and minimize error and fraud for the majority of programs.*

No enforcement mechanisms exist. Most SP programs do not have hard compliance requirements, or – as in the case of MCNHRP – payment is only made on compliance with the condition of attending a health facility during pregnancy.

**Institutional Supervisory Capacity: Rating 1/4**

*CODI's rate definition: None or minimal institutional capacity (staff, equipment, financial capital) to carry out or supervise tasks related to policy and program design, implementation, and monitoring.*

The NSPSC is not devoted to task supervision, and even if it were, it is not resourced as such.

The Department of Social Welfare is the main active stakeholder that is trying to develop an overall view of the SP sector, but it is understaffed and under-resourced.

The stakeholder assessment has highlighted the need for a solid coordination mechanism, and a clearer identification of roles and responsibilities between stakeholders. The Secretariat that is proposed in the NSPP could carry out this function.

**Staff Implementation Capacity: Rating 1/4**

*CODI's rate definition: Program staff are not adequate in number, and not sufficiently trained to carry out respective tasks.*

Government social assistance programs are run mainly by DSW, which is understaffed. Other (donor-financed) programs seem adequately staffed considering their limited coverage compared to national needs. The recent increase in social workers in regions is welcomed, but they would need to be provided with vehicles, equipment and operating budgets to be able to undertake their roles adequately.

**Stakeholder Participation: Rating 2/4**

*CODI's rate definition: Across social protection programs, structures and processes are in place to ensure that some, however not all, relevant stakeholders are well informed, consulted, and able to participate where necessary in the design, implementation, and monitoring.*

Some of the existing SP programs have stakeholder participation built in. The MCNHRP unconditional cash transfer uses community based targeting. Other categorically targeted programs have information sessions about key social protection topics with communities at the heart of their design.

**FINANCIAL & FISCAL SUSTAINABILITY<sup>49</sup>**

<b>Financial &amp; Fiscal Sustainability</b>	<b>1.0</b>
Domestic or external financing	1
Contributory capacity taken into account in financing arrangements	1

<sup>49</sup> This criterion was not the subject of discussion, since the Fiscal Space Analysis was being undertaken concurrently and provides for more extensive information on the topic.

Alignment of budget allocation with policy priorities	1
Long-term financial commitments considered in legal framework and social protection strategy	1
Reliability and progressivity of SP financing	1

**Domestic or External Financing: Rating 1/4**

*CODI's rate definition:* Most of the social protection financing is based on external funding.

Most social assistance interventions are donor-financed.

**Contributory Capacity Taken into Account in Financing Arrangements: Rating 1/4**

*CODI's rate definition:* Generally social protection budget is not aligned with financing/contributory capacity.

There is no social protection budget *per se*. Social protection expenditures, totaling an estimated 0.93 percent of GDP is almost entirely donor-financed.

Social security (for the formal sector) is contributory and relies on contributions collected by employers from employees. Existing health insurance schemes are contributory, and are accessible only for private sector workers. There is no pooling of financial resources between contributory capacity and social assistance budgetary needs.

**Alignment of Budget Allocation with Policy Priorities: Rating 1/4**

*CODI's rate definition:* Social protection budget allocation is not aligned with priority programs.

There is no social protection budget. The DSW budget is mostly devoted to staff costs and the recurrent budget is only 0.6 percent of the overall Ministry of Health and Social Welfare's recurrent budget.

**Long-Term Budget Planning in Line with Demographic Developments: Rating 1/4**

*CODI's rate definition:* Budget planning processes do not take projected economic and demographic developments into account for planned social protection allocation of future years.

There is no social protection budget. However, externally financed programs, notably the new YEP, are focusing on the youth population, which is large, growing and under-served.

**Long-Term Financial Commitments Considered in Legal Framework and Social Protection Strategy: Rating 1/4**

*CODI's rate definition:* Long term vision of social protection and related financial commitments are generally overlooked in the legal framework and/or the social protection strategy.

Since SP is largely donor financed, there are no long-term financial commitments. The Fiscal Space Analysis has helped to analyze potential future costs and potential sources of revenue with which to finance them. It is not clear yet whether this will have an impact on the government's budgeting for social protection.

