

Workshop on Social Protection for Civil Society Organisations in The Gambia

11- 13 June 2012

Kanifing, The Gambia

Workshop Report



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Provisions for social protection in The Gambian Constitution, 1997

Section 216(2)

“The State shall pursue policies to protect the rights and freedoms of the disabled, the aged, children and other vulnerable members of society and to ensure that such persons are provided just and equitable social opportunities”.

Section 216 (3)

“The State, in pursuing policies under subsection (2), shall be bound by the fundamental rights and freedoms in the Constitution and shall be guided by international human rights instruments to which The Gambia is a signatory and which recognise and apply particular categories of basic human rights to development processes”.

Section 216 (4)

“The State shall endeavour to facilitate equal access to clean and safe water, adequate health and medical services, habitable shelter, sufficient food and security to all persons”.

Section 216 (5)

“The State shall encourage and promote the establishment and maintenance of contributory schemes that shall provide economic security for all citizens”.

Introduction

Social protection has been defined by the UN in 2001 to be the set of public and private policies and programmes undertaken by societies in response to various contingencies to offset the absence or substantial reduction of income from work; to provide assistance for families with children as well as provide people with health care and housing.

The state has the obligation to ensure social protection to all citizens especially those who are most vulnerable to poverty and are socially excluded. It undertakes this obligation in collaboration with the development society. The importance of social protection in Africa today has been heightened because of the toll of the HIV/AIDS epidemic; volatile food prices; weather related calamities; war and conflicts; the global financial crisis; and the erosion of the extended family system which has been traditionally the main source of social security system.

Besides being a human right, social protection is an investment in the people that yields positive benefits to society. It is important for social and economic development and critical for tackling poverty and reducing inequalities.

In Africa, there is growing demand for orientation and guidance on the design and implementation of social protection policy and programmes amongst national and regional decision makers, public servants and civil society organisations. This is due to the fact that social protection is relatively a new area of development activity.

The Gambia is one of the few countries in West Africa without a Social Protection Platform. The absence of a platform means that interventions and efforts by the various stakeholders are fragmented, uncoordinated, thus resulting to duplication and in some cases minimizing the full potential impact of social protection services in the country. In October 2011, three delegates from The Gambia participated in an experience sharing event organized by the Africa Platform for Social in Accra, Ghana. One of the expectations from the Ghana meeting was for The Gambia to establish a national platform for social protection. To move this agenda forward, Mental Health Leadership and Advocacy Programme and Ageing with a Smile Initiative submitted a concept note to APSP in May 2012 requesting for funds to organise a three- day training on social protection for civil society organisations in the country.

The application was approved by the APSP and the training was held in Kanifing, The Gambia from the 11th – 13th June, 2012. A total of 40 participants drawn from 25 organisations participated in the training.

Training Objectives

The objectives of the training were:

1. To equip participants with an understanding of the key concepts and instruments of social protection to engage in country-specific social protection programmes and policy processes
2. To promote the sharing of experiences by stakeholders on social protection work
3. To foster partnership and networking among stakeholders and enhance coordination of activities related to social protection
4. Foster the establishment of a national social protection platform that will engage with government and development partners to take the agenda of social protection forward

A day-by day account of the training is presented in the following pages. The training programme, the resolutions from the workshop, the TOR of the interim committee and workshop evaluation are presented as annexes to this report.



SOCIAL PROTECTION TRAINING

for civil society organisations in The Gambia

from the 11th—13th June 2012 at the CIAM/NMCP Hall, Kanifing

Organised by Ageing with a Smile Initiative and the Mental Health Leadership & Advocacy Programme with funding from the Africa Platform for Social Protection



Day 1: June 11, 2012

Official Opening

The training was officially opened by Mrs. Fanta Bai Secka, the Director of the Department of Social Welfare Social Welfare. Mrs. Secka thanked mhLAP and ASI for organising the training and also commended APSP for supporting the first national training on social protection in The Gambia. She stated that social protection is crucial for the attainment of the MDGs and underscored the need to promote the standards of living – especially for the vulnerable members of the population. The director expressed The Gambia Government’s commitment in social protection and made reference to the Programme for Accelerated Growth and Employment (PAGE) which is the government’s new development blueprint for addressing key programmes relevant to social protection.

Mrs. Secka pledged her office’s full support in establishing a national platform for social protection.

Speaking earlier, Mr. Balla Musa Joof, the Secretary General of ASI who chaired the opening ceremony outlined the objectives of the training. He thanked the Director of Social Welfare and all the participants for responding to their invitation.

After the official opening ceremony, the participants introduced themselves and made short presentations on the social protection-related activities of their various organisations. This set the pace for a friendly and interactive training atmosphere that made it possible to attain the workshop objectives.



Fatoumatta Balajo, a participant from the Gambia Federation of the Disabled putting her point across

Social Protection and its implementation in Africa and The Gambian experience

The training started with an overview of the Africa Platform for Social Protection with a particular focus on its mandate, objectives and structures. This presentation was delivered by Balla Musa Joof who used the PowerPoint presentations shared at the Accra meeting as well as some information on the APSP website. After this introduction, Mr. Fallu Sowe, the Deputy Director of the Department of Social Welfare was invited to make a presentation which focused on: ***The experience of the Department of Social Welfare in social protection***. Mr. Sowe started by defining 'Social Protection' as:

“A range of protective public actions carried out by the state and others in response to unacceptable levels of vulnerability and poverty, and which seek to guarantee relief from destitution for those sections of the population who for reasons beyond their control are not able to provide for themselves”.

