SOCIAL PROTECTION FINANCING IN THE GAMBIA

Toward Addressing the Risks of Donor Dependency through Domestic Revenue Mobilization and Budgeting Reform

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ABSTRACT

Through a survey of all Ministries, Department and Agencies (MDA) that implement social protection (SP) programs, we find that, the Gambian government spent only 96 million GMD (0.18 percent of GDP) directly toward SP programs in 2017. This is well below official recommendations of ILO studies (~3%) and also lower than the World Bank's low-income country average (2.2%) and the sub-Saharan African average (2.1%). In contrast, donor organizations in the Gambia spent close to 1366 million GMD (2.5 percent of GDP) indicating a heavy donor dependence in SP.

In order to account for the indirect channels by which government may contribute to SP programs through operational costs, we conduct an analysis of the Government program-based budgets (PBB). Since the PBB is at its nascent stages, it is not amenable to sub-program level analysis. Thus, we study all social programs and projects that may have a protection component/intervention. We find that government indirect and direct expenditure on such poverty programs forms only 7% of the total budgeted expenditure in 2017 indicating that the 20% figure suggested by government's official poverty expenditure report may be an overestimate. Donors on the other hand, contributed 8% of budgeted expenditure in 2017 toward SP.

The paper further discusses why external dependency for SP program financing is not sustainable in the long-run. It constrains government independence in design and targeting and poses risks for essential services during political turmoil. The paper also describes the various shortcomings of the current program-based budget and poverty expenditure reports to capture social sector financing. Simple reforms in budgeting like improving account coding, budget line item descriptions and call circulars that can go a long way in improving public social expenditure reporting. Line MDAs can also be better planners and monitoring agencies of allocated program/project financing and they can be held accountable to do so by the Ministry of Finance and the Social Secretariat. Finally, the paper discusses the various reforms; legal and financial, required for rights-based, universal social protection in the Gambia.

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CONTENTS

1. INTRODUCTION

With the rising incidence of vulnerability as a result of conflicts, climate change and economic fragility, governments need to address these challenges through policy and good governance. With the support of development partners, governments are doing this through the implementation of pledges like Sustainable Development Goals 2030, policy recommendations like the ILO's Social Protection Floor, policy commitments like the Addis Ababa Action Agenda and the Paris Climate Agreement.

In the Gambia, the National Development Plan (2018-2021) makes a strong commitment to Social Protection in that it seeks to "establish an inclusive integrated and comprehensive social protection system that will effectively provide preventive, protective and transformative measures to safeguard the lives of all poor and vulnerable groups and contribute to broader human development, greater economic productivity, and inclusive growth".

Social protection (SP) refers to a wide range of policies designed to prevent, manage and overcome situations that negatively affect the most vulnerable sections in a society. The wider definition includes all initiatives that provide income (cash) or consumption (usually food) transfers to the poor and the most marginalized, protect them against livelihood risks, and make them productive members of society, contributing to the overall economic growth and development of a country.

A well-designed and implemented SP system can positively transform a country enhance human capital and productivity, reduce inequalities, build and maintain resilience and break the inter-generational cycle of poverty.

(Devereux and Sabates-Wheeler 2004) provide the most commonly used conceptual framework, which describes four SP functions:

Protective: providing relief from deprivation (e.g. income benefits, state pensions)

Preventative: averting deprivation (e.g. savings clubs, social insurance)

Promotive: enhancing incomes and capabilities (e.g. inputs)

Transformative: social equity and inclusion, empowerment and rights (e.g. labour laws)

The authors further describe SP as all initiatives, public and private that supports the vulnerable through the provision of income and consumption transfers and protects them against livelihood risks as well as helping improve their social status and rights asserting that it is not enough to protect the poor by providing relief from shocks and crises, provide social insurance in the case of shocks and help improve their lives by enhancing their incomes and capabilities, it is also important to help transform the lives of the poor through "pursuing policies that rebalance the unequal power relations which cause vulnerabilities".

ILO 2012 lists essential SP measures as "access to essential health care, including maternity care; basic income security for children, providing access to nutrition, education, care and any other necessary goods and services; basic income security for persons in active age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability; and basic income security for older persons"

2. STATE OF SOLICY PROTECTION IN THE GAMBIA

In the last decade, poverty in the Gambia has remained more or less unchanged, at 48.6 percent in 2015/16 from 48.4 percent in 2010. The number of people living in poverty is high and this remains to be a rural phenomenon. In the recently concluded Integrated Household Survey (IHS) rural poverty increased by 5.3 percent from 64.2 percent in 2010 to 69.5 percent in 2015/16 and urban poverty declined to 10.8 percent in 2015/16 from 16.4 percent in 2010. However, similar to the rest of Africa, the rate of growth of population (3.1 percent) outpaces the rate of growth of the economy (3 percent) (Gambian Bureau of Statistics 2017).

2.1. SOCIO-ECONOMIC INDICATORS

According to the Integrated Household Survey 2015/16, the literacy rate for the population aged 15 years and above is estimated at 40.1 percent. This figure is even lower for the female population whose literacy rate is 35.5 percent compared to 45.7 percent for males. Findings revealed low secondary school Net Enrolment Ratios of 40.6 compared to 67.3 for primary school, highlighting the large proportion of secondary school-age children who never make it to secondary school. In terms of health care provision, user satisfaction ratings have dropped significantly compared to five years ago; lack of medical supplies being the reason for dissatisfaction with 7 out of 10 people surveyed registering their dissatisfaction with the lack of adequate medical supplies. The findings also show that labour force participation is higher in rural areas than in urban areas, recording unemployment rates of 0.5 percent and 3.5 percent respectively. With 47.7 percent of the total working age population being economically inactive, females constitute 55.2 percent of this group.

An important source of livelihood of households in The Gambia is agriculture, which accounts for about 20 percent of the country's GDP and employs 46.4 percent of the total working population (80.7 percent of which is the rural working population). The recent decline in agricultural production due to climate change related shocks makes the poor vulnerable to food insecurity and puts them at risk to increased poverty. With labour force participation in rural areas being largely driven by agriculture, poor performance of the sector directly affects overall employment figures. (Gambian Bureau of Statistics 2017)

2.1. POLICY FRAMEWORK

The National Social Protection Policy and Implementation Plan (NSPP) is a Cabinet approved policy for the Gambia for 2015-2022, aligned with the framework of the Government of The Gambia's Vision 2020 (The Republic of The Gambia 1996) and the 2012-2015 Programme for Accelerated Growth and Employment, has four objectives viz. addressing gaps in policy coverage, providing coordination mechanisms, strengthening capacity and identifying and creating fiscal space. It defines SP as "transformative policies and programmes designed to reduce poverty and population vulnerability by promoting efficient labour markets, diminishing individuals' exposure to risk, and equipping people with the means to protect themselves from hazards and the interruption or loss of

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

Policy Priority Area 2: Protect vulnerable populations from transitory shocks

Policy Priority Area 3: Promote livelihoods and income of the poorest and vulnerable, economically active populations

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

Policy Priority Area 5: Strengthen leadership, governance and social protection systems in order to design and deliver effective and efficient programs

Figure 2.1 Policy Priorities

income".

The preliminary core target group identified by this policy are the "extremely poor individual and households, vulnerable children, the elderly, people with disabilities (PWD), the chronically ill, people and families affected by HIV, vulnerable women and youth, refugees and migrants, and prison inmates and their families".

The NSPP is accompanied by a National Social Protection Implementation Plan which details the action plan for each objective through the creation of a number of inter-ministerial bodies including the National Social Protection Steering Committee (NSPSC) and The National Social Protection Secretariat (NSPS) for coordinating and monitoring the implementation of the NSPP and IP. Over and above this the NSPIP suggests the creation of Technical Work Teams in the regions as well as Support Units.

The NSPSC, currently chaired by the Permanent Secretary OVP supports the implementation of the NSPP and has been active in ensuring the activities outlined in the policy are effectively implemented. The National Social Protection Secretariat will be functional beginning January 2019 with the support of development partners such as World Bank, UNDP and UNICEF.

