

MOVING TOWARDS AN INTEGRATED AND EQUITABLE SOCIAL PROTECTION IN THE GAMBIA

Analysis of Social Protection Systems in The Gambia



The Government of
The Gambia



This report has been authored by Ms. Maja Gavrilovic, with research assistance from Mr. Yusupha Dibba.

The opinions, analysis and conclusions expressed within this report are entirely those of the author and should not be attributed in any manner to the Government of The Gambia, United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations World Food Programme (WFP), International Labour Organization (ILO) and International Monetary Fund (IMF).

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Abbreviations

CCT	Conditional Cash Transfer
CRR	Central River Region
CRS	Catholic Relief Services
CaDO	Catholic Development Office
CCPC	Community Child Protection Committee
CHIGAMBAS	Children in Gambia Basse and Suduwol
DSW	Department for Social Welfare
ECD	Early Childhood Development
FAO	Food and Agriculture Organization of the United Nations
FGD	Focus Group Discussion
FGM/C	Female Genital Mutilation/Cutting
GBA	Greater Banjul Area
GBV	Gender-based Violence
GDP	Gross Domestic Product
GETF	Girls' Education Trust Fund
HIV	Human Immunodeficiency Virus
IHS	Integrated Household Survey
ILO	International Labour Organization
IMF	International Monetary Fund
KII	Key Informant Interview
LHI	Life History Interviews
LIFE	Livelihood Improvement and Family Empowerment
LRR	Lower River Region
M&E	Monitoring and Evaluation
MoBSE	Ministry of Basic and Secondary Education
MoFEA	Ministry of Finance and Economic Affairs
MoHSW	Ministry of Health and Social Welfare
MoTIE	Ministry of Trade, Industry, Regional Integration and Employment
MoU	Memorandum of Understanding
MTEF	Medium Term Expenditure Framework
NaNA	National Nutrition Agency
NEA	National Environmental Agency
NSPSC	National Social Protection Steering Committee
OVCs	Orphans and Vulnerable Children
PAGE	Program for Accelerated Growth and Employment
PEGEP	President's Empowerment of Girls' Education Program
PLHIV	People Living with HIV
Pro-PAG	Pro-poor Advocacy Group
PWD	People with Disabilities
SDF	Social Development Fund
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Populations Fund
UNICEF	United Nations Children's Fund
URR	Upper River Region
VAT	Value Added Tax
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

1. INTRODUCTION

1.1. Rationale and objectives

The Government of The Gambia and its development partners¹ have commissioned “The Analysis of Social Protection Systems in The Gambia” as a part of a larger strategy to protect the country’s poor and most-vulnerable populations. Social protection is increasingly seen as an important instrument of poverty reduction strategies, insofar as it assists households in building resilience to vulnerabilities and offers them protection from the impacts of shocks and subsequent deprivations (Holmes and Jones, 2009).

There is an emerging global consensus that social protection is not only a right, but also a vital tool in supporting pro-poor growth, protection of human capital and reduction of inequality – assertions that are embodied within the UN Social Protection Floor Initiative² (EU, 2011). *Social protection has risen in prominence in social policy dialogue in The Gambia* in recent years, as highlighted in the national 2012-2015 Program for Accelerated Growth and Employment (PAGE) (MoF, 2011). The recent assembly of a National Social Protection Forum in November 2012 and the establishment of a National Social Protection Steering Committee (August 2012) mark important steps towards reform in the sector. In the context of high levels of poverty (48.8 per cent of the population was defined as poor in 2010 (GBS, 2010)) and vulnerability in The Gambia, these represent laudable policy developments. Indeed, many Gambians live in risky environments that constantly threaten their livelihoods and broader wellbeing. For example, recent environmental shocks (e.g. severe droughts in 2011 and floods in 2012) in the country have exposed Gambians’ significant vulnerability to livelihood risks and food insecurity (WFP, 2012).

At the same time, The Gambia’s existing social protection system faces a number of significant challenges: a dearth of schemes, very low coverage and fragmented and ad-hoc implementation among existing initiatives, and limited fiscal space – all of which have led to ineffective delivery of social protection measures. Moreover, local knowledge and understanding of the social protection system is still in a fledgling state and characteristics of the system are yet to be systematically assessed. The “Analysis of Social Protection Systems in The Gambia” aims to fill this knowledge gap.

This study undertakes the first comprehensive diagnostic analysis of the country’s social protection system. It provides insight into existing social protection policy and programming initiatives, and assesses the extent to which these address poverty and vulnerability, by meeting the following objectives:

- Map the poverty and vulnerability situation in The Gambia with a particular focus on marginalized and deprived groups;
- Provide an in-depth, critical overview of social protection provision;
- Assess the effectiveness and efficiency of existing policies and programs; and
- Identify the opportunities and system gaps/bottlenecks that should be urgently addressed.

¹ Other partners include members of the National Social Protection Steering Committee including the Ministry of Finance and Economic Affairs (MoFEA), the Ministry of Health and Social Welfare (MoHSW) and its Department for Social Welfare (DSW), the Ministry of Trade, Industry, Regional Integration and Employment (MoTIE), the United Nations Children’s Fund (UNICEF), the United Nations Development Programme (UNDP), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the International Labour Organization (ILO), the World Food Programme (WFP) and the International Monetary Fund (IMF).

² The UN Social Protection Floor (SPF) Initiative was adopted in April 2009 as one of nine joint initiatives to address the global financial crisis. Representing a joint global and local action led by the ILO and the WHO, the SPF Initiative focuses on the promotion of access to basic services and income protection for the poor and vulnerable, typically in the form of social transfers (EU, 2011).

The resultant evidence base is expected to support national dialogue and inform decision-making by presenting preliminary policy options for the adoption of an adequate and functional social protection system. The findings of the study will also support the Government of The Gambia in determining its future Social Protection Policy/Strategy. The following section lays out the conceptual framework and methodology that has been adopted to guide the analysis.

1.2. Conceptual framework

For the purpose of this study, we rely on the UNICEF definition of social protection, which is: “the set of public and private policies and programs aimed at preventing, reducing and eliminating economic and social vulnerabilities to poverty and deprivation” (UNICEF, 2011). Our analysis is informed by the *transformative social protection framework* devised by Devereux and Sabates-Wheeler (2004). This comprehensive approach extends beyond a narrow definition of social protection, which focuses only on mitigation of short-run economic risks, to encompass a broader approach, which considers social risks and vulnerabilities³. The transformative remit of social protection interventions incorporates agendas of social justice, inclusion, equity and empowerment. The framework provides a useful lens to analyze the social protection system in The Gambia from various dimensions:

Firstly, a broader approach allows us to focus on interventions that provide support for the “poor”, “extreme poor” as well as the “chronically poor” (see **Box 1** for definitions of poverty). On a practical level, this means that social protection interventions must extend beyond social safety nets that protect against transitory economic shocks to include measures that address structural drivers of poverty and vulnerability, including discrimination and unfair treatment of excluded groups.

Secondly, this approach allows us to consider a broad range of policy instruments that address a range of program objectives and can be categorized as protective, preventative, promotional and transformative – as further discussed in **Table 1**. While each of these categories focus on specific objectives, they may also overlap. For example, preventive policies, such as crop diversification to reduce future risk, may also have promotive aspects in the sense that a wider crop portfolio may lead to a competitive market advantage. Our review of policies and schemes is mapped against this typology of instruments, while special efforts have been placed on assessing the synergies and overlaps between the various objectives within specific schemes.

Thirdly, on an operational level our definition refers to informal (“collective” or “community-level”) social protection, which has a long and important tradition in the context of The Gambia. This informal protection encompasses a wide range of support mechanisms within families and other social institutions that provide care for the most vulnerable in the community. Informal social protection may consist of measures such as rotating credit and savings associations, private transfers and remittances, and faith-based support. Given the increasing importance of “traditional” social protection in the literature, our study considers the nature, scope and leverage of these support networks, as well as their strengths and limitations (Holmes and Jones, 2009).

³ Here, for example, we refer to discriminatory gender norms and practices that heighten women’s social and economic vulnerabilities in the household and broader community. This may include socio-cultural values that condone violence against women or restrict their access to schooling, reproductive healthcare and/or limit their rights to inheritance/land ownership.

TABLE 1: SOCIAL PROTECTION POLICIES AND INSTRUMENTS

Policy category	Instruments
<p>Protective</p> <p>Protective social protection schemes provide relief from poverty and deprivation among extremely poor individuals and households. Through predictable transfers of either cash or in-kind benefits, they aim to smooth household consumption, increase access to basic services and promote asset accumulation. Protective social protection also includes social services and support as means of responding to social risks and vulnerabilities (e.g. violence, exclusion, neglect)</p>	<p>Cash transfers, food vouchers, user fee exemptions, scholarships, public work schemes, child-care services, home-based care, supplementary feeding programs, child benefits, foster care grants, disability benefits, single-parent allowances</p>
<p>Preventative</p> <p>Preventative social protection seeks to mitigate exposure of people to risks and protect them from the adverse consequences of livelihood, health and other shocks</p>	<p>Social security benefits (pension, maternity leave benefits, unemployment benefits), private social and health insurance, subsidized risk-pooling mechanisms with potential contribution payment exemptions for the poor</p>
<p>Promotive</p> <p>Promotional frameworks focus on the improvement of real incomes and capabilities. This is achieved through a range of livelihood-enhancing programs and the creation of physical assets and infrastructure (e.g. roads, soil and water conservation structures, schools), including labor-intensive public works and conditional cash transfers and education programs for longer-term growth and development</p>	<p>Public works, subsidies, training support, microfinance, agricultural subsidies</p>
<p>Transformative</p> <p>Transformative measures include social equity interventions to protect people against social risks such as discrimination, exclusion, violence or abuse</p>	<p>Transformative social protection measures include changes to policies/legislation to address discriminatory norms and practices (e.g. labor standards such as minimum wage and paid maternity leave; anti-discrimination legislation; inheritance rights; laws to protect children from trafficking, early marriage and harmful traditional practices, or to ensure special treatment and rehabilitation services for young offenders), as well as sensitization and awareness-raising campaigns to transform public norms and attitudes towards marginalized groups</p>

Source: Adapted from Devereux and Sabates-Wheeler (2004).

Conceptualizing poverty, vulnerability and risk

An analysis of poverty and vulnerability in The Gambia makes a significant contribution to the study. Social protection diagnostics depend on a robust understanding of poverty, risks and vulnerabilities faced by people across regions and in specific settings, as these factors suggest ways in which social protection policy and programs should be designed in order to achieve better outcomes (Holmes and Jones, 2009). Thus we have collected key data on poverty and vulnerability at national and local levels, and identified dominant factors and sources of poverty and vulnerability across The Gambia that affect various groups (e.g. children and women, the unemployed, the elderly, the disabled, and people living with HIV/AIDS (PLHIV)). Box 1 outlines poverty and vulnerability definitions that are commonly used in The Gambia and for the purpose of this report.

BOX 1: POVERTY AND VULNERABILITY DEFINITIONS IN THE CONTEXT OF THE GAMBIA

Poverty in The Gambia has not been researched extensively. Most existing studies focus on income poverty and are quantitative in nature, such as key national surveys, which measure the incidence of the poor and extreme poor. According to the Integrated Household Survey (IHS) conducted in 2010, the incidence of poverty is measured using the threshold of US\$1.25 dollar per person per day, while extreme poverty is defined using the threshold of US\$1 dollar per person per day.

To gauge qualitative dimensions of poverty, the World Bank has supported a series of Participatory Poverty Assessments (PPAs) from 1999 to 2010. Using a wealth ranking, community members were categorized according to very poor, poor, non-poor and rich. PPA participants perceived poverty as inadequacy of food, clothing and shelter. Limited access to education, health care and potable water were also cited as inhibiting factors responsible for persistent poverty (World Bank, 2011).

In our study we employ the above definitions of poverty and extreme poverty, and identify the chronic poor as individuals experiencing persistent poverty over a longer period of time. We also adopt a multidimensional view to poverty and vulnerability.

Vulnerability can be conceptualized in a variety of ways, depending on the unit of analysis. In this study we define vulnerability as the probability of falling into poverty (becoming poor), or falling deeper into poverty (becoming poorer). Vulnerability is also understood as the likelihood of shocks resulting in adverse welfare outcomes that are multidimensional in nature (World Bank, 2012).

Our understanding of the nature and manifestation of poverty, vulnerability and risk is shaped by four broad characteristics, which in turn form the basis of the analysis:

Poverty, vulnerability and risks are multidimensional and dynamic: a holistic approach has been adopted, based on the recognition that poverty, vulnerability and risks have both economic and social dimensions. Thus we pay particular attention to material aspects of wellbeing, as well as a range of non-income dimensions such as health and nutrition, education, psycho-social welfare, gender equality and child protection.

It is increasingly recognized that people are often vulnerable to a wide range of risks (Holmes and Jones, 2009). Therefore, we look at a broad typology of risks including natural and environmental (e.g. droughts, floods, failed harvests), economic (e.g. unemployment shocks, the global food price crisis), health (e.g. HIV, malnutrition) social (e.g. violence, discrimination) and life cycle⁴ (see **Table 2** for classification of risks). Shocks can also be categorized as idiosyncratic (individual) or covariant⁵ (economy-wide), and may differ in terms of frequency (from rare to constant), and size of the loss resulting from the risk (from small to catastrophic).

Different risks and vulnerabilities are often intertwined and mutually reinforcing: Often social and economic vulnerabilities overlap due to the composite nature of vulnerability. For example, groups that experience social vulnerabilities such as marginalization and discrimination (e.g. ethnic minorities, people living with HIV/AIDS or disability) are also often economically vulnerable. Owing to their deprived status, they may be excluded from economic opportunities, which in turn perpetuates a cycle of poverty. Likewise, people experiencing economic exclusion (e.g. unemployment) may be more vulnerable to social and health risks, including psychological disorders, divorce, domestic violence and drug use. Thus it is important to consider how these experiences of different economic and social risks and vulnerabilities intersect at the individual, intra-household and community levels, and potentially reinforce one another, thus jeopardizing the realization of a broad spectrum of human capabilities.

⁴ We recognize that age criterion in The Gambia is a very fluid and dynamic concept – often location-specific and determined by socio-cultural norms and values. Cohort considerations often may be based on functions and roles one carries in life rather than a particular age. For example, children and adolescents, due to their role as economic agents, may not be perceived as “dependents”, as they are commonly categorized in Western culture. Further, barriers between certain age cohorts may not be as strict: this is particularly relevant in the case of adolescents and young people. In some rural communities, for example, people aged 13-30 may consider themselves youth. For the purpose of the research we adopt the standard UN definitions, although our qualitative work will remain sensitive to local definitions and understanding of age.

⁵ The sources of individual shocks can include loss of employment and health shocks, while the major sources of covariant risk are macroeconomic shocks that raise the risk of economy-wide income losses, and natural disasters or weather-related risks that affect the living standards and income prospects of a large segment of households in one geographic area at once (World Bank,

TABLE 2: TYPOLOGY OF RISKS (SHOCKS AND STRESSES)

Risk Category	Indicators
Natural/ Environmental	<ul style="list-style-type: none"> ▪ Natural disasters/phenomena ▪ Human-generated environmental degradation (e.g. pollution, deforestation)
Economic	<ul style="list-style-type: none"> ▪ Income stress (low returns to labor, unemployment, low and irregular salaries, no access to credit) ▪ Intra-household inequality with regard to land access, rights and duties related to social standing, gender discrimination (affecting access to productive assets) ▪ Macroeconomic stresses and shocks including policy responses (e.g. global food and financial shocks, budget cuts, etc.)
Social	<ul style="list-style-type: none"> ▪ Family composition (high dependency, intra-household (HH) inequality, HH break-up, family violence, family dissolution) ▪ Extra-familial violence ▪ Social exclusion and discrimination including gender-based discrimination (resulting in unequal access to productive assets, access to information, capacity-building opportunities) ▪ Social capital (access to networks both within one's community and beyond, access to community support and inclusion) ▪ Education and literacy ▪ Political and policy-related risk (e.g. limited accountability of state or non-state service providers) ▪ Failure of international community to engage in sufficient redistribution of resources
Health	<ul style="list-style-type: none"> ▪ Malnutrition, HIV, disability ▪ Age-specific health vulnerabilities (e.g. infancy, early childhood, adolescence, childbearing, old age), illness and disability

Source: Adapted from Holmes and Jones (2009), Putting the social back into social protection. ODI Background Note. ODI: London.

The experience of poverty and vulnerability changes through the life cycle: It is well recognized in the literature that the distribution and intensity of poverty, risk and vulnerability are likely to be experienced differently depending on one's stage in the life-course (see **Box 2**) (Marcus and Pereznieta, 2011). For example, children are most vulnerable to risks that affect the development of their human capital, and thus their future earnings potential, while adults are most vulnerable to income shocks, leading to consumption losses. By contrast, the elderly are most susceptible to idiosyncratic shocks to income as they become unable to work due to their old age and/or lack of care. As a result, we will examine the context of poverty and vulnerability in The Gambia not only at the aggregate level, but also in relation to different population cohorts through the life cycle. We have explored vulnerability across five stages: (i) infants and young children; (ii) school-aged children and adolescents; (iii) young people; (iv) adults; and (v) the elderly.

BOX 2: A LIFE CYCLE APPROACH TO UNDERSTANDING VULNERABILITY

Stage 1: Peri-natal, infancy, childhood (up to 5 years)

Stage 2: School-age children and adolescents (6-18 years)

Stage 3: Young people (18-30 years)

Stage 4: Working-age adults (30-50 years)

Stage 5: Older persons (50+ years)

Source: Adapted from Devereux and Sabates-Wheeler (2004)

Social exclusion shapes poverty and vulnerability to risks: People's vulnerabilities may be compounded by social exclusionary drivers such as social identity (e.g. gender, ethnicity, HIV status, poverty status, dependency status, disability) and spatial exclusion (e.g. variations between and within urban/rural areas and disparate regions), among other factors. Determining the underlying causes of exclusion – such as discrimination and stigma, traditional social norms preventing use of services, and limited assets and visibility – helped us to understand the additional vulnerabilities faced by people and groups in The Gambia. In addition to examining vulnerability from a lifecycle lens (which looks at the population as a whole), the social exclusion framework will assist in focusing on drivers of exclusion that affect particular groups in Gambian society. We explore how these determinants may shape not only experiences of and vulnerability to risk, but also the capacity to cope with shocks and stresses.

Assessing the social protection system through an integrated framework

The analysis of the social protection system has been informed by the principles of integration, inclusiveness and equity. For the purpose of the study we define a social protection system as “the key structures and mechanisms that facilitate addressing multiple vulnerabilities in a holistic and integrated manner” (UNICEF, 2011). Thus, the study pays specific attention to potential linkages between social protection programs and their capacity to address intersecting and compounding vulnerabilities, and identify entry points for strengthening such links. An *equity-focused lens* is applied in order to better understand the extent to which social protection interventions address the wellbeing of the most disadvantaged individuals, households and communities. Here we consider issues such as gender, disability, lack of parental care, HIV/AIDS status, and regional and spatial exclusion.

Methodology and Key Activities

The present study was completed adopting a mixed-methods approach consisting of desk research and primary research, using qualitative data collection methods. The following methodology is based on the original Terms of Reference (ToRs), with slight adjustments to reflect the proposed conceptual framework and analytical scope of the study.

Desk-based research: A comprehensive review of secondary literature on social protection was carried out in two stages. The first stage entailed examination of international literature in order to frame the conceptual focus of the study. We then undertook desk-based research of national documentation to better understand the key issues and country context; this included a review of public policies, strategy documents, impact evaluations and other grey literature, covering the period of the last four years (2009-2012), to understand the evolution of the social protection approach and practice, as well as multi-dimensional deprivations and vulnerabilities.

Primary research: Primary research was based on qualitative assessments consisting of Key Informant Interviews (KIIs), Focus Group Discussions (FGDs) and Life Histories (LHs). The overall purpose of these qualitative methods was to gather a rich understanding of The Gambia's poverty and vulnerability dynamics, the availability of social protection schemes and their impacts, and program beneficiaries' needs and challenges.

Sampling: Purposive sampling was used to select localities and community members. Given the scope of the research, localities and community members were selected based on specific characteristics, rather than at random. With regard to geographical remit, the qualitative research was conducted in four regions: the Greater Banjul area

(GBA), the Lower River Region (LRR), Central River Region (CRR) and the Upper River Region (URR). The following localities within these four regions were selected for field research: (i) Sutukoba village (URR); (ii) Sami Pachonchi village (CRR); (iii) Soma village (LRR); and (iv) Banjul (GBA). We have also undertaken primary research in Brikama (western Division). These regions cover diverse poverty profiles and socio-economic characteristics and indicators.

Specific sites within these regions were chosen based on a number of criteria, namely:

- General poverty profile and susceptibility to shocks and stresses;
- Key vulnerability characteristics (e.g. HIV prevalence, food security, vulnerability to environmental shocks, etc.);
- Existence of social protection schemes; and
- Urban and rural spread.

Purposive sampling allowed us to target different age cohorts and vulnerable groups, as discussed below.

Research instruments

i) Key Informant Interviews (KIs): 70 KIs were undertaken with representatives from the Government, donors, non-governmental organizations (NGOs) and academic stakeholders at central and sub-national levels in order to support overarching diagnostic research of social protection systems. In addition to expanding our understanding of the key vulnerabilities affecting the population, the KIs provided information about the range of formal and informal social protection instruments and mechanisms already available, as well as gaps and challenges, needs and opportunities, and lessons learnt.

At the national level, interviews were conducted with members of the National Social Protection Steering Committee (including line ministries such as MoHSW/DSW, MoFEA, MoTIE, MoBSE, Gambia Bureau of Statistics, and others); UN agencies; multi-lateral and bi-lateral donors; NGOs and civil society; and research institutions and programs. At the local level, we met with local governors in each region, local village leaders, religious leaders, teachers, and care- and service-providers to obtain more specific contextual knowledge about key issues.

ii) Focus Group Discussions (FGDs): Eight FGDs (approximately six to ten people in each) were organized with community members in selected sites to gather insight into how individuals experience shocks and how their responses and coping mechanisms vary accordingly; we paid attention to the role of both formal and informal coping strategies and their adequacy in risk situations. To enable a wide coverage of the intended beneficiary population, criteria for selection of respondents followed a life cycle approach, with the aim of observing males and females at five stages (childhood, adolescence, youth, adulthood, the elderly). We conducted two FGDs per region.

iii) Life History Interviews (LHIs): In addition to the FGDs, we conducted interviews with people in particularly difficult circumstances to explore their vulnerability and coping capacity in more depth. Eight LHIs were undertaken with people experiencing compounded vulnerabilities as a result of social exclusion and spatial exclusion. Criteria was based on prevalent vulnerabilities in the local context and included orphans, PLHIV, people with disabilities, urban poor and chronic poor in rural areas. Case studies were recorded based on respondents' reflections on their life experiences and challenges faced as a result of social exclusion.

Data analysis: Thematic analysis was used to examine the collected data, using triangulation of results (e.g. using both desk-based and primary research methods) to ensure greater confidence in results and arrive at a more complete set of findings than could be achieved by utilizing desk-based research alone.

TABLE 3: TOTAL NUMBER OF FGDS AND LHIS

FGDs	Number
With children 9-12 (mixed gender)	1
With female adolescents 13-18	1
With male adolescents 13-18	1
With young female adults (unmarried)	1
With young male adults (unmarried)	1
With female adults (married, including some with children)	1
With male adults (married)	1
With elderly (mixed gender)	1
Total	8
LHIs	8
Total	8

Report structure

This report is structured as follows: Section 1 provides an introduction to the study; Section 2 presents an overview of the political and socioeconomic development context in The Gambia; Section 3 provides an analysis of the country's poverty and vulnerability situation, focusing in particular on lifecycle dimensions; Section 4 provides an analysis of the current policy environment; Section 5 maps out social protection programs addressing poverty and vulnerability; Section 6 discusses the potential for the development of an integrated and inclusive social protection system in The Gambia, as well as institutional constraints; Section 7 analyses potential fiscal space for social protection; and the final sections provides conclusions and policy recommendations.

2. POLITICAL, ECONOMIC AND SOCIAL CONTEXT

The Gambia has made significant progress towards reducing poverty in the last decade. With an annual GDP averaging six per cent during 2003-2006 (MoFEA, 2011) – and a decade-long commitment to a comprehensive poverty reduction strategy (PRSP II 2007-2011) – poverty rates have fallen from 58 per cent in 2003 to 48.4 per cent in 2010 (ibid). According to the latest Millennium Development Goal (MDG) Report Card (2010), The Gambia is one of the top four African countries progressing toward the MDGs related to hunger, primary schooling, and child immunization. Despite these achievements, however, The Gambia remains one of the least-developed countries in the world, with high levels of extreme poverty and household food insecurity.

Extreme poverty remains widespread (almost 40 per cent of the population exists on less than US\$1 per person per day) and the population is highly vulnerable to recurrent economic and environmental shocks (GBS, 2010). The Gambia is currently ranked 165th out of 187 countries in the 2012 human development index (HDI, 2013)⁶. According to the national 2012-2015 Program for Accelerated Growth and Employment (PAGE), substantial investment efforts are required to halve extreme poverty, achieve full employment for women and youth, eliminate gender discrimination, reduce child and maternal mortality, and reverse the spread of HIV/AIDS and malaria (MoFEA, 2011). In this section of the report we present the key political, economic, and social characteristics of the country.

FIGURE 1: MAP OF THE GAMBIA



⁶ The HDI is a summary measure for assessing long-term progress in three basic dimensions of human development: (i) a long and healthy life; (ii) access to knowledge; and (iii) a decent standard of living. Standard of living is measured by Gross National Income (GNI) per capita expressed in constant 2005 Purchasing Power Parity (PPP) US\$ (Human Development Report, 2013).

2.1. Political context

The Gambia is a small country in West Africa surrounded entirely by Senegal, aside from a small western border on the Atlantic Ocean. It has the highest population density in the world, with a land area of 11,295 kilometers supporting an estimated population of 1,776,103 (World Bank Data, 2012). Since its independence in 1964, The Gambia has enjoyed a relatively stable political system compared to many African countries, with President His Excellency Sheikh Professor Alhaji Dr. Yahya Abdul-Aziz Jemus Junkung Jammeh leading the country with a strong political mandate since the 1994 military coup. The country has progressed in restoring internal peace and stability in the last decade.

According to Transparency International, there has been notable improvement in the fight against corruption and lack of transparency for the last four consecutive years. Indeed, The Gambia recorded significant progress between 2008 and 2011 as the Corruption Perception Index (CPI) almost doubled from 1.9 to 3.5 during the period. The World Bank's Governance Indicator for 2012, however, assigned a rather low score of 22 (on a scale of 0-100) for government effectiveness, generally attributed to low capacity and high attrition rates among civil servants and government officials (MoFEA, 2011).

The Government's comprehensive Civil Service Reform Strategy 2012-15 seeks to address these challenges by focusing on improving the enabling environment for civil servants through reforms in performance management, pay and career structures and the pension system. Moreover, the Local Government Act was enacted in 2002 to spearhead the decentralization agenda, devolving many functions from national to sub-national level (in economic and social domains) and engaging traditional/local governance structures. However in reality, stronger efforts are required to ensure that regional departments and councils are effectively engaged in the definition and implementation of public policy (MoFEA, 2011).

2.2. Economic context

The Gambia has an open economy with limited natural resources, and remains a low-income country with an average per capita GDP of US\$505 in 2011 (World Bank, 2011). The country's economy is predominantly agrarian which makes it susceptible to variable growth, but in recent years significant progress has been made in diversifying the economy with regard to tourism and trade services. However subsistence agriculture remains the main source of income and food for approximately 70 per cent of the population (MoFEA, 2011), and the sector contributes about 32 per cent of GDP (whilst tourism contributes 27.8 per cent) (African Economic Outlook, 2013), earning US\$39 million in foreign exchange and generating taxes for the national budget.

The Gambian economy has been generally strong in the past decade, with an average annual real GDP growth rate of about 6 per cent during 2003-2006, and a slight reduction to 5.3 per cent during 2006-2010. Despite the global economic crisis in 2007-2008, economic growth has remained robust, mainly owing to good performance in the agricultural and service sectors. Indeed, the service sector's contribution to GDP is becoming increasingly dominant, having contributed 60 per cent of GDP in 2011 (African Economic Outlook, 2013). Notwithstanding these achievements, The Gambia's economy and macroeconomic stability is vulnerable to various risks and structural constraints. Two critical channels of vulnerability include a heavy debt burden and susceptibility to macroeconomic shocks and environmental risks (African Economic Outlook, 2013), given the country's heavy reliance on rain-fed agriculture. These issues are discussed in detail in subsequent sections.