He explained that social protection programmes are generally implemented for three main purposes, which are:

- To prevent, mitigate and enhance the ability to cope with and recover from the major hazards faced by all poor people;
- To contribute to poor people's ability to emerge from poverty, deprivation and insecurity, and to challenge the oppressive socio-economic relationships which could be keeping them poor, by increasing livelihood security and linking such increases to the promotion of enhanced livelihoods
- To enable the less poor to live a dignified life with an adequate standard of living, such that poverty is not passed from one generation to the next.



Mr Fallu Sowe

Mr Sowe stated that the Gambia Government's commitment to social protection is demonstrated through its Vision 2020, which aims amongst others to ensure a decent standard of living for all as well as the Programme for Accelerated Growth and Employment (PAGE) which is being implemented from 2012- 2015. The

PAGE recognises Social protection systems as important economic stabilisers that accelerate growth and create employment and unlike previous poverty reduction strategies; the PAGE has a dedicated chapter on reinforcing social cohesion and cross-cutting issues with social protection as a central theme. Some of the key strategies in the PAGE on social protection include building the capacity of the Department of Social Welfare and the decentralisation of social welfare and rehabilitation services as well as conducting research on social protection.

The following social protection programmes are currently being implemented by the Department of Social Welfare:

- Family strengthening programme: Relief Assistances to the poor (Unconditional Cash Transfer);
- Residential and Home Based Care for Elderly people;
- Educational Sponsorship programme for needy students;
- Residential care service for children at risk (Shelter for Children)
- Foster care and adoption scheme for children in need of families;
- Child support (child maintenance service)
- Free Rehab Services and Mobility Aid for PWDs;
- Community Based Rehab Programme (CBR);
- Micro-financial support to Persons With Disability (Revolving Loan scheme);
- Annual Grants to Welfare Organizations including traditional healers;
- Skills Training for out of School youths (Learning through Work Project);

The following challenges were highlighted in Mr Sowe's presentation:

- *Increasing demand for social protection services due to population increase*
- *High poverty rate;*
- *Rise in the disability prevalence rate 2.4% (2003 census);*
- *Inadequate financial, material and human resources of the Department;*
- *The absence of a comprehensive national policy on social protection.*

- *Weak coordination of social protection interventions/programmes;*
- *No recognised central coordinating institution for social protection in the country.*

Social Protection and its linkages to the MDGs

The presentation on ‘Social Protection and its linkages to the MDGs was made by Mrs. Fanta Jatta Sowe, Women’s Right Manager, ActionAid International, The Gambia. She began her presentation by give a brief historical account of the MDGs and what each of the 8 goals entails. Fanta also expanded on the definition of social protection and presented the perspectives of various development partners such as the International Labour Organisation, the Asian Development Bank, UNDP and DFID.

In her presentation, she clearly showed how social protection programmes are being used in several countries including Brazil, Mexico, Tanzania, Senegal, Kenya, Malawi, Ghana, South Africa and The Gambia to accelerate the attainment of the MDGS.

Mrs. Fanta Jatta-Sowe



Fanta made specific reference such as the following to show the linkages:

- Social pensions and transfers have reduced South Africa’s poverty gap by 47% (Economic Policy Research Institute, 2004)
- In countries such as Senegal and Tanzania, the International Labour Organization (ILO) estimates that with social protection programmes poverty could be reduced by 35% to 40% (Gassmann et al, 2006)
- In Brazil the combination of the Continuous Cash Benefit —a means-tested pension and disability grant and the *Bolsa Família* contributed an estimated 28% of the fall in the Gini coefficient between 1995 and 2004 (Soares et al 2006).
- Children in South African households receiving a pension have on average 5cm greater growth (MDG 4) than those in households without a pension –

this is the equivalent of approximately half a year's growth for Black and Coloured children (Case, 2001)

- Between 2002 and 2005, the gross enrollment rate in Kenya increased from 88% to 112%, linked to the abolition of school fees (World Bank and UNICEF 2009).
- In the Malawi cash transfer scheme, new enrolment was twice as high in participating households (8.3% vs. 3.4%) within a one year period (Miller et al 2008).
- In Ghana, user fee exemptions for pregnant women led to a reduction in their maternal mortality rate. (MDG 5) In the Volta region, the largest increase in facility utilization was amongst the poorest (Witter et al 2007; Witter et al 2009)
- In the Gambia, the free nutritional, educational support programme under the Global Fund Round 8 HIV project is providing supplementary food (MDG1) for 5,000 Orphans and Vulnerable Children (OVC) quarterly since 2009, maintaining 1500 of them in school annually (MDG 2) (Prolonging the lives of 8000 men and women Living with HIV through life saving ARTs and quarterly food rations (MDG1, 5, and 6). (AAITG and NAS, quarterly project reports, Dec, 2011).

The participants found Fanta's presentation very interesting and this is mainly because of the use of appropriate graphics to reinforce her message. She also presented a short video prepared by the ILO on the Social Protection Floor. The video was very helpful in summarizing the key points in her presentation.



Part of the video clip shown to the participants

“Experience shows that progress is both possible and necessary especially in Africa. In the face of the substantial evidence of the potential of social protection to help accelerate MDG progress, particularly for the most disadvantaged, there is an imperative to overcome development obstacles. Many countries are doing so” . Mrs. Fanta Jatta Sowe

The experience of mhLAP and ASI in social protection

The last presentations of the first day of the training were made by Mr. Momodou Gassama and Balla Musa Joof who introduced the objectives and programmes of mhLAP and ASI respectively.