Furthermore, a budget observatory platform (BOP) has been established with the support of UNICEF. The role of the BOP is to equip national assembly members and other stakeholders with the requisite skills and knowledge to scrutinise the national budget particularly from the perspective of women and children for improved budget allocation of resources to social activities as well as monitor and evaluate public expenditures to ensure resources in funnelled into programmes that will yield desired results.

2.1. Programs and Financing

Prior to this paper, there have been a few studies supported by donors for analysing the SP landscape in the Gambia, motivating the expansion of fiscal space for SP policies.

For instance, the UNICEF report on SP Systems which was commissioned in 2011 identified a number of policy gaps most of which remain relevant today. The report highlighted the absence of a minimum wage, contributory social security system, health insurance schemes, crop insurance schemes and public legal services to prevent discrimination, counter Gender Based Violence (GBV) and FGM/C. The Social welfare budget at the time constituted less than 2 percent of the Ministry of Health budget. "Like many low-income countries, the Gambia's limited national budget is formulated in a context of multiple competing demands for infrastructure development, improving access to basic services and promoting productive sectors" (Gavrilovic and Dibba 2011). It identified School Feeding, Cash Transfer and Family strengthening programs as programs worth scaling up.

In 2017, the WFP report on the creation of fiscal space in the national budget for SP programmes characterises the policy system as "short-term, emergency-oriented and implemented in an ad hoc basis, and are therefore limited in their coverage and scope. Furthermore, the majority of these programmes and interventions are donor-financed, with relatively low levels of domestic funding". It presented a model for creating domestic fiscal space through the introduction of a tourism tax, an additional levy on the VAT and an expansion of the tax base positing that an additional 0.26 – 0.67 percent of GDP can be created for SP financing (Economic Policy Research Institute 2017). It identified four programs; the cash transfer for maternal and new-born, school feeding program, youth empowerment program and social pensions as SP program priorities.

Recently, the World Bank Social Diagnostic of 2018 scored Gambia 1.4 out of 4 points on the CODI criteria for social assistance. Through a manual tally of Government and development partner contributions, the report suggests that current spending is approximately 0.93 percent of GDP, with the government contribution being just 0.09 percent of GDP. "The short-term, externally financed and *ad hoc* characteristics of social assistance programs in The Gambia has led to limited coverage of social risks for the most vulnerable". (The World Bank 2018). It identified the School Feeding Program and Micro-Nutrient Deficiency Program as the only two programs reaching more than one percent of the population.

The Gambian NSPP targets financing 3-5 percent of GDP in Phase 1 of NSPP (2015-2020), and 10 percent by the end of the policy period (2025).

3. REVIEW OF LITERATURE

3.1. BENCHMARKING EXPENDITURE

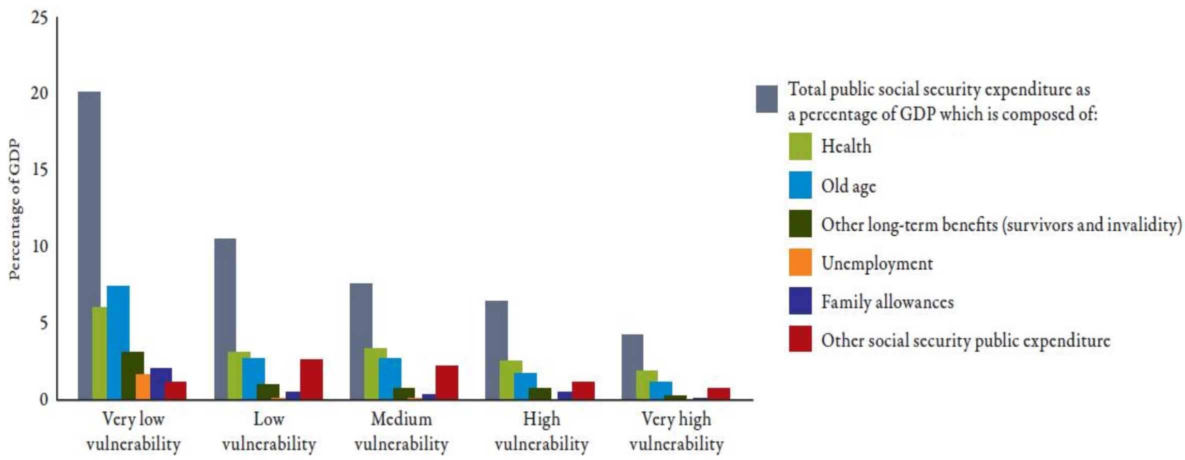
The Africa Report on Child wellbeing (African Child Policy Forum 2011) describes the performance of African countries on a number of social spending benchmarks. It describes that the Abuja Commitment to allocate 15 percent of National Budget to Health expenditure was met by only 4 countries out of 50 countries surveyed. Similarly, the Dakar Education for All Declaration which was adopted by 164 governments, stipulated that countries allocate seven percent of GDP toward education by 2005 and nine percent by 2010. However, the median expenditure Africa was 4.2 percent in 2008.

With regard to total SP financing, (Handley 2009) build on the findings of ILO report (Pal, Behrendt, and Leger 2005) to suggest a benchmark figure of 3 percent of GDP composed of 1 percent toward social assistance, 1-2 percent toward child which suggests 1 percent of GDP toward social pension, 1-2 percent toward school going children and social insurance (health insurance) of 3-4 percent of GDP. Their estimate which is 3 percent of GDP is thus decomposed as 1 percent toward social assistance and 2 percent toward social insurance. They specify this as the basic cost of SP financed primarily through tax revenues.

In the updated version of the same ILO report, (Ortiz et al. 2018) discusses the affordability of SP across 101 developing countries. The average cost of SP varies from 0.9 percent of GDP in Eastern Asia and the Pacific, to over 2 per cent of GDP in the Middle East and Northern Africa, Eastern Europe and Central Asia, Latin America and the Caribbean, and Southern Asia; up to 2.9 per cent of GDP in Sub-Saharan Africa.

3.2. SP FINANCING IN OTHER COUNTRIES

The World Social Security report (ILO (International Labour Organization) 2014) disaggregates social security expenditure by vulnerability, branch and weighs it by population, showcasing how the most vulnerable countries spend least percentage of their GDP on social security, the causality of which they explain, runs both ways.



Sourced from World Social Security Report 2010/2011

Figure 3.1 Social Security Expenditure

The report concluded that "the size of social security investment depends to a significant extent on the prevailing political and social will (of the governments, of the taxpayers, of the electorate): it is this that effectively defines the fiscal space available to finance this and not other programmes"

Yet several countries have succeeded in implementing large scale SP policies without relying exclusively on donor financing. (Ortiz, Schmitt, and De 2016a) provides detailed insight on the strategies adopted by a number of these countries to do so.

Brazil for instance finances the SP policies through Financial Transaction Taxes. These taxes are aimed at discouraging short-term financial speculation and in doing so are able to directly fund 42 percent of health care programs, 21 percent of social insurance programs, 21 percent of cash transfers and 16 percent of social services. Ecuador carried out a debt restructuring program which then enabled the doubling of social spending from 4.8 percent to 10.3 percent of GDP. Indonesia was able to finance SP through the removal of fuel subsidies. Bolivia, Mongolia and Zambia were able to earmark revenue from the taxation of natural resources toward SP.

Using the most recently available data on SP expenditure, one can see that Gambian public expenditure on SP is lower than the Low-income Country average and the Sub-Saharan African average.

Country classification: Income, Regional	**Public social expenditure as a percentage of GDP**
High income	13.2%
Upper middle income	6.0%
Lower middle income	1.9%
Low income	2.2%
Sub Saharan Africa	2.1%
Gambia[1]	**0.2%**

Table 3.1 Country Classification on Public Social Expenditure

Figure 3.2 plots public SP expenditure for the countries of Sub-Saharan Africa where in the Gambia is the lowest of the plotted countries except for Zambia.