BOX 3: KEY STATISTICS

Population: 1,776,103 (World Bank Data, 2012)

Main exports: groundnuts and peanut products, fish, palm kernels

GDP Per Capita: USD\$505 in 2011 (World Bank Data, 2012)

Life expectancy at birth: 58 years (World Bank Data, 2011)

Literacy rate: 50 per cent (of which 40.4 per cent female literacy, 2010)

HDI ranking: 165 out of 187 countries, (HDR, 2013)

Poverty headcount rate: 48.4 per cent of people living below US\$1.25 per person per day, 2010 (IHS, 2010)

Fertility rate (births per woman): 5.4 births

2.3. Social context

Ethnic and religious composition: The Gambia is a multi-ethnic and multi-racial society, exhibiting a high degree of ethnic and religious tolerance. The country's main ethnicities are the Mandinka, Wolof, Fula, Jola, Serer and Sarahule groups. The Mandinkas constitute a majority, comprising approximately 42 per cent of The Gambia's population, followed by the Fula and Wolof groups, which comprise about 18 and 16 per cent respectively (2003 Census). The national population is predominantly Muslim at ninety per cent, followed by Christians, who constitute eight per cent, and those with indigenous beliefs at two per cent (2003 Census). Although a certain degree of diversity exists in cultural beliefs and practices among ethnic groups, similar overarching traditions contribute to strong social cohesion. This has important bearing on informal, community-based social protection, which is a main source of support for poor and vulnerable populations.

Demographic features: The Gambia's population is primarily comprised of youths due to a high fertility rate and low life expectancy: nearly 40 per cent of the population is below 15 years, 21 per cent is between 15-24 years, and a mere 3.2 per cent is above 65 years (GBS, 2006). This demographic contributes to a high dependency ratio given that the average household size in The Gambia is 8.3. The country is also undergoing rapid urbanization, characterized by significant rural to urban migration. Between 2001-2010, the urban population increased from 50 per cent to 58 per cent, and the annual rate of urbanization is 3.7 per cent (MoFEA, 2011).

This high dependency burden and rapidly urbanizing population are creating new poverty and welfare challenges, including growing demands on reproductive care in both urban and rural localities and pressure on basic service in urban areas. Consequently, these issues have important implications for social protection policy and programming.

Women's empowerment: The Gambia is a patriarchal society characterized by gender inequality. Though slowly changing, gender inequality is still pervasive: The Gambia has a GII⁷ value of 0.594, ranking it 128 out of 148 countries in the 2012 index (HDI, 2013). Although women play a major socio-economic role in Gambian society, their access to land, productive resources, healthcare and educational opportunities remains very limited due to discriminatory gender institutions and practices. This has prompted the Government to focus more attention on women's empowerment through a gender policy framework; in 2010, the Government enacted the Women's Act. We explore gender as a key driver of women and girls' poverty and social vulnerability in Section 3.

⁷ The Gender Inequality Index (GII) reflects gender-based inequalities in three dimensions: reproductive health, empowerment and economic activity. Reproductive health is measured by maternal mortality and adolescent fertility rates; empowerment is measured by the share of parliamentary seats held by each gender and attainment at secondary and higher education by each gender; and economic activity is measured by the labour market participation rate for each gender (HDR, 2013).

3. POVERTY AND VULNERABILITY IN THE GAMBIA

The Gambia is one of the poorest countries in the world and faces a multitude of human development challenges. Based on a review of available literature and data collected during our primary research, this section discusses the main findings on poverty and vulnerability trends at national, community and household levels. Adopting a life cycle and social exclusion lens, we discuss the nature and scope of different risks affecting poor populations (namely environmental, economic, health and social risks), before presenting an overview of vulnerabilities affecting different age cohorts.

Household Poverty and Vulnerability

Income poverty and household food insecurity remain widespread: nearly half of the population (48.4 per cent) lives below the absolute poverty line of US\$1.25 per day; while 36.7 per cent live in extreme poverty. Forty per cent of people are considered 'working poor', meaning that their earning capacity and standard of living is inadequate even for meeting basic needs (refer to **Box 1** for poverty definitions adopted in the study). Despite being an agrarian society, about 46 per cent of rural households fall below the food poverty line (MoFEA, 2011). When assessed from a multidimensional poverty perspective, the poverty headcount is even higher, as 60.4 per cent of the population lived in multi-dimensional poverty, while 17.6 per cent were vulnerable to multiple deprivations in education, health, and broader standard of living (Multiple Poverty Index, 2006; HDI 2013). Poverty in The Gambia is concentrated in rural areas, among very young and elderly populations, and is strongly associated with the employment status of household heads (see **Box 4**).

BOX 4: KEY POVERTY CHARACTERISTICS IN THE GAMBIA

Spatial exclusion: Poverty is higher in rural as opposed to urban areas mainly due to a reliance on agriculture for income and exclusion from economic opportunities and social services. The highest incidences of poverty are in Kuntaur (79 per cent), Janjanbureh (73.2 per cent), as compared to Banjul (16.4 per cent) and Kanifing (26 per cent) (IHS, 2010). Notably, urban poverty is also rising: almost one-third of the population in Kanifing is classified as poor (26 per cent).

Demography: Poverty disproportionately affects populations of young people and the elderly. IHS data (2010) shows higher poverty rates among children 0-5 years (55.6 per cent headcount rate) and 6 -14 years (55.8 per cent), as well as those aged 65 years and above (57.9 per cent). This may be attributed to the fact that younger populations and the elderly are generally economically dependent, while at the same time require substantial investments in reproductive care and social services.

Employment sector/occupation: Poverty is strongly associated with the employment status of household heads. Households headed by subsistence farmers and unskilled workers have significantly high rates of poverty (79.3 per cent and 65.4 per cent respectively).

Source: Integrated Household Survey, 2010.

Gambian people are also vulnerable to a wide range of risks. These include covariate risks, such as environmental shocks and stresses (e.g. weather and man-made disasters); economic insecurity (e.g. low returns on labor and global food price hikes); and idiosyncratic risks such as health shocks and exposure to social vulnerabilities among certain populations (e.g. social exclusion and discrimination of women, people with disabilities, etc.).

Indeed, our fieldwork has revealed that managing various shocks and stresses has become an integral part of people's lives and that risks are often experienced simultaneously. For example, in the past 5 years, The Gambia has witnessed successive environmental and economic shocks such as the global food crisis (2008, 2010, 2011), floods (2009, 2010, 2012), and drought (2011). As these risks are often mutually reinforcing, the poor are trapped in a web of deprivations, and limitations on resources and opportunities prevent them from coping with shocks and stresses effectively. Without access to adequate social protection support, the poorest and excluded groups suffer the most. These groups are forced to adopt negative coping strategies (e.g. selling assets, reducing dietary intake, removing children from school), which undermine their capacity to build long-term resilience and escape poverty. The following sub-chapters discuss four types of risks: environmental, economic, health and social risks.

3.1. Environmental risks

Environmental risks are critical drivers of socio-economic vulnerability for people in The Gambia. Weather-related hazards (e.g. droughts and floods) and man-made risks, such as over-exploitation of natural resources, have been increasing in frequency over time, with important consequences for people's incomes and food security (Jaffa, 2011; WFP, 2012).

Natural phenomena

The drought-related crop failure in 2011 was compounded by a complex set of emergency challenges caused by floods and windstorms in 2012, necessitating a large-scale emergency response by The Gambian Government. For example, the severe crop failure in 2011⁸ left an estimated 605,000 people, including 102,000 children, vulnerable to hunger and economic impoverishment (WFP, 2012). Respondents in rural focus group discussions frequently complained of the effects of seasonal droughts, and associated their economic vulnerability to lower crop yields caused by erratic rainfall patterns⁹. Due to low agricultural production, people in rural communities suffer recurring food security stresses known as the 'hungry seasons', which are an annual phenomenon (see **Box 5** for discussion on food security challenges).

The economic, social and health effects of environmental shocks and stresses can be severe. According to respondents, inadequate rainfall and floods do not only lead to lower crop yields and a subsequent drop in household income and food security, but also affect people's access to safe habitat (especially through flooding) and health (due to the risk of malnutrition, poor sanitation and disease epidemics, affecting both rural and urban families) (We discuss in detail the issue of malnutrition in sections 3.3. and 3.5.). Heavy flooding in 2011 in the Upper River Region (Tumana District), for example, inflicted severe damage to crops and food stocks (temporarily displacing 254 people), damaged social infrastructure including schools and health facilities, and increased the disease burden (e.g. malarial fever and diarrhoea). Most notably, children were among the majority of victims (45 per cent of affected population) (URR Annual report, 2012).

Man-made risks

The aforementioned risks must be assessed in conjunction with man-made environmental concerns and *the broader issue of climate change*. Among the interviewed communities, environmental concerns are mainly focused on deforestation¹⁰. Deforestation is a critical problem caused primarily by slash-and-burn agriculture¹¹ and wood fuel consumption. Data from the PAGE (MoFEA, 2011) confirms that wood fuel consumption accounts for approximately 82 per cent of all energy consumed in the country. Over-reliance of major urban centers on firewood and charcoal is devastating the country's forest resources. This trend has been observed in all rural sites that we have visited; however in the Central River Region it appears that deforestation occurs at the most alarming rate.

8 Late and erratic rainfall during the 2011/12 cropping season led to a 62 per cent drop in overall crop production as compared to 2010 (Da Neynoo, 2012a).

9 Erratic rainfall patterns are exemplified by a less predictable onset of the rainy season and frequent dry spells (Bonaventure et al., 2010).

10 Other relevant man-made hazards include bush fires, over-cultivation. Other forms of human interference (such as inappropriate cultural practices) have resulted in soil degradation (including erosion, sedimentation, loss of soil fertility) and led to low crop yields.

11 Slash-and-burn is an agricultural technique that involves the cutting and burning of forests or woodlands to create agricultural fields. Overpopulation pressures are the main contributing factor to this practice.

Deforestation has long-term repercussions on poverty and vulnerability. It is highly unsustainable and ecologically destructive practice, leading to soil erosion and gradually causing desertification¹². Farmers in the Sami Pachonchi complained of their natural habitat already “turning into a Sahelian desert”. There is also some evidence in the fieldwork of environmental shocks having disproportionate effects on women. As primary carers in their families, women and girls are responsible for collecting fuel and water and providing meals, and also play a dominant role in subsistence agriculture. As environmental hazards undermine the availability of firewood, clean water and food, women must travel farther and work harder for these resources, thereby compromising their time, health and safety.

Respondents cited the need for fuel and land as main factors leading to deforestation, owing to growing food requirements arising from population pressures. The situation is exacerbated by communities’ weak capacity for natural resource management, and in some instances illegal commercial logging. For example, respondents in Sami Pachonchi village (CRR) and Soma village (LRR) reported that the illegal logging of wood is already depriving farmers of forest products essential for human and livestock food security. While members of the LRR the community have been organizing to legally stop the illegal commercial logging, farmers in Sami Pachonchi felt less empowered to advocate among the local government to ban this practice.

The expected effects of climate change mean that both droughts and floods are likely to become even more common in the future. Indeed, owing to recurrent disasters, The Gambia has been included in the International Panel on Climate Change (IPCC)’s list of 100 countries most vulnerable to the effects of climate change (MoFEA, 2011). These trends have important significance for social protection policy and programming, as frequent disasters and climate change may further increase the economic vulnerability of the poor and negatively affect their ability to sustain livelihoods, while leading to mass urban migration. The most drought-prone ecosystem of Central River North has the highest incidence of poverty (MoFEA, 2011). The high cost of living and inadequate opportunities for income diversification have been noted as key factors behind migration of youth to urban areas, including for example, in the Sami Pachochi community.

It should be highlighted that in many cases households simultaneously experience multiple types of shocks, and many families (particularly chronically poor households) are not properly prepared to deal with the seasonal and recurrent nature of these risks. This underscores the importance of moving away from ad-hoc, emergency-based responses to more predictable and sustainable social protection measures that focus on helping communities to build resilience to future shocks¹³. As such, environmental vulnerabilities and their multidimensional impacts on people’s wellbeing must be explicitly integrated into social protection policy and frameworks.

BOX 5: MULTIDIMENSIONAL CAUSES AND EFFECTS OF FOOD INSECURITY IN THE GAMBIA

A high and persistent risk of food insecurity is a crucial driver of deprivation for Gambian households, with extremely poor families suffering most profoundly from chronic hunger. Food insecurity is a result of complex environmental and economic factors. Although agriculture has great potential in The Gambia, the sector is dominated by small-holder subsistence farming, and the length of time that food produce will serve household consumption is limited. At the national level, food production covers little more than 50 per cent of consumption requirements, leaving the country heavily reliant on food imports (Bonaventure, 2010; WFP, 2012).

Weak purchasing power of households and food price fluctuations leave both urban and rural families highly vulnerable to external food price shocks. According to the Comprehensive Food Security and Vulnerability Analysis (CFSVA) conducted in January 2011, approximately 11 per cent of the population is food insecure at a time of the year when food is generally most available (i.e. post-harvest period). As the ‘hungry season’ approaches (from August to October), the number of food insecure households increases, reaching the highest levels in August and September. During those months, an estimated 80 per cent of families in the most deprived regions report not having enough food (Rapid Food Security Assessment, September 2011). This recurrent vulnerability to hunger, especially during the lean season, has been confirmed in our field research. In all rural sites visited, focus group respondents reported food production shortfalls for up to four months every year.

¹² Desertification is a type of land degradation in which a relatively dry land region becomes increasingly arid, typically losing its bodies of water as well as vegetation and wildlife (i.e. fertile land transformed into desert) (Collins English Dictionary, 2003).

¹³ Resilience as a strategy for poverty and risk reduction has been growing in importance in development fora in the past few years. Proponents of the approach see resilience “as a framework for fostering deeper integration between humanitarian and longer-term development interventions” (Bene et al., 2013:1). A resilience approach helps affected communities not only to cope with shocks and stresses but to build sustainable livelihoods that are resistant to shocks in the future (Ibid).

During the 'hungry season', communities are reliant on food purchased in the market, thus making them susceptible to price hikes. Since 2008, the prices of local food crops have grown significantly, reaching on average 39 per cent higher in 2011 than in September 2008 during the food price crisis. Prices of imported rice continued to rise in 2012 to 6.7 per cent higher than 2011 levels (Daa Nyeeno, 2011a). Both rural and urban respondents in our primary research frequently complained of a decrease in purchasing power, resulting from the rising cost of food and stagnating incomes. Food price hikes can have detrimental effects on standard of living for poor households, who typically spend the largest share of their budget on food (an estimated 62 per cent of their budget (Daa Nyeeno, 2011a)).

3.2. Economic risks

The poor in The Gambia are vulnerable to a range of economic risks (including economic impacts of shocks like catastrophic health expenditure and harvest failure). The main sources of risk include environmental disasters, external macro-level shocks such as food and fuel price hikes, and a pervasive lack of decent employment opportunities.

Income-related shocks and stresses

Evidence from field research and wider literature suggests that livelihoods are particularly affected by low returns on labor, as well as harvest failures among farming households. As noted in the previous section, weather-related hazards can lead to a significant decline in income among poor rural households. About 91 per cent of the extremely poor and 72 per cent of the poor in The Gambia are dependent on agriculture for their survival. *Natural hazards put their livelihoods at risk, jeopardizing the opportunity to obtain higher incomes, accumulate assets and make themselves more resilient to poverty and shocks.* Respondents in rural focus group discussions reported that due to increases in the frequency of environmental shocks in recent years, their incomes have generally been steadily decreasing, although they were unable to define this drop through specific figures. Female respondents stressed that declines in earnings have limited their capacity to save, accumulate assets and build resilience to shocks. Structural impediments, including a lack of access to extension services, credit, agricultural inputs and markets further exacerbate livelihood insecurity.

Limited employment opportunities and low earnings

A limited capacity of the formal labor market to create jobs forces the majority of people to adopt precarious, low-paid employment in the informal sector. Nearly 90 per cent of Gambians work in the informal economy, particularly self-employment in agriculture (MoTIE, 2010). Growth in formal jobs is limited due to labor market limitations, the structure of the economy, and the nature of economic growth and investment (MoFEA, 2011). When asked about economic risks, most focus group respondents associated their vulnerabilities with limited employment opportunities and an absence of adequate support for entrepreneurship development, especially among youth and women. This finding is confirmed by the scant amount of literature available on the country's employment situation (e.g. national employment policy and the PAGE).

In both rural and urban sites, respondents frequently cited low earnings and rising costs of living as two key factors contributing to a decline in living standards and increases in economic insecurity. Although we were unable to obtain a systematic assessment of the reported decline in purchasing power in The Gambia, according to anecdotal accounts the cost of living has significantly increased as a combined effect of rising prices of essential commodities (such as food and fuel), inflation and stagnating salaries. However there is some evidence to support this assertion: with regard to low earnings, a third of the formally employed population (35 per cent in 2010) earns less than GMD10,000 per annum (equivalent to US\$273). Females are overrepresented among low-paid workers: 53 per cent of females compared to 47 per cent for their male counterparts (IHS, 2011). As already noted, the incidence of income poverty among the working population is around 40 per cent. There is also evidence of a decline in consumption among the poorest households in recent years: total household consumption for the poorest quintile decreased to about 6 per cent in 2011 from 8.8 per cent in 2010 (IHS, 2011). This may be attributed in part to rising food and fuel prices.

Macroeconomic shocks

Recent spikes in food prices have highlighted new patterns of economic vulnerabilities emerging in the country. *The Gambia is a net importer of food, and its poor households are particularly vulnerable to food price hikes.* Food production deficits, under-employment and low wages lead to a high level of food insecurity among the poor across rural and urban locations. As discussed in **Box 5**, food insecurity can have significantly negative effects on human development.

Faced with various economic shocks and stresses, poor families continuously adopt a range of strategies to cope with and mitigate the impacts of these risks, sometimes employing destructive coping mechanisms, as discussed in **Box 6**. Households also rely on informal community support, which has a limited reach in times of community-wide shocks and stresses. Focus group respondents explained that *in the absence of reliable formal social protection, extremely poor households are experiencing severe forms of deprivation*, while financially better-off families are unable to obtain higher incomes, accumulate assets and lessen their vulnerability to poverty.

BOX 6: COPING STRATEGIES ADOPTED BY COMMUNITIES TO DEAL WITH ECONOMIC SHOCKS AND STRESSES

Selling/pledging assets (e.g. livestock) to smooth consumption: includes borrowing money from individuals, local shops and moneylenders – often against the next crop income. Debt and the sale of assets only increase vulnerability to poverty in the long-term;

Diversifying income sources: supplementing incomes by expanding income-generation activities, labor migration, etc. Migration for work to urban areas and sometimes overseas (particularly among young men) may have implications for families left behind, as some migrants never return;

Food-related coping strategies: adopting changes in food consumption patterns, including reduction in quantity and quality of food;

Reliance on informal social protection: seeking financial and in-kind help from better-off relatives; reliance on remittances becomes particularly high in times of shocks;

Child-related coping strategies: withdrawing children from school, relying on child labor and child trafficking (in situations of severe deprivation);

Other strategies: intensification of deforestation in some communities to meet basic household income needs, at the expense of long-term environmental sustainability.

Source: FGDs and KIs, 2013

3.3. Health risks

Despite substantial efforts devoted to improving population health in past decades, The Gambia continues to face challenges in expanding quality health services. The country has a high and on-going disease burden, with children and women particularly vulnerable to ill health. According to most recently available figures, deaths among children under five represented almost half of all deaths each year from 2001-2007 (Shepard, 2011). Vulnerability to sickness and disease is shaped by a multitude of often inter-related factors including poverty, malnutrition, environmental hazards (e.g. poor housing, water and sanitation conditions), lack of access to quality healthcare¹⁴ (e.g. as a result of financial and physical barriers) and traditional social beliefs and practices (e.g. discriminatory gender norms limiting women's ability to seek healthcare, FGM/C, etc.).

Poverty and malnutrition were identified in our fieldwork as two major contributors to ill health and/or negative consequences of illness. As already discussed, a risk of under-nutrition is prevalent in The Gambia, given the country's chronic food deficit experienced through seasonal food shortages and acute food shocks arising from the effects of natural disasters on agricultural production. According to the National Nutrition Survey conducted by NaNA in 2012, the national malnutrition prevalence rate of 9.9 per cent is bordering on emergency levels in terms of severe malnutrition. In some regions such as Kuntaur, Janjanbureh and Basse, prevalence rates are above the 10 per cent threshold level, requiring an emergency response (NaNA, 2013). Food shocks raise the risk of malnutrition and

¹⁴ The health system in The Gambia is generally considered to be weak and providing low-quality healthcare. According to a recent bottleneck analysis conducted by the Ministry of Health (2012), the weaknesses of the health sector are related to "insufficient financial and logistic support, deterioration of physical infrastructure, inadequacies of supplies and equipment, shortage of adequately and appropriately trained health personnel, high attrition rate as well as inadequate referral system and health-related statistics/information systems" (MoH, 2012:8).

mortality through food-related coping strategies¹⁵. The National Nutrition Surveillance (NaNA, 2012) revealed deterioration in nutritional status in regions affected by the 2011 crop failure. Overall wasting¹⁶ rose by one per cent from 2010-2012 – affecting a total of 11.4 per cent of under-five children and representing the highest record measured since 2006 (Da Nyeeno Bulletin, 31 July 2012).

Food insecurity does not affect all members within the family and/or community equally. Pregnant and lactating mothers, children under five, HIV/AIDS patients, people with disabilities and the elderly are at a heightened risk of malnutrition owing to their physical vulnerabilities, greater dependence on care, and constrained access to support networks due to their social exclusion. In the absence of adequate nutritional transfers by the Government and/or NGOs, the risk of malnutrition among these groups is extremely high, sometimes with catastrophic human consequences. In the URR and CRR locations, communities reported that it is not uncommon during ‘hungry periods’ for women and young children to die from hunger. While focus group reports were not confirmed by official data, an interview with NaNA staff confirmed the linkages between malnutrition and the ‘hungry season’ as well as increases in the health burden (e.g. malaria, pneumonia, diarrhoea). The ‘hungry period’ coincides with a rainy season when the risk of infection and disease is higher; malnutrition is thus compounded by reduced access to clean drinking water and healthy living environments, as well as an increased reproductive care burden, especially among women and girls (KII, 2013). We discuss the causes and consequences of child and maternal nutrition further in sub-section 3.5.

Out-of-pocket expenses (OPE) present a major barrier for the poor in seeking treatment. Formal community health insurance schemes do not exist in The Gambia and patients therefore pay user fees¹⁷; this often acts as a key disincentive to seeking essential care for poor households. Recent available data is lacking; however findings from the National Health Accounts in 2007 state that OPE for healthcare as a percentage of private expenditure on health was estimated as high as 70 per cent in 2006, signalling the heavy financial healthcare burden for poor households (World Health Report, 2007 cited in Sheperd, 2011). Although the current cost of actual medical consultations in health facilities is relatively low¹⁸, hidden charges for drugs and transportation present considerable constraints to the poor in accessing healthcare. In our fieldwork, respondents in both rural and urban sites stressed that an on-going shortage of drugs in health facilities forces them to purchase medicine from private pharmacies, which generally unaffordable for poor households¹⁹. In Sami Pachonchi, for example, there has been an indication of illegal charges for drugs levied by Village Health Workers. As a result, poor families often resort to traditional medicine.

Communities in remote areas of the country face an added burden of physical exclusion from medical support, as the majority of health facilities are located in urban areas (MDG Report, 2012). For example, an interviewed community living in Burong Village reported a 20 km distance from the nearest health facility. ***Poor road networks and lack of affordable transportation*** (for example in the Sutukoba village, farmers reported that return-trip travel fees to the nearest health facility would be approximately 75-150 Dalasis) have led to substantial delays and hesitation in seeking treatment. User fees can be so high in relation to income as to result in “financial catastrophe” for the individual or the household. Although we were unable to find official data for the ‘catastrophic health expenditure’ in The Gambia, there were many reports in the primary research of high medical bills and costs of transportation pushing poor people into further deprivation and poverty. In Sutukoba, it was reported that one family experienced catastrophic health expenditure after a family member died in the hospital and they had to pay high sum of money (D3,000) (approximately US\$83) to bring the body home. In such situations, high expenditure can also lead to a reduction in necessities such as food and clothing or children’s education. Given the high disease burden and the need to scale up many essential services in The Gambia, it is critical to mobilize more resources through pro-poor financing mechanisms to finance healthcare. Community-based health insurance could be one such mechanisms to ensure that populations are protected from financial catastrophe and impoverishment as a result of health shocks.

15 Households typically employ food-related coping strategies by reducing daily food intake in terms of frequency of meals and diversity of ingredients.

16 Wasting (too thin for height) is an indication of acute malnutrition (Gavrilovic et al., 2010).

17 User charges were introduced in 1988 in The Gambia as part of the Structural Adjustment Program to supplement high government health expenditure. The Drug Revolving Fund was a complimentary measure introduced at the same time (Shepard, 2011).

18 E.g. According to data from 2010, adults are charged D5 (equivalent to US\$0.17), for an outpatient hospital visit, and D50 (US\$1.70) for inpatient care per week (Shepard, 2011).

19 In remote areas drug stores may not even be available (KII, 2013).

3.4. Social risks

Social risks – in the form of social systems, norms, and practices – have received increasing attention in international social protection literature in recent years as important drivers of people’s vulnerability to poverty and shocks (Deveroux, 2010; Holmes and Jones, 2011). While social risks do not commonly feature in the policy discourse of The Gambia, there is evidence to indicate that people’s ability to manage and protect themselves from risks is often being compromised by social vulnerabilities. Findings from our desk-based review and primary research highlight *social structures (e.g. family composition and union type), discriminatory social norms and practices (e.g. social exclusion and gender discrimination) and low education and illiteracy as key pathways of vulnerability*. We briefly discuss each of these in this section.

Family composition

Household structure and high dependency ratios may determine people’s vulnerability to shocks and stresses. Data from the last Integrated Household Survey (GBS, 2010) indicates that poverty disproportionately affects **larger households**: 71.1 per cent of households with ten or more members are poor compared to 13.3 per cent among households with three or fewer members. The largest households are typically found in rural and chronically poor areas, such as Basse, Kuntaur and Janjanbureh. In our fieldwork we confirm that heavy dependency rates create high demand on household income, food budgets, and access to basic social services, thus compromising members’ capacity to cope with various shocks and stresses. Anecdotal evidence confirms that higher dependency ratios also have significant implications on women’s reproductive care requirements, exacerbating their time poverty with negative effects on their psychosocial and physical welfare.

Union type, such as *polygamy*, also appears to matter: according to findings from the IHS (GBS, 2010), higher poverty rates are recorded among households led by polygamous heads (68.3 per cent) than among households characterized as monogamous (49.9 per cent). The Gambia is predominantly a polygamous Muslim society²⁰, and insights from our primary research indicate both pros and cons with regard to polygamy and people’s exposure to risks. On one hand, polygamous household can be a source of social protection, as members can more easily pool their resources to insure against risks. As noted by several respondents, reproductive care (of children in particular) appears to be somewhat easier in the context of polygamous families. At the same time, a high dependency burden can put considerable pressure on household budgets and breadwinners’ capacities to meet the requirements of the entire family, particularly in poorer households. Such financial insecurity can also have negative implications for family cohesion. Pressure and lack of capacity to deal with shocks and stresses can often lead to tension and anxiety, and in some cases family break-dissolution. To date very little research on polygamy has been undertaken in The Gambia, and *a more systematic analysis is required in order to understand its implications for social protection and to build a knowledge base to inform policy and program design*.

Discriminatory social institutions and practices

Social exclusion and discrimination – particularly of women, people with disabilities and people affected by HIV/AIDS – have been identified in our fieldwork as important determinants of people’s experience of poverty and vulnerability. Three key findings indicate the ways in which discrimination and social marginalization affect these social groups.

First, *people’s ability to manage risks and protect themselves may be compromised by social norms and practices that stigmatize them or restrict their behavior*. For example, owing to limited control over their reproductive health and sexual rights in The Gambia, women may avoid seeking healthcare due to fear of social discrimination or shame. Female members of focus group discussions in Sami Pachochi village raised strong concerns over limited access to, and utilization of, family planning due to traditional gender norms. These women are expected to begin bearing children from the age of 15-16 years, and may give birth to up to 10 children. They also revealed that using contraception creates tension in the home, but they would have fewer children if the choice was available to them. They also associated their risk of ill health and mortality with a higher fertility rate and inadequate birth spacing. Desk-based research confirms that utilization of family planning is very low in The Gambia, with only three per cent of married couples using contraception (MDG Report, 2012).

Similar fear of stigma and social discrimination has been revealed with regard to people living with HIV (PLHIV): anecdotal evidence suggests that many people who tested HIV positive refuse to notify their partners for fear of being stigmatized, and possibly abandoned or divorced. Revealing their health status can also exclude them from seeking

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A typical household is composed of one man and his co-wives (commonly two to four wives), and between seven and twelve children living in one compound .

or accepting support. With regard to disability, societal attitudes are gradually becoming more accepting; however persistent, negative beliefs around disability (e.g. in some communities it is viewed as a 'curse' or 'punishment') can also lead to the exclusion of persons with disabilities from enjoying their fundamental rights to education, healthcare and employment opportunities.