Mr. Gassama indicated that the Mental Health Leadership and Advocacy Programme (mhLAP) was established by the WHO to serve as the mental health advocacy group of the organisation. He emphasized the importance of leadership and advocacy in the field of mental health and indicated that we cannot talk about health in the absence of mental health. Mr. Gassama went further to say that social protection can simply be understood to mean equity and social justice. He then highlighted some of the achievements of the mhLAP which include strong advocacy efforts geared towards the development of national mental health policy. Mr. Gassama used the opportunity to inform the participants that the national health policy which has a specific section on mental health has been finalized and approved.

In his turn Mr. Joof presented ASI, an organisation which was officially launched by the late Dr Abubacarr Gaye, former Minister of Health and Social Welfare to promote and protect the health and welfare of older persons in The Gambia. He listed the objectives of ASI as follows:

- To improve access to basic health care services by the elderly and disadvantaged
- To promote the re-integration of the elderly in Gambian social life
- To promote Inter-generational dialogue and solidarity
- Promoting the right of the elderly etc

Mr. Joof described the three pillars (i.e. members, volunteers, and ASI supporters) that support the work of the organisation. Since its launch over two years ago, ASI has conducted up to 8 community-based health screening and consultations during which the elderly (60 years and above) receive health care services with a particular focus on hypertension, diabetes and visual acuity testing. The organisation also host lunch with the elders and give them the opportunities to meet and interact with their peers. Mr. Joof concluded his presentation by sharing ASI's new programme areas which are:

- Health Promotion and Social Care Programme
- Elders Right, Advocacy and Protection Programme
- Culture and Inter-generational Programme
- School and Youth Programme
- Micro-finance Programme
- Training and Capacity Strengthening Programme

Day 2: June 12, 2012

After a day of theoretical presentations on what social protection entails and the experience in The Gambia and across Africa, the participants went out on a field visit on the second day to see and experience some practical aspects of social protection. Prior arrangements had been made with the following institutions to facilitate the field visit:

- Old Jeshwang Health Centre
- SOS Children Village
- The Home for the Elderly and Shelter for Children which is under the management of the Department of Social Welfare
- Tanka Tanka Psychiatric Hospital which is under the management of the Royal Victoria Teaching Hospital in Banjul.



Participants: In the bus to the four programme sites

In preparation for the field trip, the participants were divided into four groups to facilitate the reporting and feedback session. The groups were tasked to take note of the following during the visit:

- Things that they have observed or learned at each of the 4 sites

- Things that are working well in all the programme areas visited
- Recommendations to improve the service delivery in each of the sites/ programmes visited

A bus was hired by the workshop organisers in order to facilitate the movement of the delegates from one site to another.

Visit to Old Jeshwang Health Centre

Old Jeshwang Health Centre was the first site visited. On arrival around 10:00am, the participants were received by Mrs. Isatou Sey- the Officer-In-Charge of the Health Centre and Mr. Saikou Fatajo- the Acting Chairperson of ASI. They welcomed the participants and described the various steps and activities involved in the screening and consultation for the elderly.



Mr. Saikou Fatajo of ASI explaining how the community-based screenings are conducted

About 87 older persons were present and were screened for hypertension, diabetes, visual acuity and other health conditions. Patients that needed medical care were provided with free medications whilst referral arrangements were made for those that needed further care and management. During a question and answer session, participants sought clarifications on a number of issues including the frequency of the community-based screening, follow up services for the elderly, how ASI raises funds to support its work and the collaboration with the host clinics.



Some of the older persons who attended the clinic at old Jeshwang

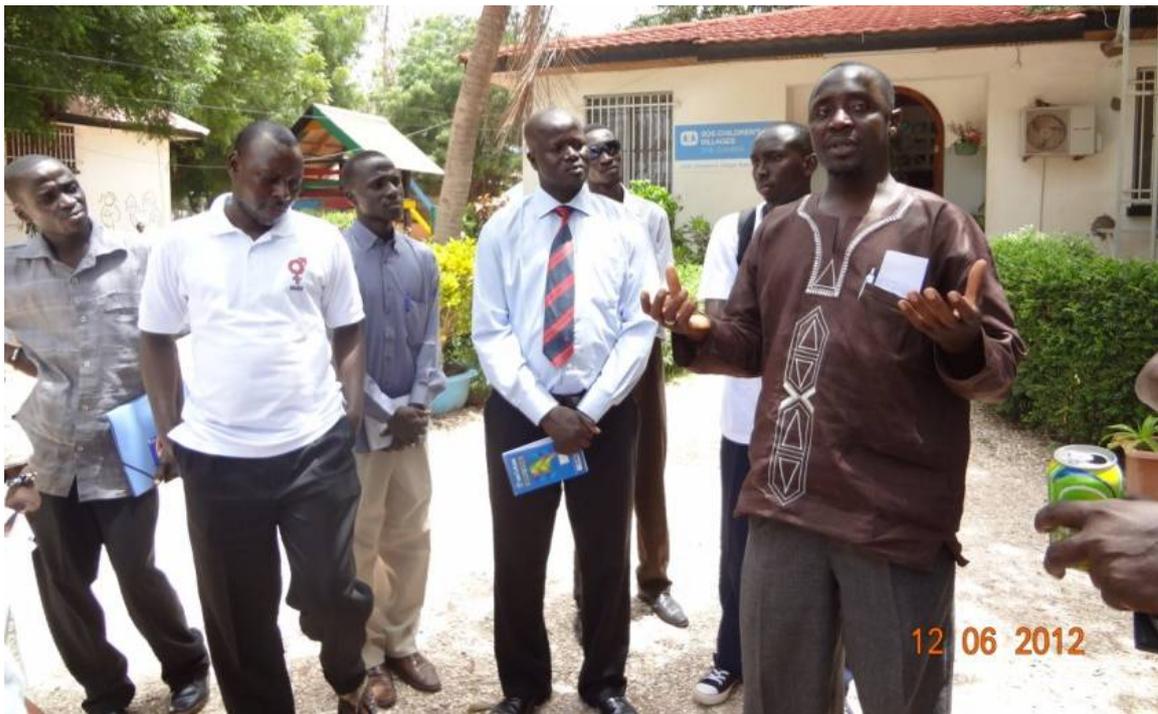
Suggestions for improving the community-based screening sessions organised by ASI were made by the participants and these include:

