



**Standing Committee  
for Economic and Commercial Cooperation  
of the Organization of Islamic Cooperation (COMCEC)**

**COMCEC**

## **Proceedings of the 7<sup>th</sup> Meeting of the COMCEC Poverty Alleviation Working Group**

### **“Accessibility of Vulnerable Groups to Social Protection Programmes in the OIC Member Countries”**



**COMCEC COORDINATION OFFICE  
March 2016**



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**PROCEEDINGS OF THE 7<sup>TH</sup> MEETING OF THE COMCEC POVERTY  
ALLEVIATION WORKING GROUP  
ON  
“ACCESSIBILITY OF VULNERABLE GROUPS TO SOCIAL PROTECTION  
PROGRAMMES IN THE OIC MEMBER COUNTRIES”**

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**COMCEC COORDINATION OFFICE  
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## Introduction

The 7<sup>th</sup> Meeting of the COMCEC Poverty Alleviation Working Group was held on 11 February 2016 in Ankara, Turkey with the theme of “Accessibility of Vulnerable Groups to Social Protection Programmes in the OIC Member Countries”.

The Meeting was attended by the representatives of 15 Member States namely, Afghanistan, Albania, Chad, Gabon, Guinea, Iran, Iraq, Jordan, Kuwait, Oman, Palestine, Saudi Arabia, Tunisia, Turkey and Uganda. Representatives of COMCEC Coordination Office, SESRIC, Islamic Development Bank, UNESCAP, Turkish Red Crescent Society (KIZILAY) have also attended the Meeting.<sup>1</sup>

The Meeting began with a recitation from Quran. Afterwards, Mr. Mehmet Metin EKER, the Director General of the COMCEC Coordination Office (CCO), and Dr. Nevzat KUNDURACI, Head of Department, Ministry of Family and Social Policies of the Republic of Turkey and the Chairman of the Meeting, made their opening remarks. The representative of the CCO made a presentation on “COMCEC Poverty Outlook 2015”. During the presentation on the COMCEC Poverty Outlook 2015, the participants were informed about the state of poverty and efforts on poverty alleviation in the world and in the OIC Member Countries.

Thereafter, the Meeting considered the analytical study titled “Accessibility of Vulnerable Groups to Social Protection Programmes in the OIC Member Countries” which was conducted by a team led by Dr. Rana JAWAD, from University of Bath, especially for the 7<sup>th</sup> Meeting with a view to enriching the discussions.

A moderation session was held at the beginning of the afternoon session. The participants deliberated on the policy options/advice for improving vulnerable groups’ accessibility to social protection programmes in the Member Countries. A Room Document was prepared by the CCO, in light of the findings of the analytical study and the answers of the Member Countries to the policy questions which were sent by the CCO. At the beginning, the CCO made a short presentation introducing the responses of the Member Countries to the policy questions as well as the Room Document. Then, participants expressed their opinions and observations about the policy advice included in the Room Document.

Following the moderation session, a presentation was made by the CCO to inform the participants about the COMCEC Project Cycle Management.

Afterwards, representatives of Afghanistan, Albania and Turkey have shared their experiences, achievements and challenges regarding vulnerable groups’ access to social protection programs in their respective countries.

Finally, the participants listened to the representatives of UNESCAP and Turkish Red Crescent Society to learn about their experiences in social protection programs targeting vulnerable groups.

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<sup>1</sup> The list of participants is attached as Annex 4.

## 1. Opening Session

In line with the tradition of the Organization of the Islamic Cooperation (OIC), the Meeting started with the recitation from the Holy Quran. Afterwards, Mr. M. Metin EKER, Director General of the COMCEC Coordination Office welcomed all participants. Thereafter, Mr. EKER explained the detailed programme of the Meeting.

Subsequently, Dr. Nevzat KUNDURACI, Head of Department, Ministry of Family and Social Policies of the Republic of Turkey, was chosen as the chairman of the Meeting and he welcomed all the participants to the 7<sup>th</sup> Meeting of the Poverty Alleviation Working Group. After introducing himself, Dr. KUNDURACI invited Dr. Sirma DEMİR ŞEKER to make her presentation on Poverty Outlook in the OIC Member Countries.

## 2. The COMCEC Poverty Outlook 2015

Dr. Sirma DEMİR ŞEKER, Expert from the COMCEC Coordination Office has presented some of the key findings of the COMCEC Poverty Outlook 2015.