Second, *discriminatory social norms and practices can deprive these groups from access to resources and opportunities*. Women and girls, for example, generally have limited control over decision-making in their households and communities, which can result in unequal access to productive assets (e.g. agricultural inputs, credit, access to markets), capacity building opportunities (e.g. schooling, skills development) and social capital (e.g. access to community support). Similar constraints are faced by people with disabilities. For example, the Komma and Saho study (2011) of people with disabilities finds that 64.4 per cent report having difficulty participating in community activities. Owing to their disadvantaged status in society, they are also vulnerable to economic exploitation. There have been many reports in our fieldwork of the combined effects of physical and/or psychological dependence, lack of protection and limited education leaving people with disabilities (PWDs) susceptible to economic exploitation (e.g. begging on the streets, commercial sex work, etc.). This *multidimensional exclusion* undermines their economic independence as well as their capacity to protect themselves from shocks and stresses, and puts them at a greater risk of poverty. It also illustrates the notion that social and economic vulnerabilities overlap because of the composite nature of vulnerability.

The overlap between health, economic and social risks is evident in relation to people living with HIV/AIDS and their families. Disease affects the physical ability to work, which in turn negatively affects family members in many different ways including lost earnings, the social and economic burden of care, etc. In the absence of adequate social protection and community support, families are forced to adopt adverse coping strategies to deal with shocks (e.g. going hungry, removing children from school and girls becoming vulnerable to sex work). A high burden of care can also lead to the breakdown of family, which can have a very significant effect on children. These overlapping elements have *important implications for integrated social protection programming*.

Finally, *deeply embedded social norms and practices may also justify or 'naturalize' people's exposure to risks* (Jones, 2009). This type of vulnerability is evident in the case of gender-based violence (GBV), which is a prevalent problem in The Gambia, although there is an acute dearth of official data by which one may determine the actual scope of the problem. In the fieldwork, we find that women and girls face different forms of violence at home and in the community (e.g. sexual abuse, domestic violence, FGM/C, forced marriage), which often go unquestioned by traditional community structures. Disabled women and girls are particularly vulnerable to physical abuse, owing to their physical and psychological dependence as well as a lack of self-esteem. Deaf women and girls additionally face communication challenges, which can prevent them from reporting their experiences. The situation is often exacerbated by a lack of support and prevention services from the Government and NGOs, particularly in rural areas. This issue is discussed further in section 6.

BOX 7: LIFE HISTORY INTERVIEW WITH A GIRL WITH A DISABILITY

In one field research site, we interviewed Lasana, a nine-year-old girl born with a severe physical disability. Without a wheelchair her mobility is highly restricted; this impacts not only her access to school but also her broader integration into the community, as she is unable to play with her peers. She once had a wheelchair and her sister helped her to school; however her walking aid broke and she was unable to get a new one. As a result, she stopped going to school. Lasana feels ostracized by her peers who do not seem to want to associate with her because of her disability.

She has very limited access to healthcare and was never taken to a doctor to diagnose her disability; the high cost of reaching the nearest hospital has been the main obstacle to seeking proper treatments for her condition. She is entirely dependent on her family who offer little support; Lasana thinks this is because she is seen as 'a liability'. The community also provides little support. As a result, most of her time is spent indoors, which further impacts on her social capital and psychosocial wellbeing. During the interview she also complained of facing food insecurity.

Lasana said she does not feel happy with her situation, but her options are severely limited, making her sometimes depressed. She would prefer to be at school. Through an interview with Lasana's brother, we learnt that their family also feels excluded from government support, and that 30 other disabled people in the village face very similar issues and would welcome a visit from the Department for Social Welfare to help in dealing with economic insecurity and rehabilitation needs.

Education and illiteracy

Research also suggests that literacy and educational barriers are systematically related not only to people's exposure to risks but also their capacity to protect themselves from poverty. In The Gambia, household heads without education are poorer than those with education (e.g. poverty rates are 58.4 per cent and 17.8 per cent respectively) (IHS, 2011). Lack of schooling and illiteracy exposes people to risks such as exclusion from economic opportunities, a lack of capacity to protect oneself from ill health, disease, and disability (e.g. malnutrition, HIV/AIDS) and socio-economic exploitation (e.g. risk of trafficking, commercial sexual exploitation). For example, there is strong global evidence that mothers' education is one of the key determinants for better maternal and child health and survival (Harper, 2009; Gavrilovic et al., 2010; Gavrilovic and Jones, 2012). Although The Gambia has made significant strides in improving the literacy rate, it is still quite low (46.5 per cent nationally), particularly among females (35.8 per cent) (MoFEA, 2011; World Bank Data, 2010).

3.5. Lifecycle risks

As discussed in the conceptual framework, it is well recognized in the literature that distribution and intensity of poverty, risk and vulnerability are likely to be experienced differently depending on one's stage in the lifecycle (Marcus et al., 2011). In this section of the report we present the key findings with regard to vulnerabilities faced by people in The Gambia across five life stages: infants and young children, school-aged children and adolescents, young people, adults and the elderly.

Child poverty and vulnerability (0-18 years of age)

We have already flagged that *children are overrepresented among the poor* in The Gambia, as more than a half of the population aged 0-14 live in income poverty. We also find that children in The Gambia *suffer multidimensional and intersecting deprivations*. Various social (e.g. gender and age-based discrimination), cultural (e.g. harmful traditional practices) and economic factors (e.g. household poverty) leave children vulnerable to shocks and stresses, and this situation is exacerbated by their physical and psychological dependency. While very young children predominantly face risks to their survival, older children and adolescents are exposed to an even broader set of development- and protection-related risks.

Infants and young children (0-5 years of age)

Children under five years of age are most vulnerable to risks that affect their chances of survival and development of their human capital. Although The Gambia has made important progress in reversing child mortality trends, the ratio remains high: in 2010 the under-five mortality rate was 109 per 1,000 children, whilst infant mortality in 2010 stood at 81 deaths per 1,000 children (MICS, 2010). Child mortality has a clear socio-economic dimension. According to the MICS 2010, the poorest groups have the highest infant mortality rates compared to the richest strata (IMR 88 compared to IMR 64 respectively). Malaria, pneumonia, diarrhoea and neonatal diseases represent the four most common causes of child mortality. Infants most commonly die from prematurity, birth asphyxia, and neonatal sepsis, which is closely connected to low coverage of skilled birth attendance (currently 56.6 per cent), inadequate healthcare coverage for neonatal and childhood illnesses²¹ and poor maternal health. *While financial costs pose significant barriers to health access, the broader social factors and gender norms in particular shape household and community preference for home-based deliveries and management of illness.*

As discussed previously, malnutrition is another major risk to child wellbeing in The Gambia. Under-nutrition is on the rise in the country: according to MICS IV (2010) data, wasting prevalence at the national level increased from 6.4 per cent in 2005 to 9.5 per cent in 2010, while stunting increased from 22.4 per cent to 23.4 per cent (UNICEF, 2011). In addition to poverty, poor feeding practices²² (including a low prevalence of exclusive breastfeeding for infants under six months at 33.5 per cent), increasing exposure to infections, illiteracy, discriminatory gender norms, and poor environmental sanitation are key contributory factors of malnutrition.

21 The coverage of integrated management of neonatal and childhood illnesses (IMNCI) in the country is still low, at about 48 per cent, and there is a challenge to maintaining the high coverage of immunization (MoH, 2012).

22 These include cultural beliefs against exclusive breastfeeding, strong traditional beliefs that colostrum is not good for the baby, and that babies cannot survive without drinking water (social risks). Weaning diets are nutritionally inadequate as well as unsafe due to the high level of bacterial contamination (Ibid).

In line with international evidence, *there is a strong link between child and maternal health*. Poor maternal nutrition, for example, contributes to complications during pregnancy and delivery, leads to stillbirths and low birth weight. For example, an estimated 10.2 per cent of births in The Gambia are less than 2.5 kgs (MICS 2010). Anaemia, due to iron deficiency, is very common among women, especially during pregnancy and the lactation period, and is a leading cause of maternal mortality in The Gambia. The malnutrition of Gambian women is the combined result of heavy workloads, insufficient food intake, and early, frequent and insufficiently-spaced pregnancies. *Malnutrition of children has an effect not only on morbidity, but also children's cognitive and physical development and performance, and can prohibit their development potential and productivity later in life* (Harper et al., 2009). Such impacts highlight the importance of maternal and child health as well as nutrition and food security in social protection programming.

School-aged children and adolescents (6-18 years of age)

Risks to development: This age cohort is also vulnerable to health risks and malnutrition, as well as threats to their future development (due to truncated education, etc.). The Gambia is on track to meet MDG 2 and achieve universal primary education (MoFEA, 2011). It currently has a high primary completion rate of 74.5 per cent, making it among the best performers in Sub-Saharan Africa (MICS 2010). At the same time, the problem of 'out-of-school' children remains, particularly among girls and in the most deprived groups and locations (Chikova, 2010). The transition rate to secondary education is low (56.8 per cent according to MICS 2010), particularly among girls. This situation was confirmed in our fieldwork. For example, FGDs with adolescents revealed that secondary school completion is a significant challenge for many students. Only three out of 12 respondents finished grade 12, all three whom were boys. The inadequate coverage of high schools²³, especially in remote locations, and the low quality of education contribute to low demand for schooling (MoBSE and UNICEF, 2012).

Poverty is a key constraining factor for children's access to schooling, especially at the secondary level. According to a recent Country Status Report (World Bank, 2011), only 56.6 per cent of children from the poorest quintile attended the first level of basic education compared to 93.3 per cent of the richest quintile. For the senior secondary education level, this figure drops to 5.1 per cent and 48.1 per cent respectively. While not the only factor²⁴, the high cost of schooling²⁵ appears as the most significant barrier to keeping children in school (Barriers to Education study, 2010). Although education policy has introduced free tuition at lower basic public schools, field respondents reported that hidden costs, including school and registration fees, uniforms, textbooks, school supplies and transportation continue to pose challenges. Lack of transportation and sponsorship for education were cited as the most pressing problems affecting girls' transition from lower basic to secondary school. Notably, a few children reported removal from school due to family shocks such as the death of a parent or family job loss. In such situations, girls are particularly vulnerable to discriminatory gender dynamics in the family. Given their caring roles in the family, they are forced to leave education to look after their family in the event of a domestic shock (e.g. economic effect of parental death). This also indicates that *in times of need, children are not adequately supported by social protection measures safeguarding their access to schooling*.

Social exclusion – particularly with regard to gender and disability – is another underlying barrier to schooling. While more girls go to school in The Gambia as a result of gender policy and programming in the education sector (e.g. scholarships for girls), gender parity is yet to be achieved. The poorest girls from rural households are virtually excluded from education (MoFEA, 2011), with a mere one per cent chance of completing senior secondary school as opposed to a 43 per cent chance for the richest urban boys (Ibid). Field research also pointed to the high premium placed on early marriage for girls, combined with a parental preference to educate sons, as factors contributing to girls' low rates of education. Children with disabilities also face many institutional obstacles to schooling, including a severe lack of special facilities and services for disabled children in mainstream schools (e.g. disabled toilets, ramps etc.). Koma and Saho (2011) reveal that only about 52 per cent of children with disabilities attend school. Limited access to schooling not only deprives children of their basic human rights, but hinders their human capital development. Lost development opportunities in childhood have long-term implications in terms of future earning potential, economic security and vulnerability to poverty. Lack of education and illiteracy can also exacerbate social vulnerabilities (e.g. exposure to violence, exploitation, infections such as HIV, etc.).

Child-protection risks: The available evidence reveals that children and adolescents in The Gambia are extremely vulnerable to various child-protection risks, including abuse, neglect and violence. Many protection-related issues

23 According to the bottleneck analysis, only 47 per cent of communities have upper basic schools (MoBSE and UNICEF, 2012).

24 Other factors are related to demand side, including parental preference for Islamic education and parental perceptions of the labor market value of education (e.g. perceived low financial returns on schooling) (Foltz and Gajigo, 2012).

25 We were unable to find the official figures with regard to costs of schooling; however, the anecdotal accounts estimate that costs per academic year at secondary school can be as high as Dalasi 2,700 (US\$74).

that Gambian children face (e.g. harmful forms of child labor, infant abandonment, early/forced marriage, sexual abuse, FGM/C) are heavily under-studied, and available evidence is predominantly anecdotal in nature. Nevertheless, the insights from our research confirm that child maltreatment is not uncommon, especially where there is a high level of poverty or other forms of family stress. Many children work in agriculture, street hawking and domestic service, which can have detrimental effects on their physical wellbeing and schooling. In the Sami Pachochi village, for example, children as young as five are taken to agricultural fields to work, especially during the rainy season. This is seen both as an income-generation strategy and part of the child's 'socialization'. However, when asked whether they like taking their children to work on farms, the majority of respondents said they would prefer sending children to school, if economic circumstances allowed.

Income poverty appears to be an important, although not the sole, driver of some protection violations. Harmful traditional norms and practices, loss of family environment, dysfunctional domestic life, lack of life skills to protect themselves, and lack of voice and agency are notable contributing factors. Children's lack of voice in the family and community is very prevalent and deeply embedded in Gambian culture. As noted by one respondent, there is a general notion that "children are to be seen and not heard", particularly in the company of adults. This lack of agency often underlines their vulnerability to protection violations, particularly with regard to sexual abuse including commercial sexual exploitation, physical violence, early/forced marriage, and FGM/C.

BOX 8: VULNERABILITY OF GIRLS TO HARMFUL TRADITIONAL PRACTICES

Gambian girls are highly vulnerable to early marriage and Female Genital Mutilation/Cutting (FGM/C), which are closely related to deeply-rooted socio-cultural and religious beliefs and discriminatory gender norms.

FGM/C is practiced by all ethnicities, but most predominantly by the Mandinka and Jola communities. The national prevalence rate is very high at 76.3 per cent of girls, and as high as 99 per cent in the Upper River Region (MICS 2010). FGM/C has both social and economic underpinnings. On one hand, the practice has become a social norm, often described as an Islamic requirement. Families that do not practice FGM/C risk being ostracized by the community (Tostan Annual Report, 2011). On the other hand, the act of circumcision is linked to economic factors: families often receive money for their daughters undergoing the circumcision, while circumcisers themselves are often among the poorest members in the community. Despite considerable risk of serious health implications for girls as well as psychosocial effects, the practice is rarely challenged by communities and local authorities, owing to strong religious and patriarchal resistance and a weak legal and policy environment to contest the tradition.

Like FGM/C, early/forced marriage is a long-standing tradition in The Gambia. Although research is scant, data from MICS 2010 finds that almost 9 per cent of girls are married under Sharia law before the age of 15, and 46.5 per cent before 18, with the poorest rural girls most vulnerable to the practice. Child marriage was reported in all rural communities we interviewed, with girls "as young as 11 and 12 years of age 'given' away to older husbands against their will". Although some respondents mentioned that rates of child marriage have been reducing over the years, prevailing cultural and economic factors keep the tradition alive. There was some indication that economic shocks contribute to child marriage: for example, anecdotal reports state that child marriage rates rose during the severe crop failure in 2011/2012. Girls also typically lack bargaining power on this issue. Young female respondents in Sutukoba village stressed that if they had a choice they would not marry young, as they prefer to stay at school. They also highlighted that resisting early marriage puts them at risk of being disowned by their family and community. The lack of adequate legal protection and systematic response to address the practice of child marriage adds another layer of challenges for girls. The practice can have many adverse effects, including diminished prospects for decent employment due to early removal from education. This in turn creates a cycle of dependency and powerlessness with inter-generational consequences, underscoring the importance of a transformative social protection agenda with a focus on girls' empowerment and social justice.

Risk of violence: The MICS 2010 survey results reveal that 90.3 per cent of children aged 2-14 years were subjected to at least one form of psychological or physical punishment by their parents/carers, while a significant 21.5 per cent of children were subjected to severe physical punishment, with boys facing a greater risk. Violence against children is strongly related to social norms: adults see corporal punishment as an integral part of the African culture of bringing up and disciplining children.

BOX 9: PARTICULARLY VULNERABLE CHILDREN IN THE GAMBIA

Almudos children: The phenomenon of “Almudo” children is a child protection issue of concern in The Gambia. These are young children who reside within the custody of spiritual leaders (locally known as Marabouts) who are expected to teach them the Holy Quran. Given the sensitive nature of religious education in The Gambia, there is a dearth of hard data on the prevalence and situation of Almudos children. Nevertheless, anecdotal accounts indicate that these children are often subject to economic exploitation, physical abuse and neglect. Given the high levels of poverty among the Marabouts, children are forced to earn money for their teachers, often begging on the streets or working in hard labor. They can suffer malnutrition, limited access to healthcare and adequate shelter, and physical violence. According to interviews with the Child Protection Committees in the URR and CRR, the number of Almudos children has drastically reduced in recent years due to laws forbidding begging and street children, but the phenomenon still exists in some pockets of the country.

Orphans: Data from the MICS IV (2010) reveals that 9 per cent of children aged 0-14 are orphans, while in some regions the prevalence is considerably higher (e.g. 12.6 per cent in the URR) (MICS, 2010; Chikova, 2010). Considering that the family unit in The Gambia is a critical source of welfare support and protection, children without parents are exposed to a very broad range of social and economic vulnerabilities including high risk of malnutrition (22 per cent are underweight, 23 per cent stunted and 6 per cent wasted (Chikova, 2010)), lack of adequate care, and school dropout (75.5 per cent).

Street children: There is very scant data on street children in The Gambia, and we were unable to determine the current incidence of children living and/or working on the street. A study undertaken by the SOS Children’s Village in 2010 highlighted a high risk of physical abuse affecting about 45 per cent of street children, while 10 per cent of children reported being sexually active, and of this only one quarter had any form of protection, leaving them highly vulnerable to sexually transmitted infections. Street children are also more likely to drop out of school, mainly for cost and health reasons, while working on the streets exposes them to risks of economic and sexual exploitation. Migrant children appear to be over-represented among street children, especially in the Greater Banjul Area.

Young people (18-30 years of age)

While data on youth poverty and wellbeing is generally limited in The Gambia, available evidence indicates that young people face considerable vulnerabilities in critical areas of their development, including higher education, decent employment opportunities, and reproductive health and family planning.

Access to decent employment: Like many African countries, The Gambia faces the problem of graduate unemployment and a very difficult transition from school to work, which are linked to low levels of education and vocational training. The youth unemployment rate is estimated at 26 per cent, with females more likely to be unemployed than males (31 per cent compared to 27 per cent respectively) (MoFEA, 2011). Those with jobs are relegated to low-paid, informal employment in agriculture, services sectors, and seasonal work in tourism (National Youth Policy, 2010). This high rate of youth unemployment is explained by many factors such as skills mismatch and weak links between the educational system and requirements of the labor market. Despite good economic growth, the private sector has not expanded to absorb young graduates (World Bank, 2011).

These findings have generally been confirmed in our primary research. Young respondents frequently complained that although they are very determined to work, employment opportunities are not forthcoming. Youth from poor, rural areas and school dropouts appear to face the biggest constraints in accessing decent jobs. The majority of those employed reported to have very small earnings, the bulk of which is spent on food, leaving them with little opportunity to save. We have also encountered frequent complaints of self-employed petty traders who often do not make any profits, which in turn forces them to borrow money or goods in order to keep the business running. Working youth also lack access to social security, partly due to reportedly high taxation that prevents them from registering their businesses. Their low income, irregular earnings and absence of social protection leave this group very vulnerable to poverty; in situations of socioeconomic and environmental shocks, they are the first to be hard hit. Young entrepreneurs also complained of very little government support in establishing and/or expanding their businesses. Limited access to business infrastructure (i.e. reliable electricity supply), lack of skill centers especially in remote rural areas, and limited access to seed funding and microcredit were cited as major challenges in running a business.

In the absence of social and economic opportunities, young people are often forced to migrate in search of work both within The Gambia and internationally. Domestically this often takes the form of rural-to-urban movement. Respondents in Sutukoba village reported that some youths migrate for work to urban areas during the dry season and return to help their families with farming during the rainy season (Box 10). Elderly respondents in Burong village also reported an outmigration of young people to urban areas in search of employment. According to official data, rural-urban drift has become so intense that it has resulted in the loss of approximately 65 per cent of the productive capacity of the rural population to urban areas (MoFEA, 2011). Young respondents in Sutukoba village reported that urban employment sometimes exposes them to various deprivations.

BOX 10: EMERGING LABOR MIGRATION PRACTICES

Seasonal migration to urban areas is a common economic strategy employed by young males in Sutukoba village. While there they are prepared to do any job they can find, including petty trading and fishing, young people increasingly engage in a practice locally known as ‘chancing’ or ‘bumstering’. This entails trying to befriend an international tourist for social and economic gains. While this is not ‘work’ in the strictest sense of the word, it is considered a livelihood strategy: friendship with a tourist can bring not only economic support but also an opportunity to travel and educate oneself. This can be a very hard work that exposes people to various risks, including high degree of uncertainty with earning income, hunger, and inadequate living conditions which may lead to ill health as well as security problems. The police and local communities often stereotype ‘Chancers’ as criminals. They are also exposed to peer violence and abuse and sometimes exploitation from foreigners. According to some respondents who engaged in this practice, if they had a choice they would prefer schooling.

Working age Adults (30-65 years of age)

The vulnerability of adults largely centers on their role as breadwinners, and is thus viewed mainly through the risks of livelihood shocks and stresses. This is not to say that other types of vulnerability, such as food insecurity, health shocks, and protection-related issues are of no importance. For example, married adults face *pressure to ensure the economic security of the household, which exposes them to economic and environmental risks*. Male FGD respondents, for example, stressed that the pressure to obtain sufficient income for their family (which sometimes includes multiple wives and many dependents) can lead to social vulnerabilities and health problems (e.g. marital problems, isolation, mental health problems). Respondents reported that economic vulnerability within a family can lead to domestic violence, family dissolution and/or resorting to negative coping strategies including stealing. Female adults have an added burden of gender-based discrimination, which (as flagged in sub-section 3.4) predisposes them to risks of violence, exclusion from reproductive healthcare, economic opportunities and resources as well as time poverty owing to their care roles.

Elderly (over 60 years)²⁶

Though no study has been conducted to systematically assess the situation of elderly persons in The Gambia, insights from our research indicate that the elderly are vulnerable to a number of risks, owing to their economic and physical dependency. In The Gambia there is *very little social protection support for elderly persons, which makes them susceptible to idiosyncratic shocks to income* as they become unable to work due to their old age and/or lack of care. *Income poverty can translate into risk of hunger and higher susceptibility to ill health*, which is already high among this group. Although in traditional Gambian society older persons are typically cared for by family members and the broader community, our fieldwork in Burong village suggests that elderly persons can also be subject to neglect. High out-migration of young people from the village typically has negative effects on the care of elderly left behind. Chronically poor elderly persons may also risk social exclusion from support within the village, owing to both their economic and age status, as illustrated by the following life history interview conducted with an elderly woman in Sami Pachonchi village, CRR.

26 Here we adopt the United Nations definition of an elderly person, as someone 60 years and older.

BOX 11: LIFE HISTORY INTERVIEW WITH A CHRONICALLY POOR, ELDERLY WOMAN

In order to better understand vulnerabilities faced by elderly people we have interviewed an 80 year-old subsistence farmer, who at the time of the interview was living with her 40 year-old son, as her first husband and daughter have died. She looks after her chronically ill son. Although she now has re-married, she does not receive much support from her current husband, as he is not well-off and needs to look after his other wife and family. She considers herself to be chronically poor. She associates her poverty with her lack of education, literacy, land and livestock. She has never been to school. Since her first husband passed away she was struggling as a single mother to bring up the family. Looking after a disabled son has been very difficult both financially and emotionally.

She engages in farming and gardening during the dry season. As she does not own any land she farms on a small piece of land that has been lent to her by friends. However this plot is very far from the village, requiring up to 10 hours round-trip. Once home, she still needs to perform domestic chores and look after her disabled son. Despite working extremely hard, she earns very little, preventing her from saving any money. She suffers from hunger, as she cannot afford nutritious food. Every day Sona is forced to eat boiled rice with a baobab soup.

Recently she fell ill and went to a doctor who advised her to reduce her workload, as she is getting too frail to work as hard as she does. Now that she has to stop working because of her health condition, she is very worried. She has very limited capacity to deal with a reduction in her income, as she does not have any assets to sell and no support from the community. Her other daughters are also very poor and unable to help her. As a result, she feels anxious and unsure what to do to mitigate the risk of further impoverishment. She has not been seeking help from the Village Development Committee, as she feels voiceless and excluded from support. Despite facing extreme hardship, government and/or NGO support is not forthcoming.

4. OVERVIEW OF THE SOCIAL PROTECTION POLICY ENVIRONMENT

Although The Gambia's social protection system is historically weak and under-developed, policy momentum concerning social protection reform has accelerated in the past several years. In this section we review the current policy context, including mandates and visions of social protection, focusing on factors that are driving emerging policy commitments to reform the country's social protection system.

4.1. Policy commitments and vision of social protection

Recent policy developments

The Government is yet to adopt the national Social Protection Policy; however, policy attention towards social protection reform is growing in prominence, as demonstrated in the PAGE. For the first time, social protection has been explicitly incorporated into the national development strategy as one of its five strategic pillars²⁷. Pillar five (Reinforcing Social Cohesion and Cross Cutting Interventions across 10 Areas) professes the need to strengthen social protection, child protection and disability. The global financial and economic crisis has pushed social protection to the top of the government agenda (PAGE, 2011; interview). Inadequate social services and safety nets have also been identified in the PAGE as one of the 10 constraints to development, while social protection is seen as a "vital tool for poverty eradication that will trigger a virtuous cycle of improved productivity and employability" (PAGE, 2011).

This renewed commitment has also been spearheaded by regional policy developments. The Pan-African policy commitment to social protection has been affirmed by the African Union's 2008 'Social Policy Framework for Africa' (adopted at the AU conference of ministers held in Windhoek in October 2008) and the 2010 'Khartoum Declaration on Social Policy Action towards Social Inclusion' (EC, 2012). The Government of The Gambia has signed both of these high-level policy agreements, which provide significant leverage to advance the social protection agenda in the country. These commitments have been supported domestically by the emergence of institutional structures that advance multi-sectoral dialogue on social protection.

The recent launch of the National Social Protection Forum and the establishment of the National Social Protection Steering Committee (NSPSC) mark important steps in this direction. The National Social Protection Steering Committee was established in mid-2012, and currently comprises 17 members. Initially chaired by the MoFEA, the Committee is now overseen by the Policy Analysis Unit of the Office of The President of The Gambia. The NSPSC was established as a platform to promote networking, coordination and the harmonization of social protection programming. More specifically, its task is to guide the development of a National Social Protection Strategy, action

²⁷ Other pillars in the PAGE are: i.) Accelerating and sustaining pro-poor and inclusive economic growth; ii.) Improving and modernizing infrastructure in transport, energy and ICT; iii.) Strengthening human capital stock to enhance employment opportunities; and iv.) Improving governance and fighting corruption.

plan and legislation. Thus far, the Committee has sponsored a series of activities to advance national policy dialogue, including the launch of the National Social Protection Forum in November 2012, domestic social protection research projects, and a series of capacity building events in 2013. The Forum was organized as a public meeting place for initiating dialogue on designing a more integrated and inclusive social protection system in The Gambia. According to respondents interviewed for this study, the Forum has been generally perceived as a very valuable platform for instigating broad-based discussion in the country.

Notably, enthusiastic and dynamic leadership by the NSPSC members is driving much of the agenda forward. The collaboration has recently resulted in the signing of a Memorandum of Understanding (MoU) on Social Protection between nine key stakeholders²⁸, which will provide a framework of cooperation between the Government of The Gambia and UN Agencies in the areas “of common interest and vision for the purpose of further establishing and developing integrated and inclusive social protection systems in The Gambia” (see Annex 1 for the specific areas of collaboration among participating members). Interviews with key stakeholders have described this agreement as a very unique form of multi-stakeholder partnership in the country, which reflects a high level of enthusiasm and interest in the reform agenda, as well as political will to work jointly to strengthen the social protection system. Some contribute this success to effective brokering by UNICEF and the NSPSC, which is putting considerable effort into engaging all relevant actors and building consensus among partners. Finally, in the spirit of evidence-informed policymaking, the NSPSC has commissioned a series of research activities to establish an evidence base on the current situation of social protection policy and programming in the country. This knowledge will feed into formulation of the National Social Protection Strategy and Action Plan.

