



NATIONAL HUMAN RIGHTS COMMISSION (NHRC)

FINAL REPORT

STUDY ON THE RIGHT TO SOCIAL PROTECTION IN THE GAMBIA – ‘PEOPLE LEFT BEHIND’

FUNDED BY



Contents

| | |
|--|----|
| 1. Introduction | 3 |
| 2. Methodology and Sample Size | 4 |
| 3. Findings from legal and policy analysis (legal coverage, gaps from human rights perspective) | 6 |
| 4. Analysis of implementation of specific initiatives (from a Human Rights perspective including transparency, accountability, non-discrimination, participation) | 14 |
| 5. Findings based on data analysis (what does the data tell us about coverage and Human Rights implementation in practice, gaps in existing indicators and data) | 18 |
| 6. Findings based on local research/experience of rights-holders | 25 |
| 7. Conclusions | 27 |
| 8. Recommendations | 28 |
| 9. General Recommendations | 30 |

1. Introduction

This study was commissioned by the National Human Rights Commission (NHRC) with support from the Danish Institute and Network of African Human Rights Institutions (NANHRI) to assess the adherence to human rights principles in social protection services in the Gambia with a focus on the NAFA Quick and Building Resilience through Social Transfer (BReST) projects. In 2017, the Ministry of Finance and Economic Affairs of The Gambia conducted a survey of all Ministries and Departments, and Agencies that implement social protection in The Gambia and found that The Gambia Government spent GMD 96 million (0.18 percent of GDP) directly towards social protection programs¹ This is below the average trend of the World Bank's low-income countries as well as the sub-Saharan African Average.² In comparison to 136 million GMD contributed by donor organisations towards social protection in The Gambia³, the figure reveals that social protection in The Gambia is significantly donor-based. These findings are in alignment with the observations made by the CRC and the CESCR that, since 2015, the allocated budget for the social security system remains too low and that information on public spending is lacking.

Unemployment at the national level remains high at an estimated 35.2% and even higher at 41.5% among youth while poverty continues to increase from 45.8% in 2019 to 53.4% in 2020.⁴ Most of the employed population works in the informal sectors, with only a small proportion working within the formal sectors of the economy. Despite this reality, social protection in The Gambia remains mostly short-term or emergency oriented. Social security coverage is a contribution based and employees in the formal sector can benefit from the scheme based on their contribution to the provident fund. The Social Security and Housing Finance Corporation (SSHFC) oversees a state-administered social security scheme, which provides pensions, compensation for injuries, a housing scheme, and a provident fund for private and public sector workers. Some of the existing gaps in the social protection system include coverage limitations, general lack of implementation and Monitoring and Evaluation (M& E), coordination between interventions, financing gaps, and capacity deficits.⁵

The main objective of this assignment is to review, collect and analyse data on social protection interventions vis-a-viz SDG targets 1.3 and 3.8 with a focus on “left behind” (extremely poor individuals and households). Equally, social protection is an important tool to achieve the SDGs and the Agenda 2063 of the African Union. Drawing on lessons from the pandemic responses and its impacts the study therefore, based on the agreed terms of reference. Specifically, the study seeks to:

¹ Ministry of Finance ‘Working Paper: Social Protection Financing in The Gambia’.

² As above.

³ As above.

⁴ <https://www.gbosdata.org/>.

⁵ Social Protection Policy 13.

1. examines the legal and policy framework on social protection in The Gambia with a view to outline gaps and make recommendations;
2. collects and analyse data on social protection in The Gambia and good practices that enhance the realization of the right to social protection and SDG targets 1.3 and 3.8 with a focus on groups “left behind” (extremely poor individuals and households);
3. assess the impact of weak social protection measures on the enjoyment of rights of extremely poor individuals and households;
4. analyses income interventions for the extremely poor and vulnerable individuals and households in The Gambia during the Covid-19 Pandemic and other monetary interventions from the state and development partners;
5. assesses the suitability and sustainability of these measures;
6. conducts community level engagements on the interventions;
7. prepares a comprehensive report on the findings and resilience of the social protection to shock;
8. use the findings as basis for engagement with The Government of The Gambia, regional and global sustainable development, and human rights actors in 2023 to promote the right to social protection and SDG targets 1.3 and 3.8 with a focus on “groups left behind”.

2. Methodology and Sample Size

The assignment adopted a mixed methodology approach utilizing both quantitative and qualitative methods to gather primary data and secondary literatures relevant to the study. The consultant conducted an objective and subjective analysis of the application of human rights principles in social protection service delivery of the identified interventions in the Gambia. Primary and secondary data collection techniques were employed to gather data and information from beneficiaries of the identified interventions, gatekeepers, and key duty bearers. The secondary review mainly focused on the desk literature review.

Desk review: This method is used to gather relevant secondary literatures such as laws and legal frameworks including bills, public policies, strategies, concept and project documents, and monitoring and evaluation reports of social protection interventions in the Gambia. This provides a better understanding of the social protection landscape in the Gambia including existing rationales, achievements, and challenges. It also provides insight into the selection criteria and location of the identified locations of the selected interventions. The effectiveness and gaps experienced in delivering social protection services are also noted in addition to assessing the conformity with the social protection services with human rights standards and principles.

In addition, **Primary data** were collected from the right holders who benefited as service users, duty bearers serving as policymakers, and services providers. The following tools were adopted:

Survey – The Consultant used survey questionnaires to gather quantitative data from 185 respondents (male and female) of sampled households who benefited from social protection services in the study locations of North Bank Region, Central River Region and Upper River Region of the Gambia. In addition to similarities in their demographic compositions, the identified regions have high prevalence of poverty and multi-dimensional deprivation – a central criteria for the identified projects.

Key Informant Interviews – A total of 15 representatives of relevant institution within the social protection systems such as the National Social Protection Secretariat (NSPS), Department of Social Welfare (DSW), National Nutrition Agency (NaNA), as well as community leaders as gatekeeper and a sample of beneficiaries, were purposively selected and in-depth interviews were conducted using semi-structured interview guides to gather qualitative opinions and perceptions of the social protection services in the Gambia and the application of the identified human rights principles in social protection service delivery.

A total of 200 respondents were sampled in this study consisting of 185 respondents who completed the survey questionnaire and 15 respondents who were directly interviewed by the consultant. A simple random sampling was adopted to recruit respondents to complete the survey questionnaire and purposive non-random sampling was used for the qualitative key informant interviews based on respondents’ knowledge of existing social protection services, and interventions in the Gambia. Special attention was given to gender and age consideration. For quality data collection and analysis, experienced enumerators were recruited and trained on the tools for content accuracy, language interpretation, and safeguarding of the human right of informants among other ethical considerations. A pre-field test was conducted to provide feedback on the content, timing, and interpretation of the questions in local languages. Feedback from the pre-test were incorporated into the final version of the questionnaire. Below are the sampled locations of the study.