- The expansion of services to cover the rural parts of the country;
- Strengthen the partnership with corporate organisations and government ministries/departments;
- Increase the number of volunteers to support the work of the organisation;
- Develop strategies for reaching the hard-to-reach members of the communities such as people with disabilities;
- Create more awareness about the work of ASI.

SOS Children's Villages

From Old Jeshwang, the participants went to SOS Children's Villages in Bakoteh where they were received by Mr. Omar Beyai, the Deputy Director of the Village. Mr. Beyai informed the delegates that SOS Children Villages is an international organisation which was founded by Hermann Gmeiner after the Second World War. The organisation's headquarters is based in Austria and is currently operating in 132 countries worldwide. SOS Children's Villages has been in The Gambia for 30 years now and has two intervention areas - namely:

- **A family strengthening programme** where people vulnerable to losing parental care are supported with the help of child welfare committees in the community. Children under this programme are supported with all kind of supports last for 3-5years; and
- **Family based care programme** designed for children who lost parental care e.g. orphans, destitute and abandoned children. Children under this category are cared for in the village up to the age of 14 years before they move on to the youth village which is located about 1 km form the Children's Village.



Mr. Omar Beyai, receiving the delegates at the SOS Children Village, Bakoteh

The setting at SOS Children's Village is designed to provide a family atmosphere for the children. The village has the capacity to host 100 children who are currently living in 10 family units i.e. each family comprising a maximum of 10 children supported by a mother, an aunt and a social worker. At the time of the visit, a total of 93 children were resident in the village.

After a conducted tour of the village, the participants had the opportunity to pose questions and/ or make suggestions to Mr. Beyai on a range of issues including the following:

- How children are brought to the village and how their names are given;
- How the religious beliefs of the children are influenced and/or determined;
- The interaction of the children with those living outside the village in order to experience life in the average Gambian home;
- The support from the community and local corporate organisations
- The need to have 'fathers' in the village in order to create a typical family setting.



Mr. Beyai and the delegates during the Q&A session

Home for the Elderly and Shelter for Children

The Home for the Elderly and Shelter for Children was the third site visited as part of the training on social protection. The centre was established in July 2003 for the elderly and in 2005, the facility for children (those abandoned, on the street and whose parents are mentally ill) was opened. Children are usually maintained in the centre for about 6 months after which a decision is taken on their living arrangements. The Home for the Elderly and Shelter for Children which is managed by the Department of Social Welfare have a combined staff of 50 including a psychologist.

After a conducted tour around the two facilities, the participants have the impression that the two older persons resident in the home are lonely and recommended for ASI to invite them to the social events they organise for the elderly. It has also been observed that the Home for the Elderly is under-utilized considering the number of older persons who can benefit from the services of the home. Thus a key recommendation by the participants is for the centre to be fully utilised. This and other recommendations aimed at adding value to both the Home for the Elderly and Shelter for Children will be shared with the Director of Social Welfare together with the workshop report.



The psychologist (in the middle) sharing her experience with the participants

Tanka Tanka Psychiatric Hospital

Tanka –Tanka Psychiatric Hospital was the fourth and final site visited for the day. The participants were received by Mrs. Anna Marie Mendy, the matron of the hospital. The hospital was built and donated to the Government of the Gambia by a Dutch woman who named the hospital after her foundation-Tanka Tanka. It is the only hospital in the Gambia offering free mental health services in



the country and its operation is currently by supported by The Gambia Government. The hospital has a capacity to admit 100 patents. The matron informed participants that the hospital has a Community Mental Health Team which is responsible for mental health advocacy in the communities.

Some of the challenges faced by the hospital are:

- The lack of support from community members
- The frequent absconding of patients this affecting the effectiveness of their treatment
- Inadequate trained personnel,
- Stigma and discrimination against the mentally ill

During a question and answer session with the matron, participants asked questions related to the provision of mental health services at community level, collaboration with traditional healers, the capacity of the staff to respond to the needs of the patients and the mobilization of resources to support the hospital.

After a conducted tour of the facility, the participants pledged to make financial contributions in order to support the hospital. A total of D2000 was raised at the end of the workshop and this was handed over to the Interim Committee to present to the hospital. The committee has pledged to create more awareness about the situation of the hospital and raise more funds to support its activities.

Day 3: July 13, 2012

Development of workshop resolutions

Mr. Edmond Odaba of the Africa Platform for Social Protection was expected to participate in the workshop as a resource person. Given his flight connection problems from Accra to Banjul, he was unable to travel to Banjul. This meant that the following two sessions which were to be covered by Mr. Odaba on the third day were skipped and the programme was modified accordingly:

- ***Tools for designing and managing social protection programmes***
- ***Monitoring and evaluation of social protection programmes***

In view of the above, the first session of the day was the '**Development of workshop resolutions**' and to do this, the participants worked in small groups to review a draft resolution. After an hour of review and discussions on the draft document by the groups, their suggestions and observations were presented to the bigger group to incorporate the various comments and produce the final resolutions which were endorsed by all participants. Please refer to Annex 2 for the Kanifing Resolutions on Social Protection.