Analysis of the social protection policy discourse: vision and mandates

Analysis of the social protection policy discourse reveals diverse understandings among key actors about the role, scope and purpose of social protection in The Gambia. The review of principal documents on social protection (e.g. the PAGE, the United Nations Development Assistance Framework (UNDAF) and the MoU) and interviews with key stakeholders suggest that *dominant social protection narratives are informed by a range of ideas and beliefs, spanning both social justice and economic arguments.*

The PAGE, for example, argues that social protection investments make economic sense, as their redistributive potential can help reduce growing inequality in The Gambia and create economic opportunities for the poor. This fits well with a broader national commitment to the acceleration of more inclusive and pro-poor growth. These ideas have been echoed in the Social Protection Forum. The Minister of Trade for example, declared that: *“Social protection directly reduces poverty and helps make growth more pro-poor”* (Social Protection Forum Press Review, 2012). Some actors adopt a broader, rights-based and social justice oriented position, arguing that social protection is a human right and a key tool to meet the MDGs, combat social exclusion and promote social justice and equity in The Gambia. Investments are not only seen as morally necessary, but also as a vehicle to maintain social stability in the country. According to one respondent, *“Social protection policy and programming may look at poverty through a social justice lens, empowering the poor people to analyze their circumstances, question the drivers of their poverty and claim their social and economic rights thorough equitable redistribution of resources.”*

Generally, respondents argued that the Government is a primary duty-bearer with a role to protect and promote people’s rights to social protection, rather than transferring the responsibilities to family and communities, as is currently the case. Finally some actors adopt a lifecycle approach, arguing that social protection in The Gambia should focus on children, given the high dependency rate in the country. There is strong evidence that investments in children not only prevent deprivation and lost opportunities in childhood, but also have positive effects on reducing the likelihood of poverty in adulthood and the inter-generational poverty transfer (Harper et al., 2009).

While *stakeholders are generally positive and committed to strengthening the social protection system* in The Gambia, there were also some concerns expressed in the key informant interviews. Some respondents have highlighted difficulties in defining the conceptual boundaries of social protection. For example, its promotive dimension (e.g. focus on livelihoods and employment promotion) can overlap with mainstream poverty reduction interventions. People are generally more at ease with its protective (e.g. social assistance and social welfare services) and preventative aspects (e.g. social insurance). *Clearly defining the focus areas of social protection policy and programs is thus a priority concern.* Another concern is that social protection can create a dependency syndrome. This is not a new perspective: in fact, until recently governments around the world have avoided investment in social protection for fear of creating a moral hazard among the population. However, there is very little evidence that confirms this (EC, 2012). On the contrary, growing evidence around the world suggests that – when designed

28 The parties signing the agreement include MoFEA, MoTIE, MoHSW, UNICEF, UNDP, UNAIDS, ILO, WFP and IMF.

properly – social protection instruments can offer a comprehensive approach to poverty reduction by allowing poor and vulnerable people to both benefit from and productively take part in a more inclusive growth. However it is critical to ensure that schemes are not designed and perceived as mere transfers, but also have an empowering and transformative objective.

Opportunity for adopting an integrated and inclusive approach to social protection

Our review of the current social protection discourse in the country assessed the degree of commitment to establishing an integrated and inclusive social protection system, as defined in the conceptual framework of this study. Overall, the analysis suggests that *a more integrated approach to social protection is still a novel concept in The Gambia, and that social protection is still approached from a sectoral angle*. The social protection agenda in the PAGE is yet to develop a multi-sectoral and harmonized framework that is effectively translated into the type of objectives, main components, risks and target groups explicitly recognized in the document.

While types of risks and vulnerabilities are not particularly well-defined, the definition of social protection adopted in the PAGE emphasizes the importance of economic risks and sees employment and livelihoods promotion as the central function of social protection instruments. Apart from acknowledging the specific vulnerabilities of people with disabilities and children through an emphasis on child protection, very little attention in the PAGE is awarded to other types of risks affecting the poor in The Gambia. There is a hint to the need to protect people from natural disasters, while social risks and transformative social protection are lacking from the framework. The concept is stretched a bit further, however, in the Livelihood Improvement and Family Empowerment (LIFE) program design²⁹ prepared by DSW in 2011, which acknowledges social distress as a source of vulnerability stemming from the risk of unemployment and income shocks (see **Box 12**). The Government’s plan to integrate a child protection agenda within the social protection framework is also an important aspect of the reforms. In **Box 13** we discuss the conceptual linkages between child protection and social protection.

BOX 12: DEFINITIONS OF SOCIAL PROTECTION IN THE PAGE AND DSW LIFE PROGRAM DOCUMENTS

PAGE definition: “Social protection consists of policies and programs designed to reduce poverty and population vulnerability by promoting efficient labor markets, diminishing individuals’ exposure to risk, and making people more able to protect themselves from hazards and from the interruption or loss of income” (MoFEA, 2011).

LIFE definition: “Set of public measures that a society provides for its members to protect them against economic and social distress caused by absence or a substantial reduction of income from work as a result of various reasons such as sickness, maternity, employment injury, unemployment, invalidity, old age or death of the breadwinner” (DSW, 2011).

Interviews with key stakeholders confirm that social protection is still approached from a sectoral and/or issue-based perspective, while a more transformative and integrated approach is yet to permeate the social protection discourse, particularly at a sub-national level. Many still associate social protection with a social welfare framework, and its focus on specific segments of the population categorized as vulnerable (e.g. destitute people, orphans, homeless, etc.). This partly explains why DSW is perceived by the majority as holding the lead mandate on social protection issues. On a more positive note, there is evidence from interviews that people are beginning to recognize the importance of ‘going beyond a welfare approach’ to including a broader perspective that considers a range of issues and target groups, such as sustainable livelihoods and decent work agenda, health issues, food security and nutrition and climate change. However a more harmonized framework is yet to be developed through participatory policy development with a strong advocacy component that will inform and educate local government and communities about the new agenda.

²⁹ LIFE program, if endorsed by the Government, will be the first nationally coordinated social protection scheme targeted at the extremely poor and vulnerable groups and individuals, combining social assistance, social welfare and livelihood promotion support measures (DSW, 2011).

BOX 13: WHY LINKING SOCIAL PROTECTION AND CHILD PROTECTION MAKES SENSE

There are important overlaps between social protection and child protection frameworks, as they both focus on risk and vulnerability. Often the underlying causes of child vulnerability to violence, exploitation, abuse and neglect are related to social and economic drivers. For example, issues affecting children such as commercial sexual exploitation, early marriage and child labor are closely intertwined with household poverty levels (Jones et. al, 2009). Thus, there is a strong rationale to promote synergies between child protection and social protection, and ensure that a child protection agenda is effectively integrated into social protection systems and policy frameworks. The Government of The Gambia has recognized this need in the PAGE, integrating child protection concerns into the social protection reform agenda. Thus far, however, the Government is yet to develop a more concrete set of measures to ensure synergies are formed in practice.

Programmatic features

The analysis of *the PAGE also demonstrates little discussion on planning, implementation and/or financing of social protection programs*. In fact, the Government is yet to define specific programmatic features of the social protection system and commit proper allocation of resources. Apart from a broad set of reform-oriented goals (see **Box 14**), the PAGE has a very little discussion of the specific type of instruments and programs. More importantly, there does not seem to be any evidence of the commitment to consolidate the existing programs. Instead, social protection is divided across three broad components, including expansion of employment and livelihood opportunities, child protection, and support for people with disabilities. There is also a commitment to reform the current social security system by “help[ing] the Social Security and Housing Finance Corporation become more innovative so that it can cover poor and vulnerable groups and establish an innovative medical insurance scheme for civil servants and their families” (MoFEA, 2011:134). How this is to be achieved is not specified. The MoU on the other hand provides more clarity on this issue by advocating for a development of a basic, minimum social protection package that includes social transfers and basic services for vulnerable population groups.

BOX 14: MAIN FEATURES OF THE SOCIAL PROTECTION REFORM AGENDA

- Enhance the policy, coordination and institutional environment
- Strengthen multi-sectoral coordination
- Decentralize social welfare and rehabilitation services
- Strengthen and build the capacity of social welfare institutions
- Identify fiscal space and allocate and communicate a specific budget for social protection (cost interventions)
- Raise awareness about social protection, child protection and disability issues.

Source: Adapted from the PAGE (MoFEA, 2011)

4.2. Key actors

Government

The Government of The Gambia plays an important role in social protection. While relying substantially on international donors for financing, the various state departments have a considerable involvement in planning and implementation of social protection measures. As *social protection programming is dispersed across many different governmental agencies*, we have identified a broad range of actors, each advancing a social protection agenda in their respective sectoral domains.

The Department of Social Welfare (DSW) runs most of the social assistance schemes in The Gambia, including social welfare support for the most vulnerable groups. Given the long history of social protection delivery by DSW, the agency is considered by many to have a leading mandate on social protection in the country, despite notable capacity gaps (Key Informant Interview, 2013). Other relevant actors include the Policy Analysis Unit of the Office of the President, which is coordinating the NSPSC and the reform agenda; the Ministry of Basic and Secondary Education (MoBSE), which runs several important social assistance schemes to address constraints in access to schooling among poor and excluded children; and the Ministry of Health and Social Welfare, which provides health-related social protection, including advocacy for the adoption of the Community-based Health Insurance Scheme. The National Nutrition Agency (NaNA), under the Office of the Vice President of The Gambia, runs a campaign for food and nutritional security in the country, while the Ministry of Trade, industry, Regional Integration and Employment (MoTIE) is heavily involved in employment and livelihood promotion activities. Finally, the Ministry of Finance and Economic Affairs (MoFEA) has an overarching mandate of ensuring adequate financing for social protection interventions through effective and efficient public financial management while the NEA can play a crucial part in ensuring that environmental protection and climate change agendas are incorporated into social protection policy and programming.

Development partners

UN agencies together with the Government of The Gambia are playing a key role in driving the social protection reform forward as part of the UN Development Assistance Framework (UNDAF), offering technical, financial and advocacy support. As part of the agenda for 2012-2016, one of the UNDAF's key strategic priorities is also advocacy for the establishment of a child protection system by 2015, including policy and a national plan of action. Among the UN agencies, UNICEF and UNDP are providing a leadership role in social policy and strategy formulation. As flagged in sub-section 8.2, UNICEF has already been very active in promoting the formation of the National Social Protection Steering Committee, and has supported a mapping study on existing social protection programs in the country as well as social protection diagnostics, which will feed into a policy document. UN agencies are also active in offering support to the Government in specific social protection areas: UNDP, for example, promotes a sustainable livelihoods approach, which is aligned with the ILO's decent work agenda. WHO and UNAIDS are providing technical assistance in developing National Social Health Insurance. There are also a number of agencies involved in food security, agricultural development and the nutrition agenda including WFP, the Food and Agriculture Organization, the World Bank, the European Commission and the International Fund for Agricultural Development. UNICEF is also engaged in child protection programming, supporting DSW in setting up the community child protection committees. Finally, UNFPA advocates for the enactment and enforcement of laws and innovative approaches to prevent and respond to gender-based violence.

Civil society actors

The NGO community has been engaged in advocacy and sensitization efforts for greater policy response to social protection issues. As part of the Africa Platform for Social Protection, CSOs have organised the first training for NGOs and formulated the Kanifing Resolutions on Social Protection-The Gambia in June, 2012. TANGO has been a member of the NSPSC, playing an important brokering role between CSOs and state actors. An important advocacy role is also played by the Child Protection Alliance, with its focus on child protection system reform, and the Pro-PAG with its engagement in pro-poor budgeting processes.

There are also numerous NGOs (there are an estimated 100 registered local and international NGOs operating in The Gambia) involved in various social protection activities designed to alleviate poverty; improve health and educational facilities particularly for girls, women and youth; promote food security; and empower vulnerable groups. For example, ActionAid has been working on food and hunger issues and the sustainable livelihoods agenda, while Concern Universal piloted the first large-scale cash transfer in partnership with WFP. The NGO sector also plays an important role in supporting employment and income-generating activities in both rural and urban areas.

Bilateral actors

Embassies are another important group of stakeholders. Some are actively funding programs related to social protection in the areas of health, education, social development (e.g. FGM/C), nutrition, employment and livelihoods promotion, illegal migration, and agricultural support. **Box 15** illustrates a range of programs supported by the British High Commission and the Spanish Agency for International Development Cooperation-Embassy of Spain. The US Embassy and Taiwanese Government also have social protection and poverty reduction portfolios. The Taiwanese Government supports the food security agenda and is providing technical assistance in agricultural development; it is currently funding the Catholic Relief Services' 'Rice Value Improvement Project' targeting women farmers in food production.

BOX 15: SELECTED SOCIAL PROTECTION ACTIVITIES OF EMBASSIES WORKING IN THE GAMBIA

British High Commission: In the 2012/2013 financial year, the British High Commission was allocated £35,000 to spend on small grant projects in The Gambia. There is no target age group or vulnerable group. Each project is judged on its own merit; however projects that benefit a wide range of people and an entire community are normally preferred. Key projects funded are:

- Female Lawyers of The Gambia – Sharia Law Training
- Child Protection Alliance – Sensitization Workshops
- Conscience International - Women's Literacy Lessons
- Concern Universal – Women's Farming Training

The Spanish Agency for International Development Cooperation-Embassy of Spain: The main area of intervention is employment promotion and training for youths, with gender as an under-cutting issue. Key projects funded are:

- GAMJOBS (Ministry of Trade) – Provided employment for young people, ended 31/12/11
- Gambian Women's Finance Association (GAWFA) – Build capacity to provide microfinance services to women, with two projects on-going until mid-2014.
- GAMJOBS-NTA-Migration Department – Counsel youths to curb illegal migration and provide assistance for returnees, ongoing through mid-2014.
- Nutrition without Borders (Spanish NGO) – Basse-based centre for child recovery; provide training for women, and nutritional screenings and treatment for the recovery of malnourished children, ongoing through end of 2013.

Although The Gambia's social protection system is weak, there is a significant and growing commitment to systemic reform among the Government and development partners. This is evidenced by the inclusion of social protection in the national poverty reduction framework (e.g. the PAGE), and the establishment of the National Social Protection Steering Committee. As discussed in this section, the NSPSC has already launched several activities to move forward the reform agenda. The development and signing of the Memorandum of Understanding (MoU) on Social Protection among key government and development partners will spearhead a more effective cooperation among a diverse set of actors, and will gradually contribute to the establishment of a multi-sectoral approach to social protection policy and programming.

5. OVERVIEW OF THE GAMBIA'S SOCIAL PROTECTION MEASURES

5.1. Traditional and informal social protection mechanisms

In the absence of well-developed social protection measures, most communities and families draw on a range of informal social protection mechanisms in the face of shocks and chronic poverty. Very few studies document the role of informal social protection in The Gambia; however the available evidence indicates that households draw on various systems of mutual support³⁰ based on extended family and community ties. Our fieldwork identified four main types of informal social protection, outlined below. Since the nature and purpose of the mechanisms is very location-specific, it is quite likely that we have only captured a selected range of existing schemes. A more systematic analysis is required to map out the situation across The Gambia, and ascertain the impact of these measures on poverty and vulnerability.

Kinship-based support systems

Extended family is usually a first port of call for people in times of need. Extended family systems provide access to economic assistance, reproductive care and psychosocial support. Kinship-based relations often oblige people to help each other: owing to long-standing socio-cultural practices, better-off relatives may feel a moral responsibility to help their less-fortunate family members through cash and/or in-kind transfers. Hence, it is quite common to find more affluent relatives supporting five to six people in a large Gambian family (Key Informant Interview, 2013). Remittances are a typical example of this type of support (see **Box 16**).

While social values of 'caring and sharing' are an important part of Gambian tradition and culture, respondents raised two important issues with regard to extended family support. First, reliance on better-off family or clan members for assistance can create on-going dependency by poorer relatives, and at the same time put undue pressure on a well-off individual. The burden of care may compromise their wellbeing and opportunity to consolidate assets and build their own resilience to poverty. Second, poor and vulnerable people who are living outside the family environment are likely to miss out on a very significant source of support. Groups that are particularly vulnerable to social exclusion and have limited access to informal social protection include widows, orphans, migrants and refugees and PLHIV. These groups thus need access to state-run social protection schemes.

³⁰ Our study did not measure the coverage rates of informal support measures, and we were unable to find this data in the desk-based research. Considering that informal social protection presents a very important source of support to households in The Gambia, more detailed research on this issue is highly recommended.

BOX 16: THE ROLE OF REMITTANCES IN COPING WITH ECONOMIC RISKS

Remittances represent an increasingly important avenue of kin-based welfare support. According to a World Bank study (2011), remittance transfers to The Gambia comprised 8.2 per cent of GDP in 2010. Capturing only formal transfers, Orozco, et al. (2011) estimate that in 2010, The Gambia received US\$82 million in remittances. An estimated quarter of all household income comes from remittances, with women depending more heavily on transfers (Ibid). Our fieldwork confirmed the importance of remittances in helping families to deal with various shocks and smoothing household consumption (e.g. covering expenses for school fees, healthcare, food, and social ceremonies). According to a key informant, “In The Gambia, remittances are keeping many families alive!” In addition to helping families cope with shocks as they arise, remittances also have the potential to help families reduce risk out of poverty through savings and investments (Orozco, et al., 2011). In order to harness such a potential for poor families – and women in particular – the Government can look into strengthening recipients’ financial literacy and capacity to better manage their resources through use of financial service.

Community-based systems of support

Families draw on a variety of community-based safety nets, ranging from informal exchange of transfers and loans to more structured institutions that enable an entire community to provide support during key lifecycle events and help vulnerable families deal with shocks and stresses.

Faith-based support networks These networks are an important source of support. *The Islamic concept of Zakat*³¹ is a social protection measure used to prevent deprivation, although it is under-studied in The Gambian context. Religious organizations also provide financial and social support. Munazamat al Dawal al Islamia, Islamic Relief and the Anglican Mission are among those faith-based institutions involved in social protection; although support from this sector is still informal, it demonstrates a potential for greater involvement.

BOX 17: EXAMPLES OF COMMUNITY-BASED SOCIAL PROTECTION FROM THE FIELD RESEARCH

Social protection support during difficult times is very common in the Sami Pachonchi and Sutukoba villages, ranging from well-planned social insurance activities to more informal care of the most vulnerable members within the community. For example, when agricultural production is good, the village invests in purchasing livestock, which is retained to manage food deficits during the ‘hungry season’. This is usually well-planned and works well as a risk mitigation strategy.

The Village Development Committee (VDC) in Sami Pachonchi also runs a community farm. During a good harvest, grains are stored and then sold by the VDC during the ‘hungry season’ at a reduced price (D600-500 per bag); those who cannot afford to purchase grains are given food for free. During the year, villagers also informally try to ensure that the most vulnerable families are taken care of, particularly with regard to food security, by giving away in-kind transfers. Respondents noted that people carefully monitor the food security situation in the village: “when they do not see a smoke coming out of a chimney this is a sign that people are struggling, so better-off community members go and leave some food in front of the house secretly to avoid stigmatizing the poor family”.

Source: FGDs, 2013

Community-based social insurance and saving schemes. There are also various non-kin-based groups that play important social assistance and social insurance functions. *Kafo groups (community-based development forums)*, for example, assist members in saving money so they can make charitable donations in emergencies. They can mobilize contributions quickly for hospital trips, court bail and house reconstruction after natural hazards. Larger Kafo groups can make substantial investments in community agricultural projects and other enterprise endeavors. Emergency Kafo groups have an advantage over “formal” insurance or savings banking for emergencies, in that they keep the money in local circulation rather than draining it to cities. They can also play an important role in connecting poorer farmers with institutional social protection.

31 Zakat has been described as the practice of charitable giving by Muslims based on accumulated wealth. It is considered to be obligatory by those who have the means to help others to eliminate inequality (KII, 2013).

These associations are also key social protection measures in that they provide much-needed access to funds. *Osusu groups* are a well-known example of informal savings mechanism, enabling people to mobilize resources needed for business and personal reasons. The mechanism has a simple basic principle: all members of the Osusu make fixed contributions of money at regular intervals (usually daily, weekly, or monthly). At each interval, one member withdraws all the money, and each member takes a turn until the cycle is completed; then it may recommence. No interest payments are charged. While Osusus typically do not collect large sums of money, they still help members to mitigate against various risks, such as educational cost for children, funerals, emergency assistance etc. Another interesting type of rotating savings arrangement is the Savings and Internal Lending Community approach (SILC), which is based on a more systematic and elaborate saving methodology. The pooled money is lent to group members for repayment with interest, whilst members are trained in bookkeeping and financial literacy to ensure resources are used for income-generation activities (Catholic Relief Services, 2012).

There are many benefits of these savings mechanisms. Since they require no collateral, they enable people without credit profiles to take loans, while illiterate people are also encouraged to participate, as operating principles are usually very simple. Apart from serving as a form of insurance, mutual savings groups can also help to build social capital within communities, particularly among women who often lack inclusion in formal credit societies, and practice solidarity by supporting the poorest members of the community. More organized arrangements, such as the SILC approach, increase human assets by developing members' skills in numeracy, bookkeeping and community governance. They also contribute to asset accumulation, which in turn can build economic security and resilience of members to more easily cope with various shocks and stresses. At the same time, a more systematic analysis of these schemes is needed to ascertain whether the benefits from these schemes are accessible to chronically poor people and other vulnerable groups, such as migrants.

Limitations and challenges of informal social protection

Informal social protection was flagged in our fieldwork as a critical safety net for households, although the lack of systematic analysis on this issue prevents us from concluding how successful they are in reducing poverty. *In the context of widespread poverty in The Gambia and recurrent shocks and stresses, it is likely that their impact is limited.* This is particularly the case in times of covariate shocks such as natural disasters, which can affect the whole community and constrain the capacity to help others. Moreover, there have been many complaints in the fieldwork that these traditional solidarity mechanisms and safety nets have been eroding over the years. Respondents noted that social fabric has been gradually breaking as a result of a high dependency burden and a growing financial hardship in the country. The situation has been exacerbated by modernization and changes in socio-cultural norms and family values reflected in an emergence of nuclear families and weakening of family (kin) obligations to assist poorer relatives. At the same time, the rural-urban drift is also increasing the burden of care for those in the community who are expected to take care of the 'left behind' children and elderly. These changes *underscore the importance of strengthening the formal social protection system in order to harness the potential of traditional structures and mechanisms*, and support them so to enable them to continue to play this vital role.

5.2. Key formal social protection programs

A multitude of social protection programs exist in The Gambia that address a range of risks and deprivations facing poor and vulnerable groups. However while they generally provide important support to the poor and vulnerable, the majority of interventions have limited reach and are short-term and emergency-oriented. This section provides an in-depth assessment of the specific social protection programs implemented by the Government and other stakeholders over the past several years. The review builds on the findings of the ‘Social Protection Mapping’³² exercise commissioned by NSPSC, UNICEF and other partners in 2012-2013. The interventions are analyzed across the transformative social protection typology, as adopted in the conceptual framework of the study (please refer to sub-section 1.2 for further description of the typology).

5.2.1. Preventative social protection

Preventative social protection – in the form of social security and social insurance – safeguards people’s welfare from the consequences of shocks to employment and health, the risk of disaster, and other vulnerabilities. Despite the high prevalence of covariate and idiosyncratic shocks affecting people in The Gambia, ***social insurance mechanisms are still very limited, and are confined to the formal social security system*** and emerging plans to establish a formal health insurance scheme.

Formal sector social security measures

The state-administered social security system in The Gambia dates back to the 1980s with the establishment of the Social Security and Housing Finance Corporation (SSHFC)³³. Focusing only on employees in the formal labor market, the SSHFC provides pensions, compensation for injuries, a housing scheme and a provident fund to private and public sector workers. It consists of four different schemes targeting both public and private sector employees.

The National Provident Fund provides social security for private sector employees, including retirement pensions, disability and invalidity cover, and redundancy and survivors’ benefits. This runs as a savings program rather than an insurance scheme, with employees contributing 5 per cent of their gross earnings while the employer contributes 10 per cent of the salary³⁴. The Federated Pension Scheme for public sector employees is an insurance-based mechanism, which means that benefits are paid irrespective of the amount contributed over the years. The contributions can vary but presently employers pay 15 per cent of gross salary³⁵. The Pension for Civil Servants (also known as the Public Service Pension Fund) is based on contributions from employees and the Government. Finally, the Work Injury Scheme protects workers against the contingencies of injury arising from work-related accidents or diseases (Chikova, 2010). This scheme covers both public and private employees and offers the following benefits: Temporary Disability Benefits, Permanent Disability Benefits, Survivor Benefits and a Funeral Grant.

Notwithstanding the importance of these schemes, the current social security coverage does not effectively protect its beneficiaries. As advised by several key informant interviews, many formal sector workers miss out on social security. It is quite common for employers to refuse to make contributions on behalf of their employees. Employees rarely challenge the situation for fear of being dismissed, and many are not even aware of their work rights. As a result, many Gambians are working without adequate social protection, and this, combined with very low salaries, results in a high risk of becoming working poor. Particularly vulnerable to poverty are the lowest tier of civil servants, who generally receive extremely low pensions and in the case of dismissal lose all benefits: *“The day you lose your job you become vulnerable, because you do not have any savings [and therefore suffer a] food-to-mouth existence”* (Kil, 2013).

32 The “Social Protection Mapping” was conducted with an aim to generate a better understanding of key social protection stakeholders and initiatives (programs) at national, regional and district levels in The Gambia. The mapping was completed by mid-February, 2013.

33 The Corporation is also involved in low-cost housing and estate development. Although the original intention was to provide low-cost housing to the population, the program is now open to everyone, and access to it depends on one’s ability to pay.

34 An old-age pension and the disability benefits are paid through a combination of an annuity and a lump sum. Survivors are paid a lump sum based on the employee’s salary at death, accrued pension or remaining pension balance.

35 Known as a Defined Benefit Scheme (formula based on salary, for example two per cent of annual salary for every year of service, but must contribute for more than ten years to qualify for a pension) vs. Defined Contribution Scheme.

There are also reports that members of social security schemes may encounter difficulties in claiming benefits due to ineffectual program management. While officially the process of claiming payments should not take longer than one month, in reality it takes much longer. Various costs are involved in obtaining supporting documentation (e.g. transport costs for rural beneficiaries), and long waiting times have been found to often discourage people from claiming benefits, as illustrated in **Box 18**.

BOX 18: CHALLENGES INVOLVED IN CLAIMING SOCIAL SECURITY BENEFITS

One 45-year-old female FGD participant told of her experience in claiming work injury compensation. She has been employed as a cleaner by a local NGO based in Banjul, and since 2000 has been regularly paying monthly contributions of approximately 15 Dalasis (US\$0.45). Three years ago, while travelling to Kuntaur, she was badly injured in a car accident, leaving her incapacitated for four months wherein she had no access to income. After her recovery she began the process of claiming compensation and was advised by the SSHCF to submit a police statement, doctor's report and all receipts of medicines and treatments she paid for during rehabilitation. To obtain documentation she had to travel to Kuntaur, costing both money and time away from work. As police records are not computerized, she was told there are no guarantees she would obtain a statement. She found it very difficult to understand the procedure, and in the end decided not to file a benefit claim due to the cumbersome bureaucracy and extensive effort required. Social security must establish a client-oriented and user-friendly system to eliminate such obstacles.

Source: KII, 2013

Apart from formal social security, other types of social insurance do not exist in The Gambia, although there is some evidence that health insurance for the poor has been gaining momentum in public policy debate in recent years.

Drawing on the experience of health insurance reform in Rwanda, the Ministry of Health and Social Welfare has recently developed a draft Social Health Insurance Policy. The overarching aim is to establish a comprehensive and universal health insurance scheme through an affordable insurance premium for low-income households. The objectives and salient features of the draft Social Health Insurance Policy are discussed in **Box 19**. With technical support from WHO, a proposal was submitted to the Cabinet in 2011; however, at the time of writing this report, it has not yet been approved. A draft Health Financing Policy – submitted to the Cabinet in 2008 – had a similar fate and is yet to be endorsed.

BOX 19: GOALS AND FEATURES OF THE DRAFT SOCIAL HEALTH INSURANCE POLICY

This draft Policy is promoted as an effective tool for protecting families from catastrophic health-related expenditures. The potential health insurance scheme seeks to improve health care provision for mothers and children in particular by: 1) ensuring the availability of virtually free essential drugs; 2) guaranteeing transport of pregnant women for obstetric emergencies; 3) improving retention of health personnel in public health facilities; and 4) mobilizing more resources to manage illness without posing substantial financial burden to the population.

Adapted from: Shepard, D. (2011) Design of Health Insurance in The Gambia. Schneider Institute of Public Health.