[1] Figure from 2003

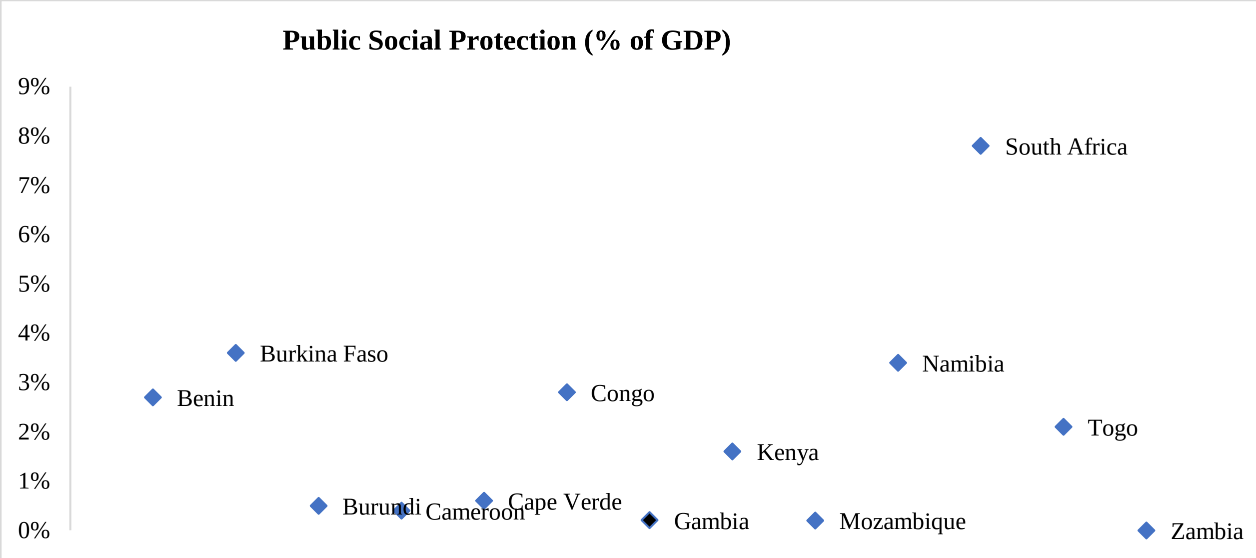


Figure 2.2 Public Social Protection (Percentage of GDP)

3.3. Social Protection for Growth and Development

While it can be argued as to why SP should be a policy end in itself, there is also considerable literature on why SP is a prerequisite and vehicle for economic growth and development. In (Mathers and Slater 2014) the authors provide a meta-analysis of this literature linking the impact of SP on growth through the framework outlined in Table 3.2.

	Positive impacts on growth	Undetermined/Negative impacts on growth
Micro	▪ prevent loss of productive capital ▪ accumulate productive assets ▪ increase innovation and risk taking in livelihoods of poor households ▪ increase investment in human capital	▪ impacts on labour force participation (+/-)
Meso	▪ multiplier effects from increased local consumption and production ▪ accumulation of productive community assets	▪ labour market impacts including inflation effects on local wages (+/-)
Macro	▪ cumulative increases in household productivity ▪ stimulate aggregate demand ▪ increase capital markets through pension funds ▪ facilitate economic reforms ▪ enhance social cohesion and reduce inequality ▪ enhance human capital	▪ changes in aggregate labour force participation (+/-) ▪ impacts on fertility rates (+/-) ▪ effects of taxation on savings/ investment (-) ▪ effects of government borrowing and inflation (-)

Sourced from(Mathers and Slater 2014) drawing on (Arjona, Ladaique, and Pearson 2003); (Grosh et al. 2008), (Piachaud 2013); (Alderman and Yemtsov 2014); (Barrientos and Scott 2008)

Table 3.3 Impact of Social Protection on Growth and Development

The framework highlights both direct and indirect effects of SP on micro, meso and macro-economic growth through channels such as productivity, consumption, investment and prices. Most salient of these channels' micro and macro-economically, is Human Capital Development. The Human Capital Index published by the World Economic Forum states that the Gambia is only developing 49% of its Human Capital (as opposed to 62%) world-wide. That is 51% of Human Capital has not given the opportunities to develop. Gambia's capacity sub index of 30% ranks it 125th out of 130 countries (World Economic Forum 2017). Investing in social protection would thus help Gambia harness the productive capacity of more than half of its population through educational, health and nutritional measures.

Consider the few mechanisms mentioned to have a potential *negative* impact viz. increasing wage inflation, increasing public debt and increasing fertility rates. In the case of Gambia, wage rates, tax rates, fertility rates are neither optimal nor inordinately high. As a result, SP mechanisms are unlikely to have an adverse impact on growth through these channels. However, given the unsustainable national debt to GDP ratio of 130 percent (IMF 2018), it is important that SP be financed sustainably and innovatively.

4. PRIMARY ANALYSIS

4.1. Objective

The last known estimate of how much Gambia spends on SP comes from the World Social Security Report (ILO 2011) which puts the figure at 1.2 percent of the GDP. However, this number is fairly outdated. It measures the Public Social Security Expenditure excluding Health Expenditure as percentage of GDP in 2003. As discussed in the earlier chapters, there has been numerous SP policies adopted since, and in order to correctly measure fiscal space, it is important to have a current measure of SP expenditure. For several reasons discussed in Chapter 5.3, such a figure cannot be derived from an analysis of the Budget alone as the Budget does not disaggregate expenditure at the level of policies and programs. In the following sections we discuss the consultative research exercise that was conducted in order to derive an estimate of SP expenditure as a percentage of budget/GDP.

4.2. Research Methodology

From the list of 78 Government Ministries, Departments and Agencies (MDA), we identified all MDAs with a potential SP mandate, and contacted them via email (online survey), official letters (offline survey) and phone calls (request for interviews). We successfully contacted 40 appointed planners and 30 Heads of Institutions across 30 MDAs following which we were able to successfully interview 28 government stakeholders and secure surveys from 20 Planning Directors/Program Officers of 19 MDAs.

Attached to the survey questionnaire in our in-person and written correspondence, were brief excerpts from Social Protection Policy and Implementation Plan (Appendix 11.1), providing a primer of the operational definition of SP and the programs or policies in its ambit. This was further discussed and contextualized to the individual MDA, during the interviews. The survey questionnaire was relatively short (Appendix 11.2) with two sections collecting information on the MDA and the total number of programs implemented and a program detail that collected information on each individual program. These details include program components, program duration, target beneficiary, risk tackled, source of funding and amount of funding.

4.3. Assumptions

When listing program components, we used those listed in the NSPP, however also allowed the survey respondent to include any unlisted components. This led to inclusion of five new components i.e. entrepreneurship activities, monitoring, microfinance, institutional strengthening and pedagogical development.

If the survey response was incomplete in listing the program components, risk tackled and target population, the authors assigned these to the program based on information about the program and the mandate of the MDA. For instance, NDMA the National Disaster Management Agency is assumed to tackle environment risks, the National Disaster Management Authority was assumed to target Disaster prone communities.

Large infrastructure projects (for example African Centres of Excellence, UTG Faraba Banta, National Agricultural Land and Water Management Development) were excluded from the analysis (even though the line ministry listed them) as it was not possible to disaggregate the funding for the SP within these projects from the overall funding.

4.4. Findings

The survey presents results from 58 SP programs across 19 MDAs. As seen in Table 4.2, of these 58 programs, 20 programs are funded exclusively by the Government, 29 programs bilaterally between a donor and the government and 9 programs are funded by multiple donors. Of the 38 donor driven programs, 37 report no government counterpart funding (apart from operational costs like staff salaries).

Ministry/Department/Agency	*Number of Programs*
Department of Agriculture	4
Department of Health	5
Department of Immigration	2
Department of Livestock	4
Department of Parks and Wildlife Management	2
Department of Social Welfare	5
Gambia National Commission for UNESCO	4
Ministry of Women's Affairs	4
National Agency of Legal Aid	3
National Aids Secretariat	1
National Environment Agency	6
National Youth Council	4
Social Development Fund	2
Ministry of Youth & Sports	1
Ministry of Basic and Secondary Education	1
Ministry of Higher Education	2
Ministry of Justice	1
National Enterprise Development Initiative	2
National Disaster Management Agency	5
Grand Total	**58**

Table 4.1 Number of Programs by Ministry, Department and Agency

The survey also documented many details about program objectives, components and the risks tackled by the program. The average number of years that a SP program runs for is 3 years. Skill Training is the most prevalent component, followed by Social Development Campaigns. Youth and Vulnerable women are the most targeted group. There are very few programs targeted toward the Disabled, Chronically ill, Elderly, Prison inmates and Refugees.