Developing political support for social protection

The session on '**Developing political support for social protection**' was covered by Mr. Fallu Sowe, the Deputy Director, Department of Social Welfare. As a senior government official, he underscored the need for securing government support and gave useful tips on how civil society organisations can engage government.

Mr. Sowe noted that politics play a critical role in the adoption, design and scope, implementation, and sustainability of social protection programmes, and that political support will determine the circumstances under which social protection programmes can command support, the size of the budget and the extent to which such programmes are used as political patronage.

The presentation ended the economic factors that motivate governments to support social protection programme which include the following:

- Social protection programmes can increase current consumption by very poor people through redistributions.
- Social protection programmes can increase the security of the poor and the potentially poor where there are uninsured risks.

- Social protection programmes can expand access to education and healthcare and raise farmers and small businesses incomes which will eventually raise investment and productivity.

Guidelines for setting up an effective platform for social protection

The session on '***Guidelines for setting up an effective platform for social protection***' was also to be covered by the resource person from APSP. In his absence, this was covered by Balla Musa Joof using the guidelines developed by the Africa Platform for Social Protection. The guidelines define what a platform is and suggest key principles to guide the development of a national platform. The principles are: Diversity, inclusiveness, having a shared vision, values and common agenda, focus, sharing, local ownership and the building of alliances. The importance of each of the principles was emphasized whilst giving the participants the opportunity to share their experience in working in other networks.

The following issues which are highlighted in the guidelines were also presented and discussed:

- *The reasons for establishing the Platform need to be clear.*
- *The expectations of the members, including (and in particular the founding members) are clear. The question is, "What are they in it for?"*
- *Those to be members are defined – i.e. is it individuals or organisations and which organisations/individuals.*
- *The expected roles of the members are clearly defined.*
- *The expected target groups and audiences are defined.*
- *The expected (likely) outcomes are defined.*
- *The situation regarding the resources available, both human and financial (or expected) is clear. For instance, will it establish an office or hire staff or will it operate through its existing members*
- *The situation regarding the establishment and operations of such Platforms in the country is known. For instance, will it be allowed to operate in the country? Will it need to be registered in order to operate? What sort of institution will it be?*

The presentation concluded with a presentation of suggested TOR of a national platform.

- *To draft a constitution for the Platform.*
- *Obtaining and creating a database of CSO's involved in SP.*
- *Communicating with other NGOs/Government about the existence of the Platform.*
- *Convening meetings.*

- *Engaging key stakeholders and identifying possible funding opportunities to run the Secretariat (if it exists) and to implement the Platform's strategic plan & advocacy and communication strategies.*
- *Explore the dynamics of registration*
- *Ensure the establishment of a substantive Board.*

Developing effective policies on social protection

The session on '***Developing effective policies on social protection***' should have been covered on Day 1 of the training but the resource person, Mr. Madi Jobarteh of TANGO was unable to make the presentation due to urgent official engagements.

Starting his presentation; Mr. Jobarteh also gave definitions of social protection given by the International Labour Organisation, the European Union, the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights. He quoted the following references to show the link between social protection and human rights:

UDHR - Article 22

*Everyone, as a member of society, **has the right to social security** and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.*

UDHR - Article 25

*Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, **and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.***

ICESCR - Article 9

The States Parties to the present Covenant recognize the right of everyone to social security, including social insurance.

Gambia Constitution & Social Protection

Coming home to The Gambia, Mr Jobarteh quoted **Section 216(2)** of the Gambia Constitution states that:

"The State shall pursue policies to protect the rights and freedoms of the disabled, the aged, children and other vulnerable members of society and to ensure that such persons are provided just and equitable social opportunities".

Making specific reference to Chapter 20 of The Gambia constitution, Mr Jobarteh indicated that the constitution places no obligation on the Government to provide social protection.



Mr. Jobarteh also briefly covered the different types of social protection before discussing the following indicators for measuring social protection policies and programmes:

Expenditure: The expenditure indicator simply shows what percentage of a country's Gross Domestic Product is spent on SP activities

Coverage The coverage indicator shows the extent to which different SP programmes reach their target populations.

Mr Madi Jobarteh, speaking passionately about social protection

Poverty targeting The poverty targeting rate (PTR) shows the percentage of the poor in each country that receive SP transfers or other SP benefits.

Impact: The PTR indicates the proportion of the poor who benefit from SP programmes or the value of SP transfers received by the poor as a percentage of the poverty line expenditure.

When considering the viability of Social Protection programmes, Mr. Jobarteh recommends for the following to be taken into consideration:

1. Who will finance SP programs?

- a. Government – can it afford it?
- b. What would it require? Laws? Policies? Institutions?
- c. NGOs – how long can they sustain the programme?
- d. Donors – how relevant and necessary are SP programs to their mandates?

2. There must be growth – jobs and revenue.

TOR of the Interim Committee on Social Protection

One of the objectives of the workshop is to foster the establishment of a national social protection platform that will engage with government and development partners to take the agenda of social protection forward. The workshop registered success in this by developing a clear term of references for the committee and then selected an interim committee which is given 6 months to prepare the grounds for establishing a national platform that is broad-based, inclusive and meets the requirements of the Africa Platform for Social Protection. The TOR of the interim committee is presented as Annex 3 in this report.