5.2.2. Protective social protection

Social assistance schemes

In recent years, there has been a growing global interest in, and commitment to, expanding social assistance schemes targeted at the poorest and most vulnerable populations. Social transfers (either cash or in-kind) in particular have been hailed for their capacity to provide relief from poverty and deprivation by smoothing household consumption, increasing access to basic services and promoting asset accumulation (EC, 2012). *The Gambia has a long history of state-led social assistance for the poor and vulnerable* (in **Box 20**, we provide a brief historical overview of the Social Welfare Department and social assistance delivery). Our study has identified a wide range of social transfers implemented by state agencies and NGOs, as discussed in the following section of the report.

BOX 20: EVOLUTION OF SOCIAL ASSISTANCE IN THE GAMBIA

Social welfare and social assistance are not new to The Gambia. The first Welfare Department was established in 1947 as a result of the growing need to support families whose members were enlisted in World War II. At that time, a one-man unit was based in the Ministry of Education to provide financial and psychosocial support to families, orphans and the disabled. Need for assistance grew over time, and in 1962 the Social Welfare Unit was formed as part of the Ministry of Health, which was perceived as more relevant in meeting the needs of destitute and vulnerable clients. Over time it expanded and in 2002 was re-structured into four areas (child-care, child protection, adult and elderly care, and care for people with disabilities) to suit a more client-focused approach. Today, the Department of Social Welfare has evolved significantly, employing approximately 192 staff, and since July 2011 began to decentralize its services, opening two regional offices in Basse (URR) and Bansang (LRR). Although the Department suffers from severe financial and human resource constraints, it plays a very important role in bringing social assistance and social welfare services to the community.

(i) Cash Transfers

Cash-based transfers are still in their infancy; however, the recent need to protect the poor from environmental shocks and the impacts of the global food and fuel crises has led to an emergence of unconditional cash transfer pilots. To date there have been several state-run transfers for poor households, although very few adopt a long-term, systematic approach, and their scale is generally extremely limited. Some transfers focus on the poor, while others target particularly vulnerable groups such as children in difficult circumstances, food insecure households, HIV patients and the disabled.

For example, since 2011, the DSW Adult and Elderly Care Unit has been running a Family Strengthening Program – a conditional cash transfer program aimed at poor and vulnerable families in order to strengthen income-generation capacities and contribute to livelihood security. In the first year, household heads are given small seed grants (2,000 Dalasis each) to start-up their own business³⁶. About 130 rural and urban families have thus far benefited from the program. While not necessarily explicitly child- or gender-sensitive in design, the program targets families experiencing some type of social vulnerability (e.g. broken homes, widow-headed households, large families).

BOX 21: BENEFITS OF THE DSW FAMILY STRENGTHENING PROGRAM

The Family Strengthening Program is yet to be rigorously evaluated; however FGDs with ten beneficiaries revealed a variety of social and economic benefits resulting from participation in the program, including increased economic security and improved household consumption. The majority of project beneficiaries used business profits to cover their basic needs (e.g. food, electricity, rent, school and healthcare fees for their children), and the remaining money was re-invested in businesses. One woman reported being able to save 5,000 Dalasis. A few clients noted that increased profit has meant that they were no longer forced to borrow money, but can internally manage their consumption needs, and this brought important relief for the family.

Economic security has also led to social empowerment: one respondent highlighted how the success of the business has increased her social standing in the community. Increased capacity to deal with financial problems has generally made families happier and more functional. Beneficiaries also expressed interest in getting help to diversify their business skills through training in functional literacy and access to market information and micro-loans. The DSW team running the program has plans to collaborate with other organizations to link beneficiaries to complementary measures, but due to capacity deficits the expansion of support is proceeding very slowly.

Concern Universal has recently implemented an emergency food-security response following the crop failure shock in 2012. This is the largest cash transfer that we can identify to-date. Funded by the WFP, the pilot was targeted at 37,734 food insecure individuals across two districts in the URR, distributing approximately 284 Dalasis (US\$9) per individual per month (the value was higher for larger families to account for their higher care burden). The project evaluation undertaken by Concern Universal (2012) highlights that although total coverage was less than anticipated (only 20,000 beneficiaries received cash due to logistical constraints), the project led to many positive outcomes (see Box 22).

36 After a year, good performers (those making profits) would be linked to a microcredit scheme and given loans of 5,000 Dalasis.

BOX 22: EVIDENCE OF IMPACT OF THE CONCERN UNIVERSAL CASH TRANSFER PILOT

According to a project impact report conducted by Concern Universal (2012), cash transfers had a positive impact not only on the lives of beneficiaries, but also on the broader community, as local businesses have benefited indirectly through increased spending by beneficiaries.

The majority of people interviewed (87 per cent) preferred cash transfers to provision of food, as it awarded them a greater freedom in making expenditure choices. 13 per cent (mainly women) preferred food based on the fact that some males divert cash from household maintenance for their personal use. Very few households were able to save from the cash received (2 per cent). All beneficiaries reported that they have experienced an increase in their nutrition as a result of the greater diversity of diet and increased consumption.

Cash transfers also had a social utility: Receiving cash was perceived as 'empowering' for some beneficiaries compared to stigma attached to the collection of food aid delivered by the WFP, and the experience was generally seen as less costly and more orderly, as some families had to rent carts to pick-up food rations. It also appears that cash transfers impacted positively on household dynamics, as the ability to smooth consumption and meet basic needs led to less tension and anxiety among family members.

Beneficiaries also reported some weaknesses with the benefits received, as 85 per cent thought that the amount of cash given was not enough to cover all monthly food needs, especially in larger families. Another concern raised was that the cash transfer has led in some instances to increases in local prices: 76 per cent of respondents said there had been increases in prices of rice, sugar and meat. Some challenges in the implementation of the pilot have also been encountered including the incomplete and inaccurate records of beneficiaries, and logistical constraints in reaching beneficiaries.

Adapted from: 1: Concern Universal (2012), Cash Transfer Evaluation Report; 2: Regional Disaster Management Office, URR, Annual Report 2012.

The study has also identified cash transfers targeted at particular groups: in collaboration with Disabled People's Organizations in the Banjul, DSW is running a revolving funds scheme providing small grants to people with disabilities to sell scratch cards on the streets; while in Kubejara community in the URR, Concern Universal is implementing a pilot project targeting PLHIV to enhance their food security. Through our mapping we were unable to establish the extent of coverage of these programs.

Conditional cash transfers are also being introduced in the country. The Ministry of Basic and Secondary Education has designed two cash transfer pilots, although it is unclear whether they have already started their implementation. Both are being used as a tool to improve access and retention of children in secular basic education, focusing on very vulnerable children, albeit with different target groups. The larger program targets very poor 'out-of-school' girls across 200 schools in the 20 most deprived districts of the CRR and the URR North. By 2016, the pilot will cover at least 1,500 children. Another CCT pilot is targeted at selected schools run by the Marabouts. It aims to ensure that children who reside within the custody of the Marabouts are given an opportunity to be taught numeracy and literacy skills by trained facilitators. Twelve centers in five communities, encompassing 600 children, will be covered in the first stage of the project. Provided that they comply with the conditions of the transfer, the Marabouts will be paid 100 Dalasi per child, per month.

(ii) Food security and nutritional transfers

Food and nutritional transfers are a very common type of social assistance in The Gambia due to the country's problems with chronic food insecurity. There are two long-term, on-going programs: WFP's school feeding program and NaNA's Micronutrient Deficiency Program. Other initiatives are mainly short-term and emergency-based, delivered as a response to acute food crises.

Emergency-based food transfers: Food aid is regularly distributed to households during disasters with an aim to protect food consumption and prevent malnutrition. WFP is the key donor in this domain, although other actors are also active, such as the Japanese Government (who donated 5,000 metric tons of food) and The Gambia Red Cross Society. Local government agencies (i.e. the National Disaster Management Agency) also regularly distribute food aid in times of emergencies. In 2012, for example, DSW distributed food rations to 200 low-income families, although very little information exists on this initiative. At times emergency food aid is targeted at particular groups; for example in 2010, WFP distributed food rations to Casamance refugees from Senegal³⁷. This was also the only example of the food-for-work scheme that we have been able to identify in our study. Sometimes emergency response has very

³⁷ The Casamance refugees are fleeing the conflict between the [Government of Senegal](#) and the [Movement of Democratic Forces of Casamance](#) (MFDC), which have been engaged in a civil war since 1982. The MFDC has called for the independence of the [Casamance](#) region, whose population is religiously and ethnically distinct from the rest of Senegal (The Uppsala Conflict Data Program, 2012).

broad coverage, which requires strong targeting and logistical capacity to effectively deliver support. In 2012, for example, WFP delivered food aid to 62,500 people as a response to the emergency crop failure. In **Box 23** we discuss the scale of the undertaking and some of the challenges involved in its implementation.

Emergency food aid measures are often accompanied by targeted nutritional support focusing on young children and lactating and pregnant mothers. As a response to the drought crisis in 2012, the Government, with the support of WFP, implemented a Blanket Feeding Operation to prevent acute malnutrition and child mortality among children aged 6-59 months. Taking place during the 'lean season' from July to October 2012, the operation covered five regions with a high percentage of acute malnutrition, covering 25,000 most vulnerable children.

BOX 23: WFP'S FOOD AID RESPONSE TO THE 2012 EMERGENCY CROP FAILURE

Immediately after the shock, the WFP launched a two-month emergency operation in April 2012 to provide food assistance to people living in the five most-affected districts of Central River Region. The initial stage was subsequently extended to cover another 19 most affected districts across the country. To identify the beneficiaries, an income-based and geographical targeting method was employed, incorporating the following parameters: i) level of food insecurity and vulnerability during normal times; ii) prevalence of wasting; and iii) poverty levels. Priority was given to households with subsistence farming as their only income source, households not receiving any remittances, and female-headed households. The design incorporated some gender-based features, as women were encouraged to collect food rations.

While the program evaluation was unavailable at the time of writing this report, insights from the field suggest that food rations were considered inadequate, as only 80 per cent of total energy requirements were provided to beneficiaries. Findings from the Concern Universal cash transfer scheme also highlights that the majority of people prefer cash transfers over food rations. Implementation also faced considerable challenges including a lack of coordination among implementing agencies, untimely funding and difficult road conditions to risk areas.

Non-emergency food and nutritional transfers: In line with the Government's commitment to national food security and nutrition policy, two long-term schemes have been running in The Gambia with relatively wide coverage. Both directly focus on children.

The School Feeding Program is one of the longest-standing social assistance programs in The Gambia (established in 1970s), and is run in partnership between the state and WFP. It has a very ambitious set of objectives aimed at improving children's nutrition and increasing school enrolment, attendance and completion rates. Children receive a daily fortified meal meant to increase their nutritional value. To date, the program has supported an average of 130,000 vulnerable children per year in food-insecure rural and some urban areas, focusing on Early Childhood Development (ECD) and lower basic and cycle schools (WFP, 2011). According to the WFP impact evaluation (2011), while resource deficits have necessitated reduced rations and fewer feeding days, 90 per cent of planned beneficiary figures were reached. Many positive results have been documented. The WFP's impact evaluation (WFP, 2011) found that school feeding addresses short-term hunger and improves concentration. School meals represented an average of 8.5 per cent of households' annual food consumption, increasing to 12 per cent for the most vulnerable. Stunting and wasting were less common in schools that have a school-feeding program compared to those without.

The Micronutrient Deficiency Program is the other large-scale transfer implemented by NaNA. Campaigns providing Vitamin A, iron, and iodine for severely malnourished children (aged 6-59 months) are carried out twice annually in Primary Healthcare Villages. Despite its importance for child nutrition, however, coverage is inadequate: in 2011, 86 per cent of children were covered for vitamin A supplementation followed by a sharp decline to only 25 per cent in 2012. Although there are plans to scale up the initiative and roll it out across the country, this expansion seems unlikely in the near future unless the state significantly increases its investment (UNICEF, 2012).

It should be noted that nutritional support is often incorporated into social protection projects that have multiple objectives and target very vulnerable children. This is often the case with projects supporting orphans and other vulnerable children (OVCs). For example, a Home-based Care Project for OVCs (implemented by CADO and UNICEF) and the SOS Village Project for OVCs have a similar, holistic social assistance approach that combines nutrition, education and psychosocial support. The SOS Village project expands its remit even further by supporting families with income generating activities, to ensure that children have access to basic needs. While the coverage and benefits of both projects are rather small (e.g. CADO has only 355 beneficiaries across CRR and URR), they can be considered as good practice in terms of offering integrated project support.

(iii) Social assistance for education

Increasing equitable access to quality education and learning outcomes, at both the basic and secondary levels, has been a strong government priority in recent years, so it comes as no surprise that much social assistance is geared towards achieving these aims. In addition to free tuition policy at basic level, schools have also benefited from the provision of textbooks for all core subjects for each child in lower basic schools, practices which continue to attract and retain children in primary school.

Scholarships also appear to be extremely popular and widespread. There are numerous initiatives offered by the Government, NGOs, private sector and private philanthropists. They differ in objectives, target groups, and coverage, as **Box 24** demonstrates. Given that evaluation data on many of these schemes is lacking, it is unclear how effective they are in promoting access among the poor and most vulnerable children. Anecdotal evidence, however, suggests that many projects are running in parallel, with little coordination among actors, leading to significant overlaps and fragmentation. In our key informant interviews, it has been frequently stressed that resource constraints lead to inadequate provision in both the number of scholarships and quality of support offered. For example, respondents reported that parents sometimes have to remove their children from school due to considerable delays in scholarship distribution. Given the importance of education in The Gambia, and a high level of commitment to provide scholarships, it is critical that a more coordinated and harmonized approach to delivery is established to avoid duplication and increase effectiveness of the schemes.

BOX 24: MAIN EXAMPLES OF SCHOLARSHIPS OFFERED IN THE GAMBIA

The President's Empowerment of Girls' Education Program (PEGEP) aims to promote education among Gambian girls, and is the country's largest such program, having benefited approximately 36,000 girls in regions one and two. An increase in enrolment and retention rates among girls is attributed to the program, although the scheme lacks a mechanism to track sponsored students after they complete grade 12. It is also urban-biased, and alternative funding mechanisms are acutely needed to ensure sustainability.

MoBSE's The Girls' Education Trust Fund (GETF) sponsorship package targets poor, rural female students from grades 7-12. Since 2003, the GETF has reached an estimated 3,816 girls across all regions (except the Greater Banjul Area). It provides payment for school fees, stationary and examination fees; however a lack of transport often acts as a disincentive for parents to send daughters to school (Key Informant Interview, 2013). MoBSE has recently piloted a Donkey Cart Initiative to address the problem of transportation among spatially excluded and poorest communities; however, this only targets children up to grade two. Apart from being an environmentally friendly and pro-poor initiative, the Donkey Cart project also has a livelihood promotion dimension, as farmers who are driving donkey carts are permitted to use the animals for farming purposes and income generation.

The Department of Social Welfare and the Kanifing Municipal Council (KMC) also offer sponsorships and school fee waivers; however due to severe budgetary constraints, they have a narrow pool of beneficiaries. In 2011, for example, 110 students were interviewed and assessed by DSW and only a handful were selected for scholarship.

NGO scholarships are typically small-scale and difficult to monitor, given that new sponsorship schemes are regularly popping up, including unregistered philanthropic activities. The Child Fund-The Gambia, Children in Gambia Basse and Suduwol (CHIGAMBAS), FOTGA and WYCE offer education coverage either through sponsorship or building schools to provide free education.

(iv) Free access to health care

The current Health Policy and Master Plan (2007–2020), "Health is Wealth," seeks to promote, maintain and protect the health of the population by improving the delivery of health services, with a specific focus on the attainment of the health-related objectives of the MDGs. Arrangements to increase access for citizens are mainly channelled through subsidized free health services for certain groups, such as children under the age of five years, expecting mothers, and PLHIV.

A basic package for Maternal and Child Healthcare was introduced in 2008 and covers access to vaccines, pre-natal and ante-natal care in Primary Healthcare Villages. The Government plans to expand availability of the basic package across the country and increase demand for services through conditional cash transfers targeted at mothers. So far, however, this appears to be only a declarative commitment, and is yet to be operationalized in practice. Free health care services (anti-retroviral drugs, supplementary feeds, etc.) are also guaranteed by the health policy for HIV

positive individuals in all public health institutions. In both cases, there is a large gap between policy commitments and practice: inadequate resourcing for health clinics often hamper the quality and availability of services and support offered to these groups.

The situation with regard to the elderly and people with disabilities is not well defined, and we could identify only a handful of examples of health-related social assistance programs targeted at these groups. DSW, for example, offers health bill waivers to destitute elderly persons. In 2012, only five bill waivers were given to those who could not afford to pay the various charges at the Royal Victoria Teaching Hospital. Similarly, the Agency for Village Support runs a small disability support project: in 2012 it supported 14 people by covering their medical bills. The only project that we have identified with a significant remit focusing on health assistance for the elderly is the Free Community-based Health Screening, run by the Aging with a Smile Initiative; however the project is delivered in the GBA and West Coast Region only (see **Box 25**).

BOX 25: FREE COMMUNITY-BASED HEALTH SCREENING FOR THE ELDERLY

The Aging with a Smile Initiative (ASI), in partnership with the MoHSW and private clinics such as the Pakala Clinic and Sheikh Zayed Regional Eye Care Centre, offers a health screening and consultation program for older persons (aged 60 years and above). Follow-up services are provided for those in need of further care. Since its launch in January 2010, ASI has successfully conducted eight free community-based screening and consultation sessions reaching 1,300 older persons; however this is a minor achievement considering the estimated 40,000 elderly people living in The Gambia. Notwithstanding the narrow coverage, services are reportedly highly appreciated by the elderly. According to ASI staff, the “elderly enjoy the friendly atmosphere and value the professional manner in which we conduct the work and the fact that our volunteers treat them with respect” (ASI, 2012).

Social services

Social services that respond to social risks and vulnerabilities (e.g. violence, exclusion, neglect) are expanding in the country, particularly in the area of child protection. DSW holds a mandate to expand and strengthen the quality of social services across the country, including decentralized support for people with disabilities, children in difficult circumstances, women and the elderly. In recent years, temporary residential institutions have been established to offer protection to children at high risk. A shelter for children at risk was established in Bakoteh, providing health care, clothing and psychosocial care. It is also the base for a “child help line” created for children in need of advice, counseling or immediate rescue from dangerous or exploitative situations. There is also a drop-in centre for vulnerable children located at Tallinding, jointly managed by DSW and the Kanifing Municipal Council. Support is focused on children living or working in the street and children who drop out of school, and provides remedial classes, recreation, arts and culture, counseling and psychosocial support.

Although residential care for the elderly is not in the tradition of Gambian people, the growing problem of neglect has led to the establishment of the Home for Elderly. However, DSW reports that in 2012, only two elderly persons have been placed in this residential care. DSW also offers rehabilitation services to people with disabilities, providing mobility aid and assistive devices. Various measures also focus on child protection issues such as prevention of sexual abuse and early/forced marriage; however, it appears that activities are not systematized but rather are delivered in an ad-hoc manner.

Despite notable achievements in recent years, *social services remain weak and under-resourced*, while agencies responsible for their design and implementation have serious capacity deficits, including ineffective planning and budgeting, lack of inter-agency coordination and a dearth of social workers. Personnel often has no specific training on providing psycho-social interventions to children, but provides this support regardless, due to funding requirements (O’Gorman, 2013)³⁸. As a result, program delivery, case management and referral processes remain weak and in need of significant capacity strengthening. Outreach services to other regions are also evolving at a slow pace. So far, only two regions (URR and LRR) have decentralized offices.

The most notable gap is an absence of a viable strategy to deal with gender-based violence and offer adequate protection to victims. To date, The Gambia lacks any temporary shelters for women, while most law enforcement and

³⁸ It is important to note that this level of support, particularly assessments, requires specialised staff and is often carried out by social workers. Providing psychosocial support to individuals and communities that are affected by crises requires knowledge of reactions to such situations, and skills on how to help people cope with the resulting challenges.

community institutions lack basic skills to handle GBV. Women in rural areas are particularly unprotected – their only respite is offered within the extended family and/or community. However, traditional community structures are not well equipped to deal with the problem of GBV. The Network on Gender-based Violence has only recently been set-up and is gradually moving into service delivery.

On a positive note, discussions with DSW social workers have revealed a high level of commitment and enthusiasm among staff to deliver high quality services and support to vulnerable people. Despite the heavy workload and severe work constraints, staff strive to “do what they can in [an] extremely difficult situation” (KII, 2013).

5.2.3. Promotive social protection

Promotive social protection measures focus on the improvement of incomes and capabilities, which is achieved through a range of livelihood-enhancing programs and creation of physical assets and infrastructure (e.g. roads, soil and water conservation structures, etc.). Promotive features of social protection can play an important role in lifting people out of poverty and stimulating broader objectives of inclusive and pro-poor growth development. ***Promotive social protection appears to be a priority for the Government and key development partners***, such as the World Bank, as the majority of their interventions fall within this domain. These activities are in line with the National Employment Policy (2010-2014), Youth Policy (2009-2018) and the Gambia National Agricultural Investment Plan, which place emphasis on decent employment and a sustainable livelihoods agenda, as well as food security. We have identified a multitude of current and past projects in The Gambia with an objective of strengthening livelihood opportunities for poor agricultural and non-farming households and individuals. Schemes can be roughly divided into three main categories, although there are considerable overlaps among their objectives.

The first category relates to activities that develop assets and infrastructure for the poor in order to enhance their income-generation capacities, mainly with regard to agriculture. The rice-growing project funded by the Freedom from Hunger Campaign, for example, assists female farmers in seed germination in order to increase their income and food security levels. Some initiatives are established as a direct response to shocks, as is the case with the World Bank’s Emergency Agricultural Production Project aimed at combating the 2008-2009 food shortage crisis. Although both projects are now completed, they experienced positive results and thus offer important design lessons for future programming (see **Box 26** for a brief discussion of outcomes).

BOX 26: SELECTED EXAMPLES OF PROMOTIVE SOCIAL PROTECTION SCHEMES FOCUSING ON ASSET PROMOTION

The Emergency Agricultural Production Project by the World Bank was a large-scale emergency operation aimed at combating the 2008 food shortage crises in The Gambia through restoring the means of agricultural production (e.g. seed, fertilizer and farm equipment) of the most affected smallholder households. In particular, support was directed at female farmers with less than 0.25 hectares of land, and very poor farmers with less than 0.5 hectares of land. The total number of direct beneficiaries reached at the end of project amounted to 56,280 farmers. According to the project completion report, the project helped beneficiaries to attain food security and increased income through an expanded area of crop cultivation. With an increase in income levels, some households diversified their economic activities and embarked on animal rearing and petty trading (World Bank, 2012).

The Freedom from Hunger Campaign (FFHC) in the LRR operates an income-generation project for female rice farmers, and is noteworthy due to its gender-sensitive design. The project constructs causeways and bridges near rice fields to provide women with easy access to rice fields in muddy areas and during flooding, and provides nearby baby-nursing areas in the shade for working mothers. The FFHC also trains women on the preparation of weaning food for their babies. Community-owned Village Savings and Credit Associations (VISA) banks have also been created as part of the project, and cereal banking enables farmers to access seeds in difficult times. This project provides an example of good practice in integrated and gender-sensitive social protection programming by addressing women’s economic insecurity and reproductive care demands.

The second group of projects includes enterprise development initiatives, which provide skills and business management training and access to micro-finance. There are a multitude of projects of this nature, with most focusing on employment/income generation for women and young people. Schemes also vary in scale and coverage, from very small projects covering less than 50 people to nation-wide measures reaching a few thousand individuals.

Finally, there is a commitment to temporary employment and cash and/or food-for-work programs. In the PAGE, the Government plans to address youth unemployment through labor-intensive technologies in public works programs; however this is yet to be implemented (Box 27 briefly maps these activities).

BOX 27: SELECTED EXAMPLES OF PROMOTIVE SOCIAL PROTECTION SCHEMES FOCUSING ON ENTERPRISE DEVELOPMENT AND MICRO-FINANCE

The Social Development Fund (SDF) is the largest promoter of micro-finance and enterprise development in The Gambia. Since 2008 it has been focusing on women (almost 70 per cent of beneficiaries are female), carrying out activities in the areas of micro-finance, literacy and skills training. In addition to poor and illiterate women, the SDF also targets youth. The scheme has a very broad reach: in the URR, for example, the Fund trained 1,000 beneficiaries in business planning and management in one year. However the Fund faces major challenges in expanding its microcredit support, given the huge demand. For example, SDF staff in the URR noted that the disbursement of funds is often untimely, impacting on the income-generating capacity of program beneficiaries. The absence of a comprehensive micro-finance policy and action plan results in inefficient program delivery.

The Gambia Enterprise and Skills Development and Training Fund (GET FUND) promotes small- and medium-scale entrepreneurship through skills development and improved access to financial services. To date, as part of the GET FUND, five training institutions have trained over 1,488 women and youth in new skills and have provided over 488 women and youth with business start-up capital.

The National Enterprise Development Fund is a youth-focused employment scheme providing training support and seed capital to approximately 300 students/apprentices across the country.

The Skills Fund offers Functional Literacy and Income Generating Skills Training to women and out-of-school youths (Chikova, 2010). Village banks are also involved, providing credit to communities in more isolated areas.

The Gambia Association of the Deaf and Hard of Hearing (GADHOH) runs a skills training and employment service to directly reduce poverty and increase the level of independence and self-reliance of deaf people, and women in particular. To date, support has been provided to 182 people.

The Rural Support Organization for the Disabled (ROSD) also provides access to micro-finance and skills and business training in soap making and tie dye textile techniques to PWDs in Basse and Bansang.

Source: World Bank, 2012; O’Gorman, 2013; Kil, 2013

5.2.4. Transformative social protection measures

Our conceptual approach extends beyond a narrow definition of social protection, which focuses only on mitigation of short-run economic risks, to also consider social risks and vulnerabilities. The transformative remit of social protection interventions incorporates agendas of social justice, inclusion, equity and empowerment. Therefore our mapping looks at existing social equity interventions – both legislative and policy measures and advocacy campaigns – that protect people against social risks such as discrimination, exclusion, violence and abuse.

Legislation

Over the years, The Gambia has invested in efforts to develop robust policy and anti-discrimination legislation to address various discriminatory norms and practices and protect people from the risk of social exclusion (see Table 4). Much of the emphasis has been placed on safeguarding children from risks of sexual and economic exploitation, including trafficking. Although important laws are in place, the legislative framework has notable gaps and weaknesses that hold relevance for social protection.

First, an analysis of the legislation indicates that in the context of the decent work agenda³⁹, a national minimum wage and paid maternity leave are absent. The minimum wage is reportedly currently being updated; however, key informant interviews revealed that negotiations are taking longer than expected due to the sensitive nature of the issues being discussed.

39 Promote decent work: Involves opportunities for work that are productive and provide fair income, security in the work place and social protection for families, as well as prospects for personal development and social integration (ILO).

The biggest lacuna in terms of the social equity agenda is the absence of a Disability Bill. A draft document was formulated and submitted for approval in 2012, but despite significant high-level advocacy and lobbying, it is yet to be endorsed. Likewise, the enactment of a bill to counter GBV is also urgently needed, given the prevalence of violence against women and girls in the country. Related to this is also a need to formulate a law against FGM/C, and set a definitive minimum legal age for marriage. Moreover, a more vigorous advocacy campaign is needed to address early/forced marriage and bring customary laws and practices in line with state legislation.

Apart from updating the legislative framework, an adequate budget and human resources are also required to ensure that the law is enforced effectively. Implementation of the Children's Act has been weak, and so far efforts are focused mainly in the GBA. Finally, it is equally important to strengthen people's knowledge of their rights and legal entitlements to ensure that the legal system delivers the expected changes.

TABLE 4: TRANSFORMATIVE LEGISLATION FRAMEWORK

Current status	Type of law/policy
Existing transformative legislation, policy and strategies	Children's Act; Welfare Act; Women's Act; Labor Act National Plan of Action on Sexual Exploitation of Children Ratification of the Trafficking in Children and Persons Bill, amended in 2007 Ratification of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1992
Gaps in legislation and policies	Draft Disability Bill is yet to be endorsed, since 2012 Bill to counter Gender-based Violence is absent There is no law directly prohibiting Female Genital Mutilation/Cutting There is no definitive minimum legal age for marriage; it varies between state/secular versus customary law and practice

Social development campaigns

In addition to a legislative framework, there is an emerging movement of sensitization and awareness-raising campaigns seeking to transform discriminatory public norms and attitudes towards marginalized groups and raise awareness of their social vulnerabilities. There are awareness-raising and advocacy programs for specific groups, including persons with disabilities and PLHIV, but most attention seems to be directed towards child protection issues – in particular FGM/C, teen pregnancy, and sexual and physical abuse.