In her presentation, Dr. ŞEKER explained the state of poverty in the world and in the OIC Member Countries by emphasizing monetary and non-monetary poverty and efforts on poverty alleviation, with a special focus on achievements on the MDGs in the OIC countries. She shared some figures that were created by using the data from the World Bank, the UNDP and IFPRI and demonstrated the similarity between the progress of the monetary and the non-monetary poverty indicators.

Dr. Sirma ŞEKER stated that the most frequently used method is to define poverty in monetary terms, such as US\$1.90 a day and US\$3.10 a day poverty lines of the World Bank, or the value of a minimum calorie requirement. She noted that the World Bank's definition of "extreme poverty" has been recently revised to living on less than \$1.90 per day from \$1.25 per day reflecting the latest updates in purchasing power parities. In the same way, \$2 per day is updated as \$3.10 per day. Poverty headcount ratio at \$1.90 a day is the percentage of the population living on less than \$1.90 a day at 2011 international prices. Before this, 2005 PPP was employed in 1.25\$ poverty rate.

Then, she mentioned that poverty is also defined in non-monetary terms from a multidimensional viewpoint. The widely used non-monetary poverty indices are human Development Index, Multidimensional Poverty Index and Global Hunger Index. In this connection, UNDP has started to calculate Multidimensional Poverty Index (MPI) in 2010, in order to measure poverty in a much broader context including the dimensions of health, education and standards of living.

Dr. ŞEKER expressed that for the period 1981-2010 a significant progress has been observed globally on the ratio of the people who live under US\$1.25. Regarding income groups: while, this ratio was 40.2 percent for upper-middle income countries, 47.1 percent for lower-middle income countries and 66 percent for low income countries in 1990, these ratios fell to 5.4 percent, 22 percent and 46.8 percent respectively for the above-mentioned income groups in 2011. According to 2015 Millenium Development Goals report: while in 1990, nearly half of the population in the developing world lived on less than \$1.25 a day; that proportion dropped to 14 per cent in 2015.

Afterwards, Dr. ŞEKER shared some important figures in terms of GDP levels and poverty threshold. GDP per capita levels of the OIC Countries display a highly dispersed composition; hence they vary from \$938 (Niger) to \$140,000 (Qatar). The number of people who live under US\$1.25 a day in the OIC countries was nearly 375 million, with the available data for the period 2003-2011. Furthermore, the share of the poor population in the low income OIC Countries

accounts for more than one-third of their total population. In high income group there is no people living below US\$1.25 poverty threshold. According to new definition of poverty namely 1.9\$ a day, Dr. ŞEKER stated that the data is available for 39 OIC countries. Among which Iran, Jordan and Turkey have the lowest rates, while Mozambique Guinea-Bissau and Uzbekistan has the highest values. She noted that the data period changes between 2010 and 2014.

Regarding Human Development Index (HDI) values, Dr. ŞEKER indicated that while 6 OIC Member Countries are in the very high human development category, 14 are in high, 13 are in medium and 23 are in low human development category and Somalia has not a HDI value. She added that only high income OIC countries are placed in very high human development category and the countries placed in low human development category are mostly from low income group. As a result, Dr. ŞEKER expressed that there is a strong correlation between human development category and income category.

Later on, Dr. ŞEKER mentioned that a more diverse picture is observed in terms of MPI among the OIC Member Countries even in the same income groups. For instance, in lower-middle income group, while Kyrgyzstan has only 1.8% multidimensionally poor population, this value reaches to 59.3% in Cote D'Ivoire.

Afterwards, Dr. Sirma ŞEKER mentioned about the poverty alleviation efforts in the world. In this context Millennium Development Goals was elaborated in the first phase.

In 2000, world leaders have adopted the United Nations Millennium Declaration, committing their nations to a new global partnership to reduce extreme poverty and setting out the flowing eight targets with a deadline of 2015, namely the MDGs:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

Dr. Sirma ŞEKER expressed that, with the deadline of MDGs, it is important to evaluate the improvements on the MDGs. Although 2015 data for countries is not available, she made an analysis with the existing data.

After explaining the achievements of the member countries on each goal and related indicators in detail, Dr. Sirma ŞEKER indicated that significant progress has been achieved by the countries, however, there are still gaps to be filled. Furthermore, she highlighted the correlation between the income level and the success in achieving the goals. In this respect, she expressed that high income member countries recorded better results than low income member countries. In addition, she enumerated some reasons for the failures such as lack of political will, institutional capacity problems and inadequate financial resources.

Thereafter, Dr. ŞEKER noted that following the MDGs, post-2015 Development Agenda (the Sustainable Development Goals – SDGs) has been recently adopted. The SDGs consist of 17 main goals and 169 indicators to be implemented during the next 15 years. Dr. ŞEKER stated that the SDGs are more comprehensive and include three dimensions namely economic, social and environmental aspects. In addition, she expressed that the SDGs concern all countries regardless of their level of development.