Recommendations from the workshop

The following recommendations were made by the participants at the end of the workshop:

1. The training report be shared with all participants and their respective organisations to be informed of the resolutions of the workshop as well as plans to establish a national platform for social protection
2. A follow-up workshop be organised in partnership with APSP to cover the sessions that are missing and further build the capacity of CSOs in The Gambia on social protection.
3. Provide feedback to the Department of Social Welfare and Tanka Tanka Psychiatric Hospital on the recommendations made by the participants in order to improve their service delivery.
4. The Interim Committee to be providing frequent information to participants and their respective organisations.

Closing Ceremony

Before the official close of the training, the participants were given an evaluation form to complete after which they were presented with certificates of attendance.



Some of the participants receiving their certificates at the end of the training



Following the presentation of the certificates, members of the interim committee for social protection in The Gambia were invited to take their seats on the high table. Speaking on behalf of the committee members, Mr. Balla Musa Joof, the Chairman of the committee thanked the participants for the trust and confidence. He noted that their task is challenging but promised that the committee will endeavor to live up to expectation. He then continued to read out the workshop resolutions.

The official closing remarks were delivered by Mr. Fallu Sowe who represented the Director of Social Welfare. Mr. Sowe reiterated his department commitment towards social protection and pledged to support the efforts geared towards the establishment of a national platform for social protection. He commended mhLAP and ASI for organising a successful training and expressed gratitude to APSP for funding the first national training on social protection. He expressed hope in a fruitful partnership which will benefit the vulnerable members of our communities.

---The end---

Annexes

Annex 1: Training Programme

Annex 2: The Kanifing Resolutions on Social Protection, The Gambia

Annex 3: The TOR of the Interim Committee for Social Protection

Annex 4: Workshop Evaluation

Annex 1: Social Protection Training Programme

11th – 13th June 2012

Day 1: Monday 11th June 2012

TIME	PROGRAMME	RESOURCE PERSON(S)
08:30am – 09:00am	Registration of participants	Joint Steering Committee of ASI & mhLAP-Gambia
09:00am – 09:30am	<p>Official Opening of the programme</p> <p>Welcome remarks by the workshop organisers (Ageing with a Smile Initiative & Mental Health Leadership and Advocacy Programme)</p> <p>Statement by a Representative of TANGO</p> <p>Statement by the Representative of the Africa Platform for Social Protection</p> <p>Opening Statement by the Director of Social Welfare</p>	<p>Balla Musa Joof & Dawda Samba</p> <p>TANGO</p> <p>Mr. Edmond Odaba, Africa Platform for Social Protection</p> <p>Mrs. Fanta Bai Secka</p>
09:30am – 10:00am	<p>Introduction of participants</p> <p>Introduction of workshop objectives</p> <p>Expectations from participants</p>	Balla Musa Joof & Dawda Samba
10:00am – 10:30am	The Africa Platform for Social Protection: Its mandate, objectives, structures and achievements so far	Edmond Odaba , APSP
10:30am – 11:00AM	TEA BREAK	
11:00am 11:30am	Social protection and its implementation in Africa and experience from The Gambia	Edmond Odaba , APSP
11:30am – 12:00pm	What is social protection? And how is it implemented across Africa?	Actionaid
11:30am – 12:00pm	Social protection and its linkages to the attainment of the MDGs	
12:00pm – 12:30pm	The experience of the Department of Social Welfare in social protection	Fallu Sowe, Dept of Social Welfare

12:30pm – 1:30pm	Discussions on the above 3 presentations	
1:30pm – 2:30pm	Lunch and prayer break	
TIME	PROGRAMME	RESOURCE PERSON(S)
2:30pm – 3:30pm	Experience of ASI and mhLAP Gambia on social protection	Balla Musa Joof & Dawda Samba
3:30pm – 4:00pm	Developing effective policies on social protection: Lessons from other African countries	TANGO (Madi Jobarteh)
4:00pm- 4:15pm	Announcement on the visit planned for Day 2 of the programme. Information to be shared will include: Places to visit Arrangements for transport and meals and how to report back to the larger group	Joint Steering Committee

Day 2: Tuesday 12th June 2012: Field Visit

TIME	PROGRAMME	RESOURCE PERSON(S)
08:30am – 09:00am	Registration of participants	
09:00am – 09:30am	Recap of Day 1	
09:30am	Depart for the field	
10:00am – 11:30pm	Visit to Old Jeshwang Health Centre to witness a free health screening for older persons organised by ASI	Dr Bully Camara
12:00pm – 1:00pm	Visits to SOS Children's Village and the Home for the Elderly	Fallu Sowe, Dept of Social Welfare
1:30pm – 2:30pm	Visit to Tanka Tanka Hospital	Dawda Samba
2:30pm - 3:00pm	Drive back to the training venue	
3:30pm – 4:30pm	Debriefing on the field visit Participants will report on: The things they have observed or learnt The things that are working well in the 3 programmes visited, and Make recommendations to improve service delivery in the 3 programmes visited	Edmond Odaba , APSP

Day 3: Wednesday 13th June 2012

TIME	PROGRAMME	RESOURCE PERSON(S)
08:30am – 09:00am	Registration of participants	
09:00 am – 10:30am	Tools for designing and managing social protection programmes Monitoring and evaluation of social protection programmes Developing political support for social protection	Edmond Odaba , APSP/ UNICEF Dept of Social Welfare /TANGO
10:30am – 11:00am	Tea Break	
11:00am – 12:00pm	Guidelines for setting up an effective platform for social protection: Experience from other African platforms	Edmond Odaba , APSP
12:00pm – 1:30 pm	A review of a draft TOR for the interim committee of the social protection for civil society organisations in The Gambia Selection of an interim committee for social protection in The Gambia	Participants
1:30pm – 2:30pm	Lunch and prayer break	
2:30pm – 3:30pm	Key action from the workshop and recommendations for taking social protection in The Gambia forward. Workshop evaluation	Balla Musa Joof & Dawda Samba
3:30pm – 4:00pm	Closing ceremony Award of certificates to participants Vote of thanks Official close of the workshop	

Annex 2: The Kanifing Resolutions on Social Protection- The Gambia

We the undersigned delegates of a social protection training for civil society organisations in The Gambia held at the National Malaria Control Programme in Kanifing from 11- 13 June, 2012 make the following resolutions.