For example, the UNICEF-Tostan Community Empowerment Program and the Gambia Committee on Traditional Practices (GAMCOTRAP)'s Dropping the Knife initiative are useful illustrations of social development projects, which contribute to the abandonment of harmful traditional practices such as FGM/C and child/forced marriage. Both have demonstrated impressive results with more than 2,000 circumcisers deciding to abandon the practice after they participated in the workshops. They are also valuable examples of projects that create direct synergies between social protection and child protection, by addressing the poverty-related triggers of the FGM/C practice. For example, as the economic incentive to change the practice, GAMCOTRAP has introduced an alternative income-generation opportunity for circumcisers.

Another important initiative is the Community Child Protection Committee (CCPC) set up by DSW with support from UNICEF. This is a good example of a model that builds synergies between child protection and social protection. So far, 45 CCPCs across the country play a very important role in raising community awareness on child rights and child protection issues, with each CCPC focusing on a context-specific set of topics. Social assistance is also provided to households and children who experience economic shocks. While measuring the impact of awareness-raising and social change is very difficult, particularly in the absence of monitoring and evaluation tools, the CCPCs have already

achieved preliminary results, with many communities sensitized on children's rights and the parental responsibility to safeguard their children from abuse and exploitation. Specific problems have also been successfully resolved including the cases of early marriage, teen pregnancy and abandoned babies. The increasing demand from communities for CCPC involvement has been also noted; however, severe budgetary constraints prevent members from expanding their activities. In our discussions with CCPCs in the CRR and URR, it has been emphasized that basic resources for work (e.g. communication, transportation, stationary) are acutely lacking. At the same time it has been stressed that CCPCs would benefit from training in income-generation activities to strengthen their fund mobilization capacities and ensure they are self-sustaining.

BOX 28: SELECTED ADVOCACY AND AWARENESS-RAISING INITIATIVES

The Group of Gambians against Rape and Molestation (GARM) raises awareness and educates the public on the prevalence and effects of sexual abuse on individuals and communities.

The Forum for African Women Educationists, The Gambia Chapter (FAWEGAM) runs mother's clubs across the country, which are groups of women who advocate for the enrolment and retention of girls in school, as well as quality education for girls.

The Child Fund PROTECT Project - Prevention and Response to Child Trafficking in The Gambia is a two-year project (2011-2013) focusing on the prevention and response to child trafficking in The Gambia, funded by a grant from the US State Department Office to Monitor and Combat Trafficking in Persons. To date, the project has established good relationships with government agencies responsible for anti-trafficking efforts (e.g. the National Agency against Trafficking in Persons, DSW, GID, the police); established 10 community child protection committees; provided training to various actors in the field and lobbied the Government to establish an Inter-Agency Child Protection Information Management System.

The Gambia Association of the Deaf and Hard of Hearing (GADHOH) focuses on advocacy and community awareness-raising.

Source: Adapted from O'Gorman, G. (2012) 'Social Protection in The Gambia: A mapping of actors and programs (Phase I)', *Final Report*, UNICEF Country Office in The Gambia, Banjul.

TABLE 5: SELECTED EXAMPLES OF SOCIAL ASSISTANCE SCHEMES IN THE GAMBIA

Program	Upper River Region Cash Transfer Pilot	Cash Assistance to Destitute People	Family Strengthening Program	Conditional Cash Transfer Pilot	Conditional Cash Transfer Pilot for Marabouts
Objectives	Cash transfer was delivered to food insecure households affected by the emergency crop failure in 2011	To help very poor individuals achieve basic food security	Aimed at poor families to strengthen their income-generation capacities and livelihoods security	To improve access and retention of very poor girls in basic education	To improve access of children living with the Marabouts to attend secular basic education literacy classes
Year implementation began/ended	Oct-November, 2012	N/A	Started in 2011-still ongoing	Yet to start	Yet to start
Managing institutions	Concern Universal and World Food Program	Department of Social Welfare	Department of Social Welfare	The Ministry of Basic and Secondary Education	The Ministry of Basic and Secondary Education
Population targeted	Food Insecure households in Jimara and Tumana districts	Destitute people in GBA	Vulnerable families	Poor out-of-school girls	Children residing in custody of the Marabouts
Type of benefit	Unconditional cash transfer	Cash transfer	Small seed grants	Conditional Cash Transfer	Conditional Cash Transfer
Size of the benefit	GMD284 per beneficiary per month, approximately US\$9	344 Dalasis per month, approximately US\$11.9	2,000 Dalasis each	N/A	100 Dalasis per child, per month
Number of beneficiaries	Est. 20,000	25 people	130 families benefited so far	By 2016, the pilot will cover 1,500 children	600 children
Type of targeting method	Geographical targeting	Simple-means testing	Simple-means testing	Community-based targeting	Categorical targeting
Program duration	Emergency and short-term	Ongoing but depends on available funding	Ongoing but depends on available funding	Pilot project	Pilot project

Program	World Food Program Emergency Food Aid	Blanket Feeding Operation	The School Feeding Program	The Micronutrient Deficiency Program	President's Empowerment of Girls' Education Program
Objectives	To prevent food insecurity and malnutrition among households affected by the 2011 drought emergency	Targeted nutritional support to prevent acute malnutrition	Improved school children's nutrition and attendance at school	To treat severely malnourished children	To support access to education among urban high school girls
Year implementation began/ended	June-October, 2012	June-October, 2012	Started in 1970-still ongoing	Started in 2000 – still ongoing	N/A
Managing institutions	World Food Program	NaNA and WFP	WFP and MoBSE	NaNA	Office of the President
Population targeted	Food insecure households	Children aged 6-59 months	Students at lower basic and cycle schools	Severely malnourished children	Poor urban female students
Type of benefit	Food rations	Nutritional support	School meals	Nutritional transfer (ie. Vitamin A, iron and iodine)	Scholarship
Size of the benefit	N/A	1 per child	Daily feeding at school	Twice annually	Financial support for schooling
Number of beneficiaries	206,000 (including 17,000 children)	25,000	Est 130,000	86 per cent of children covered in PHCV	36,000 girls
Type of targeting method	A combination of targeting approaches was used including community-based methods; geographical targeting and poverty assessment	Community-based targeting	Community-based targeting and geographic targeting	Geographical targeting	N/A
Program duration	Emergency and short-term	Emergency	Long-term program	Long-term program	Long-term program

Program	The Girls' Education Trust Fund	Donkey Cart Initiative	Basic Health Package	Healthcare Bill Waivers	Free Community-based Health Screening for the Elderly
Objectives	Improve school enrolment among the poor, rural girls	Improve school access through free transport among children up to Grade 2	To improve access to healthcare for pregnant women and children under 5	To enable very poor elderly people to access healthcare	To provide access to selected free healthcare services to elderly persons
Year implementation began/ended	Started in 2010 – still ongoing	Started in 2012 – still ongoing	Ongoing	N/A	Started in 2011
Managing institutions	MoBSE	MoBSE and UNICEF	Ministry of Health and Social Welfare	Ministry of Health and Social Welfare	Started in 2011
Population targeted	Poor rural female students	Children from rural, remote regions	Women and children under 5 years in Primary Healthcare Villages	Destitute elderly persons	Elderly persons
Type of benefit	Scholarship	Social assistance	Social transfer	Fee waiver	Fee waiver
Size of the benefit	Payment for school fees; stationary and examination fees	Free transport	Pre-natal and ante-natal care	N/A	Community-based screening
Number of beneficiaries	3,816	Est. 7,200	N/A	Est. 5 per year	1,300 people
Type of targeting method	N/A	Geographical and community-based targeting	Universal coverage	Simple-means testing	Universal coverage
Program duration	Long-term program	Pilot project	Long-term measure	Ongoing but depends on available funding	Project based

6. ANALYSIS OF THE GAMBIA'S SOCIAL PROTECTION SYSTEM

As the previous section sets out, there is a wide diversity of social protection programs that exist in the country, with some resulting in positive project outcomes. As will be discussed in the following sections, there are also notable gaps in the system related to scope, coverage and financing, as well as institutional weaknesses in design and delivery, all of which limit the system's effectiveness. In this section we analyse the nature and effectiveness of the social protection system in The Gambia. For the purpose of this study, we define a social protection system as "the key structures and mechanisms that facilitate addressing multiple vulnerabilities in a holistic and integrated manner" (UNICEF, 2011). Specific attention is paid to the degree to which the system includes the most vulnerable groups and its capacity in addressing intersecting and compounding vulnerabilities. This helps us to then suggest a policy and operational agenda to support The Gambia in transitioning to a more systematic approach to social protection.

6.1. Functions and coverage of the social protection system

Scope of the social protection system

In terms of functional characteristics, the current social protection system in The Gambia seems to focus on social assistance and promotive activities, particularly schemes designed to improve food security, address malnutrition, and promote access to education. There is less focus on healthcare and reliable income support through cash transfers to extremely poor and vulnerable households and individuals. For example, The Gambia does not have a universal social pension for the elderly or a child support allowance, as is the case in other countries across Africa (e.g. universal Child Transfers in South Africa).

Preventative social protection is highly limited in the country, given that social security schemes are reduced to those employed in the formal sector. The majority of the population work in the informal sector, thus lacking any form of social security. A notable gaps include the absence of national health insurance program, while the social security package excludes unemployment and paid maternity leave benefits. Although agricultural households face an ongoing risk of natural disasters with considerable effects on their livelihoods and food security, we were unable to find any examples of state-led crop insurance schemes for farmers.

Recognizing some of these limitations, the Government has recently begun discussing an extension of social security coverage to the informal sector. While this objective is noted in the PAGE, a detailed plan as to how it can be achieved is absent. Recently, MoTIE has initiated measures to encourage the informal sector to formalize and support access to social security by waiving business registration fees. This is still in an early stage, but it is hoped that positive results will be seen by the end of the year. Low and irregular incomes of most poor people working in agriculture and informal jobs preclude them from making regular contributions to formal security schemes, so it remains to be seen whether one-off support will be an adequate incentive to register. This measure also does not resolve the problem of unemployed people, especially the young, who suffer high unemployment rates and require social assistance to protect them from human capital deficits.

Coverage and predictability of the social protection system

Social protection schemes are generally short-term and emergency oriented. Long-term and predictable social transfers and promotive initiatives, which are institutionalized as part of the social protection system and targeted at the extreme poor are rare. Many social transfers are transitory and project-based, characterized by unreliable funding that jeopardizes their sustainability over the long-term. For example, food transfer projects are important measures to temporarily address acute food insecurity and abate the risk of severe child malnutrition at time of shocks. That said, considering the recurrent and seasonal nature of household food insecurity in The Gambia, only a systematic and long-run coordinated social protection response is likely to have sustained impact on food insecurity and malnutrition. In reality, however, many of the poorest households miss out on a predictable income transfer to smooth the consumption during the 'hungry periods' of the year.

On a positive note, there are indications that the system may be gradually moving away from an emergency-based approach in favor of a more stable and sustainable development approach, as illustrated by the recent launch of the WFP's Nationally Owned Sustainable School Feeding Program (2012-2016) (see **Box 29**). Other exceptions to short-term programming include NaNA's Micronutrient Deficiencies Program and the PEGEP, which have been in place for a long period of time; however, they are yet to achieve nation-wide coverage.

BOX 29: MOVING TOWARDS A NATIONALLY OWNED SCHOOL-FEEDING PROGRAM

The importance of the School-feeding Program for Child Nutrition prompted policy discussions around a need to develop a school feeding policy and ensure the program is nationally owned and sustainable. This led to the recent launch of the WFP's Nationally Owned Sustainable School Feeding Program (2012-2016), which adopts a multi-sectoral approach to school feeding through social assistance (e.g. provision of school meals), livelihood promotion (aiming to incentivize local farmers to procure food for school meals) and education (increasing awareness of children on nutrition, the environment, climate change and community-level disaster risk reduction).

Limited coverage and inadequate transfer of support characterize the majority of social protection initiatives in The Gambia. Social transfers generally have a very small reach (e.g. transfers may cover between five to a few hundred recipients). Concern Universal's Cash Transfer Pilot has been the largest cash transfer project to date, providing assistance to an estimated 20,000 beneficiaries, which represents only a fraction of the population affected by the drought disaster in 2011. According to key informants, coverage of state-run schemes is generally highly inadequate, leaving the majority of demands unmet. For example, DSW staff estimate that nearly 90 per cent of potential beneficiaries miss out on support due to severe budgetary and human resource constraints. To illustrate the gap, they explained that in 2012 they only had 12 tins of baby food to distribute to 52 orphaned babies. Similar limitations are faced in the NGO sector. For example, in our interview with CaDO we have been told that an estimated 70 per cent of OVCs miss out on social assistance. *The support is particularly inadequate in peri-urban locations where extreme poor and migrant families reside*, who also risk being excluded from extended family networks.

Even large-scale programs suffer from resource shortfalls, which result in inadequate coverage. For example, within the school feeding program, only 90 per cent of planned beneficiaries are reached, and budgetary constraints often necessitate reduced food rations. FGDs in the URR showed that because of procurement bottlenecks, children sometimes miss out on school meals for two months per year. Likewise, interviewed communities in the CRR reported many problems with the school feeding program including delays in distribution and expectations that parents would donate either money or in-kind support (e.g. vegetables, wood etc.) to maintain the scheme, which were disincentives for poor parents to send their children to school. Similar budgetary constraints limit the scale of the micronutrient campaigns for severely malnourished children to Primary Healthcare Villages only. Although there are plans to scale up the initiative and roll it out across the country, this expansion seems unlikely in the near future unless the state significantly increases its investment (UNICEF, 2012).

Livelihood promotion measures – such as asset transfer programs, microfinance and training schemes – generally have broader coverage. The World Bank's Emergency Agricultural Production Project, for example, reached an estimated 56,280 poor farmers. Nevertheless, qualitative insights from FGDs revealed that agricultural support and training and entrepreneurship schemes are generally considered to be inadequate and unreliable. In the CRR, we have been told that although the Government sometimes provides seeds, the quantity and quality is usually low. For example, last year 21 bags of granola seeds provided by the Government were said to be infected by fungus, causing some people to die from poisoning, though we were unable to confirm this. Farming inputs, such as tractors

and fertilizers, are not distributed in a timely fashion. In the URR villagers told us that “to harness seasonal yields and raise production, [...] the] timing of planting is crucial to get it right. [The] Government [...] is giving one tractor to the whole ward and by the time it gets to the village the planting season is over”.

Moreover, it was not always clear from the analysis the extent to which livelihood promotion schemes reach the extreme and/or chronic poor and other socially excluded groups. There have been only a handful of examples where the extreme poor have been directly targeted (e.g. The World Bank’s Emergency Agricultural Production Project). Anecdotal accounts also suggest that livelihood enhancement schemes may be vulnerable to a high degree of leakage and elite capture, partly resulting from inefficient targeting of the clients (in **Box 30** we review the key targeting methods adopted by project designers to identify and select beneficiaries).

BOX 30: MAIN TARGETING APPROACHES

Programs employ various targeting approaches to identify beneficiaries, depending on their objectives and scale. We have identified schemes that use income-based, categorical and geographical targeting, and many use a combination of all three approaches. A combination of categorical and geographical targeting, however, appears to be the most common approach to selecting recipients.

Within the income-based targeting approaches, most projects adopt either a simple means test and/or community-based targeting. Simple means testing was commonly used in social assistance schemes run by DSW, many of which selected beneficiaries through an interview and visit to the household by a DSW social worker to verify in a qualitative/visible way the level of poverty and need.

Community-based targeting was adopted in the MoBSE CCT. Through community meetings involving mothers’ clubs and school management committees, the most vulnerable girls were identified for support. Community-based targeting may often apply unclear criteria, causing leakage problems particularly in the context of emergency response, when implementers face time pressures to deliver support. To avoid leakage of benefits, the CCT combined community-based targeting with a means-testing method to identify the poorest girls.

Categorical targeting is also commonly employed in social assistance and livelihood promotion projects, defining eligibility in terms of individual or household characteristics that are fairly easy to observe and are correlated with poverty. Categorical groups that have been defined as vulnerable and deserving of support in The Gambia include: children (OVCs and Almudos in particular), young unemployed people, women, people with disabilities and rural poor, the elderly and PLHIV. There are other categories that do not often feature in social protection programming, such as migrants, single parents, widows, and child-headed households. Also, as previously mentioned, not many programs disaggregate between transient, extreme and chronic poor in their design.

Geographical targeting has been used in projects that address food insecurity and livelihood promotion. WFP food security assistance is based on an assessment of households’ food and poverty gaps, with the most food-insecure households prioritized for assistance. While geographical targeting is very important in directing resources to spatially excluded and disadvantaged regions, the focus on rural poverty in The Gambia may neglect small pockets of the poor emerging in urban locations. It is mainly donors who employ more complex targeting methods, as effective targeting requires substantial investments in systems and staff capacity. In the context of general administrative and data collection systems in The Gambia, universal approaches may be more practical and less risky in terms of exclusion risks and costs of targeting. Universal social protection programming also makes sense in the context of widespread poverty and food insecurity. Nevertheless, they may not be politically and financially feasible, as stressed by a few respondents in our study.

6.2. Design considerations: To what extent does social protection respond to multiple deprivations?

There are two basic premises of our conceptual framework: firstly, people are vulnerable to multidimensional risks that have social, economic, health and environmental dimensions. Secondly, different risks and vulnerabilities are often intertwined and mutually reinforcing. Therefore an integrated social protection system/programming must consider how experiences of various economic and social risks and vulnerabilities intersect and potentially reinforce one another.

As we have discussed already, social protection programs address a range of risks and deprivations facing poor and vulnerable groups. Analysis of program objectives, however, highlights that *the majority of programs focus on protecting people from economic risks, including economic impacts of environmental shocks and stresses*. Social risks on the other hand are given considerably less attention in programming and are very rarely incorporated into measures with economic objectives. Integrated program design is not common practice. For example, measures that address food insecurity rarely incorporate environmental security and gender-sensitive features in their design.

Moreover, *projects often fail to take into account family composition and intra-household dynamics*, which not only shape people's exposure to poverty and vulnerability but also determine the effectiveness of social protection support (as discussed in **Box 31**). For example, it is well documented that intra-household gender dynamics can shape people's access to food: in patriarchal households, male household members may be given priority in the distribution of food. These dynamics, however, are not explicitly acknowledged in schemes focusing on food security, such as food rations. According to one respondent, "When it comes to social programming, a better understanding of broader social context and needs is needed rather than adopting a 'let's just run with it' approach".

BOX 31: DESIGN WEAKNESSES OF OVC INITIATIVES

Poorly-designed OVC initiatives are often the result of insufficient consideration of individual circumstances and family dynamics/structure. For example, not all members of large families are covered by such initiatives, thereby forcing families to decide who is supported and often leading to negative coping mechanisms such as removing some children from school. Projects also rarely address the spectrum of risks/vulnerabilities facing children at different life stages; project-based support typically has a cut-off point (e.g. support up to a certain level in school but not beyond) rather than providing often-necessary support across the lifecycle.

Good practice is emerging, however, and we have identified projects that adopt a more holistic approach to integrating diverse risks. Projects focusing on OVCs (e.g. CADO's Home-based Care Project and SOS Village Project) often combine nutrition, education, and psychosocial support with income-generation activities to ensure that households are economically secure to protect children, while social vulnerabilities of OVCs are addressed through specialized social services and links to complimentary measures (e.g. access to education).

6.3. Equity considerations: How inclusive is social protection provision?

There is evidence to suggest that well-designed social protection can help in achieving greater equity by channelling resources to and expanding access for vulnerable populations who are excluded from opportunities (UNICEF, 2010). This section looks at the extent to which social protection programs in the country are inclusive and sensitive to the vulnerabilities of specific groups. We focus on children, women, people with disabilities, the elderly and PLHIV, as these groups have been identified as facing widespread deprivations. The issue of inclusion is analyzed with respect to how program design – either through core programming or linkages to complementary measures – ensures that benefits reach these target groups. Data limitations, particularly in terms of disaggregated data, preclude us from making detailed analysis, and future research is required to establish a more nuanced perspective on this issue.

Children and adolescents

There are a number of child-focused social protection provisions in The Gambia, including school meals and nutritional transfers, scholarships and school fee waivers, basic health packages and cash transfers. There are social transfers and social services that focus on meeting the needs of children in very vulnerable situations (e.g. CCT for Almudos, drop-in center for street children, Tostan's Community Empowerment Project). Taken together these measures present an important effort to protect children from multiple risks and deprivations, many of which are related to income poverty, and ensure their basic needs are met. A notable gap is a lack of health insurance, which is a critical measure given high child mortality rates in the country.

Other measures, such as social security, food aid, and livelihood promotion focus on household-level deprivation, but can have important benefits for children's wellbeing. However, as already discussed, intra-household dynamics often determine access to support for different household members. This is particularly relevant in the context of the Gambian household, which is generally large and polygamous, and norms around gender and age can have important influence on members' access to benefits. For example, there is ample evidence in the literature to show that cash transfers have a stronger value for children's consumption and wellbeing if the transfer is given to mothers (Jayasinghe, 2012). Although there is a dearth of age and gender-disaggregated impact evaluations for social protection schemes, our review has found important evidence on this issue. Two examples illustrate this assertion. First, analysis of programs focusing on OVCs shows that insufficient attention is paid to family dynamics/structure, as noted in Box 31, above. Another example relates to social security and the extent to which provisions extend to the employee's family. This issue is particularly relevant to survivor benefits, in the context of large, polygamous families with many dependents. In most cases, people do not update their records (i.e. appending new children and additional wives etc.), which puts younger wives and children in jeopardy.

Finally, little evidence was found with which to assess the child-sensitivity of general livelihood promotion measures. Although these mechanisms can help reduce household income poverty and vulnerability, benefits may not automatically translate into positive outcomes for children. In fact, when mothers are engaged in income generation activities without child care support, the measures can have adverse effects on children in terms of reduced care and nurture and increased child labor (Perezniето, 2009). As flagged earlier (see Box 26), the Freedom from Hunger rice promotion project is the only activity that we have identified that focuses on this issue. Program planners in The Gambia need to ensure that through a careful design of instruments, benefits adequately accrue to children.

We have also assessed the extent to which social protection schemes address child deprivation across different ages. *Overall, it appears that benefits accrue mostly to infants and primary school children, since provisions to protect nutrition and promote access to basic education are fairly widespread.* For younger cohorts of children, free nutritional supplements and free health services are particularly relevant given the higher morbidity of this age group. Income-generation support, cash transfers and food security measures also have the potential to safeguard children's nutrition; however, the high rates of malnutrition in The Gambia suggest that efforts must be scaled-up and made more systematic, particularly during the 'hungry season', when risk to malnutrition is especially high.

Despite the range of vulnerabilities that adolescents face – and girls in particular – there is a relatively limited pool of social protection measures that focus on this age cohort. Most of the measures (e.g. scholarships, CCTs for the poor and rural girls) support access to secondary education, but there are few examples of programs supporting older adolescents' transition to work and/or social transfers focusing on 'out-of-school' adolescents. Most of the employment promotion activities target young people (18 years and over). Finally, *stronger synergies can also be created between social transfers and child protection*, as many child protection violations are poverty-related. Social transfers targeted at girls can thus be linked to promotion of girls' empowerment and reduction of social vulnerabilities related to harmful traditional practices and GBV (e.g. early and/or forced marriage, sexual abuse of teens and FGM/C in the case of young female children).

Gender-sensitive social protection

Adopting a gender lens to policy and programming is another critical dimension of inclusive and integrated social protection systems. Social protection has an important role in tackling gendered experiences of poverty and vulnerability (Jones and Holmes, 2010).

A number of female-focused initiatives have been identified that directly or indirectly improve women and girls' wellbeing. These include measures aimed to boost girls' enrolment and, in particular, attendance at school through scholarships (e.g. PEGEP, GETF) and cash transfers (e.g. MoBSE CCT for rural girls). For older women, a multitude of livelihood promotion programs aim to directly improve their economic status and thus help reduce poverty and vulnerability in the short and medium term. *At the same time, there is little attention paid to social risks, gender*

discrimination and discriminatory social institutions (e.g. early marriage and GBV) in social protection programming. For example, across the livelihood interventions we have mapped, very few directly address women's social status and/or support mothers in their child-care role.

As noted elsewhere in this paper, there is an acute lack of legislation and social services to counter gender-based violence in the country. There is also a *dearth of schemes that focus on women in particularly vulnerable situations* such as single mothers and divorced or widowed women. The Family Strengthening Program implemented by DSW is the only social transfer that explicitly addresses the poverty of widows.

HIV-sensitive social protection

Social protection measures that are HIV sensitive can play a critical role in improving food and economic security and combating structural drivers of social exclusion (UNAIDS, 2010). *The National Strategic Plan for HIV/AIDS has prioritized expanded support for PLHIV* and has mobilized resources from the World Bank and the Global Fund to implement the national plan. There are ambitious goals of providing PLHIV with improved medical care, community-based care and social support and opportunities for economic self-sufficiency. To date, however, *implementation of the strategy is lagging*: health support and community-based care is limited both geographically and in coverage. Our mapping has identified only a handful of social protection schemes that directly target HIV/AIDS-affected people and families, mainly with regard to food security (e.g. Concern Universal cash transfer pilot) and assistance to OVCs (e.g. Home-based Care Support project and SoS Village project). Current responses to meeting the needs of PLHIV, including OVCs, were considered to be inadequate by key informants. An estimated 70 per cent of OVCs in the country are currently outside the circle of support. Low coverage can be a result of stigma and discrimination, which precludes people from seeking support, as well as inadequate outreach of measures.

There are stand-alone income generation activities (e.g. the UNAIDS livelihood promotion initiative) aimed at minimizing the loss of productivity and burden of care on families; however economic self-sufficiency is undermined by their episodic nature. They also do not appear to be linked to complementary areas of support: importantly, an integration of the HIV/AIDS lens into national food security and nutritional transfers is missing. Our review of both emergency food aid and more systematic transfers, such as school feeding and micronutrient supplement programs, do not appear to be HIV sensitive. This could be a result of the low awareness and capacity of staff that plan social transfers of the importance of integrating HIV-sensitive features in the design.

People with disabilities (PWDs)

People with disabilities (PWDs) are recognized in the policy arena as a social group in need of assistance, and there are some social protection measures that directly focus on their economic and social needs. The largest provider of support is the Disability Unit of the Department of Social Welfare, which provides rehabilitation and social services for PWDs as well as financial support to members of disabled people's organizations to support livelihood promotion activities (see Box 32). Education policy is also committed to ensuring children with disabilities have access to schooling.

Notwithstanding these efforts, the *coverage and level of support is highly inadequate and sporadic*. According to key informants working in the area of disability, the meeting of demand is well below target due to limited and unreliable resource streams and a lack of capacity to design and deliver projects. Disabled People Organizations are reaching a very tiny proportion of PWDs: respondents estimated that only 10 per cent of PWDs receive adequate support. One key informant illustrated the coverage gap with the following example: In 2012, DSW provided four wheelchairs in Basse, although 40 people expected support. Interviews indicate that the bulk of rehabilitation and support services are delivered in the GBA, while rural areas are overlooked due to lack of financial and staffing resources. Impact evaluations with disaggregated data are required for more precise figures on coverage, though these are acutely lacking.

BOX 32: CHALLENGES FACED BY THE RURAL DEVELOPMENT DISABILITY ORGANIZATION IN BASSE, URR

The Rural Development Disability Organization (RDDO) in Basse was established in 1999 and has grown into an advocacy and service delivery organization with 1,035 members across the CRR and URR regions. It currently runs four programs including an adult disability program, ECD/nursery program and educational support for deaf children (6-10 years of age). In addition to engaging in rights-based advocacy, the organization also organizes trainings in business management and micro entrepreneurship (e.g. soap making, tie dying, gardening) as well as facilitating access to micro-credit.

RDDO relies on multiple donors for funding, including SDF, DSW, ActionAid, VSO and CRS, and highlighted that not only is its support limited, but also highly unreliable. The project-based nature of funding means that activities lack sustainability and cause major disruptions to implementation. For example, Volunteer Services Overseas phased out its support after two years, which had a major impact on RDDO administrative capacity. Many activities had to be placed on hold (e.g. free meals for children attending nursery) until a new donor is found. Similar interruption to food aid to deaf people was caused when CADEC withdrew its support in 2011.

Staff is committed to rising funding but there is a limited capacity to apply for grants. A review of programming also indicated that strategic and project-planning capacity needs some strengthening. For example, the Department of Education has built a new kitchen to provide food for kindergarten children; however the kitchen has not been in operation for a year as staff does not have cooking skills. Land for gardening was also provided; however a lack of funding and horticultural skills has prevented them from farming.

Source: Kils, 2013

Social protection for the elderly

Our analysis found there is *very little social protection focusing on elderly people*. Indeed we could only detect three schemes, including a social transfer delivered by DSW with exceptionally small coverage (e.g. 25 people received a transfer in 2012), and periodic health support offered by the Aging with a Smile Initiative. There is also a residential home, which provides care services to persons without families. Most assistance is provided through informal social protection, which is an important albeit insufficient channel of support, given the already high burden of care faced by communities. *Considering that elderly people in The Gambia have the highest poverty rates in the country, there is an urgent need to consider the vulnerabilities faced by this age group and step-up policy commitments to ensure they have access to adequate support.*

6.4. Institutional challenges

We now turn to briefly discuss some of the major institutional challenges to the further development of an integrated social protection system in The Gambia.