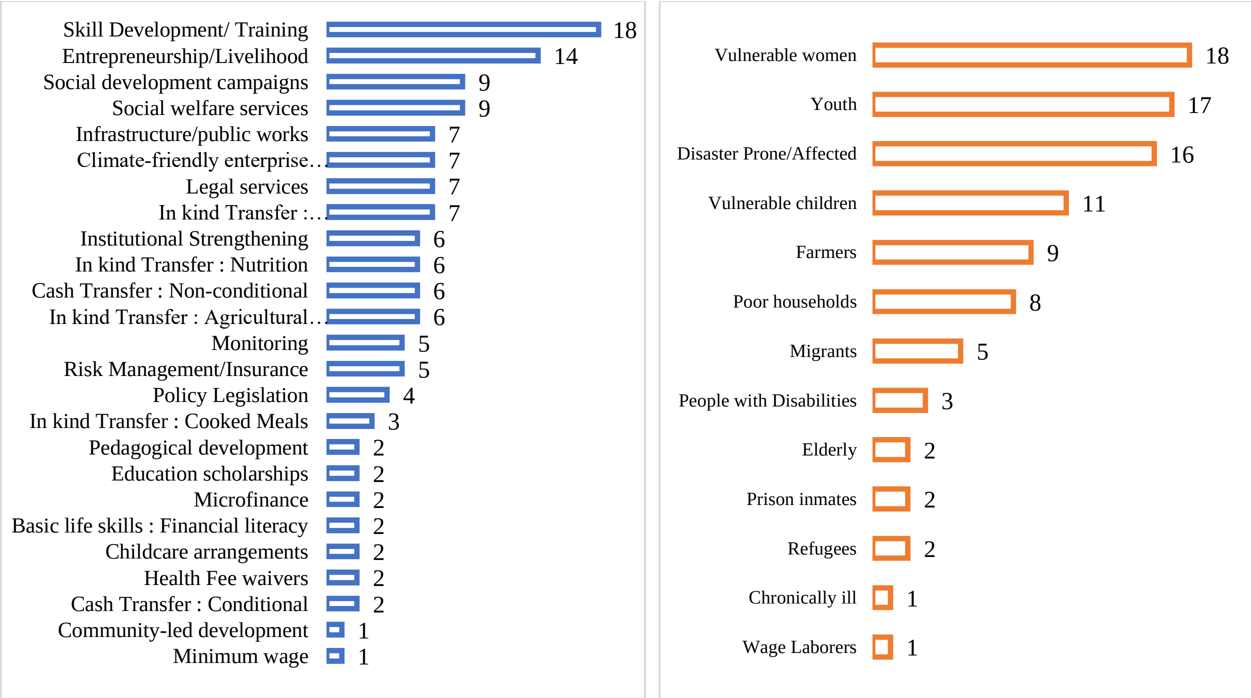


Figure 3.1 Social Protection Program Classification

In documenting the risks tackled by these programs, it is possible to understand the difference in the way government and donors prioritize SP. Figure 4.1, decomposed expenditure on SP across the various risks that that program tackles. While Donor funding is more or less evenly distributed across programs, there is a heavy prioritization on economic risks aversion by government programs and comparatively lesser investment in social, environment and health programs. Legally protecting programs find relatively negligible support from both sources.

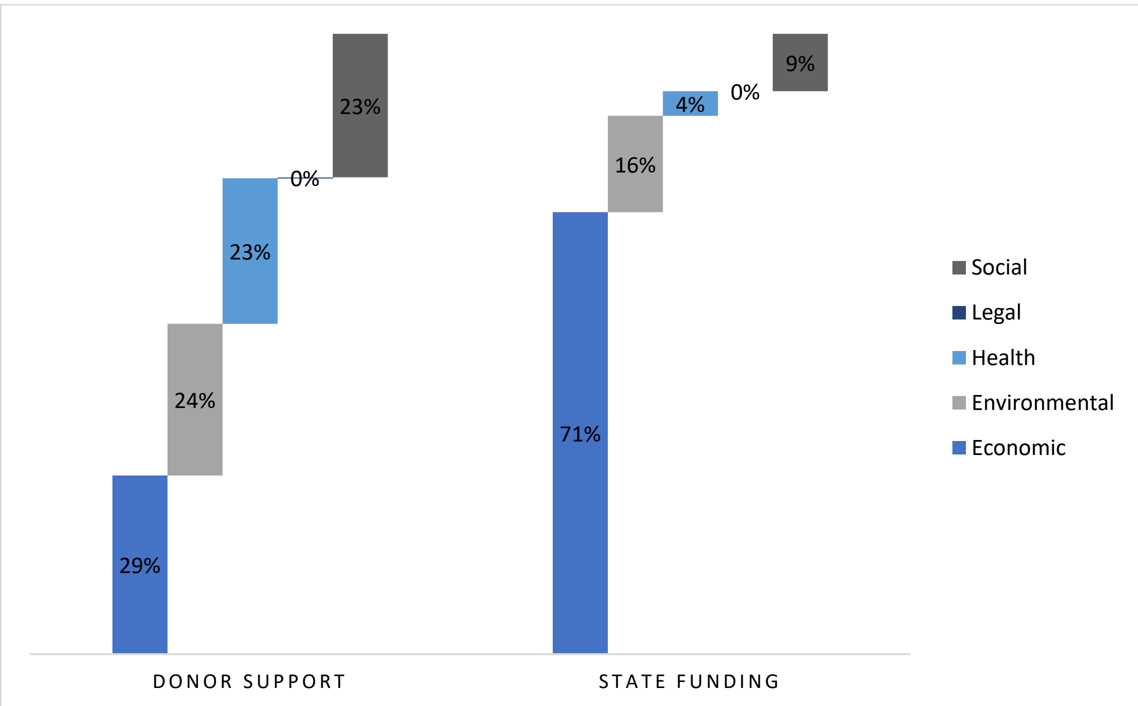


Figure 4.2 SP Funding by State and Donors

The most important dimension captured by the survey, was the amount that was program expenditure by both donors and government in one illustrative year, which was 2017 in most cases. By this survey's estimate, the government spent 96 GMD million (0.18 percent of GDP) in 2017 while donors have spent close to 1366 million GMD (2.52 percent of GDP) which is more than 14 times the public expenditure. The total state expenditure on SP forms 0.56 percent of approved budget expenditure in 2017. Figure 4.3 represents how this funding is spread across the various Ministries. Table 4.2 compares these estimates to those calculated in the World Bank Diagnostic(The World Bank 2018).