In parallel with the global development agenda, Dr. ŞEKER stated that World Bank and IMF have some roles in the area of poverty reduction. Official Development Assistance is another international tool for alleviating poverty. In addition to these international efforts on poverty alleviation, Dr. Sirma ŞEKER touched briefly upon several efforts in the OIC fora to alleviate poverty such as OIC-VET, OIC Cotton Programme, Islamic Solidarity Fund for Development, Special Program for Development of Africa, Youth Employment Programme, the OIC Framework for Cooperation on Labour, Employment and Social Protection. She added that the activities under the COMCEC Strategy are also crucial. Among others, some poverty projects have been supported by the COMCEC PCM for the last three years.

### **3. Accessibility of Vulnerable Groups to Social Protection in OIC Member Countries**

#### **3.1. Framework and Overview of Accessibility of Vulnerable Groups to Social Protection in OIC Member Countries**

Dr. Rana JAWAD, from University of Bath, presented the key concepts and main findings of the report on “Accessibility of Vulnerable Groups to Social Protection in OIC Member Countries” which was commissioned by the COMCEC Coordination Office and carried out by a team led by Dr. Rana JAWAD.

Dr. JAWAD first explained the concepts used in the social protection literature namely social policy, social protection, social assistance, social safety nets, social security and social insurance. Then, she pointed out that there are two main goals of social protection. Firstly, it aims to manage economic risk through services protecting against sudden loss of income due to unexpected events such as accidents and the need for urgent health care. And secondly, social protection also aims to promote social mobility through policies that affect the structural causes of social and economic inequalities, for instance, via changes in legislation, land reform and taxation systems.

Afterwards, Dr. JAWAD mentioned about the types of coverage in design of social protection programmes. Firstly, she informed the participants on universal coverage which is challenging due to its economic burden. She indicated that it is the least common type in the OIC countries and mostly food and oil subsidies are covered universally. However, Dr. JAWAD expressed that universal coverage is gradually decreasing worldwide. Nevertheless, she added that universal coverage can be adopted in health and education related social protection programs.

Secondly, she stated that employment based social protection, for instance social security premiums paid by employees or employers, is also widespread. Afterwards, she mentioned that means testing is another popular social protection entitlement in both developed and developing countries. Lastly, she pointed out that categorical entitlement is also a common method through which rural needy groups or female headed households can be targeted.

Dr. JAWAD indicated that constitutional reform and social policy legislation could ensure new social protection agenda can emerge. She noted that the policy framework should adequately reflect the requirements of vulnerable groups in light of local need assessments. Indeed, in India and Latin American countries, where good practices are observed, improvements have been achieved as a result of situated political society rather than development policy transfer. Besides, Dr. JAWAD touched upon the importance of collaborating with civil society organizations in terms of role sharing.

Dr. Rana JAWAD pointed out that non-contributory social assistance both in cash or in kind has been the most popular form of social protection since 1980s. Dr. Jawad underlined that among the social assistance programs conditional cash transfers have highly positive impacts especially on health and education attendance. Furthermore, public work programs, such as National Rural Employment Guarantee Act, are also useful for particularly in rural areas where the vulnerable people are volunteer themselves to these programs.

Afterwards, Dr. JAWAD mentioned about some vulnerability indicators such as child mortality, undernourishment, vulnerable employment, long-term unemployment, child labour in the OIC Member Countries. Then she enumerated some important conclusions for the member countries according to the income groupings. Children, youth and working age population in vulnerable employment are main vulnerable groups in the Low Income Member Countries due to poor quality of education and low rates of retention as well as poor training to labour transition. Except High Income Countries, vulnerable employment and long-term employment are essential problems in the labour market. Even worse, in many member countries informal sector employees do not have social protection in terms of income, health and safety and unemployment insurance. Increasing elderly population in Lower Middle Income Member Countries suffers from deficiency of protection against illnesses as well as appropriate medical services.

Dr. Rana JAWAD continued her presentation with social protection tendencies in the OIC Member Countries. She firstly mentioned that expenditures in social safety nets have increased in the member countries after the global financial crisis. Later on, she highlighted an interesting finding of the study which is about out of pocket health payments. She pointed out that despite some important government spending in health care, across the member countries the vast majority of people are subject to high out of pocket payments for access to health services. Dr. JAWAD noted that the level of GDP is not a determinant of the level of spending devoted to health and health care in the member countries. For instance, a number of Low Income Member Countries have higher health spending than Upper Middle Income Member Countries and High Income Member Countries. In this respect, she recommended to adopt universal health coverage in order to address the high out of pocket payments for health services.