**Reliability and Progressivity of Social Protection Financing: Rating 1/4**

*CODI's rate definition:* Social protection financing is unstable, unreliable, and regressive.

As there is no SP budget, social assistance and achievement of NSPP objectives totally depends, for the moment, on unsustainable donor funding. Most SP programs target vulnerable groups but without a poverty targeting approach.

**COHERENCE & INTEGRATION**

Coherence & Integration	1.0
-------------------------	-----

Complementarity of social protection policies/degree of duplication and overlap	2
Institutional framework to ensure coordination	1
Possibility of integrated analysis of SP financing	1
Coherence with other policy areas	1

***Complementarity of SP Policies / Degree of Duplication and Overlap: Rating 2/4***

*CODI's rate definition: There is a plan to achieve complementarity of policies and programs within agencies but not across agencies.*

Some complementarity is beginning to be designed, particularly with the Minimum Package of Interventions and Fiscal Space Analysis, which have proposed SP programs for implementation with associated costing and financing proposals for the coming 20 years. The proposed interventions aim to improve protection across the different functions, through a combination of interventions aligned with life-cycle contingencies. The BReST program has been coordinated with the MCNHRP conditional cash transfer to provide continuity of support to women in food insecure areas until their children are two years old.

***Institutional Framework to Ensure Coordination: Rating 1/4***

*CODI's rate definition: Each program has separate non-interoperable implementation and information processes.*

There are currently no integrated implementation and information processes that would allow policy makers to determine overall coverage, duplication or gaps. According to the NSPP, the National Social Protection Secretariat will be responsible for leadership, coordination, and monitoring of NSPP implementation.

***Possibility of Integrated Analysis of Social Protection Financing: Rating 1/4***

*CODI's rate definition: The classification of budget expenditure and revenues does not allow for an integrated analysis of social protection expenditures and financing.*

Budget expenditures related to social protection are scattered among too many budgetary items to provide a consistent, integrated analysis of expenditures and financing.

***Coherence with Other Policy Areas: Rating 1/4***

*CODI's rate definition: There are neither mechanisms nor procedures to ensure coherence between social protection and other sectors.*

The proposed Secretariat may be able to set principles, mechanisms and procedures to promote coherence between all sector policies, including between SP and relevant sectors, particularly regarding health, education, disability, and unemployment. The NSPSC provides a vehicle for information sharing, but there is no central repository for the information and the committee only provides for information sharing, on an as needed basis.

**RESPONSIVENESS**

<b>Responsiveness</b>	<b>1.0</b>
Responsiveness of budgetary and implementation mechanisms	1
Availability, quality, and timeliness of data on trends and SP programs	1
Information dissemination mechanisms	1

Mechanisms for parametric adjustments	1
Coverage of emergency response operations in practice	2

**Responsiveness of Budgetary and Implementation Mechanisms: Rating 1/4**

*CODI's rate definition:* There are no budget or implementation mechanisms in place to effectively respond to shocks, crisis, socio-economic changes, or demographic developments for the majority of programs.

The ongoing BRest, MCNHRP, Post-Crisis Response, and Disaster Risk Reduction programs are, in effect, already addressing shocks that have occurred. There are no SP programs that have a shock-responsive element, i.e., that can be scaled up or down quickly in response to future shocks, crisis or sudden socio-economic changes.

**Availability, Quality, and Timeliness of Data on Trends and Social Protection Programs: Rating 1/4**

*CODI's rate definition:* Data, statistics, and monitoring reports are produced ad hoc, not accessible to main agencies, and are not used to inform policy actions to adapt the system to evolving needs and socio-economic trends. There is no program evaluation available.

There is neither an M&E system nor a management information system that could house data or provide the basis for analysis of trends.

**Information Dissemination Mechanisms: Rating 1/4**

*CODI's rate definition:* There are no information dissemination mechanisms in place to publicize changes in program implementation.

There is neither an M&E system, nor a management information system.

**Mechanisms for Parametric Adjustments: Rating 1/4**

*CODI's rate definition:* Programs do not have a mechanism to carry out parametric adjustments.

There are no mechanisms for making simple adjustments to the eligibility criteria of programs to respond quickly and effectively to a social or economic shock.