Table 1.0 – Sample distribution

Nafa Quick Beneficiaries locations and sample

| Region | District | WARD | Sampled Villages | Sample |
|--------------|-------------------|------------------------|------------------|--------|
| CRR | Lower Fuladu West | Brikamaba | Brikamaba | 20 |
| | Niamina Dankunku | Dankunku | Babou Jobe | 10 |
| | Niamina East | Jarreng | Bamba Kolong | 10 |
| | | Kudang | Banni | 10 |
| | Niamina West | Katamina | Anish Kunda | 10 |
| Upper Saloum | Njaw | Alhagie Abdoulie Leigh | 10 | |
| NBR | Lower Saloum | Ballangharr | Balangarr Njok | 10 |
| | | | Bambally | 15 |

| | | | | |
|-----|-----------|-----------------|--------------|------------|
| URR | Sandu | Diabugu | Barrinabeh | 10 |
| | Wuli East | Baja Kunda Ward | Maka masireh | 10 |
| | | | Total | 115 |

BReST centres and sample

| Region | BReST Health Facilities | Sample |
|--------|--------------------------------|-----------|
| URR | Basse Health Centre | 10 |
| | Demba Kunda Koto Health Centre | 10 |
| CRR | Brikamaba Health Centre | 10 |
| | Kudang Health Centre | 10 |
| | Dankunku Health Centre | 10 |
| NBR | Albreda Health Centre | 10 |
| | Ngayen Sanjal Health Centre | 10 |
| | | 70 |

Key informants

| Policymakers | Sample |
|---|------------|
| Department of Social Welfare (DSW) | 1 |
| National Social Protection Secretariat (NSPS) | 1 |
| National Nutrition Agency (NaNA) | 1 |
| Gambia Federation of Disable (GFD) | 1 |
| Beneficiaries / Gatekeepers | 11 |
| Total | 15 |
| Grand Total | 200 |

3. Findings from legal and policy analysis (legal coverage, gaps from human rights perspective)

The Gambia's social protection framework has important gaps that need to be filled. The 1997 Constitution does not have a justiciable provision for the enjoyment of the right to social security. There are several legal and policy instruments that are relevant to social protection, but they remain inadequate. The lapses can be found both in terms of insufficiency of coverage and non-justiciability of provisions.

Compared to Gambia's regional and international obligations, the enormity of the gaps can be appreciated. The right to social security is entrenched in a couple of instruments that The Gambia is a party to. At the international level for instance, article 25.1 of the UDHR, article 9 of the ICESCR, articles 19, 26, and 27 of the CRC, articles 11, 13, and 14 of the CEDAW, article 28 of the CRPD, articles 27, 43, and 45 of the ICRMW all make provision for social protection in various forms. These obligations have been expounded further in CDESCR General

Comment 19 which buttresses the centrality of social security to the right to dignity of the person, and ILO Recommendation 202 which further entrenches the right to social protection and provides states with guidance on the establishment of social protection floors.

At the regional level, article 20 of the African Charter on the Rights and Welfare of the Child puts an obligation on the states to provide and support programmes, particularly regarding nutrition, health, education, clothing, and housing of children. Similarly, the Maputo Protocol under article 13 puts an obligation on states to provide protection and social insurance for women working in the informal sector, and for maternity leave. It can be discerned from the below domestic framework that The Gambia's social protection system is generally failing to meet the above obligations.

The 1997 Constitution of The Gambia

Chapter IV of the 1997 Constitution provides for the protection of several rights, violation of which will give rise to causes of action before the courts. The Chapter focuses mainly on civil and political rights and less on socio-economic rights. There is no mention of the right to social security or protection in Chapter IV, thus leaving a gap in the legal framework for the possibility of a court-backed enforcement of the right to social security/protection.

The Directive Principles of State Policy in Chapter XX of the 1997 Constitution which do not confer legal rights or be enforceable before any court of law,⁶ provides that the state shall be guided by international human rights instruments to which the Gambia is a signatory.⁷ In these principles, the state shall endeavor to facilitate equitable access to clean and safe drinking water, adequate health and medical services, habitable shelter, sufficient food, and security for all persons.⁸ The state shall also encourage the provision of and maintenance of contributory schemes that shall provide economic security for all citizens.⁹

There was an attempt to elevate the right to social security to an enforceable provision in section 62 of the Draft 2020 Constitution. Promulgation of this Draft Constitution would have brought The Gambia in line with its international and regional obligations as well as Aspiration 1 Goal 1 of the African Union's Agenda 2063 which aims at improving the standard of living and the quality of life on the continent.¹⁰ The Draft however failed to make it through the National Assembly.

⁶ Section 211 1997 Constitution.

⁷ Section 216 of the 1997 Constitution.

⁸ Section 216 (4) of the 1997 Constitution.

⁹ Section 216(5) of the 1997 Constitution.

¹⁰ African Union Agenda 2063: The Africa we Want available at https://au.int/sites/default/files/documents/36204-doc-agenda2063_popular_version_en.pdf accessed 23 January 2023.

The Gambia has received considerable recommendations to improve the status of social security in the country. These include recommendations in the Universal Periodic Review¹¹ and Concluding Observations on the Gambia's Combined Periodic Report on the African Charter and its initial report on the Maputo Protocol which recommended The Gambia to introduce legal framework for the provision of adequate and inclusive social security for its citizens.¹² For the country to make strides in social protection, it must enhance the legal framework by first introducing an enforceable provision in the Constitution or an Act of National Assembly.

The Social Security and Housing Finance Corporation Act 1981

This Act was enacted to establish a corporation to manage and administer the Social Security and Housing Finance Funds.¹³ The Act establishes a Social Security Fund and a Housing Fund. Contribution to the Social Security Fund is done by both the employer (10% of the monthly salary) and the employee (5% of the monthly salary).¹⁴ Even though the Social Security Scheme is applicable to both public and private businesses registrable under the Business Registration Act, 2005¹⁵ only a few comply with this provision.

Under section 29 of the Social Security and Housing Finance Corporation Act, the following benefits are payable:

- a. a retirement benefit (payable to qualified retirees);
- b. an invalidity benefit (payable to members who are permanently disabled by reasons of physical or mental disability to engage in gainful employment);
- c. a withdrawal benefit (payable to persons who have attained the age of 45 years and has not been employed as a worker for at least two years immediately preceding the application for benefit) and
- d. a survivor's benefit (payable on death of a member of the Fund, to nominees or dependents of the deceased person).

The above provisions show that a variety of people are left vulnerable not only in times of pandemics and related shocks but also during spells of unemployment. The Act does not provide for individuals who do not contribute under the Act, these include unemployed youths, unemployed women, persons with disabilities and older persons. The effects of these gaps were manifest when the pandemic hit as people lost their jobs and earnings. It should also be noted

¹¹ UPR of The Gambia 3rd Cycle 'Thematic list of recommendations' available at <https://www.ohchr.org/en/hr-bodies/upr/gm-index> accessed 23 January 2023.

¹² African Commission on Human and Peoples' Rights 'Concluding Observations on the Combined Periodic Report of The Republic of The Gambia on the Implementation of the African Charter on Human and Peoples' Rights (1994-2018) and the Initial Report on the Maputo Protocol (2005-2014)' [60].

¹³ See the Long Title to the Act.

¹⁴ Section 17 of the Act.

¹⁵ Cap 94:02.

that only a small percentage of people in the private sector contribute to the Funds under the Act. Since social security is a right as highlighted in the instruments above, and in line with CESCR General Comment 19, The Gambia should [provide for a non-contributory scheme to ensure universal access and coverage. Section 32 of the Act provides for unclaimed benefits from the Fund. Where, after seven years of the accrual of a claim under the Fund, it has not been claimed, the benefit shall be extinguished, and the amount forfeited to the Social Security Fund.

The African Commission on Human and Peoples' Rights (ACHPR) has also identified gaps regarding the Social Security and Housing Finance Corporation Act. More specifically, it expressed its concern about the lack of information on the inclusion of workers in hospitality, domestic and agricultural sectors in the social protection measures envisaged by this instrument.¹⁶

Labour Act, 2007

This Act makes provision for the recruitment and hiring of labour as well as protection of wages among other things. The Act however does not apply to Civil Service.¹⁷ The Act provides for maternity leave with pay at normal rate for female employees for not less than the six weeks immediately preceding the expected date of confinement and for not less than the six weeks following that date provided that the employee has worked for a period of 2 years continuous service with the same employer, or whose period of service with the same employer has been interrupted by one or more periods, none of which exceeding 7 months and who has in aggregate not less than eighteen months of service with the same employer.¹⁸ It should be noted that the provision of this section is not in line with the Women's Act 2010 as well as the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol) which provides for this benefit regardless of the number of years with the employer. Article 13 of the Draft Protocol to the African Charter on Human and Peoples' Rights on the Rights of Citizens to Social Protection and Security even proposes granting of appropriate paternity leave to fathers to ensure shared responsibilities for pre- and post-natal care with women. Consequently, the relevant provision needs to be amended to be brought in line with the Women's Act, 2010. The Labour Act also provides for sick leave.¹⁹ The section provides for entitlement to leave with pay equivalent to regular working days for the days that the employee is ill. Social security and paid benefits for persons who are unemployed remains very low.