Regarding social insurance, Dr. JAWAD stated that a large proportion of the labour market is informal in the OIC countries. This is a serious concern in many member countries since the informal workers have not access to social security. Therefore, Dr. JAWAD underlined the importance of transformation towards formal employment so that both governments' revenues can be increased and the employees can access social security.

In social assistance programs or social safety net programmes, Dr. JAWAD indicated that low coverage of the poor is a key indicator that these programs are underperforming. And substantial coverage of the middle classes and richer segments of society indicates a high degree of inefficiency in transmitting the assistance to needy people.

## Questions and Remarks

**Question:** Representative of Turkey asked whether universal health coverage is effectively applied or not in the OIC Member Countries?

**Answer:** Dr. JAWAD explained that the universal health coverage exists in many member countries legal regulation texts. However, she underlined that realizing this coverage is not possible for some countries and there are some accessibility challenges in some countries.

**Q:** Dr. Sırma DEMİR ŞEKER firstly explained the difference between legal and effective coverage. Then she asked which component of social protection (social insurance, social assistance,

employment programs etc.) is more problematic in terms of legal and effective coverage mismatch?

**A:** Dr. JAWAD responded by stating that it can be argued for all kind of programs that there are coverage gaps, overlaps and targeting challenges. However, employment based programs can be seen as more problematic since mostly the middle class benefit from these programs. Therefore, it is really needed to reform this kind of programs, particularly employment based ones, which do not serve to reducing unfair distribution of income and establishing well-designed targeted programs.

## **3.2. Accessibility of Vulnerable Groups to Social Protection in Case OIC Member Countries**

### **3.2.1. Iran**

Dr. Rana JAWAD began the second part of her presentation with Iranian case which is a mixed social security system. She mentioned that there is a well-established employment based social security system which is formal social insurance as well as a well-functioning network consisting of para-state organizations and NGOs which is a kind of support service or non-insurance service. The latter services are run mainly by Iran Welfare Organization (Behzisti) and Imam Khomeini Relief Committee. The main sources of their finance are the government annual budget. However, Imam Relief Committee together with other foundations is accountable only to the supreme leader rather than the government. The main scheme is administered by the Social Security Organization (SSO).

Dr. JAWAD also touched upon the universal social welfare payment by the government since 2011 which is a monthly cash subsidy equal to 15 US Dollars (450000 Rial). The universal cash subsidy plan resulted in budget constraints on other social protection plans to include the vulnerable, female-headed households and people with disabilities.

Then Dr. JAWAD mentioned about female-headed households and stated that they have become a major social problem for public policy and a source of disputes in the Iranian Welfare system. The number of female headed households has increased as a result of increasing rate of divorce, number of drug addicts, prisoner males and increasing rate of women participation in the higher education. These women have been considered as vulnerable group in Iran welfare policy.

Disabled and elderly population groups are also considered as vulnerable in Iran. Dr. JAWAD indicated that the number of disabled registered at Behzisti Organization is about 1,500,000. They receive different services at their home and Behzisti's day centres and day care centres. Orphans are treated as vulnerable as well and care services and other assistances for them are covered mostly by NGOs.

Despite considerable efforts for social protection in Iran Dr. JAWAD noted that there is not any impact assessment to study the efficiency of the social protection programs in terms of targeting, monitoring, evaluation and re-design if necessary.

### **3.2.2. Lebanon**

Dr. Rana JAWAD continued her presentation with Lebanon case. She firstly mentioned that private provision of social protection is quite predominant through public-private contracting in services for social care, health and education. She noted that satisfying social protection needs of the population is problematic in Lebanon due to Syrian Refugee crisis and since the refugees need

special attention. She added that National Social Security Fund of Lebanon faces some challenges such as inefficiency in expenditures and overlapping of services.

Regarding vulnerable groups, she stated that there is not a clear definition of vulnerability in legal regulations. Nevertheless, child labour and unemployment rates are high in Lebanon despite high level of education and health services. In addition, there are social care services for orphans. In this regard, child workers, unemployed people and orphans can be considered as vulnerable groups.

Dr. JAWAD pointed out that Lebanon suffers from challenges similar to the MENA region that hamper the effectiveness of Social Safety Nets (SSNs). For instance, small, fragmented and poorly targeted programs, weak capacity of public institutions coupled with lack of reliable and consistent data do not have a significant impact on poverty or in addressing inequality due to their low coverage, high leakage, and limited benefit levels. Furthermore, she underlined that relying primarily on inefficient and pro-rich universal subsidies which crowd out more effective interventions is also an important aspect of SSNs.