We noted that:

1. Social protection supports social stability, poverty reduction and the socioeconomic development of the citizens and thus contributes to strong economic growth and development.
2. Social protection is a key tool to achieve the Millennium Development Goals and Accelerated Growth and Employment (PAGE) to promote unified social justice and equity in The Gambia.
3. The Government of The Gambia is committed to reducing poverty and improving the well-being of its population. This is demonstrated in the government's Vision 2020 and other relevant national and international documents, which aim amongst others to "*ensure a decent standard of living for all*" and the development of the Programme for Accelerated Growth and Employment (PAGE) for the period 2012- 2015.
4. The Department of Social Welfare, which is the lead government institution responsible for the protection and promotion of the welfare of the poor, vulnerable and under privileged groups in the country, is making efforts to develop programmes designed to reduce poverty and population vulnerability by diminishing individuals' exposure to risk, and protecting the rights and welfare of under privileged groups.
5. The partnership between civil society and the government is crucial in scaling up social protection programmes and services in The Gambia. Civil society has a key role to play in supporting, informing and influencing policy processes and in developing programmes which complement those of government.
6. Lack of a unified national policy on social protection programmes makes the coordination, efficiency and effectiveness of social protection by various government ministries, civil society organisations and other actors difficult.

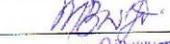
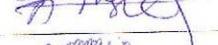
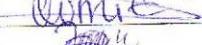
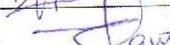
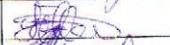
We recommend:

1. Developing a unified national policy on social protection to guide the design and implementation of appropriate social protection programmes in The Gambia.
2. Strengthening the involvement and participation of civil society organisations, private institutions and the public in the social protection debate in The Gambia. This must involve the target beneficiaries in social protection policy development and implementation at every level.
3. Fostering greater collaboration and participation among civil society organisations, government and other non-state actors in the development of social protection policy and strategies.
4. Improving legislation to support social protection policies and vulnerable groups, including but not limited to, children, women, older people, people with disabilities, the mentally ill, youth and the unemployed.
5. Promoting greater public and private investment in social protection.
6. Enhancing the capacity of actors in the field of social protection, both in terms of skills and resources to maximise their coverage and impact.
7. Establishing a social protection platform involving relevant civil society organisations that will engage government to move the social protection agenda in The Gambia forward.
8. In pursuant to recommendation No. 7 above, the delegates agree to select an interim committee that will draw up a constitution and facilitate the election of an Executive Committee of a national social protection platform in The Gambia. The Terms of Reference (TOR) of the interim committee is presented in Annex 1 of this resolution.

Dated 13 June, 2012 at Kanifing, The Gambia

THE UNDER SINED DELEGATES ADOPTED THE KANIFING RESOLUTION ON SOCIAL PROTECTION IN THE GAMBIA

DATED: 13-06-12

No.	NAME	INSTITUTION	SIGNATURE
1.	OMAR BOJANG	DEPARTMENT OF SOCIAL WELFARE	
2.	MOMODOU B. NJIE	AGING WITH A SMILE INITIATIVE (ASI)	
3.	MUSA NGET	AGING WITH A SMILE INITIATIVE (ASI)	
4.	NFAMARA KEITA	AGING WITH A SIMILE INITIATIVE (ASI)	
5.	SAIKOU MAFFUGE FATAJO	AGING WITH A SMILE INITIATIVE (ASI)	
6.	BINTA CHAM	mhLAP	
7.	LAMIN M SANYANG	mhLAP	
8.	ALHAGIE SAMA NJIE	NATIONAL FARMERS PLATFORM GAMBIA	
9.	AWA K NJIE	mhLAP	
10.	JANKEY BARROW	GAMBIA FEDERATION OF THE DISABLED	
11.	AISHA METTA KONGIRA	AGING WITH A SMILE INITIATIVE (ASI)	
12.	LAMIN MARONG	FAJKUNDA MAJOR HEALTH CENTER	
13.	LAMIN FATTY	NOVA SCOTIA GAMBIA ASSOCIATION	
14.	DAWDA NJIE	DEPARTMENT OF SOCIAL WELFARE	
15.	FATOU BITTAYE	HEALTH PROMOTION AND DEVELOPMENT ORGANISATION	
16.	OUMIE SISSOKHO	AGING WITH A SMILE	
17.	EBRIMA DIBBASSEY	GAMBIA FEDERATION OF THE DISABLED	
18.	MODOU SALLAH	GAMBIA RED CROSS SOCIETY	
19.	MARIAMA JATTA	mhLAP	
20.	AMIE JOBE	CHILD PROTECTION ALLIANCE	
21.	EBRIMA SISAWO	AGECY FOR DEVELOPMENT FOR WOMEN AND CHILDREN	
22.	FATOUMATA BALAJO	GAMBIA FEDERATION OF THE DISABLED	
23.	HUDUL EN COLLEY	NATIONAL DISASTER MANAGEMENT AGENCY	
24.	EJATOU JALLOW	mhLAP	
25.	PATEH S BALDEH	mhLAP	
26.	MOMODOU A BAH	HANDS ON CARE	
27.	BAMBA JANNEH	TANKA TANKA PSYCHIATRIC HOSPITAL	
28.	OMAR SAMBOU	PEACE AMBASSARDORS- THE GAMBIA	
29.	DR. LOUISE SARR	AGING WITH A SMILE INITIATIVE	
30.	KEBBA CONTEH	CHILD FUND THE GAMBIA	
31.	DAWDA SAMBA	mhLAP	
32.	BALLA MUSA JOOF	AGING WITH A SMILE INITIATIVE (ASI)	
33.	FALLOU SOWE	DEPARTMENT OF SOCIAL WELFARE	
34.	PIERRE FNGOMEZ	SOCIAL SECURITY AND HOUSING FINANCE COPERATION	