Women's Act, 2010

¹⁶ See the African Commissions Concluding Observations
<https://www.achpr.org/sessions/concludingobservation?id=129>.

¹⁷ Section 3 of the Act.

¹⁸ Section 71(1)(a) and (b) of the Act.

¹⁹ Section 74 of the Act.

This Act domesticates provisions of the United Nation Convention on the Elimination of All forms of Discrimination Against Women as well as the Maputo Protocol. It prohibits discrimination²⁰ against women and provides for the protection of the rights to equal remuneration,²¹ the right to social security benefits,²² and the right to health and health care.²³ Section 48 of the Act provides for the right to food for women and makes it an obligation of the State to take measures to provide women with access to clean drinking water and establish systems of supply and storage to ensure food security.

Section 49 of the Act gives women the right to equal access to housing and acceptable living conditions in a healthy environment. The Act further provides that the Government of The Gambia shall take appropriate measures to protect elderly women²⁴ and women with disabilities.²⁵ Even though the state is required to provide adequate budgetary allocation to realise the rights in the Act, the fulfilment of these obligations remain low. Women continue to be at the receiving end of the negative impacts of Covid-19, discrimination, and poverty as unemployment remains high and cost of living on the rise.

The Persons with Disabilities Act, 2021

The persons with Disability Act 2021 seeks to make provisions for the health care, social support, accessibility, employment and protection of the rights of persons with disabilities. The Act defines a person with disability as ‘a person with a physical, intellectual sensory or mental impairment and whose functional capacity is limited by encountering attitudinal, environmental, and institutional barriers.’²⁶ The Act is guided by basic principles including respect for human dignity, full and effective participation and inclusion of persons with disabilities, and non-discrimination.²⁷ Section 6 of The Act prohibits discrimination against persons with disabilities and also tasks the Government to take all appropriate measures to guarantee persons with disabilities legal protection against discrimination on all grounds. An important provision in the Act is the requirement for the Government to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies.²⁸ This is significant because there is a data gap on persons with disabilities including on the coverage of social protection interventions in The Gambia.

²⁰ Section 10 of the Act.

²¹ Section 18.

²² Section 19.

²³ Section 29.

²⁴ Section 53.

²⁵ Section 54.

²⁶ Section 2 of the Persons with Disabilities Act, 2020.

²⁷ Section 4 of the Act.

²⁸ Section 27 of the Act.

Section 60 of the Act provides for an explicit protection of the right to supportive social service and protection for persons with disabilities. The provision tasks the Minister of Gender, Children and Social Welfare, in consultation with relevant Ministries with the responsibility to take the necessary measures to realise this provision. The steps to be taken include ensuring access by persons with disabilities to social protection programmes and poverty reduction strategies. This provision is not yet implemented and the social interventions under study do not adequately target persons with disabilities as a key population in need of the intervention. The Act also requires the Government to take affirmative action in favour of persons with disabilities.²⁹

Despite the progressive provisions in this Act, there is no guarantee of paid benefits in times of emergency, shocks, and periods of unemployment. This precarious condition exposes persons with disabilities to risks beyond the average felt by general members of society. In the 2019 Report of the Working Group of the UPR (3rd UPR Cycle), there were several recommendations for The Gambia to strengthen its social protection framework especially in relation to persons with disabilities.³⁰

The Children's Act, 2005

This legislation is the principal law specific to the protection of Children in The Gambia. The Act caters for the consideration of the best interest of the child in any matters that affect children.³¹ Children are also afforded the right to the best attainable state of physical and mental health. The Act does not however make provision for the social security and social protection for children in The Gambia despite the persistent presence of risks in emergencies and economic and social shocks. The risks are even greater for children in rural areas, orphans, children from single parent or women headed households, and children with disabilities.

National Child Protection Strategy 2016-2020

The National Child Protection Strategy 2016-2020 was developed to ensure better protection of children in The Gambia. The policy however does not provide for social protection of children despite the existing state obligation under article 26.1 of the CRC which guarantees the right of every child to social protection. It focused more on Female Genital Mutilation, child marriage and labour. This is despite acknowledging the socio-economic gaps and risks associated with poverty in The Gambia.

National Health Insurance Act, 2021

²⁹ Section 63 of the Act.

³⁰ A/HRC/43/6 para 127.

³¹ Section 3 of The Act.

This legislation aims to establish a National Health Insurance Authority to implement a national health insurance scheme, establish a national health insurance Fund to pay for the cost of health care services for members of the scheme, and to provide for the establishment of private health insurance schemes.³² The Act establishes the National Health Insurance Authority³³ with the objectives of ensuring the attainment of universal health coverage in The Gambia.³⁴ The Authority is vested with the functions of implementing and managing the National Health Insurance Scheme, registration of members for the Scheme, ensuring equity in access to health care coverage, protection of the poor and vulnerable against financial risk among other things.³⁵ The Act also establishes a National Health Insurance Authority Board³⁶ as well as Committees of the Board³⁷ to ensure that the Authority performs its functions.

Section 31 of the Act establishes the National Health Insurance Scheme to provide financial risk protection and assure access to healthcare for all residents of The Gambia in order to achieve universal health coverage. All residents of The Gambia who are not members of a private insurance scheme shall be members of the NHIS and register with it within two years of the coming into force of the Act. The Scheme is contribution based except where there is an exemption under section 35 of the Act. The exemptions include:

- Children under five years
- Persons in need of ante-natal, delivery and post-natal healthcare services
- Persons living with mental illnesses
- Indigents as defined under the Act
- Persons with disabilities
- Pensioners and persons above sixty-five years of age

The above exemptions will provide coverage to the vulnerable categories included above.

The National Health Insurance Fund is established under section 46 of the Act to mobilise resources to pay for healthcare services for members of the Health Insurance Scheme. If the provisions of the Act are fully implemented, access to healthcare will be improved as the Act proposes for detailed resource mobilization strategies for the Fund. Though the State has started registration of individuals for the Scheme, the benefits are yet to be realized. The Act also regulates the operation of private health insurance schemes and establishes a National Health Insurance Tribunal with jurisdiction to determine matters arising from the implementation of the Act.³⁸

³² Long Title of the Act.

³³ Section 5 of the Act.

³⁴ Section 6 of the Act.

³⁵ Section 7 of the Act.

³⁶ Section 8 of the Act.

³⁷ Section 13 of the Act.

³⁸ Section 103 of the Act.

National Health Policy of The Gambia 2021-2030

In line with the National Development Plan 2018-2021, the National Health Policy was developed to achieve health related SDGs. The Gambian health sector was heavily hit by the Covid-19 Pandemic and continues to be affected by poor infrastructure, low supplies, and inadequate training of personnel. The Policy is intended to address these challenges and provide for innovative financing of the sector.³⁹ The Policy, among other things, seeks to achieve quality and equitable essential health services to all towards universal health coverage, resilient and responsive health systems, and financial risk protection and equity. This is in line with the objective to incrementally deliver tailored essential health service package to all individuals irrespective of nationality, age, and other socioeconomic status.