Fragmentation

As established already, social protection programming in The Gambia is characterized by a multitude of schemes with small coverage. *Part of the problem also lies in a high degree of fragmentation between various programs, and the absence of effective mechanisms to coordinate different types of initiatives* and streamline the activities of various actors working in the field. We did not find any systematic coordination between different types of instruments and institutions. Rather, there is much evidence of *programs and services being ad-hoc, uncoordinated, and running in isolation*. It appears that schemes are often designed to address specific issues from a sectoral perspective, rather than as part of an integrated system. This frequently results in programs targeting overlapping population groups. Scholarships appear to be particularly fragmented given the large and diverse number of state and non-state actors involved in sponsoring children. At the same time there are no management and administrative coordination arrangements to plan, deliver and monitor sponsorship. Risk of leakage of benefits is also high in emergency contexts. The Social Protection Mapping provided evidence of the same families receiving food packages from two different organizations while other families missed out on much-needed support during the recent food

crises. Similar overlaps have been reported in the delivery of microfinance and livelihood promotion programs. Needless to say, fragmentation of programs significantly undermines their effectiveness and efficiency. Poor coordination is often the result of a range of factors, but the following four appear most pertinent in the context of The Gambia:

Absence of national policy/ strategy

First, *there is a lack of unified national policy and strategy on social protection*. The absence of a multi-sectoral strategy and action plan makes the coordination of social protection by various government ministries, civil society organizations and other stakeholders difficult (KII, 2013). This means that a wide number of actors operate without a common vision and formal guidelines, underscoring the importance of developing joint vision and strategies. National policy is a starting point to achieve this.

Lack of central coordinating institution

Second, effective collaboration is *hampered by the absence of a recognized central coordinating institution for social protection*. Currently, there is no sole government counterpart that has the mandate and capacity to coordinate analysis and stakeholder participation within a multi-sectoral theme such as social protection. DSW's institutional role in relation to social protection is unclear, and its capacity to streamline and synchronize an integrated agenda on social protection is weak. Establishment of the Social Protection Steering Committee in 2012 is an important step in a right direction: its mandate – as an inter-ministerial platform – is to facilitate coordinated actions and policy and programmatic alignment among key ministries and donors.

Lack of cohesion among stakeholders

Third, *stronger coordination is particularly important at the sub-national level*, both in government and NGO fora. In our interviews with local government staff, we were frequently informed of a lack of coordination even among actors working in similar areas and locations, as there are no viable mechanisms to track and sustain collaboration and exchange information and knowledge. Even where such structures and mechanisms are present, coordination processes are not as effective as they should be. The case in point is the Technical Advisory Group (TAG), which in principle offers a critical platform for multi-sectoral coordination at both regional and local levels. Nevertheless, a lack of resources and capacity to effectively follow up on decisions and monitor actions of TAG meetings often bring less-than-optimum results. A few respondents also stressed that a lack of skills and interest in networking are some of the cultural impediments to working in partnership.

Lack of coordinated monitoring and evaluation

Finally, the absence of a coordinated monitoring and evaluation (M&E) system contributes to ineffective coordination: without systematic data it is difficult to determine the coverage and impact of work undertaken by different actors, or to define responsibilities. *The Gambia for example, still lacks a single national registry that enables easy recording of and access to information for target populations*. The issue of M&E is further discussed in the section below.

BOX 33: NATIONAL ENVIRONMENTAL AGENCY (NEA)

In our Key Informant Interviews, the NEA was often cited as a good practice example of a multi-sectoral coordinating body. The Agency itself reported that effective coordination is not easy to achieve, due to competing priorities among actors and difficulties in consensus-building. However, they identified five key areas necessary for success: First, it is critical to have a strategy and action plan in place right from the start to ensure that mandates, rules and regulation are clear in order to guide overall decision-making. Good strategic planning is also essential to ensure focus on meeting objectives. Second, working groups (also called working fora) are a very useful tool to facilitate collaboration. Within each of their 11 program areas, the NEA organizes a multi-sectoral working group wherein every relevant stakeholder is represented. Third, building a sense of ownership among partners is very important; meetings from the planning stage are organized to initiate conversation, sensitize members and ensure they feel a part of the decision-making process. Fourth, resource mobilization strategy is very important to have in place as 'everyone wants a piece [of] cake'. This is an important incentive for continued engagement. Finally, monitoring systems are crucial to constantly improving practice.

Institutional capacity

Capacity to design and implement social protection projects is another critical aspect of an integrated social protection system. In The Gambia there are perennial capacity deficits among institutions engaged in social protection, with important differences. While some institutions such as the Ministry of Finance and Economic Affairs and Ministry of Basic and Secondary Education are considered to be agencies with a higher level of competence and leverage, the Ministry of Health and Social Welfare generally struggles to attract sufficient human and financial resources, which often results in weaker capacity for policy formulation and program delivery. Similar challenges are encountered by sub-national government agencies and NGOs interviewed in this study.

Human resourcing gaps

Qualitative evidence collected in our study suggests that administrative and technical capacities to design integrated social protection programs are under-developed. Strategic planning has been highlighted by many organizations as a key gap; without basic skills they run into problems of prioritization and designing programs that are feasible and results-oriented. There is also a need to strengthen evidence-based programming. At a sub-national level, there is a limited awareness and understanding of transformative social protection frameworks, as social protection is typically seen through a sectoral lens. Many actors associate the concept of social protection with social welfare. This has been confirmed in the Social Protection Mapping exercise, as respondents generally demonstrated a limited knowledge of basic instruments. For example, respondents struggled to understand the concept of social protection and differentiate between cash benefits⁴⁰ and benefits in kind⁴¹ (O’Gorman, 2013). There is a significant need for further capacity development within DSW (e.g. training in child care, M&E, psychosocial skills, managerial skills, IT skills). It has been also highlighted that institutions/organizations face basic staffing problems. Actors often work with insufficient manpower compared to workload and growing demands for support. For example, only two social workers employed by DSW are currently delivering social welfare services across the URR and CRR, where operations have been decentralized.

Capacity gaps reflect broader human resource challenges affecting civil service in the country. **Skills shortages are compounded by a high attrition rate and poor remuneration in the government sector.** Respondents frequently complained of an inability of public services to motivate and retain skilled personnel to allow for career development and security of tenure. For example, DSW has a very high staff turnover for a limited number of specialized professionals (such as trained social workers) in the area because it competes with other agencies that offer the same welfare services and have better working conditions (Chikova, 2010). This interrupts continuity of programs, provokes a loss of institutional memory, and prevents the capacity to consolidate longer-term learning that can benefit the process of policymaking. Finally, capacity is also lacking at a more rudimentary level, as staff lacks basic resources for work, including shortages of transport, fuel, reliable electricity, adequate working spaces and equipment (e.g. papers, desks, computers), access to IT facilities and communication networks. In sum, these issues hinder timely implementation of programs, and in particular prevent rapid response.

Weak financial capacity

Institutional capacity is generally inadequate because of a limited ability to finance social protection programs and strengthen organizational structure and processes. Actors commonly reported that insufficient budget allocations are aggravated by multiple demands for funding, which means that meager resources are often over-stretched, despite a growing community demand for support. DSW, for example, suffers from financial shortfalls: although it is allocated 1.3 per cent of the MoH budget, the actual disbursement of money is significantly less (0.8 per cent). Moreover, late and untimely allocation of financial resources affects program implementation. Many actors (e.g. DSW, WFP, NaNA, CADO, the National Disaster Management Agency (NDMA)) have frequently reported this problem during our fieldwork, both at national and sub-national levels.

Another challenge is related to the type and nature of funding. As a low-income country, much of the financing for social protection and basic services depends on international aid. Reliance of state and non-state actors on international donor financing creates on-going uncertainties over program sustainability. Dependence on project-based funding and multiple donors also contributes to system fragmentation and lack of regular and predictable schemes. There have been many examples of project-based funding having negative impacts on organizational capacity to run programs once donors withdraw. This is exacerbated by the absence of an exit strategy on the part of the implementing partner.

40 Cash benefits are defined as transfers provided in cash, such as income replacement and income support benefits.

41 In-kind benefits are goods and services provided directly to the recipients as well as in the form of cash reimbursements

Knowledge management and learning

Data collection and analysis

Structural shortcomings in the area of data collection, management and communication present another key impediment to well-informed policymaking and program development in social protection. The technical capacity to collect and analyze data in the multi-dimensional area of social protection remains primarily sector-based and reliant on time-intensive methods and processes. This often causes information gaps, methodological inconsistencies and delays in data processing (WFP, 2012). Governmental institutions – both state and local – continuously collect a rich variety of information; however, there are serious shortcomings with regard to data accuracy, functionality and timeliness. An important gap is the lack of up-to-date analysis of vulnerability and poverty dynamics, which affects the effectiveness of social protection programming.

Monitoring and Evaluations

In our fieldwork it became apparent that integrated information management and monitoring and evaluation systems are rarely operating. Even if the Monitoring Information System (MIS) exists, it is usually within a single sector and/or department, and exchange and coordination of data across sectors and departments is extremely rare. For example, at a regional level, even if activities from various departments are reported to the Technical Advisory Group, there is not a web-based database that stores data pooled from various sectors, and enables easy exchange of information. This often causes delays in the dissemination and effective use of relevant data.

Moreover, ***regular monitoring and evaluation of programs is not done systematically.*** Currently, for example, DSW does not have an effective monitoring process in place to track its activities, and monitoring is mainly done through annual reports. A review of DSW annual reporting shows a rather simplified approach to data collection and reporting, focusing mainly on presentation of project outputs. Evaluations of schemes are rarely undertaken. That said, DSW has recently engaged an expert to help develop a Management Information System (KII, 2013). The Social Protection Mapping (2013) exercise found that only 16 per cent of social protection program respondents use a computerized system to monitor programs. A lack of staff to run and maintain M&E system, unreliable IT infrastructure, and frequent power outages were cited as some of the reasons behind inadequate M&E.

Evaluations of social protection programs are either not systematically carried out or not publicly available. Indeed, during data collection for this study, we have struggled to obtain many evaluation reports for the programs under review. International donors mainly commission impact evaluations, all of which we have sourced and reviewed for our analysis.

On a more positive note, there seems to be a growing commitment to evidence-informed policymaking. Donor technical assistance is playing an important role in developing the evidence base that underlies social protection reforms. For example, UN agencies have commissioned this study in order to generate an evidence base to inform social protection reform in the country. There are other positive developments as well, mainly in the food security and nutrition domain. For example, WFP is currently supporting the Government to establish an Integrated Food Security Monitoring System for better early warning in The Gambia. The plan is to streamline data collection and analysis processes via enhanced coordination among multiple stakeholders and a more systematic use of improved tools and methodologies. Importantly this would bring various issues relevant to food security – such as livelihoods, nutrition, agricultural production, access to markets, food prices and gender dynamics – under a unified conceptual umbrella. This process could offer some important lessons for social protection, in the event that there is a plan in future to establish something similar for the social protection M&E system.

7. FISCAL SPACE ANALYSIS

7.1. Potential fiscal space for social protection

In this section we discuss potential opportunities within the Gambia's fiscal space for funding social protection interventions. We adopt Heller's (2005) definition of fiscal space, which defines it as "room in a government budget that allows it to provide resources for a desired purpose without jeopardizing the sustainability of its financial position or the stability of the economy" (Heller, 2005 cited in Handley, 2009).

This paper adopts a fiscal analysis framework⁴² that is based on five principal channels for harnessing and sustaining fiscal space, including: (i) *increasing revenue* through increased economic activity (i.e. real growth in gross domestic product (GDP) and increases in the revenue as a proportion of GDP); (ii) *reallocating spending* from lesser to higher priorities and from lesser to more effective and productive programs; (iii) *reducing public debt* with a view to freeing up resources that would otherwise be spent on meeting the Government's future debt service obligations; (iv) *increasing borrowing* from either external or domestic sources; and (v) *increasing aid* in the form of grants and concessional loans.

The coverage and quality of financial data that we were able to access for the study of fiscal space was highly limited. As a result, we relied mainly on IMF sources and data collected through key informant interviews. This means that our analysis is indicative of general trends only, while a precise assessment of the fiscal space available requires more in-depth work in future.

Mobilization of domestic revenues

Real GDP growth is the key engine of revenue mobilization and fiscal space in general. **Table 5** illustrates robust economic growth in The Gambia since 2007, with the exception of a drop in 2011. Between 2007-2010, real GDP growth averaged around 6 per cent, driven mainly by agriculture and tourism. In 2011, the economy was impacted by severe drought and a failure in crop production (an estimated drop of 60 per cent). Growth rates subsequently recovered to almost 4 per cent in 2012, but events in 2011 exposed the country's economic vulnerability to external shocks, including weather-related disasters (IMF, 2013).

Looking ahead, *the near- and medium-term outlooks for economic growth in the country are positive*: the latest IMF assessment projects a particularly strong GDP growth of 8-9 per cent a year in 2013 and 2014, well above the regional average (see **Table 6**).

TABLE 6: REAL GDP GROWTH (PER CENT)

	2007	2008	2009	2010	2011	2012	2013	2014
The Gambia	3.6%	5.7%	6.4%	6.5%	- 4.3%	3.9%	8.9%	8.5%
SSA ¹ median	7.0	5.6	2.7	5.4	5.3	5.1	5.4	5.7
Low income countries ² median	7.6	7.1	5.5	6.4	5.6	5.7	6.3	6.6

Source: IMF Regional Economic Outlook: Sub-Saharan Africa, 2013

42 This framework is adapted from Handley (2009) Fiscal Space for Strengthened Social Protection in West and Central Africa. Regional Thematic Report Study 2. London: ODI

This strong real GDP growth has not translated into expected improvements in revenue growth in recent years. As **Table 7** shows, *government revenues relative to GDP have lagged behind regional averages*: tax revenues in The Gambia have been averaging around 16 per cent compared to 26 per cent median in the SSA (IMF, 2013b). A traditionally inefficient tax policy and tax collecting system have been principal causes of a narrow tax base and widespread tax evasion in the country. The Presidential Tax Commission recently found that more than 2 billion Dalasis per year is lost due to tax evasion (Key Informant Interview, 2013). Clearly there is significant scope to rebuild the revenue base in The Gambia in order to expand the fiscal space.

TABLE 7: GOVERNMENT REVENUE, EXCLUDING GRANTS

	2007	2008	2009	2010	2011	2012	2013	2014
The Gambia	17.4	16.3	16.2	14.9	16.1	16.6	16.3	17.2
SSA median	26.7	28.5	22.8	24.3	27.7	27.1	26.4	25.8
Low-income countries median	16.1	16	15.9	17.2	17.5	17.8	18.0	18.2

Source: IMF Regional Economic Outlook: Sub-Saharan Africa, 2013

However the situation has been improving since 2011, as domestic revenues are beginning to gradually strengthen. Authorities have begun pursuing tax reforms, which are already bringing some important results. Tax revenues increased from 14.9 per cent of GDP in 2010 to 16.6 per cent in 2012 following the partial reduction of fuel subsidies and a high profile presidential commission against tax evasion leading to greater compliance (AEO, 2012; IMF, 2012). In 2013 the Government introduced a Value Added Tax (VAT) in order to collect additional revenues and create fiscal space, and this is expected to provide a permanent boost in revenues by 1- 2 ½ per cent of GDP (IMF, 2012; IMF, 2013). While it is still too early to accurately establish any gain from the VAT, there is some indication that revenues have already improved sharply: in the first month of 2013 alone, collected tax increased from a targeted 430,000.000 Dalasis to 519,000.000 Dalasis (Key Informant Interview, 2013).

With careful macroeconomic planning, prospects for creating fiscal space in the medium-term are good. The country's positive economic outlook provides an opportunity for the creation of fiscal space through acceleration of economic activity (i.e. real GDP growth is projected to rise to 8-9 per cent) and from increased revenue yields. A more regular flow of revenue will depend on further tax policy reforms and strengthened capacity for revenue administration. In the short-term, the Government may consider using some of the VAT proceeds to fund social protection. Ghana, for example, used revenue gains from VAT to finance its new national health insurance scheme, providing estimated additional revenues for the budget of over 1 per cent of GDP per year (IMF, 2004).

Increasing expenditures and re-allocating spending

Analysis of the data shows that – as The Gambian economy was growing – the total expenditure as a percentage of GDP has also been steadily increasing (see **Table 8**). In 2012 the total expenditure and net lending surpassed the regional average, reaching 30.2 per cent of GDP (IMF, 2013b). A further look into expenditure patterns indicates that non-discretionary spending claims a relatively high proportion. In 2012, an estimated 55 per cent of overall expenditure was allocated to paying wages, allowances and interest on public debt.

TABLE 8: TOTAL EXPENDITURE AND NET LENDING

	2007	2008	2009	2010	2011	2012	2013	2014
The Gambia	17.9	18.9	23.1	24.3	26	30.2	25	25.9
SSA median	26.8	28.9	29.6	29.3	29.9	29.7	30.2	29.6
Low-income countries median	23.6	23.0	23.8	24.7	24.5	24.2	24.9	24.6

Source: IMF Regional Economic Outlook: Sub-Saharan Africa, 2013

Pro-poor expenditure has also been increasing. Government spending for pro-poor programs increased from 33.4 per cent in 2009 to 39.4 per cent in 2011 (African Economic Outlook, 2012). Notwithstanding this, investment in key pro-poor sectors (e.g. health, social protection, water and sanitation and agriculture) is still below international

standards. Education is the only social sector that meets the international target of 20 per cent, as set by The Education for All (EFA) Fast Track Initiative (FTI) benchmark (Pro-PAG, 2012). *Budgets for health and agriculture, while gradually increasing in nominal terms, remain inadequate.* In 2013 government spending for health is projected at 9 per cent, which is far below the Abuja commitment of 15 per cent (MoF, 2013). Likewise, despite government commitment to prioritize investments in agriculture, current allocations (6 per cent in 2013) are below the target of 10 per cent as defined by the 2003 Maputo Declaration.

Budgetary resources going to social protection are even more limited (Key Informant Interviews, 2013). While quality data is not readily available, there is an indication that the country spends about 1.2 per cent of GDP on various social protection programs (The African Child Policy Forum, 2010). The African Union Social Policy Framework for Africa estimates the cost of a minimum social protection package to be between 2.5 and 5.2 per cent of GDP (Handley, 2009). However budget allocation within sectors reveals that the financial resources allocated for social protection initiatives is inadequate. Actual expenditures on social welfare represented a minute proportion of the Ministry of Health and Social Welfare budget, with less than 2 per cent spent on social welfare programs in 2012 (see **Table 9**). It is clear that the social sectors, and social protection in particular, are inadequately resourced, and that increases in spending are urgently required to ensure progress in the poverty reduction agenda.

TABLE 9: SOCIAL WELFARE - ACTUAL EXPENDITURE

Percentage of MoHSW budget allocated for social welfare	2009	2010	2011	2012
	0.86	1.31	1.30	1.87

Source: IMF Regional Economic Outlook: Sub-Saharan Africa, 2013

However an analysis of the fiscal situation indicates that – at least in the short term – *there is a limited scope for increasing fiscal space through raising expenditure for social sectors.* Faced with persisting fiscal challenges, the Government plans to reduce expenditures to control fiscal stability and reduce borrowing. This means that the policy and donor community would favour only selective rises in expenditures over the medium term.

Thus, in the near future, *re-allocation – rather than increases in total spending – may be a more realistic means of creating fiscal space* by boosting resource allocations to social protection policy and programming. This would require the Government and donors to prioritize social protection spending by reallocating from less priority sectors within existing budgets and/or improving efficiency of existing budget/expenditure allocations. As quality data on actual government expenditures is not readily available, we can only provide a rough assessment of potential shifts in expenditure based on budgetary allocations.

Considering the budget allocations for 2012 and 2013, government priority is increasingly focused on infrastructure development. The budget allocation for the Ministry of Works, Construction and Infrastructure has more than doubled in one year (from 11 per cent in 2012 to 23 per cent in 2013). Likewise, combined allocations to the Ministries of Interior and Defense were 20.78 per cent in 2012. The re-allocation and reprioritization of expenditure from these sectors towards pro-poor expenditure can be, in the longer-term⁴³, an important source of fiscal space. That said, the allocation of public expenditures according to government policy priorities is an inherently political process, and interest groups may vigorously oppose any shifts in expenditure. Like many low-income countries, the Gambia's limited national budget is formulated in a context of multiple competing demands for infrastructure development, improving access to basic services and promoting productive sectors. Thus any large-scale budgetary reallocations towards social protection may not be politically feasible unless there is a strong policy commitment. Energetic policy advocacy is also needed to ensure decision-makers are aware of the growth-enhancing potential of social protection, which may contribute to economic growth by strengthening the capacity of the poor to invest in productive assets and human capital.

On the plus side, there is a growing pledge by the Government to achieve progress in social protection. The PAGE, for example, clearly acknowledges that the budgets allocated to social protection are currently insufficient, and calls for an increase in resources committed to social assistance programs (MoFEA, 2011). Likewise, the donor community appears to support the channelling of additional resources (generated through greater revenue mobilization) toward PAGE priorities (IMF, 2012; 2103). The Government's strong commitment to poverty reduction, inclusive growth and greater equity will be demonstrated through its capacity to mobilize funds for social protection programs – once there are concrete proposals of well-designed interventions to mobilize such funding.

⁴³ Typically only about five per cent of a budget is reallocated each year. Large-scale budgetary reallocations (meeting one or more additional targets) would not be politically feasible or desirable in the short term.

TABLE 10: SELECTED SECTORAL BUDGET ALLOCATIONS 2012-2013

Ministries	2012 (recurrent and development)	2013 (recurrent and development)
MoBSE	14%	12.12%
MoHSW	13.07%	8.67%
Ministry of Foreign Affairs	7%	5.54%
Ministry of Defense	7%	5.11%
Ministry of Interior	6%	5.20%
Ministry of Higher Education	5%	8.09%
Agriculture	7%	5.68%
Ministry of works and infrastructure	11%	23.26%

Source: Ministry of Finance 2013

Debt Reduction

Debt service payments in The Gambia have a negative impact on fiscal space, producing a crowding-out effect on expenditures related to poverty reduction. An effective debt management strategy is thus a key method for creating sustainable, longer-term fiscal space. Although The Gambia has received extensive debt relief under the Heavily Indebted Poor Countries Initiative and the Multilateral Debt Relief Initiative (MDRI) in 2007, the stock of public debt remains high. In 2012, the public debt to GDP ratio was estimated at 78.9 per cent of GDP (IMF, 2013). According to IMF data, domestic debt has been increasing, growing slightly to 34 per cent of GDP by the end of 2012 (IMF, 2012). As a result, interest on debt continues to consume a large share of government revenues (22 ½ per cent in 2012), of which nearly 18 ½ percentage points were paid on domestic debt (IMF, 2013).

Since The Gambia is not eligible for further debt relief, *the Government has adopted a robust internal debt management strategy to address the high cost of this debt*. With the help of the IMF Extended Credit Facility program since 2012, the Government is trying to gradually minimize its domestic borrowing by reducing new domestic borrowing to about 0.5 per cent of GDP by 2014 (and stay at this ratio from 2014 onwards). Following this fiscal discipline over the medium to long term, domestic debt is projected to fall to 23 per cent of GDP in 2016. These savings (i.e. approximately 0.5 per cent of GDP a year from 2014) would directly contribute to the creation of fiscal space by freeing up resources that can be directed to poverty-reducing priorities, including social protection (IMF, 2011).

Increase borrowing

As was discussed in previous sub-section, *The Gambia already has a high debt burden and remains at high risk of debt distress*, which limits its capacity to contract additional debt to generate fiscal space. According to the IMF Debt Sustainability Framework (DSF), the Gambia is one of the four low-income countries that have 2012 debt-to-GDP levels that exceed the DSF thresholds. Only Cape Verde has a higher level than the Gambia: 85 per cent threshold as compared to 62 per cent, respectively (IMF, 2013b).

This situation means that The Gambia is highly constrained in seeking loans from domestic or external sources. While there is some scope for the Government to take on limited amounts of external debt through concessional loans⁴⁴ (i.e. DSA indicates that there is scope for up to US\$30 million a year), in reality it is difficult to attract this type of financing. Such borrowing is typically used for investment, rather than recurrent expenditure such as social protection (Handley, 2009). Finally, additional borrowing directly constrains the sustainability of future fiscal space, as the Government would need to meet its future debt service obligations.

44 These imply a minimum grant element of 35 per cent

Increasing aid

Grant aid is often not sufficient to create sustainable fiscal space, but it can be an important avenue for boosting financial resources for poverty alleviation. **Table 11** shows that The Gambia has received relatively modest support from development partners in recent years. Grant aid as a percentage of GDP has been fluctuating between 0 per cent in years 2010-2011 and 2.3 per cent in 2012. External financing surged in 2012 as a result of emergency drought relief.

TABLE 11: OFFICIAL GRANTS: % OF GDP

	2007	2008	2009	2010	2011	2012	2013	2014
The Gambia	0.1	0.4	1.3	0.00	0.00	2.3	0.7	0.7
	3.6	3.6	3.1	3.9	3.4	2.8	2.9	2.3

Source: IMF Regional Economic Outlook: Sub-Saharan Africa, 2013

Although the volume of aid is not very significant, *grants remain an important source of financing for social sectors*. For example, 80 per cent of the development budget is financed by bilateral and multilateral donors. Direct budget support from the World Bank and African Development Bank (AfDB) provides an important source of financing for social sectors (KII, 2013). According to our mapping of key donors in the Gambia, social protection/social welfare policy and programming are already financed by development partners including WFP, WB, UNICEF and UNDP, among others. Over the past two years, these agencies have demonstrated increasing commitment to strengthening the social protection system, providing technical and financial support to adopt a social protection policy/strategy and introduce a minimum social protection package (KII, 2013; UNICEF, 2012).

Thus *there is certainly scope to rely on additional grant financing for social protection*. The contribution of Overseas Development Aid to social protection will be of paramount importance, particularly in the initial phase of intervention development. WFP, for example, has indicated its intention to finance a cash transfer program within its food security portfolio and home-grown school feeding initiative (KII, 2013). Other donors, such as UNICEF and UNDP (as well as the ILO), have also expressed an interest in financing start-up social protection schemes.

At the same time, given the unpredictability associated with aid flows, the Government should not rely solely on grant aid to expand fiscal space. Recurrent expenditures such as social protection programs are typically financed by domestic revenues, as they are considered to be a more stable and predictable source of financing. This means that while the contribution of development partners to social protection is necessary to strengthen social protection programming, particularly in the early stages, gradual increases in financing commitments by the Government of The Gambia are crucial to ensure sustainability of support to the poor over time. Moreover, the availability of donor support may be constrained in light of emerging fiscal constraints in the advanced economies.

In moving the social protection agenda forward, it will be important to formulate a well-coordinated donor-financing strategy that is duly integrated within the National Social Protection Strategy. This is also important in avoiding fragmentation and overlap in efforts, which are characteristic of current social protection programming in The Gambia. The example of Ethiopia (Box 34) provides cues as to how donor harmonization can be achieved.

BOX 34: DONOR HARMONIZATION IN ETHIOPIA

In Ethiopia, donor agencies have pooled their financing and technical advice in support of a single program led by the Government: the Productive Safety Nets Program (PSNP). This approach harmonizes donor efforts in Ethiopia and enhances supervision and monitoring of the program, while avoiding excessive transaction costs for the Government and donor agencies. The rights, obligations, and coordination arrangements of this government-donor partnership are spelled out in a Memorandum of Understanding.

Source: Adapted from Wiseman, et al. 2010

7.2. Prospects for robust management of fiscal space

Creating additional fiscal space for social protection is only part of the challenge. It is also *important to ensure that funds are spent efficiently and effectively through strong Public Financial Management systems*. Faced with rather weak public sector management, the Government of the Gambia adopted the Public Financial Management Reforms Comprehensive Strategy 2010-2014 to enhance transparency of the budget process and strengthen budget planning and execution (IMF, 2012).

As a result of efforts to improve the institutional environment, the Country Policy and Institutional Assessment (CPIA) scores for The Gambia improved to 3.4 in 2012, up from 3.28 in 2010 (WB, 2012)⁴⁵. Nevertheless, although the composite scores have improved, the country continues to be ranked poorly in relation to transparency, accountability and corruption in the public sector (two out of six points). Weak expenditure control systems were corroborated in our Key Informant Interviews. For example, it was noted that government accounts are rarely audited – in some cases internal auditing has not been done in 7-8 years (Kils, 2013). As a result, the Government has recently established a Public Financial Management unit to ensure, among other priorities, better control of expenditure and internal auditing. Other recent achievements include pilot Medium Term Expenditure Frameworks (MTEF) in two ministries, and Performance Based Program Budgeting, as well as capacity development of the Gambia Revenue Authority. Notwithstanding these important developments, further efforts are required to improve budget procedures and enable the Government to achieve more efficient outcomes and greater value for money from its expenditures.