**Coverage of Emergency Response Operations in Practice: Rating 2/4**

*CODI's rate definition:* A significant share of the population is included in relief programs if affected by disasters and shocks, but with significant delays.

“Response to shock” programs are always short-term, mainly donor-financed, and are implemented by development partners.

Emergency Support in Cash for Severely Food-Insecure Households Affected by Floods, Drought, and Storms (2012-17), was funded by the governments of The Gambia, Japan, the United States, the European Union, the WFP and the Food and Agriculture Organization of the United Nations (FAO), and was implemented by WFP.

Targeted Nutrition and Livelihood Support to Vulnerable People Impacted by Floods and Drought (2013-18) provides cash vouchers, food-related benefits, and nutrition and livelihood support to severely food-insecure households. It is funded by WFP and the European Union, and implemented by WFP.

In collaboration with Japan, the United States, the European Union, WFP and FAO, the government of The Gambia has developed a Capacity Development Program (2012-18) that aims to strengthen national capacity in recovery from shocks, and emergency preparedness and response, through village support groups and food management committees.

## CONCLUSION

**The Gambia's SP system has been designed and codified in a National SP Policy and Implementation Plan.** In recent years, the government and its development partners have prepared various analyses that have laid the foundation for an integrated and effective social protection system. This report reaffirms the relevance of the goals and priority areas identified in the NSPP and its implementation plan. The NDP gives strong endorsement to social protection goals. A common understanding of cross-cutting issues and widely shared agreement on the state of the sector are key elements for achieving a sustainable system, when balanced with related social, economic, and sectoral policies for building a solid Gambian social policy.

**However, implementation is still nascent and SP interventions remain fragmented, donor-driven and inadequate to meet the NSPP goals.** Financing and coordination are key to achieving a significant scale-up of coverage and impact in the SP sector. On the longer term, more consolidation to promote savings and reach economies of scale would also be required, together with better coordination

**Despite the lack of a management information system or an M&E system, the SP system is progressively revealing itself through coordinated efforts among implementing stakeholders.** The various interventions taking place across Ministries and supported by different development partners must be further coordinated or linked in order to provide comprehensive support to inclusive growth and economic development, equal opportunity and access to resources and services to enhance decent livelihoods of the population. The establishment of the proposed National Social Protection Secretariat could help with the coordination of activities to ensure that the NSPP goals are met.

**The qualitative assessment, using CODI criteria, described in this report shows that on average social assistance scores as Latent-Emerging (only 1.4 out of 4 points).** This low score is consistent with the fact that the system is in its early stages. This qualitative assessment has demonstrated the urgent need for coordination and for an information management system, simply through the huge difficulties encountered in attempting to obtain data from the main programs. If stakeholders provide information on their programs to a central repository, the government would be better placed to make informed policy decisions regarding the future of social protection investments.

**The priorities set out in the SPIP (2015-20) to support the development of a sustainable SP system have been reaffirmed:** establishing and strengthening NSPP leadership, coordination and implementation mechanisms; increasing coverage of social protection; strengthening systems for effective planning, delivery and monitoring; and development of a sustainable financing strategy to fund the implementation of NSPP. Activity is underway on each:

### *Establishing and strengthening NSPP leadership, coordination and implementation mechanisms*

An efficient national dialogue around social protection in the Gambia is critical to build support and attract sustainable financing for the sector.

Three key points are indispensable for the interaction and collaboration of these stakeholders:

- Developing a shared understanding of and commitment to social protection in the context of the Gambia;
- Building a shared vision of how social protection does not challenge economic growth, but supports it – social protection is an investment in breaking the cycle of inter-generational poverty;
- Recognizing that social protection is different from—but complementary to—the provision of services, and how referrals between the two can be made.

It will be necessary to invest in a leadership and coordination entity (the Secretariat) that has the authority to provide leadership and coordination across social protection efforts in The Gambia. A

multi-year capacity building plan for the sector is needed. Most development partners are already contributing to this capacity building endeavor but efforts may need to be coordinated better.