The policy also aims to establish National Health Insurance Scheme to provide financial risk protection.⁴⁰ If successfully implemented, the National Health Insurance Scheme will help reduce out of pocket expenditure through establishing a mix of prepayment mechanisms including social health insurance, and tax-based and non-tax-based financing of health care to achieve Universal Health Coverage goal. Despite the rolling out of registration for the National Health Insurance Scheme, people continue to sponsor their medical bills and spend huge amounts in purchasing prescription drugs from private pharmacies. This reality leaves vulnerable groups to inadequate access to health care and necessitates The Gambia's implementation of recommendations from the Committee on Economic, Social and Cultural Rights for the increment in health sector budget allocations and establishment of social protection floors.⁴¹

The Gambia National Social Protection Policy 2015-2025

This is The Gambia's first social protection policy designed to contribute towards the alleviation of poverty and vulnerability in the country, in line with the Government of The Gambia's Vision 2020 and the 2012-2015 Programme for Accelerated Growth and Employment (PAGE).⁴² 'By the close of the implementation period, it is expected that The Gambia will have a modern social protection system in place, and will therefore be able to offer more predictable, reliable and sustainable support to assist its population in coping with shocks, while contributing to poverty reduction and building long-term resilience to risks.'⁴³

The Policy is hinged upon several guiding principles including rights-based approach to programming, social inclusion and equity, and sustainable and long-term funding. Even though

³⁹ Foreword National Health Policy 2021-2030.

⁴⁰ National Health Policy 2021-2030 p 30.

⁴¹ See ESCR Concluding Observations on the Initial Report of The Gambia available at <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G15/059/98/PDF/G1505998.pdf?OpenElement>. Accessed 23 January 2023.

⁴² As above p 6.

⁴³ As above.

the Policy suggested a proper leadership structure for the implementation, it lacks key human rights-based approaches such as non-discrimination and universal application. The Policy fails to adequately cater for key vulnerable populations such as persons with disabilities, older persons, unemployed persons, women, and children. The Policy brought about the establishment of the Social Protection Secretariat under the Office of the Vice President, and there is also a Social Registry in place, but implementation of other aspects of the Policy remains low.

The National Development Plan 2018-2021 and its revised version

The National Development Plan 2018-2021 prioritized among other things investing in people through improved education and health services and building a caring society. Among the interventions recognized under this priority is building resilience and providing safety nets to address vulnerabilities by: Building Resilience through Social Transfer (BReST); cash transfer; improved leadership and coordination; strengthening child protection; and enhanced participation and economic empowerment of persons with disabilities. At the expiry of this Plan, its objectives on social protection remained largely unachieved as there are no coherent and sustainable structures for social protection.

The proposed successor to the Development Plan 2018-2021, the 2023-2027 version aims at consolidating the gains in democratic governance, accelerate green economic and social transformation and build resilience to shocks and crises. The first pillar of this new Plan is to build community resilience to shocks and crises. It also proposes human capital development and improved agricultural activities to combat food insecurity. Under pillar 9, the new NDP suggest empowerment, social inclusion and ‘leaving no one behind’. Under this pillar, social protection is specifically provided for and targets vulnerable groups such as persons with disabilities, and older persons. Despite these notable improvements significant gaps remain including the lack of unemployment paid benefits.

In conclusion, The Gambia has in place significant domestic legal and policy documents relevant to social protection albeit inadequate. These are in addition to international obligations undertaken by The Gambia at regional and global levels. These instruments remain either not fully implemented or inadequate.

4. Analysis of implementation of specific initiatives (from a Human Rights perspective including transparency, accountability, non-discrimination, participation)

- **Nafa quick**

The Nafa cash transfer as a component of The Gambia social safety net project was jointly-funded by the World Bank and the Government of the Gambia. In the wake of the COVID-19 pandemic, the “Nafa quick” (locally dubbed “immediate help”) was developed with the broad

aim of providing quick relief, building household resilience and recovery from the pandemic. Thus, the allocated USD10 million⁴⁴ was utilized for the implementation of the Nafa Quick emergency cash transfer to households in the poorest district of the Gambia. Between July and November 2020 considered as the lean period, two temporal unconditional cash transfers of 3,000 Dalasi were conducted targeting 78,000 households in the 30 poorest districts of The Gambia. Due to administrative and financial hurdles, the 1,500 dalasi per month was accumulated to 3,000 Dalasi, and given to communities bi-monthly. The said amount was pegged at 1,500 per month based on previous data on household expenditure.

The targeting of the most deprived households and communities was made possible through the National Disaster Management Agency (NDMA) database, which was abruptly built to respond to the emergencies created by the covid pandemic. Essentially, the pandemic hastened the development of the dataset to facilitate government food distribution within the country. With the initiation of the Nafa Quick, the NDMA data was further cleaned and utilized to map out and select beneficiaries within the identified districts and communities. In this vein, the implementation of the Nafa project was undertaken by The Gambia National Nutrition Agency (NaNa) with support from the Department of Social Welfare and Department of Community Development. The Nafa was subsequently followed by the Nafa program which is more coherent and well-targeted intervention compared to the emergency nature of the design and implementation of the Nafa quick.

Notwithstanding the extensive coverage of the Nafa Quick benefits to aforesaid communities and its emergency context, in-depth discussions with local leaders also revealed that the nature of target recipients of the support, which seemingly placed priority on household heads, has provided basis for the discrimination of female breadwinners. In some cases, income benefits to male-headed households did not trickle down to women and children. Thus, the intentional exclusion or unintentional oversight of critical adherence to social inclusion in the selection and distribution of benefits infringes on the socioeconomic rights of women to a decent source of livelihood; who mostly consist of the most vulnerable groups in local communities.

Weakness and anomalies could also be traced back to the NDMA dataset, which was built as a rapid response mechanism to the contingencies created by the pandemic. Arguably, the lack of comprehensive baseline data collection, quality controls and currency to the changing socioeconomic and demographic circumstances has resulted to wrongful targeting in some communities. Interviews with some community leaders unveiled that some beneficiaries do not consist of the most deprived members of their communities. The fault also lies in the misinformation provided by some community members on their socioeconomic background during NDMA data collection, thereby making it increasingly difficult in targeting most

⁴⁴ [Nafa Quick: Providing Emergency Cash Transfers to Households in the Poorest 30 Districts in The Gambia during the COVID-19 Pandemic \(worldbank.org\)](https://www.worldbank.org/en/news/feature/2020/11/18/nafa-quick-providing-emergency-cash-transfers-to-households-in-the-poorest-30-districts-in-the-gambia-during-the-covid-19-pandemic)

deprived individuals. As expressed by a project official, “when community members realized that the information collected by data collectors are towards the provision of benefits, they tend to sensationalize their deprivation so as to be selected amongst the beneficiaries”.

In some cases, wrongful targeting has resulted to grievances in communities. Alongside, the Nafa project provided for local Grievance Redress Mechanisms (GRM), which utilize local authority structures such as the village Alkalo and Village Development Chairperson (VDC), to report and mediate complaints around the selection and distribution of project benefits. Although, the GRM is a positive measure; does not provide tangible solutions to potential issues around discrimination and exclusion in the implementation of the project.

Overall, it is noted that a lack of data and inaccurate information can lead to under-inclusion and, thus, jeopardize the enjoyment of the right to social protection and security. The ACHPR has pinpointed the issue of lack of information in The Gambia regarding several issues, including the protection of workers in hospitality, domestic and agricultural sectors, general measures in place to provide adequate social security, healthcare services and pension schemes, as well as measures to provide universal medical coverage. In this regard, universal social security coverage, as suggested by the CESCR, could serve as a key solution to the problem caused by the lack of data and reliable information about the eligibility of the recipients of social protection. The creation of Gambia Social Register (GamSR) could potentially contribute to addressing this identified data gap.