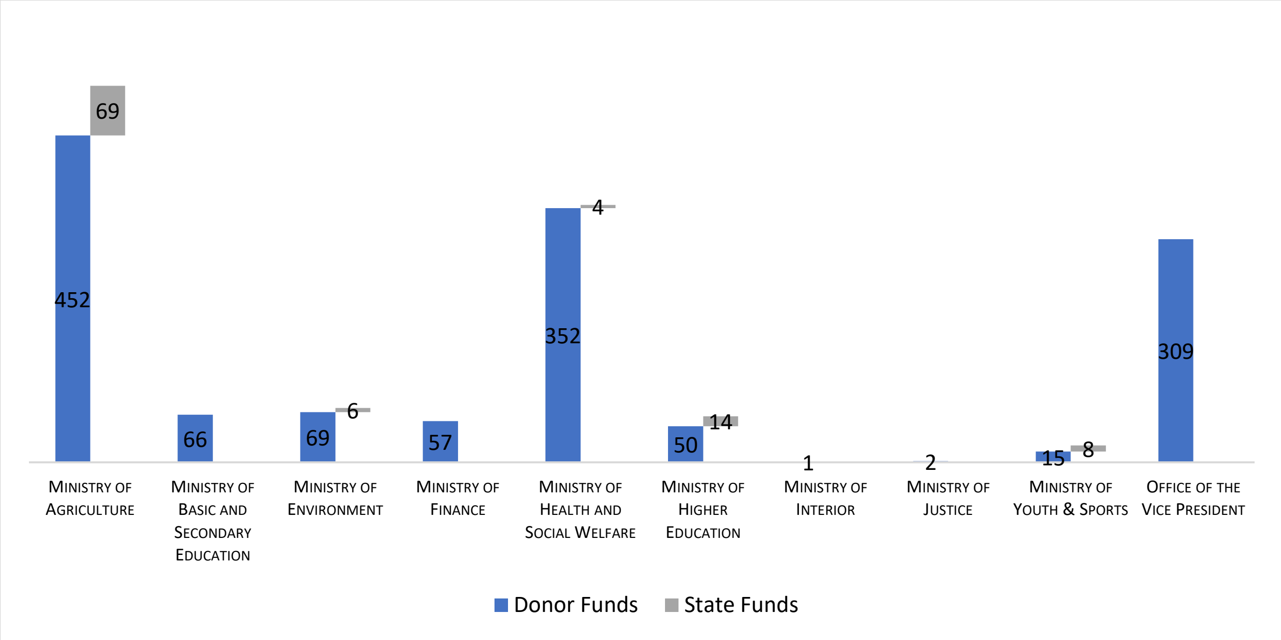


Figure 4.3 SP Funding across Ministries by Donor and State

In the Table 4.2, we summarize the findings of this survey and compare it to other reported expenditure statistics related to SP. The difference between the World bank diagnostic figures and that of the survey can be explained by the differences in program coverage. Appendix 11.3 details the programs captured by the World Bank diagnostic and the programs captured by this survey. Further, the World Bank Statistic calculates the radio of State and Donor funding in as 1:9.

Indicator	***Source***	***State***	***Donor***	***Total***
Total SP Expenditure (GMD million)	Survey data analysis 2017	96	1366	1462
As Percentage of GDP (market prices)		0.18%	2.52%	2.70%
As Percentage of Total Expenditure		0.56%	8.04%	8.60%
Total SP Expenditure (GMD Million)	World bank Diagnostic 2017	49	437	486
As Percentage of GDP (market prices)		0.09%	0.81%	0.90%
As Percentage of Total Expenditure		0.29%	2.57%	2.86%
Total SP Expenditure (GMD Million)	ILO SSI 2003	29		
As Percentage of GDP		0.20%		

Table 4.2 Social Protection Expenditure by State and Donors

This survey has thus been able to estimate that government expenditure on SP is 0.2% of GDP. That is the government has maintained the same proportion of funding since 2003.

4.5. Limitations

One important caveat to the survey analysis is that it does not sub-categorize or separately call out donor *loan* funding to SP and only classifies the expenditure as donor funding and government funding, i.e. donor loan funding is categorized as a part of total donor funding. There was an argument made that donor loan funding should not necessarily count as donor financing considering that it adds to total debt of the economy, at the same time programs financed by donor loan funds are often managed and designed by donors and therefore to categorize them at government programs is also not necessarily accurate.

Some MDAs key to SP programming in the Gambia, could not be reached/surveyed comprehensively for multiple reasons. These include Ministry of Trade, Industry, Regional Integration and Employment- MoTIE, Drug Law Enforcement Agency of The Gambia – DLEAG, Alternative Dispute Resolution Services – ADRS, National Agency Against Trafficking in Persons – NAATIP and Department of Fisheries.

This may lead to an overall underestimation of SP budgeting in the country, and particularly in the ratio of donor to government funding as MDAs such as MoTIE are implementation agencies of donor supported programs.

On the other hand, there is cause for underestimation of Government funding for SP policies. It was difficult for government officials supporting donor projects to calculate the indirect public expenditure toward these programs through the salaries of the public officials, office space and overheads.

Respondents often provided us with estimates of government funding toward programs vis-a-vis actuals of donor funding as there was always project documentation to provide these figures. This is because budgetary accounts "operational costs", "personnel emoluments", "program costs", "virements" are not as delineated as "project funding" (donor funding) which may be entirely allocated to an SP program.

Finally, there is a risk of over estimation of donor funding as most planners quoted to us were allocated budgets for entire project periods (from which we estimated annual expenditures) as opposed to actual expenditures of 2017.

5. BUDGET ANALYSIS

In this section, we analyse the national budget with the objective of understanding government expenditure through direct and indirect channels. We do this by reviewing the 2017 budgets of MDAs who implement the SP policies identified in the previous section.

5.1. Research Methodology

Through the survey findings and based on their mandates, 10 MDAs were identified as key SP program implementing institutions. Using multiple documents on program-based itemized budget of these MDAs, we were able to develop a database of approved estimates and funds allocated by MDA, program and subprogram.

The budget is classified into Project Expenditure and Program Expenditure. Donor-led projects (or "projects" as they are called in bureaucratic parlance), which are composed of grant funding, loans, and government counter-part funding, are not program-classified in the budget. Only government-led activities are program-classified. However, Project expenditure is functionally classified into Development expenditure, Personnel Emoluments and Recurrent Expenditure. For our analysis, we include all "development" expenditure under "projects" for select Ministries viz. Ministry of Agriculture, Ministry of Basic School Education, Ministry of Environment and Ministry of Health and Social Welfare (See Figure 5.1).

Project Expenditure	**Development**		
	Personnel Emoluments		
	Recurrent Expenditure		
Program Expenditure	**Programs**	Sub-program	Descriptions

Figure 5.1.: Representation of the Gambian PBB

Since the Gambian PBB is still at its nascent stage, the program and sub-program names are often broad categorizations of the MDA's activities of an MDA and not necessarily the list of programs that they run. For example, Ministry of Basic Education's PBB is categorized into programs labelled as "Primary education" and "Secondary Education" rather than School Feeding, Scholarship programs and so on. The sub-programs similarly classified primary education into Lower Basic, Upper Basic and so on. For our analysis, we include all sub-programs that have a SP component, listed in Appendix 11.4.

For these reasons, at the aggregate level, it is not possible to identify expenditure on SP programs per se, but it was possible to estimate an overall expenditure on social programs with components of protection. The line item level classification, under (sub) programs continues to use the pre-PBB classification. We used these item descriptions to further classify the social expenditure as direct expenditure and indirect expenditure. Under MoHSW for example, vaccines would be classified as direct expenses whereas salaries and allowances of project staff would be indirect expenses –these would be government's contribution to donor funded programs generally termed "operating expenses".

5.2. FINDINGS

In 2017, the government approved a budget of 276 million GMD toward projects related to SP and 1598 million GMD toward programs related to SP. Of this 266 million GMD and 1201 million GMD was actually allocated to line Ministries. This indicates that budget adherence/utilization is much higher in (donor led) projects than programs. Table 5.1 lists social program-wise utilization rates. It is clear that Project funds are better budgeted/utilized than program funds.

Government Expenditure	***Approved Estimates (2017)***	***Funds allocated (2017)***	***Percentage Utilization***
PROJECT	**276**	**266**	**97%**
Program	**1598**	**1201**	**75%**
Basic Education Management	1198	831	**69%**
Crop Production and Productivity	16	14	**87%**
Disease Control	2	0	**24%**
Health Program	25	25	**97%**
Human Capital Formation	138	128	**93%**
Industrial and Enterprise Management	1	1	**100%**
Livestock Production and Productivity	10	9	**91%**
Office of the Vice President (Women's Bureau)	7	5	**75%**
Secondary Education Management	156	143	**92%**
Social Welfare	1	1	**60%**
Sound Environment Management	28	28	**100%**
Strengthening Litigation and Legal Advice Process	2	1	**75%**
Support to Youth and Enterprise Development	15	15	**98%**

Table 5.1 Social Program wise Utilization rates

Further consider the proportion of Government expenditure across donor-led projects and self-led programs. Counter-part funding forms a significant part of total Government expenditure toward social programs. In the absence of donor led programs, contribution by government toward SP would have been arguably lower. In 2017 for example, the amount of government spending on operational expenses was GMD 266 million (18 percent of overall government social spending), which may not have been spent if donor-implemented social programs were not in place.

The analysis shows that government expenditure on social programs is largely in the form of indirect expenditure whereas direct expenditure forms the majority part of the total expenditure. The charts below show the proportion of direct versus indirect spending by Government and Donors toward social programs.