#### ***Increasing coverage of social protection***

Coverage of social protection remains significantly below the needs of the Gambian population. Several programs have taken a strong hold, have national brand recognition and are now being scaled up for impact. These programs would need to be increased further to meet the populations needs. Furthermore, some elements of society are not covered: there is currently very limited support for the poor of working age, for the elderly or disabled and coverage of programs for maternal and child health do not meet sufficient beneficiaries. New or expanded programs would be needed to meet the NSPP's goals of 80 percent coverage of those in need.

#### ***Strengthening Systems for effective planning, delivery and monitoring***

A range of coordination and implementation mechanisms are needed to support a coordinated approach to SP. The NSPSC already meets and shares information across its members and the SP programs in place all contribute towards the NSPP goals. As such, the system already contains some of the necessary elements for building a framework for monitoring and evaluation. However, dedicated staff and a full coordination framework with supporting information management tools, as well as buy-in from all stakeholders would be needed to allow decision makers to assess impact and efficiency, to learn from and improve upon what is already being done. The proposed Secretariat should help coordinate and integrate policy, programs and service delivery across relevant sectors, establish a process for joint review and coordination of spending and implementation plans and develop tools to support inclusive programming, monitoring and evaluation.

#### ***Development of a sustainable financing strategy to fund the implementation of the NSPP***

The Fiscal Space Analysis has presented both the financing needs and some proposals for financing them. As such, the strategy is established and implementation is now critical. Responsibility lies with both the government and development partners to make adequate resources available to implement the NSPP's priorities. In a resource-constrained environment, synergies will be critical for maximizing impact. The trade-offs between competing needs that are inevitably required should be debated openly with all stakeholders.

## ANNEXES

### ANNEX 1: POVERTY DATA

**Annex Table 1: Evolution of Absolute (Monetary) Poverty in Urban and Rural Areas, 2010–2015<sup>50</sup>**

Selected indicators	National			Urban Areas			Rural Areas		
	2010	2015	Diff	2010	2015	Diff	2010	2015	Diff
<b>Absolute poverty</b>									
Poverty headcount (incidence)	48.1	48.6	0.5	33.4	31.6	-1.8	64.2	69.5	5.3
Poverty gap (depth)	15.6	15.5	-0.1	9.1	7.8	-1.3	22.6	24.9	2.3
Poverty gap squared (severity)	6.8	6.7	-0.1	3.5	2.8	-0.7	10.4	11.6	1.2
<b>Extreme poverty</b>									
Poverty headcount (incidence)	21.3	20.8	-0.5	11.3	8.4	-2.9	32.3	35.9	3.6
Poverty gap (depth)	5.2	5.0	-0.2	2.3	1.5	-0.8	8.3	9.4	-1.1
Poverty gap squared (severity)	1.8	1.8	-0.0	0.7	0.4	-0.3	3.1	3.6	-0.5

Source: Poverty team calculations based on Gambia IHS 2010 and IHS 2015.

**Annex Table 2: Absolute Poverty Indices, by Region, 2010-2015<sup>51</sup>**

	Incidence			Depth			Severity		
	2010 <sup>a</sup>	2015 <sup>a</sup>	Variation	2010 <sup>a</sup>	2015 <sup>a</sup>	Variation	2010 <sup>a</sup>	2015 <sup>a</sup>	Variation
<b>National</b>	<b>48.1</b>	<b>48.6</b>	<b>1.0%</b>	<b>15.6</b>	<b>15.5</b>	<b>-0.6%</b>	<b>6.8</b>	<b>6.7</b>	<b>-1.5%</b>
Banjul	15.5	10.8	-30.3%	3.3	2.1	-36.4%	1.1	0.6	-45.5%
Kanifing	23.9	17.3	-27.6%	6.0	2.7	-55.0%	2.2	0.6	-72.7%
Brikama	57.5	51.2	-11.0%	19.7	16.1	-18.3%	9.0	6.9	-23.3%
Mansakonko	54.9	60.1	9.5%	17.7	20.1	13.6%	7.6	9.0	18.4%
Kerewan	59.6	59.8	0.3%	20.4	18.6	-8.8%	9.2	7.6	-17.4%
Kuntaur	62.6	72.4	15.7%	20.7	25.9	25.1%	9.0	12.2	35.6%
Janjanbureh	54.2	71.4	31.7%	17.5	24.8	41.7%	7.6	10.9	43.4%
Basse	52.5	59.4	13.1%	16.8	22.1	31.5%	7.2	10.8	50.0%

Source: <sup>(a)</sup> Poverty team calculations based on Gambia IHS 2010 and 2015.