Lastly, Dr. JAWAD touched upon Lebanese Crisis Response Plan (LCRP) which has been put in place to deal with the impact of the Syrian refugee population on public services in Lebanon. Key priority strategies in the plan aim to ensure; (a) strengthening the absorption capacity of formal and non-formal education and increasing geographic coverage, (b) increasing access to affordable healthcare, with a focus on quality of services and controlling disease outbreaks, (c) strengthening institutional capacity to provide better services.

### 3.2.3. Oman

Afterwards, Dr. JAWAD briefed the participants about Omani case. She stated that a wide range of basic services are available in Oman such as access to insurance against old age, disability and death, maternity, health care and education. She indicated that the services are almost wholly provided by the government and there is not a wide spread civil society organizations. Regarding vulnerability, Dr. JAWAD expressed that female-headed households and widows are predominantly vulnerable.

Social protection policies in Oman are focused on empowering individuals. For instance, Ministry of Housing seeks to ensure that all Omanis have adequate housing. Another example is the fact that the state often has avenues for dispensing monetary assistance to those it deems need it. Dr. JAWAD noted that the efficiency of the cash transfers should be examined in order to reveal how many people have graduated from these programs and become more self-sufficient.

Regarding health related social protection, Dr. JAWAD expressed that Oman has a universal medical care system which is almost free and based largely on public sector providers. Until 1996, all healthcare services were free at the point of delivery, but given the burden on the government budget, a small fee was subsequently introduced. Furthermore, she pointed out that health care expenditure as a percentage of GDP has gradually been increasing in recent years (more than 2 percent in 2015) and it is planned to set up many additional health centres in upcoming years.

### 3.2.4. Sierra Leone

Dr. Rana JAWAD informed the participants about social protection system in Sierra Leone. She noted that the main forms of social insurance cover formally employed people since these schemes are contribution-based. Therefore, informal labour, particularly women and children doing domestic work across the country who are among the most vulnerable workers, cannot

benefit from the formal insurance schemes. Vulnerable groups therefore need to seek recourse in social safety nets and social assistance programs.

The poor and vulnerable in Sierra Leone face a series of important risks resulting from: (i) economic shocks and consequent variations in employment, income, and consumption; (ii) social natural disasters; and (iii) household conditions that expose the poorest families to a series of adverse situations and make them vulnerable.

Dr. JAWAD pointed out that major programs include war victims, the disabled, and the elderly who are unable to work and have no means of sustenance, the working poor and the seasonally or long-term unemployed and very poor families with children. However, most of these programs are small and underfunded and have important gaps. There is fragmentation and duplication among these programs as many of them target similar groups but have different management.

Dr. JAWAD also touched upon the expenditures on social protection in Sierra Leone. The amount spent on the fuel subsidies is nearly as large as the amount of social protection spending on 0 to 5 year old and 6 to 17 year old age groups combined. Excluding subsidies and contributory pensions (which absorbed 7.8% of total social protection spending), very little is spent on 39 to 59 (0%) and over 60 (0.2%) age groups, which account for 18.7% and 6.4% of the extreme poor population.

### 3.2.5. Morocco

Dr. JAWAD informed the participants about social protection mechanisms in Morocco. She expressed that there is not a unified legislative definition of vulnerable groups. However, existing social protection programmes have their own legislative documents delimiting eligibility criteria as well as the mechanisms of access. She added that there are ongoing efforts towards adopting a coherent national policy in social protection area.

She stated that despite benefiting the rich more than the poor, the universal subsidies system was not a major issue for public finance until 2008. After global economic crisis and the raise in market prices, especially in fuel products, the subsidy system became a major burden on the budget. The subsidy expenditure reached 7% of Moroccan GDP while the international mean benchmark is of 0.7%.

Thereafter, Dr. JAWAD mentioned that Morocco has significantly improved access to social protection, especially for the vulnerable and for the poor population in the areas of health care, access to education, promoting employment and improving living conditions. Then, she noted that fragmented nature of the programmes and lack of a unified system, lack of coordination and coherence are among the major shortfalls and challenges.

She added that social assistance programmes remain sectoral with diverse targeting methods (i.e. territorial such as Tayssir). Dr. JAWAD pointed out that there are overlaps and inefficient spendings in these programs. Therefore, she underlined that the system of targeting needs serious reconsideration in the light of the identified shortfalls and limitations. Demographic and socioeconomic data should be consolidated and improved within a national information system allowing desegregation and territorial identification.