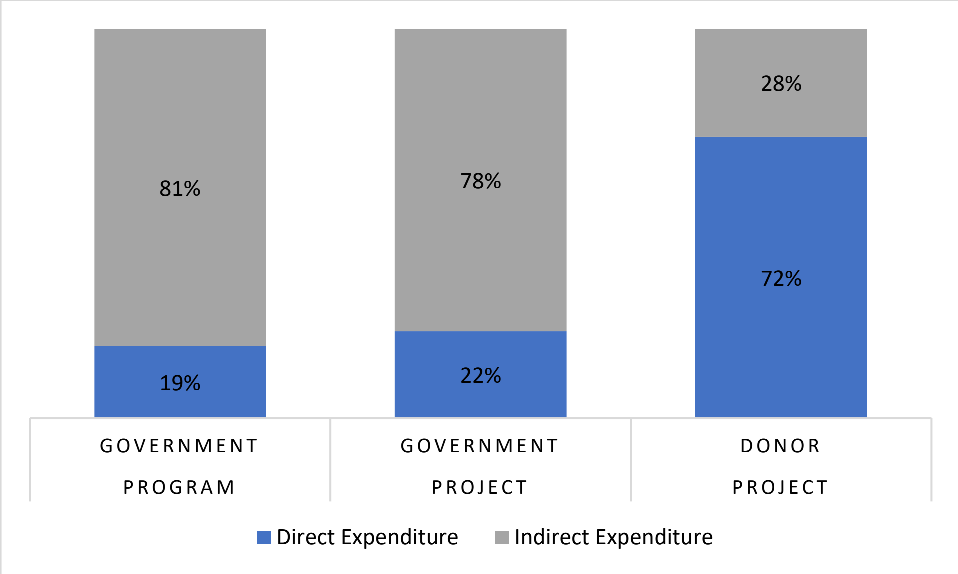


Figure 5.2 Indirect Expenditure across Donor and Government Funding

From the figure 5.2, it can be seen that 19-22 percent of government spending on social programs is direct expenditure, while the remaining 78-81 percent is indirect expenditure. Donor spending on the other hand exhibits a reverse ratio. 72 per cent of government expenditure on social programs is direct while 28 percent is indirect. It is interesting to note that even in government-led programs, the direct expenditure forms a very small share of total funding.

Figure 5.3 similar to the survey results (Figure 4.2) finds that within state funding, there is a high prioritization toward addressing social risks versus legal, health and environmental risks.

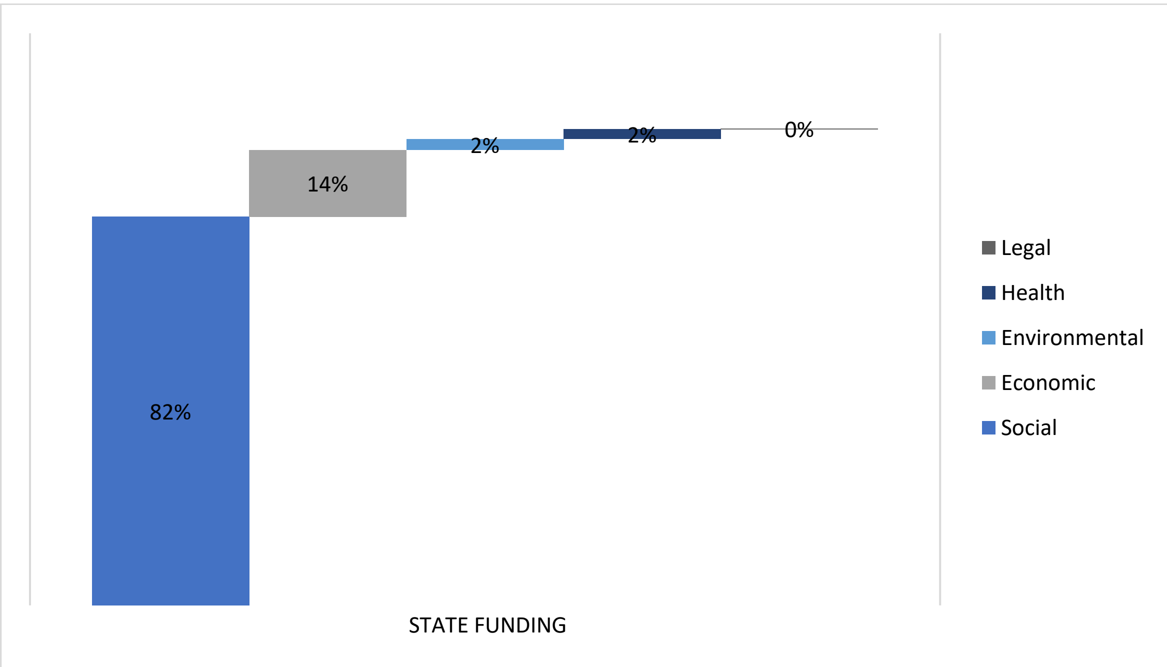


Figure 5.3 State funding across social risks

Presently the government reports social sector expenditure through the Poverty Reports. The Gambian IFMIS is hardcoded with a poverty classification of all budget items into “Debt servicing”, “Discretionary Expenditure” or “Poverty Programs”. However, this classification is outdated and there is no clear process by which new budget lines (for new SP programs) are classified within this report.

By this measure, Poverty program expenditure by the Government, crosses three thousand million GMD and forms close to 20% of the total Government expenditure. In comparison, our budget analysis of Social Program expenditure totals to at most 7% of the total budget at one thousand million GMD. Government counterpart funding toward donor projects related to SP forms 266 million GMD which forms 2% of the budget. The difference between the expenditure figures stems from misclassification of items making up the poverty figures. We found that a significant number of items classified under the poverty program including a large percentage of the total lending/equity, acquisition of fixed capital assets, goods and services and Personnel Emoluments of all MDAs, including MDAs, which do not necessarily relate to poverty reduction activity.

Government Expenditure (GMD million)	***Year***	***Source***	
Total Poverty Program Expenditure	2017	Poverty Expenditure Report	3363
As Percentage of GDP (market prices)			6%
As Percentage of Total Expenditure			20%
Total Social Projects Funding	2017	Budget Analysis	266
As Percentage of GDP (market prices)			0%
As Percentage of Total Expenditure			2%
Total Social Program Funding Expenditure	2017	Budget Analysis	1,201
As Percentage of GDP (market prices)			2%
As Percentage of Total Expenditure			7%

Table 5.2 Social Expenditure by Government by Report

5.3. LIMITATIONS

It is important to note that the budget does not cover all donor funding in government operations as certain bilateral relationships between donors and sector MDAs are not declared in the centralized budget. It is also very difficult to understand what percentage of the expenditure in the section above forms “social protection” expenditure versus welfare or relief services since the description of the budget line items were not comprehensive enough.

For instance, the Program based budget classifies some GLF subventions to implementing Agencies as “Strategy and Policy Administration” however the sub-program names and item names are not indicative not indicative of subventions and consist of labels such as general administration, project management etc. thus unless one makes the assumption that all policy administration expenditure is directed toward SP implementing agencies, the analysis carries a risk of underestimation of government financing toward SP.

6. DONOR DEPENDENCY

That the Gambia is externally dependent for SP financing is well known, the nature of this dependency bears further examining. In this section, based on our in-person interviews with the planning directors of the various implementing agencies, we discuss the numerous ways in which this dependency manifests itself and the risks it poses, followed by measures to minimize this dependency under irrefutable financial constraints of the economy.

6.1. PROGRAM DESIGN

Partner organizations often exercise their discretion in program design and implementation, for instance how programs are targeted and also what are the various provisions of the program. The problem arises when donors' decision is not entirely need assessment based but based on the organizational policy/historical practise.

For instance, organizations may prefer to implement in locations based on a targeting criterion such as poverty which many not reflect the true vulnerability spread to the risk that the particular program addresses (for instance with environmental risks). The program may be an "envelop" fund i.e. wherein the interventions of the project are completely pre-decided (often the case with health interventions) and not necessarily contextualized to the needs of the local populous.