<sup>50</sup> Republic of the Gambia, Poverty and Shared Prosperity Note. World Bank, August, 2017.

<sup>51</sup> Republic of the Gambia, Poverty and Shared Prosperity Note. World Bank, August, 2017.

## ANNEX 2: LABOR MARKET INDICATORS

**Annex Table 3: Employment by Status**

Employed	2016 WB	2015 WB	2014 WB	2013 WB	2012 WB	2012 GLFS
Employment to population ratio, 15+, female (%)	44.5	44.6	44.5	44.4	44.4	42.9
Employment to population ratio, 15+, male (%)	64.8	64.9	64.9	64.9	65.0	60.3
Employment to population ratio, 15+, total (%)	54.3	54.4	54.5	54.4	54.4	51.1
Employment to population ratio, ages 15-24, female (%)	31.9	32.1	32.1	32.2	32.3	29.4
Employment to population ratio, ages 15-24, male (%)	39.6	39.7	39.8	39.7	39.7	34.6
Employment to population ratio, ages 15-24, total (%)	35.7	35.8	35.9	35.9	36.0	31.8
Unemployed						
Unemployment, female (% of female labor force)	38.4	38.3	38.3	38.5	38.5	38.3
Unemployment, male (% of male labor force)	21.6	21.6	21.5	21.7	21.7	21.0
Unemployment, total (% of total labor force)	29.7	29.6	29.6	29.7	29.8	29.8
Unemployment, youth female (% of female labor force ages 15-24)	49.6	49.4	49.4	49.5	49.5	49.5
Unemployment, youth male (% of male labor force ages 15-24)	38.0	37.9	37.8	38.0	38.1	38.1
Unemployment, youth total (% of total labor force ages 15-24)	43.8	43.7	43.6	43.8	43.8	44.3

Source: Government of the Republic of The Gambia and The International Labour Organization, (2015).

According to The Gambia Labor Force Survey (GLFS 2012), 63 percent of the labor force is employed in the informal economy.

**Annex Table 4: Employment by Sector**

Agriculture	2012 GLFS
Employment in agriculture (% of total employment)	31.5
Employment in agriculture, female (% of female employment)	38.2
Employment in agriculture, male (% of male employment)	26.1
Industry	
Employment in industry (% of total employment)	13.9
Employment in industry, female (% of female employment)	3.8
Employment in industry, male (% of male employment)	22.1
Services	
Employment in services (% of total employment)	54.6
Employment in services, female (% of female employment)	58.0
Employment in services, male (% of male employment)	51.8
Workers	
Number of wage workers in formal employment	112,385
Unpaid family worker (% of the working population)	12.6
Self-employed (% of the employed population)	60.0
Paid employees (% of the working population)	23.5
Time-related underemployed (of total employed persons)	6.3
Economically inactive population for persons 15 years and over	27.3

<b>Labor Force Participation Rate (LFPR)</b>	2016 WB	2015 WB	2014 WB	2013 WB	2012 WB	<b>2012 GLFS</b>
LFPR for ages 15-24, female (%)	63.3	63.4	63.4	63.6	63.8	58.1
LFPR for ages 15-24, male (%)	63.8	63.9	63.9	64.0	64.1	55.8
LFPR for ages 15-24, total (%)	63.6	63.6	63.7	63.8	64.0	57.1
LFPR, female (% of female population ages 15+)	72.2	72.2	72.2	72.2	72.2	69.6
LFPR, male (% of male population ages 15+)	82.7	82.7	82.8	82.9	83.0	76.3
LFPR, total (% of total population ages 15+)	77.3	77.3	77.3	77.4	77.5	72.8

### ANNEX 3: SOCIAL PROTECTION CAPACITY AND STAKEHOLDER ASSESSMENT (2016)

In 2016, the Government of The Gambia, World Food Programme Center of Excellence in Brazil, and the WFP Country Office convened stakeholders to undertake a participatory Stakeholder Assessment and Capacity Assessment. The outputs from the workshops are summarized below. These workshops are a precursor to the work described in the body of this report.