### 3.3. Overall Policy Recommendations

Dr. RANA JAWAD finally touched upon general recommendations for the OIC Member Countries as follows:

- Targeted social pension programmes could offer a minimum income to victims of conflict, adults with disabilities, poor female-headed households, people aged over 60 years and older people without a pension who cannot work and have no other source of income. The Social Pension should establish close links with health services.
- OIC countries also need to promote free and universal health care coverage. In many OIC countries health care is already provided free to the under 5 year old and to pregnant and lactating women.
- Existing policies and programmes should include education and youth employment programmes.
- Monitoring and impact evaluation of the social protection programs is vital.
- Labour intensive public works should not only provide beneficiaries with predictable payments in return for their labour but also include elements of training or technical assistance so that beneficiaries can improve or develop their skills and thus move into full-time formal employment.
- Priority in cash transfers should be given to very poor families with children, orphans and other dependents such as the elderly or persons with disabilities.
- Among the social assistances, preference should be given to conditional cash transfers that offer incentives to families to improve the levels of health and education of its members.
- In low income and lower-middle income countries, public works programmes could be unified under one permanent national labour intensive public works programme designed to help food insecure households to cope during lean period of each year.

## 4. Policy Discussion Session

The session was moderated by Mr. Nabi SROOSH, Director General of Policy and Result Based Monitoring at Ministry of Economy of Afghanistan.

At the beginning of the session, Mr. Mehmet Akif ALANBAY, Expert from the COMCEC Coordination Office, made a brief presentation on the responses of the Member Countries to the policy questions on accessibility of vulnerable groups to social protection programmes which were sent to the Poverty Alleviation Working Group focal points as well as other participants by the CCO. In his presentation, Mr. ALANBAY gave brief information on policy questions. Afterwards, he presented the policy advices provided in the room document.

After the presentation, Mr. SROOSH gave the floor to all delegations asking their opinions and comments for each policy advices as well as the experience of their respective countries in this regard. The participants shared their observations on the policy advices given in the room document. Based on intensive deliberations, the participants have highlighted the following policy advices:<sup>2</sup>

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<sup>2</sup> The Room Document is attached as Annex 3.

- Promoting formalization in the labor market through creating a regulatory environment for facilitating the transition of informal businesses to formal sector, and increasing the productivity of informally employed people via training and skill-development programs, credit and business development services,
- Promoting free and universal health care coverage for vulnerable groups,
- Developing specific social safety net programs to improve the access of vulnerable children to health and education services for preventing intergenerational transmission of poverty,
- Designing specific social safety net programs to offer a minimum regular income to people who cannot work (disabled, poor female-headed households, elderly without a pension) as well as developing social safety net programs (including activation programs) for people who can work.

## 5. The Way Forward: Utilizing the COMCEC Project Cycle Management (PCM)

Mr. Hasan YENİGÜL, Expert at the COMCEC Coordination Office made a presentation on the COMCEC Project Funding introduced by the COMCEC Strategy.

First, Mr. YENİGÜL informed the participants about where the COMCEC Project Funding stands in the COMCEC Strategy.

Mr. YENİGÜL underlined the basic qualifications of the COMCEC Project Funding as “simple and clearly defined procedures and financial framework”, and mentioned that CCO provided continuous support to the member countries during the all stages of the COMCEC Project Funding Mechanism.

After briefly explained the Project Cycle Management (PCM) concept, Mr. YENİGÜL highlighted the potential project owners. It was emphasized that relevant ministries and other public institutions of the Member Countries and the OIC Institutions operating in the economic domain can submit projects. He also underlined that member countries have to be registered to the respective working group in order to submit project proposals.

He continued his presentation by explaining the “Project Selection Criteria” namely, compliance with Strategy’s Principles, targeting strategic objectives of the Strategy, focusing on output areas and pursuing multilateral cooperation among the OIC Member Countries. Mr. YENİGÜL also emphasized that project proposals submitted by the member countries should be compliant with the sectoral themes for the third call stated in the Program Implementation Guidelines.

Mr. YENİGÜL pointed out the importance of the multilateralism for project appraisal and stated that project proposals should focus on common problems of at least three member countries and also should offer joint solutions for these problems.

During the presentation, three key actors and their responsibilities under the COMCEC Project Funding were identified; Project Owner (Project Submission and Implementation); the CCO (Program Management) and the Intermediary Bank (Project Monitoring and Financing). Moreover, steps and roles of these key actors throughout the project application process were presented.