Annex 3: TOR of the Interim Committee for Social Protection, The Gambia

MANDATE:

To purpose of setting up the Interim Committee is to facilitate the establishment of a national social protection platform

RESPONSIBILITIES:

1. To draft a constitution for a national platform for social protection in The Gambia
2. To organise a forum for adaption of the draft constitution and election of the executive committee members.
3. To create awareness within civil society organizations and other stakeholders on the formation of the platform.
4. To provide all necessary information required to register the platform.
5. To develop a proposed logo and letterhead for the national social protection platform.
6. To create and maintain a database of the general membership.

COMMITTEE COMPOSITION:

The committee shall comprise no more than 11 members and not less than 9 members and 3 technical advisers.

Key positions

Chairperson- Balla Musa Joof, Ageing with a Smile Initiative

Vice Chairperson - Fatou Bittaye, Health Promotion and Development Organisation

Secretary- Alagie Sama Njie, National Farmers Platform

Assistant secretary- Amie Jobe, Child Protection Alliance

Treasurer: Fatoumatta Balajo, Gambia Federation for the Disabled

6 co-opted members

- Fallu Sowe, Department of Social Welfare
- Awa .K. Njie, Mental Health Leadership and Advocacy Programme
- Pierre. F. Gomez, Social Security and Housing Finance Corporation
- Momodou .A. Bah, Hands on Care
- Ebrima Sisawo, Agency for the Development of Women and Children

- Dawda Samba, Mental Health Leadership and Advocacy Programme

Technical advisers:

- Madi Jobarteh, The Association of Non-Governmental Organisation
- Fanta Bai Secka, Department of Social Welfare
- Ann Marie Mendy, Tanka Tanka Psychiatric Hospital

ACCOUNTABILITY:

1. Transparency: update members on the progress and financial issues of the committee by maintaining a proper recording/filing system.
2. There should be an evaluation mechanism for the committee.
3. Give a comprehensive written report to the general membership at the congress.
4. Be accountable for the resources and material used.

TIMEFRAME:

1. The committee should last for a period of six (6) months effective from the 13th June to 13th December 2012.
2. There should be at least monthly meeting by the committee
3. The committee should organize a national congress before the 15th of December 2012.

Annex 4: Workshop Evaluation

Overall Feelings about training based on percentages.

- 69% of participants thought the presentations were done extremely well.
- 96% of participants thought the handouts were adequate or above adequate in how well they supplemented the presentations. 44% found them to be extremely helpful.
- All the participants thought the training venue was adequate or better. 65% found it extremely suitable.
- All of the participants thought the quality of the meals was adequate or better. 62% thought the meals were outstanding.
- 73% of participants thought the length of training was just right, while 12% thought it was too short and 15% thought it was too long.
- 72% of participants thought that the right amount of time was given for group work and interaction while 20% thought not enough time was given and 8% thought too much time was given.

Favorability of individual sessions

- 100% of the people whom work with the elderly found the following sessions most useful; developing political support for social protection, selecting the interim committee for social protection in The Gambia, setting up an effective platform for social protection, social protection and its implementation in Africa and experience from The Gambia, and the review of the TOR draft.
- 80% of people whom work in the health sector found the following sessions most useful; experience of ASI mhLAP Gambia on social protection, tools for designing and managing social protection programs, and the visit to Tanka Tanka Hospital.
- 100% of the people whom work in social work thought developing political support for social protection and developing effective policies on social protection were most useful. 80% of them thought Africa Platform for Social Protection was most useful.
- 100% of the students found experience of ASI and mhLAP Gambia on social protection to be the most useful session.
- Overall participants found the most useful session to be developing political support for social protection. Other categories that were found to be very useful follow; developing effective policies on social protection, experience of ASI and mhLAP Gambia on social protection, health screening at Old Jeshwang Health Centre by ASI, setting up an effective platform for social protection, visit to SOS Children's Village and Elderly Home, Tanka Tanka Hospital visit, social protection and its implementation in Africa and

experience from The Gambia, key action from the workshop and recommendations for taking social protection in The Gambia forward, and lastly the review of the TOR draft.

- There was no significant data on which sessions were least helpful.

General recommendations by the participants

- Reoccurring themes
 -
 - Improvement of time management is necessary.
 - Presenters need to do a better job at presenting their topics.
 - More organizations need to be notified of future social protection training.
- Individual statements
 - Field trips should have included the disability sector.
 - More resource persons were necessary
 - There should be more discussion on how the organization will be financed.
- There were countless appreciative comments, and congratulations on a fantastic program.



SOCIAL PROTECTION TRAINING

for civil society organisations in The Gambia

from the 11th—13th June 2012 at the CIAM/NMCP Hall, Kanifing

Organised by Ageing with a Smile Initiative and the Mental Health Leadership & Advocacy Programme with funding from the Africa Platform for Social Protection