- **The Building Resilience through Social Transfers (BReST)**

The BReST project, like the Nafa Quick, was geared towards building resilience and improving the nutritional status of lactating women and children under the age of two in the poorest districts of The Gambia. Similarly, the BReST was funded by the European Union through UNICEF and jointly implemented by the National Nutrition Agency and the Department of Social Welfare. Just like many other donor-funded projects, there is up-ward chain of accountability to funders and partners as opposed to local beneficiaries. This 3 million euro grant was anchored on the MCNHRP Project implemented by NaNA to ensure the continuum of care within the 1000 days window of opportunity. It targeted all new-born children who registered within 5 weeks in 10 health facility catchment areas with the worst Global Acute Malnutrition rates (higher than the national average of 8.4%) based on the 2016 Nutrition Surveillance report. The registration started in April 2017 and ended in October 2017 with a total of 6,176 beneficiaries registered.⁴⁵

The indicator for the achievement of this objective was a 10% reduction in the prevalence of acute malnutrition in children under two years of age. The project covered NBR, CRR, and

⁴⁵ Brest mini survey report, 2019

URR of The Gambia and aimed at improving maternal and child nutrition as well as building resilience in the families of the beneficiaries. Besides the cash transfers of 600 Dalasi (covering about 20% of the household food costs) and an additional D300 for twins lasting for 24 months per month, the BReST was notably accompanied by Social and Behavioral Change Communication (SBCC) aimed at educating lactating women on six months exclusive breastfeeding and child nutrition, tackling gender-based violence, and entrepreneurship and financial literacy. A review of the literature and consultations revealed that significant gains were registered through the interventions of the BReST project. For instance, according to the BReST mini survey report (2019) majority of the beneficiary mothers/caregivers (91.4%) reported practicing exclusive breastfeeding (no food and water) for the first six months of life). For complimentary food, majority (99.6%) of the mothers reported feeding their children with solid or semi-solid foods over a 24-hour recalled period on the date of the mini survey. Of the total number of children whose mothers reported feeding them with solid or semi-solid foods over a 24-hour period. Only few of the respondents reported feeding between 1-2 times were 6.8% (344), while majority, 77.7% of the children were fed between 3-4 times/day. Children being fed 5 times or more was reported at 21.5%. Similarly, the SBCC efforts also left traces of success as majority (95.6%) of the beneficiaries reported witnessing nutrition education session and almost all the beneficiaries (99.8%) reported ever attended RCH clinic during BReST implementation period.

However, some respondents highlighted that the interventions were top-down in nature, as both SBCC programs and income transfers provided little or no space for local input in the design and implementation of the project. The criteria for enrollment into the project was purely based on women who gave birth at a health center or register with 5 weeks in the identified health centers of the project. While this enrollment strategy was geared towards encouraging women in utilizing health care facilities during pregnancy, child birth and breastfeeding as well as increase uptake of health care services, the health center-based recruitment is a plausible explanation for the limited coverage of the BReST program with potentials to missed out on chronic poor who lack both information and means of access to health centers in the identified project health centers. Interviews with women leaders in the local communities showed that very few poorer women benefitted from the income transfers. The nature of enrolment into the project tends to naturally alienate and exclude women from communities who cannot access health centers. Given the staggering deprivation besetting such communities, accessing health care facilities poses major challenges for lactating women experiencing multidimensional poverty (left behind) in very remote communities to be part of the program.

Despite the prevalent enrolment biases, evaluations conducted by the National Social Protection Secretariat (NSPS) indicated that project had positive effects on beneficiary children's nutrition status, particularly during the lifetime of the project. This effect is most apparent in NBR-East and to a lesser extent in URR, while NBR-West and CRR did not show notable effects. Concurrently, the general observe decline in child malnutrition across all

districts (including non-BReST localities) makes it increasingly difficult to pinpoint such success to the BReST interventions. The NSPS report (2021) further suggested that the minimum dietary diversity was significantly higher among BReST beneficiaries than amongst the non-beneficiary population. Nonetheless, the inadequacy of the income benefits to meeting basic needs and temporality of the intervention could result in the nutritional relapse of the project beneficiaries, and as well makes it difficult to evaluate long-term impacts which further emphasize the need for comprehensive and durable universal social protection floor in the Gambia

BReST project officials equally highlighted that the main rationale for the income transfers was to encourage women to attend SBCC workshops organized at the health centers. In other words, the monthly income transfer was a general incentive for lactating women to adopt SBCC and increase health care service uptake among pregnant and lactating mothers. In the same vein, traditional birth attendants and women leaders have been important mediums for community participation in and dissemination of SBCC trainings in local communities. In-depth conversations with women in the beneficiary communities further highlighted that local women leaders occasionally receive SBCC training from project officials, which they later disseminate in their localities. This approach has acclaimed to be very viable in fostering an inclusive sensitization of lactating women, including those who do not have opportunities of attending health facilities. Regardless of the step-down training, the top-down nature of the intervention was prone to local elite capture, where educational and income support only reaches local leaders and their immediate circles.

5. Findings based on data analysis (what does the data tell us about coverage and Human Rights implementation in practice, gaps in existing indicators and data)

According to ILO data, only 6.1% of Gambian population are covered by at least one social protection benefit (excluding health).⁴⁶ While almost half of the population (44%) have access to universal health coverage in line with the targets of SDG 3.8.1, few categories of Gambians such as workers in case of work injuries (23.4%), labor force covered by pension scheme (active contributions – 12.5%), vulnerable persons covered by social assistants (0.5%) and older persons (17%) are protected by social protections systems. There are other vulnerable groups being left out such as children, unemployed, and persons with severe disabilities.

The establishment of the National Social Protection Secretariat (NSPS) in 2019 by The Gambian government has been a significant milestone in the advancement, institutionalization, and coordination of social protection mechanisms in The Gambia. Despite this meaningful progress, considerable challenges continue to exist with regards to sustainable financing, comprehensive coverage, and effective implementation of social protection schemes. Generally, the outbreak and aftermath of the Covid-19 pandemic has placed a considerable

⁴⁶ <https://www.social-protection.org/gimi/WSPDB.action?id=19>

burden on social protection financing, owing to increased need for healthcare services, income security measures, and reductions in GDP caused by the crisis (ILO, 2022). Financing gaps importantly shrink social protection coverage capabilities, as there is limited fiscal space to expand schemes and services. Notably, the Gambia, like similar developing countries, continues to wrestle with providing an extensive and inclusive social protection amidst limited financial capabilities. The glaring inequalities and vulnerabilities within the Gambia, importantly laid bare by the Covid, cite to the coverage issues besetting social protection interventions. As highlighted by the national Social Protection Secretariat, such coverage and human rights issues can be attributed to the fact that:

- Social assistance schemes are generally short-term and emergency oriented;
- Predictable, long-term cash transfers targeting the extreme poor are lacking;
- Social transfers generally have extremely limited reach and the size of transfers are inadequate for the attainment of basic needs;
- Social security is only accessible to a tiny minority of formal sector employees. It excludes unemployment insurance and paid maternity benefits;
- The country has no operational and functional national health insurance programme;
- The country has no state-led crop insurance programme for farmers, despite the prevalence of weather-related risks;
- Social services remain weak and under-resourced;
- The legislative framework has notable gaps, including the absence of a national minimum wage or justiciable constitutional provisions.
- Support is inadequate in peri-urban locations where the extreme poor and migrant families reside;
- The coverage and level of support to particularly vulnerable groups (the elderly, PWD, PLHIV) is inadequate and sporadic;
- Migrants, refugee families, single parents, widows, and child-headed households rarely feature in social protection programming;
- Projects rarely take into account the social risks and vulnerabilities, lifecycle vulnerabilities and/or needs of specific excluded groups.

The paucity of comprehensive and reliable national statistics on the scope and availability of social protection within the country makes it increasingly difficult to coordinate and evaluate social assistance schemes. Despite, the increasing institutionalization of social protection, the informal and agricultural sector continue to fall within the margins of social protection programs, with social assistance considered as “privileges” rather than “entitlements” to poor and vulnerable communities. In other words, the negation of the human rights dimension of such social schemes to the deprived and vulnerable communities continue to compromise coverage, and renders the piecemeal and fragmented social assistance unsubstantive towards building local resilience. Though the Gambia’s Social Registry dataset has been useful in social protection mapping and extending coverage based on needs assessment, however the adaptability and reliability of the dataset to the changing demographic and socioeconomic

circumstances is crucial towards tackling some of the coverage anomalies unveiled by this evaluation.