#### STAKEHOLDER ASSESSMENT<sup>52</sup>

This collaborative work has identified current interventions that are in line with the five priority areas of social protection in NSPP, as a focus for expanding the coverage of social assistance and social welfare measures in order to provide protection and support to the poor and vulnerable.

The areas of key interventions that are covered by existing safety nets, and the key institutions for the implementation of most of the SP programs were determined as follows:

#### 1. Policy Priority Area: Safeguard the welfare of the poorest and most vulnerable populations.

Current Intervention	Lead Government Institution	Lead Partner(s):
Schools Meals Programme (2012-2017)	Ministry of Basic and Secondary Education	Ministry of Agriculture (MoA), Ministry of Finance and Economic Affairs (MoFEA), Ministry of Health and Social Welfare (MoHSW), private sector, etc.
Cash transfer to vulnerable households	National Disaster Management Agency	National Nutrition Agency (NaNA), Gambia Bureau of Statistics (GBoS), Local Government Areas (LGAs), World Food Programme (WFP), etc.
Family strengthening programs	MOHSW	MoFEA, SoS, Communities
11 <sup>th</sup> European Development Fund Envelope B (Euros 11.5 million for 30 months) pipeline	NaNA and MoHSW	MoA, MoHSW, UNICEF, WFP, FAO
Building resilience of social transfers	NaNA	Department of Social Welfare (DSW)
World Bank food and nutrition security cash transfer (pipeline)	NaNA	DSW

#### 2. Policy Priority Area: Protect vulnerable populations from transitory shocks

- To be further discussed, under Social Security Schemes.

<sup>52</sup> Capacity Assessment Workshop Report. Banjul, November 9, 2016. Government of The Gambia, World Food Programme Center of Excellence in Brazil, and the WFP Country Office.

**3. Policy Priority Area: Promote the livelihoods and income of the poorest and most vulnerable in the economically active population.**

- To be further discussed, along with discussion of access to public works schemes and compulsory employment services (e.g., skills development, asset building, financial services etc.), as a means of lifting beneficiaries out of poverty.

**4. Policy Priority Area: Reduce people’s exposure to social risks and vulnerabilities, including discrimination and exclusion.**

- To be further discussed.

**5. Policy Priority Area: Strengthen leadership, governance, and social protection systems to design and deliver effective programs.**

Current Intervention	Lead Government Institution	Lead Partner(s)
Social Welfare Programs	DSW	Women's Bureau, Child Protection Alliance (CPA), Gambia Police Services, Ministry of Justice, Judiciary, National Agency against Trafficking in Persons (NAATIP)
Coordination	DSW	National Social Protection Steering Committee
Monitoring and Evaluation	DSW	Gambia Bureau of Statistics, Child Protection Committee members
Management Information System (MIS)	MoHSW	No system in place yet

**→ Key Findings from the Stakeholder Assessment**

- For each safety net program, even though the leadership is assigned to a specific institution, during implementation the collaboration with other stakeholders through a solid coordination mechanism is critical for roles such as procurement, funding, sensitization, and monitoring and evaluation.
- Continuous engagement of identified partners and institutions during various phases of the programs is essential to ensure good coordination.
- Roles and responsibilities between stakeholders must be clearly identified.
- The development of private and public partnerships is necessary in order to implement the programs.

**CAPACITY ASSESSMENT<sup>53</sup>**

This assessment, conducted by the same group as the stakeholder assessment, identified gaps in capacities for social safety nets, and in the current capacity development interventions.

The previous stakeholder assessment identified social welfare coordination, school meals, nutrition, and disaster risk reduction as the main safety net interventions to be analyzed. Each one was assessed against defined indicators in five key areas, as being essential to successful implementation of safety-net programs in The Gambia.

<sup>53</sup> Capacity Assessment Workshop Report (November 9, 2016). Government of The Gambia, World Food Programme Center of Excellence in Brazil, and the WFP Country Office.