There may only be financing available only for a limited number of beneficiaries, however if the implementing agency does not have own funding for out-reach activities, there will be an implicit preference exercised for eligible persons living in the immediate vicinity of the implementing agencies (for instance with disability aid).

If donor program funding depends on a performance-based criterion, programs are automatically oriented toward success in short term indicators. However, in doing so the program may overlook long term investments required in capacity development/ infrastructure or less measurable indicators. This is especially the case when a substantial part of program funding is locked into monitoring and evaluation.

6.2. POLITICAL TURMOIL AND ESSENTIAL SERVICES

The Gambia has already experienced significant aid flight toward the final years of the Jammeh regime. In the event of political turmoil, essential services especially medical services, stand the risk of disruption when these services are implemented entirely through global partners. One way of averting these risks is to ensure that there is a sizable governmental contribution toward the implementation of these programs. The grant the National AIDS Secretariat operates under grant funding that insists that the government co-finances 15% of the agreed commitment (Global Fund 2017).

6.3. COST EFFECTIVENESS

Another risk of donor dependence is the inflation of project costs. Often Government has little participation in assessing the cost effectiveness of project design if they are not financially participating in it. For instance, although capacity gaps in the government may necessitate this from time to time, the engagement of external consultants and technical whether local consultants/staff can be hired/engaged assistants are often a large part of project cost. Assessing in these roles is an activity that the government could insist on, if they too were contributing to project funding and thus had more accountability towards project cost efficiency.

6.4. REVENUE MOBILIZATION

There are a number of steps that the Government of Gambia could consider for Revenue Mobilization. This includes improving improve tax administration through better tax revenue targeting, expanding the tax base and improving compliance. Non-tax revenue of the government could be augmented through revaluating and revising user charges and fees using cost-based pricing. Expenditure cuts could be implemented by way of some civil service reforms like travel policy, vehicle policy and other fiscal responsibility measures.

7. BUDGETING REFORM

Introducing reform in the way SP programs are budgeted and how much they are budget for requires political will and planning.

7.1. ROLE OF MINISTRY OF FINANCE

There are a few reports that the Ministry produces which details government expenditures on social sectors. For instance, the quarterly budget review and the citizens budgets describes the percentage of budget allocated to line Ministries such as Health, Education etc. However, these reports do not carry information on expenditure toward actual programs implemented by these Ministries.

Similarly, the “Development” classification of project financing in the Budget is misleading in that is it not inclusive of all items related to national development but actually all heads of account that relate to donor financing. Further this section of the budget is not program classified and so it is impossible to derive allocations toward actual donor programs/projects. This however has been reported by the Aid coordination Directorate by way of the Donor Mapping Report for the Gambia (Jallow 2017). However, this is a challenge that a better coordinated and program-based budget could tackle.

One way to hold individual MDAs accountable for their financing requests is through the budget call circular. The call circular could be an instrument by which MDAs could conduct more detailed program planning. MDAs could also be asked to include information about their plans for Revenue Mobilization. Finally, MDAs must be held accountable revealing information about all Bilateral Aid (between Donor and MDA) agreements.

Finally, certain departments within larger Ministries which provide essential welfare services should have their budget line ring-fenced within the budget of the larger Ministry. This is particularly the case with the Department of Social Welfare under the Ministry of Health.

7.2. ROLE OF SOCIAL SECRETARIAT

As per the functional review, the Social Secretariat as a coordinating body is also responsible for Budget Monitoring activity to understand government financing of SP. As detailed in this report, such an activity would require more than an analysis of the budget document but also regular consultation with all MDAs and donors that implement SP policies on the financing of these programs.

7.3. ROLE OF MDAS

The Program-based budget is a planning and monitoring reform as much as it is a budgeting reform. In order for MDAs implementing SP programs to advocate for higher government allocations, it is important that they are able to clearly plan their activities and programs for the year complete with staff-time and infrastructural allocations. This will allow budget allocations to be directly linked to the MDA’s performance targets and program impact indicators.

It is also important that MDAs also work toward revenue mobilization for programs when possible. For instance, where possible, certain services offered by an MDA can be priced differentially to enable cross subsidization across non-vulnerable groups and vulnerable groups. This includes legal services, health services and sanitation services.

8. LEGAL REFORM

8.1. UNIVERSAL PROTECTION

Across the world, countries are universalizing SP policies. Universal Pension for instance has been implemented by Bolivia, Cabo Verde, Lesotho, Timor-Leste and Trinidad & Tobago (Ortiz, Schmitt, and De 2016b). Universal Health Coverage has been implemented by Columbia, Rwanda and Thailand. Argentina has universalized a maternity allowance and child allowance.

Countries have different approaches for financing these policies. For instance, Bolivia earmarks the dividends of certain State-owned enterprises (SOEs) and taxes on hydrocarbons toward SP. Other countries like Argentina, Cabo Verde, Columbia and Rwanda pool resources from contribution driven social policies and non-contributory universal policies and cross subsidise them. Finally, other countries like Timor Lest, Trinidad and Tobago rely on National budget allocations. (Ortiz, Schmitt, and De 2016a). Another argument for universalization is the opportunity given to beneficiaries to self-target and their freedom to opt in and out of a program which is also arguably a less paternalistic implementation process.

8.2. LABOUR LAWS

There are minimal legal provisions for the social security and protection of the economically active working population of the Gambia which forms 47.7 % of the population). For instance, the Gambia is yet to implement a minimum wage. Further consider the Gambian Government which is the largest employer in the country hiring percent of the population. Basic salaries of the civil service pay grade 5 are below the international poverty line of 1.25 dollars a day. By way of social security, the government provides a nominal pension and support for graduate education however, there is neither the provision of medical insurance nor provident fund. The public sector is not an equal opportunities employer and the representation of women, disabled and other vulnerable groups in the civil service does not measure up to their proportion in the population.

8.3. RIGHTS BASED APPROACH

Human Rights Based Approach (HRBA) to SP argues for a legal obligation by Governments to guarantee citizens basic human rights and ensure that inequality is reduced and human dignity preserved. There are several international commitments that the Gambia observes relevant to this approach.

1. The 1948 UN Human Rights Declaration stipulates in article 23.3 and 25 that "Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of SP" and that "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. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection".
2. The ILO R202 recommends Governments to "ensure all members of society enjoy at least a minimum essential level of Social Protection throughout their lives". DFID defines HRBA to development as a means of "empowering people to take their decisions rather than being the passive objects of choices made on their behalf".
3. The Sustainable Development Goals to which the Gambia is a signatory to, also has SP featured in Goals 1, 3, 5, 8 and 10. All of these goals place a high premium on the need to ensure poverty is ended in all its forms, that no one is left behind, that inequality is

eliminated between genders and within countries and that productive employment is promoted.

The Constitution of the Republic of the Gambia has some provisions which protects the poor and vulnerable members of society. For instance, section 30 asserts that "all persons shall have the right to equal educational opportunities and facilities" with section 31 and 29 articulating the rights of disabled and children. The constitution also fully recognizes the rights of women as contained in section 28 which states that women should be treated as equals to their male counterparts and must be accorded full and equal dignity. However, despite having a women's act and a few bills under development related to disability and child protection, Gambian legislation still has a long way to go in underpinning SP with law especially with regard to rights to education, nutrition and employment.

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10.APPENDIX

10.1. SOCIAL PROTECTION POLICY PRIMER

The National Social Protection Policy comprises five priority policy areas that seek to: (1) safeguard the welfare of the poorest and most vulnerable populations; (2) protect vulnerable populations from transitory shocks; (3) promote the livelihoods and incomes of the poorest and most vulnerable economically active populations; (4) reduce people's exposure to social risks and vulnerabilities, including discrimination and exclusion; and (5) strengthen leadership, governance and social protection systems in order to design and deliver effective and efficient programmes.. Socially excluded members of the population – including pregnant and lactating mothers, children under five, people living with HIV/AIDS3 and other chronically ill persons, PWD, and the elderly – are at a heightened risk of malnutrition due to their physical vulnerabilities, greater dependence on care, and constrained access to support networks. High and persistent vulnerability to health shocks is exacerbated by physical and financial limitations that impede access to healthcare, as well as the limited medical insurance system, which is restricted to the small population of formal sector employees.