Monitoring of projects was another issue explained in the presentation. Mr. YENİGÜL presented that the Bank would be mainly responsible for financial and technical monitoring of projects while the CCO would oversee the overall implementation of the PCM.

With respect to the financial framework, Mr. YENİGÜL emphasized that the funds are grant in nature and would be provided by the CCO.

Mr. YENİGÜL also gave information on 2014 and 2015 Projects. He stated that member countries and OIC institutions had shown great interest. He also stated that five projects in the field of poverty alleviation were successfully implemented under the COMCEC Project Funding in 2014 and 2015. These are:

- “Enhancing National Capacities of OIC Member Countries in Poverty Statistics”,
- “The Role of Community-Based Rehabilitation (CBR) in Poverty Reduction: A Comparative Study among Iran, Malaysia, and Indonesia”,
- “Improving Statistical Capacities of OIC Member Countries in Poverty Statistics”,
- “Building Productivity Capacities of Agriculture Small Scale Producers of the Coffee and Cocoa within Cameroon, Nigeria and Benin through the Improvement of Phytosanitary Practices”,
- “Design and Implementation of the Management Information System for SSN's in COMCEC Member States” and implemented, respectively, by SESRIC, Iran, SESRIC, Cameroon and Suriname.

Afterwards, Mr. YENİGÜL shared brief information with participants regarding online project submission system and stated that member countries could submit their project proposals easily by using this user-friendly system.

Lastly, Mr. YENİGÜL reminded participants that fourth call for project proposals would start as of early September 2016 and project proposals would be submitted to the CCO until 31st September, 2016. He also invited the member countries and the relevant OIC institutions to submit their project proposals.

After the presentation of Mr. Hasan YENİGÜL, Iranian representative Ms. Seyedeh Tahmineh MOUSAVI presented the recently implemented PCM project of Iran titled “The Role of Community based Rehabilitation Programs in Poverty Reduction among Indonesia, Iran and Malaysia”.

In her presentation Ms. MOUSAVI mentioned that many OIC Member States have recognized Community Based Rehabilitation (CBR) programs as a strategy for the reduction of poverty among people with disabilities. From 57 OIC Member Countries, 30 countries have implemented CBR programs. In Upper-Middle Income member countries, such as Iran and Malaysia, CBR is considered as an important part of national social protection policy. In Lower-Middle Income OIC countries, such as Indonesia, CBR has not yet become a national program. In such countries, the implementation of CBR is mainly initiated by NGOs or Disabled People Organizations (DPOs) and CBR has not been coordinated and managed by the government. In order to guarantee the implementation of CBR programs in rural areas, national CBR programs implemented in collaboration with NGOs have been found to be the best practice for the reduction of poverty among people with disabilities.

After briefly informing the participants about the CBR programs in Indonesia, Iran and Malaysia, Ms. MOUSAVI enumerated some recommendations for the CBR programs as follows:

- Developing nationwide CBR programs
- Clearly defining the role of government and the NGOs

- Identifying and removing barriers that preventing persons with disability to access health services
- Improving social skills for people with disabilities

## 6. Member State Presentations

In this section, member country representatives had chance to present the social protection programs being implemented in their respective countries. Participants from Afghanistan, Albania and Turkey made presentations.

### 6.1. Afghanistan

The presentation of Afghanistan was made by Mr. Nabi SROOSH, Director General of Policy and Result Based Monitoring at Ministry of Economy of Afghanistan. Mr. SROOSH focused mainly on poverty situation in Afghanistan and programs implemented by the government to cope with the poverty-related challenges.

At the beginning of his presentation Mr. SROOSH expressed that Afghan government has initiated and developed Afghanistan National Development Strategy (ANDS) which was based on Poverty Reduction Strategy Paper (PRSP). He mentioned that the Afghan government invested billions of US Dollars on different sectors to ensure economic growth and poverty reduction in the country in the past decade. Mr. SROOSH stated that the results were quite positive in some sectors such as education, health, telecommunication and transportation. However, he mentioned that no considerable reduction in the poverty could be achieved in Afghanistan. He added that the level of poverty remained at 36 percent as it was 10 years ago.

Mr. SROOSH expressed that the surveys show that one in every three Afghans cannot afford his/her basic food and non-food needs. The number of Afghans living below the poverty line has increased at an annual rate of 1.6 percent. He added that the cost of eliminating poverty would be nearly 6 percent of the GDP if perfect targeting was possible.