<u>Key Area</u>	<u>Indicators</u>
1. Advocacy, Policy, and Legislation	1. Effective Policies and Legislation
2. Financial Capacity and Budgeting	2. A responsive National Plan with proportional budget allocation
3. Institutional Capacity and Coordination	3. Institutional Effectiveness and Accountability
4. Design and Implementation	4. Program Design, Implementation, and Management
5. Community Participation and Ownership	5. Community Participation

### ➔ Key Findings in Terms of Capacity Development Issues

Gaps in the four main safety-net interventions were assessed against these criteria as follows:

- **Effective Policies and Legislation.** The NSPP must be cross checked against the constitutional provisions in order to adopt specific legislation and anchor efficient coordination with the establishment of a Secretariat. Sensitization and dissemination of policies at all levels is required in order to improve awareness. Sustainability of programs is a cross-sector issue. Adequate funding and advocacy for social protection are critical in order to support policies, strategies, and plans: this means developing an efficient cross-cutting resource mobilization strategy.
- **A Responsive National Plan with Proportional Budget Allocation.** Sustainability of funding remains an issue: national funding is inadequate to provide a responsive budget, and to properly operationalize sector plans, the implementation of which requires capacity building of the staff.
- **Institutional Effectiveness and Accountability Programs.** The capacities of regional and local actors need to be reinforced. At the regional level, staff must be increased, and working conditions must improve. Coordination mechanisms are urgently needed, and must be informed by programs' M&E systems.
- **Program Design, Implementation, and Management.** The main challenge is to maintain the existing structures and strengthen their overall capacities through improving implementation capacities and registration, targeting, and M&E management at the national level. Relevant risk analysis and risk mitigation activities should be included in program design. Cross-cutting principles must be defined and applied at all levels in order to develop interventions that guarantee the continuation of protection against social risks during crises. A bottom-up, inclusive approach in the design of programs for communities must be promoted in order to support empowerment and local community ownership.
- **Community Participation.** Illiteracy among community members is a key issue, as is the lack of motivation or incentive for their contribution to the programs. Civil society's participation must be built through regular consultations, a shared understanding of the stakes and interests of the interventions, and clearly defined responsibilities, to strengthen accountability mechanisms.

## **ANNEX 4 – NATIONAL AND INTERNATIONAL LEGISLATION PERTINENT TO SOCIAL PROTECTION**

### **Human Rights Treaties Ratified**

- CAT - Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment (1985)
- CCPR - International Covenant on Civil and Political Rights (1979)
- CED - Convention for the Protection of All Persons from Enforced Disappearance
- CEDAW - Convention on the Elimination of All Forms of Discrimination against Women (1993)
- CERD - International Convention on the Elimination of All Forms of Racial Discrimination (1978 )
- CESC - International Covenant on Economic, Social and Cultural Rights (1978)
- CMW - International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (2017)
- CRC - Convention on the Rights of the Child (1990)
- CRC-OP-AC - Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (2000)
- CRC-OP-SC - Optional Protocol to the Convention on the Rights of the Child on the sale of children child prostitution and child pornography (2000)
- CRPD - Convention on the Rights of Persons with Disabilities

### **National labor, social security, and related human rights legislation**

- The Trafficking in Persons Act (2007) establishes the National Agency Against Trafficking in Persons, and regulates its composition, powers, functions, and responsibilities. It prohibits all forms of trafficking in persons and provides for heavy penalties.
- The Forced Labour Act (1934) sets forth prohibition of forced labor.

### **Elimination of child labor, and protection of children and young persons**

- Children's Act (2005) Addresses elimination of child labor, and the protection of children and young persons
- Children's Court Rules (2010)
- Domestic Violence Act (2013) to combat domestic violence and to provide protection for the victims of domestic violence, particularly women and children, and related matters.

### **Equality of opportunity and treatment**

- Women's Act (2010): Legal provision of the National Policy for the Advancement of Gambian Women and Girls
- Social Welfare Act (1987)
- HIV and AIDS Prevention and Control Act (2015) provides for HIV and AIDS prevention, implementation, and control measures; and for the care, treatment, and support for HIV and AIDS-infected people, and related matters.