- **Project Beneficiaries**

Table 1.1. Shows that a total of 5% the respondents indicated that they benefitted from both projects while 34% and 60% benefitted from the BReST and NAFA Quick respectively. This result indicates that the latter project had a wider reach than other social protection interventions in the two regions covered. This fact is largely influenced by the wider coverage of the NAFA project which was designed to provide a national response to vulnerabilities created by the emergence of Covid-19. Moreover, majority of the respondents are female in all the regions except CRR, as shown in table 1.2. This sample bias towards more female respondents (107) was not only due to the fact that most BReST beneficiaries were women but was also deliberate so as to understand how the aforesaid projects specifically impacted women within the studied localities given their extreme deprivation and vulnerability. Table 1.3 indicates the disaggregation of the respondents' age and gender with majority of respondents as youth, 18 – 35 years.

Table 2.1 Distribution of respondents as sampled project beneficiaries

| Projects | Frequency | % |
|--------------------|------------|-------------|
| Both | 9 | 5% |
| BReST | 62 | 34% |
| Nafa quick | 110 | 60% |
| Others | 3 | 2% |
| Grand Total | 184 | 100% |

Table 2.2 Gender of respondents per region

| Gender | NBR | | URR | | CRR | | Total | |
|--------------------|-----------|------------|-----------|------------|-----------|------------|------------|-------------|
| | Freq | % | Freq | % | Freq | % | Freq | % |
| Female | 41 | 22% | 29 | 16% | 37 | 20% | 107 | 58% |
| Male | 16 | 9% | 17 | 9% | 44 | 24% | 77 | 42% |
| Grand Total | 57 | 31% | 46 | 25% | 81 | 44% | 184 | 100% |

Table 2.3 Age range and gender of respondents

| Age range | Gender | | Grand Total |
|----------------------|--------|------|-------------|
| | Female | Male | |
| 15 - 18 years | 4 | | 4 |

| | | | |
|-----------------------|------------|-----------|------------|
| 18 - 35 years | 81 | 20 | 101 |
| 35 - 65 years | 22 | 49 | 71 |
| 65 years above | | 8 | 8 |
| Grand Total | 107 | 77 | 184 |

- **Accessibility**

In terms of accessibility of the social protection income support, 63% of the respondents as shown in table 1.4 indicated that the income support was accessible. While 8% of the respondents indicates that the income support was hardly accessible, 29% were confident that the support was very accessible. Additionally, the study shows that although efforts were made by project officials to make the interventions easy for people to reach and benefit through the establishment of cash collection points (in the case of Nafa), and channeling BReST transfers via help centers. In-depth conversations with some respondents show constraints with regards to accessing these supports, owing to a lack of proper documents and/or remoteness of cash collection points.

Table 3 Accessibility of the identified social protection services

| Values | Frequency | % |
|--------------------------|------------|-------------|
| Accessible | 116 | 63% |
| Hardly accessible | 14 | 8% |
| Very accessible | 54 | 29% |
| Grand Total | 184 | 100% |

In terms of barriers, the study reveals that one of the major barriers faced by beneficiaries is the issue of national documents that were required for the disbursement of funds to the beneficiaries. Many of the respondents noted that even though they met all the eligibility requirements of the supports, they experienced some challenges due to lack of national documents especially for the Nafa quick. They also reported that the processes were bureaucratic, slow and that they also encountered long queues at payment centers even when some of them had to travel long distances. The services did not create the possibilities of authorized third party payments on behalf of the direct beneficiaries except for BReST which accept procurators in the absence of principal recipients.

- **Availability**

In terms of availability of the support to deprived households and mothers, 54% the respondents confirmed that the supports were available to deprived households and mothers while 30% was

of the view that the supports were not available to all deprived households and mothers in their localities. About 16% could not comment on the theme. The 30% view on service unavailability for the deprived household is worrying since deprivation is one of the conditions of eligibility for both projects. Care must be taken to avoid exacerbating inequality gaps in the beneficiary communities due to beneficiary targeting and selection errors or expediency reasons.

Table 4. Availability of income support to all deprived households / mothers in target locations

| Values | Frequency | % |
|--------------------|------------|-------------|
| I don't know | 29 | 16% |
| No | 55 | 30% |
| Yes | 100 | 54% |
| Grand Total | 184 | 100% |

In Table 1.6 shows the timeliness of the income support received by the respondent. From the findings, 98% of the respondents indicated that the supports were timely with only 2% saying it was timely. It's not surprising that timeliness is regarded as high because not only was the Nafa quick interventions conducted in the wake of the Covid-19 pandemic uncertainties that halted the productive base of the economy due to restrictive regulations on movement, work, market spaces and later increased in price commodities, but also given the level of poverty and vulnerabilities of the beneficiaries.

Table 5. Timeliness of the income support

| Values | Frequency | % |
|---------------------|------------|-------------|
| I don't know | 1 | 1% |
| I prefer not to say | 1 | 1% |
| No | 2 | 1% |
| Yes | 180 | 98% |
| Grand Total | 184 | 100% |

- **Inclusivity**

In terms of inclusivity in relation to socio-economic background, ethnicity and geographical location, Table 1.7 shows that 67% of the respondents indicated that they don't notice or experience exclusion while 21% noted that there could have been exclusion in the selection process of the beneficiaries. The outcome of this theme suggests there is some observance of inclusion in the implementation of programmes in the identified project locations. Also, 71% of the respondents' as shown in Table 1.8, indicated that the identified interventions take into

account the challenges and obstacles faced by vulnerable and disadvantaged groups, and special measures were taken to integrate them to ensure inclusion.

However, the reliance on the NDMA institutional data which was generated in a hasty manner is problematic as it is prone to errors and bias potentially leaving behind poor and vulnerable households who could have been eligible beneficiaries. This revealed the urgency of the credible social register for future interventions. Similarly, the urban poor were largely excluded as the identified interventions were conducted only in the poorest district of the country found mainly in the rural areas. It is worth noting that though IHS indicated that poverty rates are higher in these rural areas it has also stated that the number of poor people is higher in the urban areas. The exclusion of these urban areas also brings to light the need for universal social protection systems that provide basic social security for all vulnerable individuals and household instead of the existing fragmented projected base social transfers.

Table 6. Exclusion on the account of socio-economic, religious, ethnic or geographical origin

| Row Labels | Frequency | % |
|--------------------|------------|-------------|
| I don't know | 20 | 11% |
| No | 123 | 67% |
| Prefer not to say | 2 | 1% |
| Yes | 39 | 21% |
| Grand Total | 184 | 100% |

Table 7. Respondents' views if the interventions take into account the challenges and obstacles faced by vulnerable and disadvantaged groups and take special measures to integrate them

| Values | Female | | Male | | Total | |
|--------------------|------------|-------------|-----------|-------------|------------|-------------|
| | Frequency | % | Frequency | % | Frequency | % |
| I don't know | 9 | 8% | 19 | 25% | 28 | 15% |
| No | 18 | 17% | 7 | 9% | 25 | 14% |
| Prefer not to say | 1 | 1% | | 0% | 1 | 1% |
| Yes | 79 | 74% | 51 | 66% | 130 | 71% |
| Grand Total | 107 | 100% | 77 | 100% | 184 | 100% |

- **Adequacy of support**

Out of the 184 respondents who answered this question, 107 (58%) were female and 77 (42%) were male. The findings show that 86% of female and 97% of male respondents indicated that the interventions enabled them to access essential goods and services representing 91% adequacy rating. However, while only 3% of male indicates the inadequacy of the interventions, almost a quarter 14% of female express inadequacy of the interventions to enable them access essential goods and services. This figure though lower than the adequacy rating;

remains relevant for policymakers to make social protection interventions more gender-responsive and improve utility for women. It is also signposting the inherent socio-economic and cultural challenges faced by women in Gambian society and the need for deliberate and intentional affirmative actions to address the structural barriers hindering the development of women.