In summary, the headline figures suggest that The Gambia has the capacity to create fiscal space over the medium term, which can boost expenditure in social protection, provided there is political will to do so. First, significant potential for fiscal space arises from projected sustained economic growth and revenue mobilization. With a strong projected real GDP growth of 8-9 per cent a year in 2013 and 2014, and ongoing tax reforms in the country, revenue growth is also likely to continue over the next few years. Proceeds from VAT alone are expected to provide a permanent boost in revenues by 1-2 ½ per cent of GDP. Second, although the current pressure of fiscal deficits means that scope for substantial increases in government expenditures are unlikely in the near future, the pursuit of fiscal adjustment and realized savings (from reduced interest costs on public debt) will create additional fiscal space in the coming years. Projected fiscal savings from reduced debt service payments (approximately 0.5 per cent of GDP per year from 2014 onwards) can free-up substantial resources for social protection.

Over the short term, the Government may consider using some VAT proceeds to fund social protection⁴⁶. There may also be scope for inter-sectoral reallocation: areas for consolidation may include spending on the public sector wage bill, elimination of fuel subsidies and some shifts from budgets allocated to infrastructure development and/or defense. Finally, in the initial phase of establishing a national minimum social protection package, grant aid can make an important contribution.

That said, in the context of various competing demands for funding allocations in a low-income country such as The Gambia, any use of emerging fiscal space will be a matter of political choice. Thus the Government's current commitment to poverty reduction and social protection for the poorest and most vulnerable segments of the population, as reflected in the PAGE, will be demonstrated by its capacity to mobilize funds from fiscal savings that will emerge. In the short term, the expectation is that expenditure on social protection will grow, in line with international best practice. In moving the social protection financing agenda forward, it will be important to formulate a well-coordinated National Social Protection Strategy capable of responding to the extensive needs of the country's poor and vulnerable.

45 The CPIA, released publicly for the first time for 2005, rates each IDA country's present policy and institutional framework for fostering poverty reduction, sustainable growth and ability to effectively use public funds

46 As in the example of Ghana, as noted above, which commenced its national health insurance scheme in 2004

8. CONCLUSIONS

8.1. Poverty and vulnerability context

In the last decade, The Gambia has made significant progress towards reducing poverty and advancing the MDG agenda, particularly with regard to hunger, primary schooling and child immunization. Despite this progress, however, the country retains the status of one of the least-developed countries in the world, with high levels of extreme poverty (almost 40 per cent of people were extremely poor in 2010) and persistent household food insecurity (IHS, 2010). While poverty is still predominantly a rural phenomenon concentrated among subsistence farming households, a rapidly urbanizing population is creating new poverty challenges. Urbanization and the high dependency burden (nearly 40 per cent of the population is below 15 years of age) places a growing demand on reproductive care and basic services in both urban and rural localities, with important implications for social protection policy and programming.

Our study confirms that *the Gambian people are also vulnerable to a wide range of risks* including environmental risks (particularly weather hazards and deforestation), economic shocks and stresses (e.g. harvest failures, low returns on labor and global food price hikes), as well as health shocks. People's exposure to poverty is also exacerbated by a range of social vulnerabilities affecting certain populations (e.g. women, people with disabilities and people affected by HIV/AIDS), which typically manifest as social discrimination and exclusion from resources and opportunities.

Of particular concern for social protection in the country is the increasing exposure of the poor to environmental shocks and stresses (droughts, floods and deforestation in particular) underpinned by the effects of climate change. These risks not only increase the economic vulnerability of the poor, but also exacerbate *vulnerability to food insecurity, hunger and malnutrition*. The low agricultural productivity in The Gambia already predisposes people to chronic food poverty. During the 'lean period' in the year, an estimated 80 per cent of families are vulnerable to food insecurity (Rapid Food Security Assessment, September 2011). This has significant spill over effects with regard to malnutrition and risk of mortality, especially among children and pregnant women, PLHIV and the elderly.

The findings also confirm that distribution and intensity of poverty, risk and vulnerability is experienced differently depending on one's stage in the lifecycle. According to evidence collected in the study, children and adolescents in particular are overrepresented among the poor in The Gambia, and suffer multidimensional and intersecting deprivations. They face multiple risks to their survival and development, as well as protection-related vulnerabilities (e.g. harmful forms of child labor, early/forced marriage, sexual abuse, FGM/C, etc.). These risks affect their chances for human capital development, while lost opportunities in childhood increase the likelihood of poverty in adulthood, underscoring the importance of child-sensitive social protection.

The elderly are another cohort particularly vulnerable to poverty and deprivation, owing to their physical and economic dependency. There is, however, very little policy attention given to this age group. Young Gambians face considerable barriers to decent employment opportunities, which is a critical driver of their vulnerability to poverty; while for adults the pressure to ensure the economic security of the household exposes them to economic and environmental risks. Female adults face an added risk of gender-based violence and constrained access to reproductive healthcare, with significant implications on their wellbeing and survival.

8.2. Policy environment

Analysis of the social protection policy infrastructure reveals that in recent years, there has been a growing policy momentum around social protection reform agenda in The Gambia. This is reflected in the commitment to social protection reform in the PAGE. The global financial and economic crisis seems to have pushed social protection to the top of the government agenda (PAGE, 2011; interview). The Government has also recently launched efforts to reform the system by making it more integrated and inclusive. The National Social Protection Steering Committee (NSPSC) has been established to guide development of a comprehensive social protection strategy, action plan and legislation. To date, The Gambia does not have a formulated Social Protection Policy.

While there is a high-level declarative commitment to establish an integrated and inclusive Social Protection system, our analysis of the emerging discourse revealed that key stakeholders have diverse understandings about the scope, functions and purpose of social protection, and a multi-sectoral and harmonized approach is still a novel concept in The Gambia. A more coherent and harmonized agenda is yet to be achieved through broad-based dialogue, consensus building and capacity strengthening, especially at a sub-national level.

8.3. Social protection programming: analysis of design and delivery

The Gambia's social protection programming is characterized by a multitude of programs with diverse objectives, which address a range of risks and deprivations facing poor and vulnerable groups. Some initiatives are longstanding (e.g. the social security system, the school feeding program), while others are only now emerging on the policy agenda (e.g. conditional cash transfers).

Most of the social protection instruments existing in The Gambia focus on improving food security, nutrition, and access to education. There are some notable gaps: the current contributory social security system covers only the tiny segment of the population working in the formal sector (an estimated 10 per cent of workers). Despite the prevalence of disaster-related risks and a high burden of disease and mortality in the country, The Gambia still lacks a health insurance scheme and state-led crop insurance schemes for farmers.

There also seems to be less direct focus on income support through social transfers to extremely poor households and individuals. The Gambia for example, does not have a universal social pension for elderly, or national cash transfer program for the very poor families/children. With regard to the coverage of social protection schemes, the majority are characterized by very limited reach and inadequate transfer of support. Despite high poverty levels in the country, most social transfers are extremely small, reaching between five and several hundred recipients. Even large-scale measures, such as the Micronutrient Deficiency Program, suffer from resource shortfalls, which result in selective and limited coverage.

A more systematic social protection response to recurrent food crises is also necessary. Apart from micronutrient support for young children and emergency food aid, a predictable income transfer to smooth the consumption of the poorest households during the 'hungry season' does not exist. There is some indication that the Government is considering a shift towards a longer-term sustainable approach rather than emergency-based relief, in line with the national food security and livelihoods promotion agenda (as illustrated by the recent launch of the Nationally Owned Sustainable School Feeding Program in partnership with WFP). A shift towards a more stable delivery of social transfers to the poorest groups is also evident in the establishment of the MoBSE Conditional Cash Transfer program for poor rural girls. These projects are still in their infancy, however.

Social services remain weak and under-resourced. The Gambia has invested in efforts to develop robust anti-discrimination policies and legislation; however there are notable gaps, including the absence of a bill to counter GBV including the elimination of FGM/C, and discrimination against people with disabilities. The Gambia is also yet to adopt a national minimum wage. On a positive note, there are several social protection schemes that have demonstrated positive project outcomes and can be considered important emerging examples of good practice, as highlighted in **Box 35**.

BOX 35: WHICH SOCIAL PROTECTION PROGRAMS CAN BE CONSIDERED GOOD PRACTICE?

Social protection schemes are rarely evaluated, and their medium- and long-term impacts on poverty reduction are not well known. That said, several projects do exhibit encouraging results. The analysis identified the following programs as good practice in The Gambia:

The School-feeding Program is a noteworthy example of social transfer in terms of both effectiveness and coverage of the intervention. First, the program evaluation has found strong evidence between school feeding and human capital development, as school meals have addressed short-term hunger and increased children's learning capacity. The program is generally well-administered, and the involvement of community structures in program delivery offers a feasible platform for systematic distribution of benefits throughout the entire country. Other strengths of the program include its strong alignment with national education policy goals and the food security agenda, which means the initiative is backed by political will; while better-than-average funding allocations offer important resources to strengthen the Government's institutional and human resource capacities to run national school feeding programs;

The Cash Transfer Pilot by Concern Universal has had a positive impact on household food consumption, hunger and nutrition during food shocks, as evidenced by program evaluation. Cash delivered directly to households had a positive impact not only on household welfare, but indirectly stimulated the local economy. Despite the challenges encountered with beneficiary registration, as well as logistical weaknesses, delivery of cash proved to be less logistically demanding than food transfers. This program marks an important shift towards a long-term sustainable social protection approach to food security and the poverty reduction agenda, as opposed to the emergency-based relief that has dominated social assistance in the country to date;

The Family Strengthening Project aims to ensure self-sustainability, and assists people in building resilience to future shocks through its focus on income-generation and asset accumulation. There is anecdotal evidence of its positive impact on household food consumption and nutrition, and increased access to basic services (e.g. education and healthcare), with important implications for child welfare. The project has also generated social benefits: for some beneficiaries, improved economic security has led to social empowerment, lower anxiety in the home, and improved social standing in the community. Owing to severe budgetary constraints, however, this program currently has very limited reach.

Inclusivity and scope of social protection interventions

A closer look at program objectives reveals that - apart from a few noteworthy exceptions - program design addressing intersecting and compounding vulnerabilities is not common practice. The majority of schemes focus on single issues (e.g. economic or environmental risks), while a more holistic approach to addressing vulnerabilities is lacking. Moreover, economic risks, including economic impacts of environmental risks, take a center stage in social protection programming, as compared to social risks. Indeed, social risks are very rarely incorporated into measures with economic objectives.

The social protection system and its programs also rarely contain features sensitive to lifecycle vulnerabilities and/or needs of specific groups (e.g. gender, HIV, disability). For example, although there are many social protection provisions directly focusing on children, a more systematic child-sensitive social protection approach to programming is yet to emerge. Measures that focus on household-level poverty and vulnerability (e.g. livelihoods promotion, food aid), for example, very rarely employ design techniques to ensure that targets benefit the children within a family. Similar limitations have been found with regard to gender- and HIV-sensitive programming approaches, and there is a distinct lack of attention to the specific needs of people with disabilities. For example, our review of emergency food aid and nutritional transfers do not appear to be HIV- or disability-sensitive.

Importantly, the coverage and level of support to certain groups that are in particularly vulnerable circumstances has been found to be inadequate and sporadic. This is particularly the case with regard to social protection targeting the elderly, PWD and PLHIV. However the elderly appear to be most excluded from social protection both at a policy and program levels, despite being the poorest cohort in The Gambia. Also, while children are relatively well covered by social protection support, the bulk of measures appear to focus on young children (e.g. up to primary school level), while interventions for adolescents are notably lacking.

Finally, the study has identified four key institutional challenges that, if remaining unaddressed, may constrain reform prospects and the establishment of an integrated and inclusive social protection system in The Gambia.

The first major obstacle is the large degree of fragmentation among social protection initiatives, owing to an absence of effective coordination mechanisms for the different types of initiatives and activities of various actors working in the field. An absence of a national policy and framework further exacerbates the problem of fragmentation.

The second constraint is the weak institutional capacity among state and CSO actors, who are heavily under-resourced in both human resource and financial domains. Under-developed administrative, human and technical capacities prevent key actors from designing integrated social protection programs. Moreover, a very limited ability to finance social protection programs and strengthen organizational structure and processes adds considerably to this problem.

The absence of a coordinated M&E system, and a lack of broader commitment to evidence-informed policy, also present key impediments to well-informed policy making and program development in social protection. Taking all these challenges into consideration, it is clear that significant efforts are required to scale-up and strengthen the current social protection system in The Gambia, transforming it into a more predictable, reliable and sustainable system that addresses people's short-term exposure to risks and builds their long-term resilience to vulnerabilities.

Finally, the preliminary assessment of fiscal space in The Gambia suggests that prospects to create fiscal space over the medium term are promising. With a strong projected real GDP growth of 8-9 per cent per year in 2013 and 2014 and ongoing tax reforms in the country, revenue growth is also likely to continue over the next few years. Over the short term, the Government may consider using some VAT proceeds to fund social protection. That said, in a context of various competing demands for funding allocation in a low-income country such as The Gambia, any use of emerging fiscal space will be a matter of political choice. Thus the Government's current commitment to poverty reduction and social protection for the poorest and most vulnerable segments of the population, as reflected in the PAGE, will be demonstrated by its capacity to mobilize funds from future fiscal savings.

9. POLICY AND PROGRAM RECOMMENDATIONS

Based on the analysis presented in this study, a significant effort is required by both the Government and development partners to ensure the social protection system offers more predictable, reliable and sustainable support that not only helps people cope with risks, but also contributes to poverty reduction and builds long-term resilience to risks. Considering the stage of development of the social protection system and fiscal constraints in the country, The Gambia's move towards a more comprehensive system may be gradual. This final section provides a set of policy and operational recommendations to support the Gambian Government in transitioning to an integrated and inclusive social protection system. The initial focus for reform may include improvements in the policy framework and governance and administrative arrangements, which would be important building blocks for future improvements in the design, coordination and integration of various programs, as well as the progressive expansion of coverage.

Short-term policy and operational recommendations

1: Develop a comprehensive National Social Protection Strategy and Action Plan

The urgent first step to establishing a more harmonized social protection system in The Gambia is the adoption of a National Social Protection Policy and Action Plan. The strategy should be focused on defining the objectives and functions of the social protection agenda, including choice of interventions, governance and institutional arrangements, and financing and monitoring mechanisms.

There are multiple benefits to developing such a policy document, as it will allow: i) the establishment of a joint and harmonized vision among the key social protection stakeholders at central, sub-national and local levels; ii) the collaboration of relevant social protection actors in identifying common goals and ensuring that social protection is embedded in their strategic plans (this is an important step in ensuring greater coordination of resource flows and more efficient utilization of resources.); iii) assistance in proper costing of initiatives, thus helping to secure long-term commitment of both financial and organizational resources required for effective implementation. Considering the strong dependency of The Gambia's social programming on external aid (e.g. both international NGOs and aid agencies), such a strategy can be an entry point for consultations with donors regarding the adoption of a multi-donor pool for SP financing; and iv) finally, the strategy will help to clearly define roles and responsibilities.

2: Establish a national coordinating body linked to relevant regional and district departments to coordinate the development of a more robust social protection system and oversee the implementation of programs

In the initial stages of reform, a high-level coordinating institution is essential to ensure a multi-sectoral approach to social protection in The Gambia. This body can play a critical role in facilitating cooperation across ministries, and sub-national government agencies, by developing clearer institutional arrangements, and more robust design, implementation, and monitoring and reporting mechanisms. It can also ensure that social protection objectives are explicitly integrated into sectoral strategies and plans, which is currently not the case, and promote greater links and complementarity between programs.

Considering the current financial and institutional resource base in the country, the Government may consider empowering one of the existing ministries to play this role with a long-term view of establishing an inter-ministerial coordinating agency. During the interviews undertaken for this study, respondents recommended potential candidates to adopt this role. Respondents were generally split between the Department of Social Welfare and the Ministry of Finance and Economic Affairs, although a few respondents also identified the Office of the Vice President and the Ministry of Trade, Industry, Regional Integration and Employment as relevant nominees. The respective strengths and

weaknesses of each of the actors have been mapped in **Table 12** to assist further consultations on this issue. It is recommended that one of the next tasks of the NSPSC is to facilitate discussions on the selection issue. Once the institutional arrangement has been defined, particular attention should be given to strengthening the functions, technical capacities and funding available to the coordinating body to execute its duties effectively, including a clear definition of its mandate, role and responsibilities.

TABLE 12: STRENGTHS AND WEAKNESSES OF POTENTIAL CANDIDATES FOR THE ROLE OF INSTITUTIONAL OVERSIGHT

Agency	Pros	Cons
Ministry of Health (Department of Social Welfare)	MoHSW DSW has been considered by many as a ‘natural choice’ given its constitutional mandate, strong commitment to social protection and long-term experience with delivering social assistance projects.	Concerns were raised with regard to DSW's weak institutional, human and financial capacity. A considerable investment is needed to strengthen DSW to carry out the coordinating role effectively. Some also felt that a multi-sectoral committee is required rather than anchoring it in a department dealing with sectoral issues, such as welfare.
Policy Analysis Unit of the Office of the President	PAU was seen as a good choice due to its political leverage to advance reforms. Already adopting a multi-sectoral position, this candidate was seen to have a more ‘neutral role’ compared to other sector-specific departments. This position could assist in resolving potential conflict of interests and competing priorities between key actors.	The high-level political position may undermine ease of implementation.
Ministry of Finance and Economic Affairs	Given MoFEA's powerful position in the Government, respondents feel that its coordination role may add legitimacy to the reform process. For example, respondents noted that having MoFEA on board would give an important signal to donors that the Government is committed to sector reform. Some also perceived the MoFEA to have required financial and technical capacity to play this role well.	There were concerns that MoFEA is not sufficiently interested in undertaking the role given their macro-economic mandate, and its lack of knowledge on social issues and social protection may prevent the ministry from playing the championing role effectively.
Ministry of Trade, Industry, Regional Integration and Employment	MoTIE's mandate on employment policy and labour issues makes it a strong candidate to take up a coordinating role.	Similar to DSW, MoTIE also currently faces considerable capacity constraints. The agency is also heavily focused on employment-related social protection issues and social security, rather than a more inclusive and integrated social protection agenda.

Medium- to long-term recommendations

3: Build national and sub-national level capacity for more robust design and implementation of social protection interventions to improve quality of service delivery

In the medium term, a number of design and implementation issues must be addressed to ensure stronger effects of social protection programs.

First, attention should be paid to building capacity of staff involved with project design and implementation. This should aim to assist in the adoption of integrated and inclusive social protection programming that goes beyond issue-based approaches and considers the multidimensional and intersecting nature of poverty and vulnerabilities. Specifically, social protection schemes must be more considerate of social vulnerabilities (e.g. discriminatory and exclusionary public norms and practices), which often underpin people's experiences of poverty and economic vulnerability.

Second, program design should also be sensitive to lifecycle vulnerabilities and needs of specific groups, such as children, women, PWD, the elderly and PLHIV, as these groups have been identified as facing deep and overlapping social and economic deprivations in The Gambia. This approach requires consideration of family composition and intra-household dynamics, and the way in which they determine beneficiaries' exposure to risk and vulnerability and their capacity to access support.

More effective design can be achieved through the following activities: (i) ensuring that schemes are informed by a clear analysis of these different aspects; (ii) investing in disaggregated data in program design, implementation and evaluation, which is a vital tool in undertaking such analysis; and (iii) ensuring that programs have strong and well-coordinated links to complementary programs and services. Strong linkages can be built, for example, across health and reproductive health services, social development and rights awareness training, credit access and employment training. For example, gender concerns can be more effectively integrated into social protection programming that focus on women's economic security, through the inclusion of mechanisms that provide support for their caring responsibilities. A single registry database is a vital tool to facilitate such linkages.

4. Develop a robust administrative system to facilitate informed policy decisions, coherent program design, management, and monitoring and evaluation arrangements

Implementation of the comprehensive National Social Protection Strategy will depend on the ability to build common management, information and administrative tools and processes that span across programs. These include, for instance, beneficiary identification systems and registries, targeting schemes, and monitoring and evaluation arrangements.

It is critical to gradually introduce the Management Information System at national and sub-national levels. Of particular importance will be (i) to build capacity of the coordinating body to monitor the implementation of the strategy; (ii) to invest in online database management capacity and develop minimum reporting requirements for on-going schemes and knowledge dissemination arrangements; and (iii) to introduce a single national registry that enables easy recording of and access to information for target populations. The creation of a common comprehensive database with information of single beneficiaries of all social protection interventions is critical in the context of high fragmentation among programs in The Gambia. Such a database could be a way to ensure appropriate targeting and to avoid overlaps, as it would allow cross-checking of data among various programs (Gossa, 2012).

5. Increase The Gambia's currently inadequate social protection spending to ensure critical progress in the poverty reduction agenda

That said, given The Gambia's current resource constraints, such increases in spending for social protection must be feasible and based on a gradual creation of additional fiscal space for social protection funding. Four basic options can be considered: (i) increasing domestic revenue either by raising the efficiency of revenue generation or accelerating economic growth in line with projected expectations; (ii) reallocating current expenditures both within and between sectors, taking into account existing fiscal constraints; (iii) pursuing fiscal adjustment and realized savings (from reduced interest costs on public debt) to create additional fiscal space in the coming years; and (iv) formulating a well-coordinated donor financing strategy that is more effectively integrated into overall budget planning at the national level and duly integrated into the National Social Protection Strategy. Grant aid can contribute significantly

to the initial phase of establishing a national minimum social protection package. It is also important to ensure that funds are spent more efficiently and effectively; in doing so, it is critical to proceed with reforms for better budget planning and control of expenditure and internal auditing to achieve more efficient outcomes and greater value for money from expenditures.

6. The strategic framework should establish priority social protection functions and instruments within the minimum social protection package, in line with The Gambia's poverty and vulnerability context and available resources.

The Government already has plans to launch a pilot minimum social protection package, consisting of social assistance and social welfare measures. This may include a gradual scale-up of programs, including the consolidation of existing schemes, and/or the establishment of new initiatives. In this final section we discuss several policy considerations that the Government may consider in moving forward with this agenda.

First, environmental risks are critical drivers of socio-economic vulnerability for people in The Gambia, impacting negatively on agricultural livelihoods, food security and nutrition. As such, environmental and climate change concerns must be explicitly integrated into the emerging social protection policy framework. This should also include a more explicit focus on exploiting linkages between rural development and food security programming and disaster risk reduction. On a practical level, the role of social protection should be oriented towards strengthening people's adaptive capacities and developing more climate-resilient livelihoods. In order to help communities build resilience to future shocks and stresses, social protection programming also needs to move away from ad-hoc, irregular and emergency-based responses to more predictable and sustainable social protection measures. Social protection programming offers a range of instruments that can contribute to various physical and non-material dimensions of asset accumulation, such as predictable cash transfers, asset transfer programs, temporary public works programs and weather-indexed crop insurance. In Box 36 we briefly review two such instruments, namely cash transfers and public works schemes, which can be considered in future programming.

Second, a risk of malnutrition is prevalent in The Gambia. To avoid the potentially damaging impact of malnutrition on human development and economic growth, social protection policy and programming should be more strategically 'nutrition-focused'. This requires a two-pronged approach: at policy level, the future social protection framework can more explicitly mainstream nutrition-related issues; at program level the potential for social protection to impact on nutrition can be maximised by promoting links to complementary nutrition programs. In addition to expanding the coverage of social transfers (e.g. school-feeding, micronutrient supplements for children and pregnant women) social protection design can integrate measures that address the underlying causes of malnutrition that go beyond poverty factors. For example, promotion and support of good nutrition, such as breastfeeding and promotion of hygiene practices can be included in program design. It is also critical to reach the groups most vulnerable to malnutrition in both rural and urban areas. A very large body of evidence indicates that priority should be given to preventing/treating malnutrition during the first 1,000 days between a child's conception and their second year of life (Gavrilovic and Jones, 2012).

Finally, considering that vulnerabilities in The Gambia have both economic and social drivers, the Government should continue its efforts to develop social services and legislative and policy measures that protect people against social risks such as discrimination and exclusion, and help them deal with protection-violation risks such as violence, neglect and abuse. In the short-term, this requires the adoption of a disability bill and formulation of a bill to counter GBV, including a law against FGM/C; and the establishment of a definitive minimum legal age for marriage. Commitment of adequate budgets and human resources are also required to ensure laws are enforced effectively and quality social services delivered.

BOX 36: INSTRUMENTS TARGETING CHRONICALLY FOOD INSECURE AND/OR EXTREME POOR HOUSEHOLDS IN THE GAMBIA: CASH TRANSFERS AND PUBLIC WORKS PROGRAMS

Cash transfers

Cash transfer programs in African countries and around the world illustrate their ability to reduce poverty and vulnerability, with important benefits for children: evidence demonstrates that cash transfers can lead to improvements in nutrition, school attendance, use of health services and reduction in child labor. For example, an evaluation of the Bourse Mamans conditional cash transfer program in Mali revealed that school enrollment tripled between 2002 and 2007 as a result of the scheme (Perezniето and Diallo, 2009). There can also be significant cost savings with cash transfers, as they are easier to organize than food aid. Finally, beneficiaries often consider them as a more flexible and empowering type of support that awards them greater expenditure choices.

While large cash transfers are still in their infancy in The Gambia, there is an indication of growing interest among development partners and the Government in using this instrument in a more comprehensive way. The case in point is a recent pilot of a cash transfer program by WFP and Concern Universal, which responded to food and livelihoods shocks arising from the severe crop failure in 2011. Preliminary findings from the project evaluation already show encouraging results with regard to positive economic and social outcomes for beneficiaries. Our discussions with WFP staff have confirmed their commitment to exploring the use of cash transfers as a move towards longer-term, more sustainable approaches to food security.

In the context of resource and institutional capacity constraints in The Gambia, cash transfer schemes can be introduced as pilot initiatives, with a view to gradually scale-up into national programs. More modest schemes can be delivered during 'lean months' of the year and target households in extreme poverty, and/or have a strong child focus. They may also target especially vulnerable categories of households that lack able-bodied adults to carry out labor, such as the elderly, child-headed households, PLHIV, and persons with severe disabilities.

Public works programs

In line with the current prioritization of the livelihood/employment promotion social protection agenda, the Government can consider setting-up regular and predictable public works programs. This measure could also focus on chronically poor households with able-bodied adults, who can carry out physical labor at the public works sites. The large scale Public Works Program (PWP) may provide a more regular employment and income, replacing the current tendency to provide support through various income-generation and enterprise development activities, which may not be suitable for chronically poor households that lack skills and assets to start businesses and generate adequate income. If well designed and implemented, public works can smooth consumption in these households, and protect and help them grow their assets, thus improving their resilience to shocks. Beneficiaries can – at a later point in the program - also be linked to complimentary schemes (e.g. literacy programs, skill trainings, microcredit) that could help them graduate from poverty and food insecurity. An added advantage of the PWPs is they contribute to development of community assets that can support local growth and long-term poverty reduction at a community-level. In addition to more conventional infrastructure developments, these public assets can be more specifically geared towards the needs of women and children (e.g. child-care centers, health centers, etc.), young people (e.g. youth centers, skill centers) and environmental protection (e.g. anti-desertification programs and construction of renewable energy sources, such as solar panels, digesters, etc.).

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Annex 1

MEMORANDUM OF UNDERSTANDING

Between MoFEA, MoHSW (DSW), MoTIE, UNICEF, UNDP, UNAIDS, WFP, ILO and IMF

Article 2

AREAS OF COOPERATION

The Parties agree to co-operate to establish and develop integrated and inclusive social protection systems in The Gambia and develop national capacities, through the cooperation areas that include, but are not limited to:

- (i) Mapping and analysis of the national social protection systems in The Gambia;
- (ii) Establishing institutional frameworks for further development of social protection systems (including the establishment of the National Social Protection Steering Committee);
- (iii) Building capacities of the Government and non-governmental partners on social protection;
- (iv) Developing the National Social Protection Policy/Strategy and Framework/Action Plan;
- (v) Developing a basic (minimum) package of social protection systems (benefits, services) for vulnerable population groups;
- (vi) Costing of social protection systems and programs;
- (vii) Identifying fiscal space for social protection and prioritizing social budgets; and
- (viii) As part of the broader commitment to introduce a MTEF Budget for the Government of The Gambia, developing and finalizing Mid-Term Expenditure Frameworks (MTEFs) for the finance and social sector ministries (to reflect social protection as priority spending)

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