### **Social Security**

- Public Health Act (1989, amended 1995): Medical care and sickness benefit
- Injuries Compensation Act (1990): Employment accident and occupational disease benefit
- Health is Wealth - Department for Health and Social Welfare, Health Policy Framework 2007-2020: Medical care and sickness benefit

### **General Provisions**

- Labour Act (2007): Labor codes, general labor, and employment acts
- Tourism Offences Act (2003): Criminal and penal law; provides for sexual offences of tourists against children, as well as for prohibition of trafficking in children
- Sexual Offences Act (2013): Amends the law and procedures relating to the trial of rape and other sexual offences and related matters

**Migrant Workers**

- Refugee Act (2008): Makes better provision for the management of refugee affairs in The Gambia by establishing The Gambia Commission for Refugees
- Gambia Nationality and Citizenship Act (1965)

## ANNEX 5: ESTIMATION OF SPENDING ON SOCIAL ASSISTANCE PROGRAMS

The Gambian NSPP defines social protection as: “transformative policies and programmes designed to reduce poverty and population vulnerability by promoting efficient labour markets, diminishing individuals’ exposure to risk, and equipping people with the means to protect themselves from hazards and the interruption or loss of income”.<sup>54</sup>

With these definitions in mind, the programs included below are those that make transfers in cash or in-kind to individuals or households, including youth empowerment initiatives and agricultural activities that support poor households with gardens, but not commercial agriculture projects.

The following four sources of data are used for the nominator of the estimate:

1. Government’s recurrent budget by program (GLF recurrent budget);
2. Government’s development budget by program (GLF development budget);
3. Development partners’ contribution to the development budget by program (Donor development budget); and
4. Development partners’ financing that is not captured on budget.

The denominator of a new estimate is total GDP of D52,000,000,000.

The calculations below are subject to several assumptions, including:

- That items in the Government budget have been correctly identified as Social Protection expenditures;
- That Government projections for 2018 are roughly equivalent to 2016/17 outturns (since there are no reliable estimates of these) – in most cases the 2018 projection is considerably higher;
- That Government projections for 2018 will be realized;
- That off-budget items financed by development partners are known and captured; and
- That the administration costs are uniformly captured across budget/program lines.

In each case, this estimate has erred on the side of inclusion – as such, the estimate may be over-stated.

Line Item	Source of Finance	Most Recent Financing Estimate (Dalasi)	Most Recent Financing Estimate (US\$)	Remarks
School Meals	MoBSE (GLF recurrent)	30,000,000	635,324	Govt estimate for 2018 (first such contribution)
School Meals	WFP (donor – off-budget)	89,740,571	1,900,000	
Social Production Services	Min H and SW (GLF recurrent)	3,580,000	75,815	DSW, excluding health functions, of which \$11,000 is Welfare of Gambians/refugees

<sup>54</sup> (Government of the Republic of the Gambia, 2015, p. 10)

YEP	EU (donor – off-budget)	175,499,520	3,000,000	Youth Empowerment
Songhai Initiative (Support to Youth Empowerment)	Min Youth and Sports (GLF recurrent) part of Songhail Initiative	6,000,000	127,065	Horticulture and Ag inputs
Songhai Initiative	Min Youth and Sports (GLF development)	6,000,000	127,065	Horticulture and Ag inputs
FAO livelihoods	FAO (donor off-budget)	89,549,862	1,896,195	Communal gardens and inputs
Action Aid livelihoods/food security	Action Aid (donor off-budget)	8,216,957	174,000	Communal gardens and inputs
Ante-natal CCT (MCNHRP)	NaNA (donor – IDA off-budget)	8,173,800	173,057	Cash transfer for pregnant women
Food and Nutrition Security (MCNHRP)	NaNA (donor – IDA off-budget)	10,800,000	228,659	Cash transfer and asset for poor
Targeted Food and Nutrition Assistance, Protracted Relief Recovery	WFP (donor – off-budget)	2,241,247	47,452	Supplemental feeding
BReST	EU (donor off-budget)	55,733,618	1,180,000	Cash transfer for women with children 0-2
		<b>D 485,535,575</b>	<b>\$ 9,564,632</b>	

This calculation generates SP expenditures of 0.93% GDP.  
Of this, about one tenth is Government expenditure, or 0.09% GDP.