Table 8. Adequacy of interventions to enable the beneficiaries' to access essential goods and services

| Values | Female | | Male | | Total | |
|--------------------|------------|-------------|-----------|-------------|------------|-------------|
| | Frequency | % | Frequency | % | Frequency | % |
| No | 15 | 14% | 2 | 3% | 17 | 9% |
| Yes | 92 | 86% | 75 | 97% | 167 | 91% |
| Grand Total | 107 | 100% | 77 | 100% | 184 | 100% |

In terms of impact, the respondents provided that the interventions were very helpful in assisting their households to buy nutritious foods for lactating mothers, bought baby items, food items for children, payment of school fees etc.

- **Sustainability**

The research looked at the sustainability of the interventions from the frame of building on existing local and national capacities, structures, and mechanisms to ensure the sustainability of the interventions. As shown in Table 9, while 17% of youth 18 -35 years and 12% of adults 36 – 65 years agree that the identified projects build on the existing structures and mechanism for sustainability, similar figures 18% of youth 18 – 35 years and 6% of adults believe that the interventions had no link to existing capacities, mechanisms or structures. However, the majority of the respondents 19% of youth 18 – 35 years and 20% of adults 36 – 65 years indicated they don't know if the identified projects build on the existing capacities, structures, and mechanisms for sustainability, which points to either inadequate involvement and participation of the beneficiaries/target group in the project design and implementation, or limited knowledge and information about the project which could potentially affect the sustainability of the gains of the identified project.

Table 9. Views on if the identified projects build on existing national, local, and government capacities, structure and mechanisms to ensure sustainability

| Values | Female | | Male | | Total | |
|----------------------|----------|-----------|------|-----------|----------|-----------|
| | Freq | % | Freq | % | Freq | % |
| 15 - 17 years | 4 | 2% | | 0% | 4 | 2% |
| I don't know | 3 | 2% | | 0% | 3 | 2% |

| | | | | | | |
|-----------------------|------------|------------|-----------|------------|------------|-------------|
| No | 1 | 1% | | 0% | 1 | 1% |
| 18 - 35 years | 81 | 44% | 20 | 11% | 101 | 55% |
| I don't know | 21 | 11% | 14 | 8% | 35 | 19% |
| No | 29 | 16% | 4 | 2% | 33 | 18% |
| Prefer not to say | 1 | 1% | | 0% | 1 | 1% |
| Yes | 30 | 16% | 2 | 1% | 32 | 17% |
| 36 - 65 years | 22 | 12% | 49 | 27% | 71 | 39% |
| I don't know | 7 | 4% | 30 | 16% | 37 | 20% |
| No | 4 | 2% | 7 | 4% | 11 | 6% |
| Prefer not to say | | 0% | 1 | 1% | 1 | 1% |
| Yes | 11 | 6% | 11 | 6% | 22 | 12% |
| 66 years above | | 0% | 8 | 4% | 8 | 4% |
| I don't know | | 0% | 4 | 2% | 4 | 2% |
| No | | 0% | 2 | 1% | 2 | 1% |
| Yes | | 0% | 2 | 1% | 2 | 1% |
| Grand Total | 107 | 58% | 77 | 42% | 184 | 100% |

6. Findings based on local research/experience of rights-holders

The Nafa Quick and BReST interventions in the local communities were strategic in providing temporal amelioration to socioeconomic challenges. Most of the respondents, accounting for 98% of the study population, indicated that the income support was timely and strategic in response to vulnerabilities. The successive seasons of poor agricultural harvest, price hikes of basic food commodities, coupled with the halting of socioeconomic activities associated with the Covid 19 restriction measures posed enormous financial and social strain on the already deprived and vulnerable communities of NBR, CRR, and URR.

The respondents in the local communities cited that the income benefits from the projects were used to meet their immediate and basic needs for food. While male-headed households are more prevalent in the studied localities, discussions with local beneficiaries demonstrated that most breadwinners/immediate providers for many families within the communities are women providing for the food and educational needs of children. At a more disaggregate level, the income support was seemingly vital in supporting young women, including young mothers access to basic dietary needs.

Bearing in mind the multiple forms of deprivation (spanning from dietary, educational and healthcare deprivations) within the households makes the income transfers unsubstantial towards improving the general wellbeing of members. During interview, most respondents indicated that the income benefits are used to feed their extended families, mostly in the form

of buying rice and other condiments. In few cases, local beneficiaries would resort to buying domestic animals (such as goat and chicken) for rearing, so as to build and sustain a durable source of food and income. Going by the survey questionnaire, majority of beneficiaries cited the adequacy of income towards their basic needs. Further interrogations through qualitative questions show discrepancies in the research findings with majority of the respondents indicating that the incomes are unable to provide for the dietary needs of the family, in some cases, the money last for few days. The evaluation study (2021) by the National Social Protection Secretariat (NSPS) equally indicated that beneficiary families struggle to maintain their consumption pattern once the cash transfer stopped. This impedes the principle of sustainability in social protection.

Several families highlighted that the monetary support did not commensurate with the price of basic commodities such as rice. Going by these observations, taking into account the inadequacies and temporality of the interventions, it becomes challenging for project and program evaluations to attribute success purely to these interventions on enhancing the nutritional wellbeing of local communities, as well as building their resilience. The one-off monetary-interventions pose pertinent questions around sustainability and local resilience, particularly when considerable efforts are not channeled towards building local socioeconomic capabilities and the existing local coping mechanisms.

Furthermore, findings show that despite improved knowledge gained from SBCC trainings, some positive practices have not been maintained beyond the lifetime of the project due to the absence of monetary support. Nonetheless, the study showed that improved knowledge among beneficiaries has translated into higher rates of exclusive breastfeeding, skilled delivery, and hand washing practices, but not to adequate water treatment techniques. The project's objectives of improving exclusive breastfeeding and institutional delivery appear to have materialized as they are significantly higher among BReST beneficiaries compared to non-beneficiaries. Regarding hygiene practices, however, the evidence is less conclusive as beneficiaries show better hand washing practices but less adequate water treatment techniques (NSPS, 2021).

The income support mechanisms have shown symbiosis with community informal social protection mechanisms. In most communities, women groups make monthly monetary contributions which are later used to support needy members, particularly during the pandemic when life seemed overwhelming. Arguably, the strong social cohesion and capital (anchored on sharing and caring) that exist within these communities has been strong basis for informal support mechanisms amongst them. For instance, some beneficiaries cited that their incomes are used to support their neighbors in dire need.

Besides the Nafa Quick and BReST, beneficiary communities have also highlighted similar interventions from civil society organizations in their communities and *Dara* (Quranic learning

centres). Such interventions have been in the form of supporting local communities with farm implements and fertilizers, as well as capacity building programs.

7. Conclusions

The Nafa Quick and BReST program were significant but temporal social protection programs. The Nafa Quick was in response to the socioeconomic adversities posed by the covid pandemic. The implementations of the projects were undertaken with institutional complementarities and coordination between the National Social Protection Secretariat, National Nutrition Agency, Department of Community Development and the Department of Social Welfare, with strong financial and technical support from European Union, UNICEF and World Bank. As evident elsewhere in similar developing-country-context, the design and implementation of social protection programs are generally beset by institutional and financial challenges. The studied interventions were donor-driven programs, thereby inherently inducing an upward chain of accountability to the funders than downward to local beneficiaries. The project designs have been top-down (technocratic-centric in nature), whereby the project agendas and implementation modalities were predetermined by project officials prior practical implementation in local communities.

The projects were instrumental in providing temporal relief to local communities amidst the pandemic combined with poor agricultural harvest. Data generated and testimonies of local beneficiaries reveal that the monetary support provided by the projects were essential in helping families purchase additional and more diversified food, but these families struggle to maintain their such consumption pattern once the cash transfer has stopped. The issue of sustainable dietary intake poses important questions around adequacy of the income support and its sustainability.