NSPP Strategic Objectives	Medium-term Programmatic Options
Objective 1: Support the extreme poor and other vulnerable groups in attaining an improved standard of living and enhanced human development by providing predictable, long-term income support and access to basic social services.	• Cash transfer scheme • School-feeding scheme • Supplementary nutritional support • Health fee waivers • Education scholarships • Social welfare services • Anti-discrimination legislation • Legal services • Social development campaigns • Public childcare arrangements
Objective 2: Address seasonal un- and underemployment and provide livelihood opportunities and labour capacity for the poorest and most vulnerable groups to allow them to escape extreme poverty.	• Public Works Program • Complementary skills development program • Complementary financial support • Agricultural inputs and training support • Basic life skills including financial literacy program • Climate-smart enterprise development support
Objective 3: Support the poor and vulnerable during times of shock thorough the provision of safety nets and insurance mechanisms to safeguard them against deprivation and vulnerability to poverty.	• Social security schemes for formal sector • Social security schemes for informal sector • Adoption of a national minimum wage • Strengthened labour standards • Childcare services • Early warning system • 'Lean safety nets' • Grain reserve • Crop weather-indexed insurance • Adoption of a health financing policy • Health insurance scheme, including CBHI
Objective 4: Strengthen synergies between the formal social protection system and informal social protection structures and mechanisms in order to ensure that traditional forms of support continue to play their vital social protection role at the community level.	• Institutionalize Zakat • Linking beneficiaries of social transfers with rotating savings schemes, such as Osusu • Training in financial literacy and bookkeeping

10.2. SURVEY QUESTIONNAIRE

Social Protection Programming in The Gambia

A survey conducted by a MoFEA based research team to understand the social protection governance landscape of the Gambia. It aims to understand the scope, provisions and budgetary allocations of (partially or fully) state-funded programs that offer social protection.

1. **Email address** *

2. **Name of Respondent**

3. **Phone number**

4. **Title of Respondent**
   Mark only one oval.
   - Permanent Secretary
   - Director
   - Program Manager
   - Project Officer
   - Other:

5. **Directorate/Office**

6. **Ministry/Department/Agency**

Program Identification

The National Social Protection Plan of the Gambia (2015-22) defines social protection as "transformative policies and programmes designed to reduce poverty and population vulnerability by promoting efficient labour markets, diminishing individuals' exposure to risk, and equipping people with the means to protect themselves from hazards and the interruption or loss of income".

Given the above definition, we request you to identify any programs within the concerned MDA that provides social protection. This includes programs that may protect any vulnerable groups such as children, pregnant women and mothers, youth, the working-age population, the elderly and/or any other vulnerable group from social/environmental/financial risks.

7. **How many social protection programs does your MDA implement?**

8. **How many of these programs are partially state funded?**

9. **How many of these programs are fully state funded?**

10. **How many of these programs are fully donor funded?**

Program Details (1)

For each social protection program within your MDA/Office, we request you to fill out one such survey section.

11. **Program Name**

12. **Program Component/s**

Check all that apply.

- [ ] Insurance
- [ ] Cash Transfer : Conditional
- [ ] Cash Transfer : Non-conditional
- [ ] In kind Transfer : Agricultural Inputs
- [ ] In kind Transfer : Nutritional Supplements
- [ ] In kind Transfer : Cooked Meals
- [ ] In kind Transfer : Medicines/Vaccines/Health care
- [ ] In kind Transfer : Other
- [ ] Skill Development/ Training
- [ ] Health Fee waivers
- [ ] Education scholarships
- [ ] Social welfare services
- [ ] Policy Legislation
- [ ] Legal services
- [ ] Social development campaigns
- [ ] Childcare arrangements
- [ ] Basic life skills : Financial literacy
- [ ] Basic life skills : Core skills like literacy/numeracy
- [ ] Climate-friendly enterprise development
- [ ] Minimum wage
- [ ] Grain reserve
- [ ] Infrastructure/public works
- [ ] Other: ____________

13. **Start date of Implementation**

Example: December 15, 2012

14. **End date of implementation**

Example: December 15, 2012

15. **Expenditure on program for 2017 : State funding (million dalasi)**

16. **Expenditure on program for 2017 : Donor funding (million dalasi)**

17. **Target Beneficiary**
Check all that apply.

- [ ] Poor households
- [ ] Vulnerable children
- [ ] Elderly
- [ ] People with Disabilities
- [ ] Chronically ill
- [ ] Vulnerable women
- [ ] Youth
- [ ] Refugees
- [ ] Migrants
- [ ] Prison inmates
- [ ] Farmers
- [ ] Wage Laborers
- [ ] Other: ____________________

18. **Number of beneficiaries reached in 2017**

____

19. **Risk Tackled**
Mark only one oval.

- ( ) Social
- ( ) Economic
- ( ) Environmental
- ( ) Political
- ( ) Legal
- ( ) Other: ____________________

20. **Is there more than 1 Social Protection program under your ambit?**
Mark only one oval.

- ( ) Yes
- ( ) No *Stop filling out this form.*

10.3. WORLD BANK DIAGNOSTIC SOCIAL PROTECTION PROGRAM COVERAGE

Line Item	Source of Finance	Most Recent Financing Estimate (Dalasi)	Most Recent Financing Estimate (US$)	Remarks
School Feeding	MoBSE (GLF recurrent)	30000000	635324	Govt estimate for 2018 (first such contribution)
School Feeding	WFP (donor – off-budget)	89740571	1900000	
Social Production Services	Min H and SW (GLF recurrent)	3580000	75815	DSW, excluding health functions, of which $11,000 is Welfare of Gambians/refugees
YEP	EU (donor – off-budget)	175499520	3000000	Youth Empowerment
Songhai Initiative (Support to Youth Empowerment)	Min Youth and Sports (GLF recurrent) part of Songhail Initiative	6000000	127065	Horticulture and Ag inputs
Songhai Initiative	Min Youth and Sports (GLF development)	6000000	127065	Horticulture and Ag inputs
FAO livelihoods	FAO (donor off-budget)	89549862	1896195	Communal gardens and inputs
Action Aid livelihoods/food security	Action Aid (donor off-budget)	8216957	174000	Communal gardens and inputs
Ante-natal CCT (MCNHRP)	NaNA (donor – IDA off-budget)	8173800	173057	Cash transfer for pregnant women
Food and Nutrition Security (MCNHRP)	NaNA (donor – IDA off-budget)	10800000	228659	Cash transfer and asset for poor
Targeted Food and Nutrition Assistance, Protracted Relief Recovery	WFP (donor – off-budget)	2241247	47452	Supplemental feeding?
BReST	EU (donor off-budget)	55733618	1180000	Cash transfer for women with children 0-2
		D 485,535,575	$ 9,564,632	

10.4. SELECTED SUBPROGRAMS

Basic Education Management
Provision of Early Child Development
Provision of Lower Basic Education
Provision of Non-Formal Education
Provision of Upper Basic Education
Quality Inputs for Basic Education
CROP PRODUCTION AND PRODUCTIVITY
Crop Production and Productivity
DISEASE CONTROL
Epidemiology and Disease Surveillance Services
HIV/AIDS and STI control Services
Mental Health Services
HEALTH PROGRAM
Health Communication Services
Immunization Services
Primary Health Care Service
School Health and Nutrition Services
Water Sanitation and Hygiene Services
Human Capital Formation
Tertiary And Higher Education Management
Industrial and Enterprise Management
Support Employment Creation
Livestock Production and Productivity
Livestock Production and Productivity
OFFICE OF THE VICE PRESIDENT AND
Women's Bureau
Secondary Education Management
Provision of Secondary Education
Quality inputs in Secondary Education
SOCIAL WELFARE
Disability and Rehabilitation Services
Social Production Services
Sound Environment Management
Environmental Management & Protection
Participatory Forestry Management
Sustainable Water Resources Management
Strengthening Litigation And Legal Advice Process
Civil Litigation And International Law
Support to Youth and Enterprise Development
Youth and Women Enterprise Development
Support to National Youth Service an
Support to Youth Empowerment
Support to Youth Skills Development