Both Nafa Quick and BReST showcase a bit of local participation. The Nafa provided for a local stakeholder engagement and participation through community validation meetings, often held at village meetings spaces (locally dubbed “Bantaba”). Such meetings were important mediums for community input in the implementation of the project. Nonetheless, the project design did not provide opportunities for locals to influence beneficiary selection and implementation modalities. This makes local stakeholder participation seemingly procedural than substantive in project implementation and local ownership. Moreover, project beneficiary targeting mechanisms have in some cases provided for beneficiary selection biases, thereby contravening social protection goals. The emphasis on national identity cards for receipt of funds has posed considerable challenges for local beneficiaries lacking such documents.

On the other hand, BReST similarly utilized top-down consultation and participation, whereby cash transfers and sensitization programs were directed through community health centers to

target lactating women. In some cases, SBCC trainings were channeled through local women leaders, who engage in stepdown training of the general community members. The stepdown trainings have been essential towards fostering project-inclusivity – considering that engagements are more widespread to include non-BReST women, and in some cases, men. It was however, prone to local elite capture and there are needs to build on the existing and devise innovative social mobilization and communication mechanisms in future interventions.

8. Recommendations

National Assembly of The Gambia

- Enact Legislation on comprehensive Social Protection coverage;
- Direct and allocate more resources towards social protection and socio-economic services;
- Strengthen social protection through the effective use of parliamentary tools such as parliamentary questions, motions, financial oversight and budget allocations;
- Support the integration of social protection as a constitutional right.
- Recognise and acknowledge social protection measures needed for poverty alleviation; and
- Ensure accountability for resources allocated towards social protection.

The Gambia Social Protection Secretariat

- Coordinate and provide synergy between Government social protection programmes;
- Seek legislative measures to enhance the capacity and opportunities for the poor and vulnerable to improve and sustain their livelihoods and welfare;
- Encourage development of policies for a reasonable level of income through decent work;
- Enhance access to affordable health care, social security and social assistance across the country;
- Anchor social protection components on the foundation of human rights norms;
- Raise awareness on the different social protection programmes in the country;
- Design and implement a transformative social protection framework, which takes into consideration both economic and social forms of vulnerabilities.

The Ministry of Gender, Women, Children and Social Welfare

- Seek legislative measures to create general non-contributory social protection schemes to enhance the capacity and opportunities for the poor and vulnerable to improve and sustain their livelihoods and welfare;
- Encourage gender sensitivity and child friendly programming and implementation of social protection protections;

- Conduct baseline assessment to document the level of vulnerability of women and children to socio-economic deprivation;
- Leverage on its position to advocate for more children and women focused social protections; and
- Advocate for the removal of barriers to access social protection by women and for interventions to specifically target women.

Ministry of Health

- Advocate for universal access to a quality, equitable health system and sustainable in the long term, with effective strategies for promotion and prevention;
- Support the inclusion of children and women responsive projects in the health center;
- Direct and influence the development of a comprehensive health policy with a focus on social protection;
- Undertake affirmative measures to create greater access to health care services by vulnerable groups and communities;
- Develop state programmes and policies in the field of health; and
- Develop and implement poor pregnant women and children under 5 have access to free essential health care.

Ministry of Finance and Economic Affairs

- Create sustainable financing for Government social protection interventions;
- Allocate more resources to social protection programmes to ensure progressive realization of socio-economic rights;
- Design and implement targeted income support for the poor and unemployed in active age groups, especially through cash-for-work and other labour intensive programmes; and
- Encourage sound financial management for the implementation of the Government social protection measures; and
- Develop and pursue a sustainable resource mobilization strategy for Government social protection programmes.

The National Human Rights Commission

- Conduct further studies on social protection as a human rights agenda in the Gambia;
- Amplify advocacy for greater allocation of resources to social protection programmes;
- Advocate for meaningful participation of beneficiaries in the design, assessment and implementation of social protection programmes;
- Provide accessible information to duty bearers on the nature of social rights and the obligations they create;
- Provide regularly capacity building for duty bearers and right holders on human rights and social protection;

- Promote education and information programmes designed to enhance awareness and understanding of economic, social and cultural rights; and
- Conduct research and inquiries designed to ascertain the extent to which particular economic, social and cultural rights are being realized, either within the country as a whole or in areas or in relation to communities of particular vulnerability.

The Gambia Bureau of Statistics

- Integrate social vulnerability variables in all major nation and sectorial data collections;
- Provide and document accurate data on poverty, social protection coverage and programmes in the Gambia; and
- Share data with duty bearers on the extent and level of vulnerability and the different dimensions of deprivations.

Social Security and Housing Finance Corporation

- Initiate legislative measures to revise and update SSHFC laws to bring them in line with the emerging norms on social security and social protection.
- Manage social security contributions in accordance with the best interest of contributors;
- Support and ensure the equitable access to services funded and support from social security funds;
- Amplify appropriate investment of social security funds; and
- Harness efforts to transform the current social security system into a rights based mechanism.

National Nutrition Agency

- Advocate for nutrition-sensitive social protection programmes that include specific nutrition objectives, reach the most nutritionally vulnerable;
- Support Government in strengthening capacities to design, implement and monitor nutrition sensitive social protection with focus on economic inclusion;
- Develop policies to support Government in assessing how social protection can be best harnessed to improve food security and nutrition outcomes; and
- Support school food and nutrition interventions by supporting locally adapted diets to enhance food security and nutrition among children.

9. General Recommendations

Meaningful local participation in project lifecycle

The issues around wrongful targeting in some communities can be avoided with due considerations to meaningful local participation. Local participation should be prioritized during project design, implementation, and evaluation. In other words, local participation should not be adhered to only during project implementation, but during project inception. This

is not only pivotal towards breeding local ownership, capacity building, and project sustainability, but ensures that interventions clearly meet the needs, realities and aspirations of beneficiary communities.

Capacity building for sustainable human development

The income transfers have proven meaningful in providing quick and temporal relief to the deprivations facing local communities. Nonetheless, the temporality of such one-off intervention does not provide durable solutions to the complex and changing socioeconomic challenges besetting such localities. Thus, it is imperative that policy planners and project developers invest in programs that build the socioeconomic capabilities and resilience of local communities. Such programs could be in the form rural agricultural mechanization and commercialization, supporting community entrepreneurship, promoting community-based tourism, amongst similar pro-poor interventions.

Considering the heterogeneity of the poor

It is becoming apparent that the poor are not a homogenous group, rather a heterogenous entity. This evaluation exercise has equally shown that rural poverty is a complex phenomenon, and that poor are a more heterogenous group. Against this backdrop, policy and project designs as well as practical interventions should take into account the manifold nature of the poor at the household level. Put differently, the channeling of income support to the household head (often male-headed) could be disempowering to the most deprived household members (often women, elderly, and children), particularly in situations where benefits do not trickle down to other family members. Interventions like the Nafa Quick and BReST ought to take into account critical issues around project inclusivity and diversity to tackle challenges besetting the poorest of the poor – who are mostly women, children, differently abled persons, and the elderly. More specifically, such interventions should place priority on ending “feminization of poverty” (growing poverty amongst women) in deprived and remote rural communities.

Supporting social protection mechanisms

Despite the inadequacies of the Nafa Quick and BReST interventions to the livelihood of beneficiary communities, the aggregated data from this evaluation has shown that locals want the continuity of the projects. Taking into account the financial and institutional challenges besetting social protection schemes in the Gambia, it is imperative that social protection is premium on the development agenda of the national government, donor community and civil society. In addition to financing social protection programs, emphasis should also be placed the capacity building of development and project officials. In this light, building rural social protection schemes should be backed by evidence-based research and practical interventions.

Mainstreaming interventions in community structures

There are widespread studies demonstrating that external projects that build on local capabilities tend to be more sustainable. Taking into account local ownership and project

sustainability, it is important that such interventions are localized utilizing local mediums during design and implementation. This would ensure local acceptability, project streamlining, and sustainability within beneficiary communities.