Afterwards, Mr. SROOSH enumerated some key reasons for failure of reducing poverty level in Afghanistan despite a 9 percent economic growth and donors funds around 10 billion USD annually. Firstly, he mentioned that poverty is higher in rural and remote areas and 4 out of 5 poor live in rural areas. Secondly, poor people lack education and thus they are employed in vulnerable jobs. Literacy rate is very low among the poor and only 24 percent of poor people older than 15 can read and write. 84 percent of the poor are employed in informal sector. 43 percent of the poor are employed in agriculture sector and potentially exposed to weather related shocks. He added that poor people have not professional skills necessary to take advantage of better job opportunities. Furthermore, 400,000 new job seekers enter into the labour market each year.

Mr. SROOSH stated that poor people have limited access to basic services. 36 percent of the poor have not access to electricity. 60 percent of the poor cannot access safe drinking water and only 3 percent of poor have access to improved sanitation. Moreover, poor people are particularly vulnerable to natural disasters and more likely to suffer negative consequences from security related shocks.

In order to address these challenges, Mr. SROOSH expressed that, the Afghan government has some projects and programs such as Social Safety Net Program (cash distribution to poor families), Jobs for Peace Program (nation-wide), National Skills Development Programs (NSDP) and Micro-Finance (small loan programs for short term). In addition, he pointed out that NGOs in

Afghanistan increasingly take active roles in implementation of the socio-economic development program of the government. Mr. SROOSH also touched upon some nationwide programs such as Agriculture Strengthening Program, Public Private Partnership (PPP) Program. Lastly, he stated that the Afghan government is planning to establish new economic zones to create 4 million jobs in 20 years.

## Questions and Remarks

**Question:** The representative of Turkish Red Crescent Society asked about the role of NGOs in poverty related activities in Afghanistan.

**Answer:** Mr. SROOSH expressed that especially in health services NGOs are more capable to reach in most remote areas and implement projects through contracting with the government.

## 6.2. Albania

Mr. Eduard OSTROSI, Director, Ministry of Urban Development of Albania, made a presentation about newly adopted strategy on social housing which targets vulnerable population. He underlined that social housing in Albania, as a priority of Government of Albania, is designed in a special strategy for the first time.

Firstly, he enumerated some challenges regarding housing of poor population such as lack of social rented housing owned by municipalities and lack of aid funds for rental assistance. He expressed that abused women, orphans, persons with disabilities and homeless families are primarily targeted. With the new social housing strategy, it is aimed to improve the life quality of people who cannot afford a housing alternative in the market and in particular those who are in a disadvantaged position through the provision of alternative housing which are appropriate and affordable by them.

Mr. OSTROSI pointed out that Albanian government is planning to realize construction of the houses and other social complexes through promoting Public-Private Partnerships (PPP) on unused state-owned lands. He stated that well-designed roles and responsibilities of different institutions linked to the sector of social housing in the central and local level will be established through revision of legal infrastructure.

He added the government will develop appropriate financial instruments and programs such as rent subsidy, provision of land with infrastructure, financing of energy efficiency projects, subsidy of interests with eased loans to enable the disadvantaged groups to buy the houses without economic pressure on them.

## Questions and Remarks

**Question:** Dr. Rana JAWAD asked who or which institutions will be the project coordinators and managers of social housing projects in Albania.

**Answer:** Mr. OSTROSI briefly explained the planned procedure by stating that the Ministry of Urban Development is the authority which will coordinate, monitor and control the whole process. He expressed that the Ministry has received the necessary data from the Municipalities regarding vulnerable population and will accordingly prepare the projects of buildings and sites itself rather than opening tender and collecting project proposals. After finding donors and required budget, the Ministry will open tender for the construction of buildings. After completing this stage the Municipalities will be possessors of the buildings and they will place the vulnerable families or individuals into these houses.

### 6.3. Turkey

Dr. Nevzat KUNDURACI, Head of Department in General Directorate of Social Assistance of the Ministry of Family and Social Policies (MoFSP) of Turkey, made a presentation on social protection programmes in Turkey. His presentation contained the issues on social assistance, employment and social service fields in relation with vulnerable groups' accessibility to social protection programmes. At the beginning of his presentation Dr. Kunduracı stated that more target oriented and more accountable social assistance programs and IT systems have been launched since 2002.

Dr. KUNDURACI mentioned that the social assistance programmes are basically divided into 5 categories. These are Family Assistance, Education Assistance, Assistance for Specific Purposes, Thematic Central Regular Cash Transfers and Allowance Programmes to the Specific Groups. Then, he briefly informed the participants about the specialized and regular cash transfer programs. He touched upon the conditional cash transfer programmes in education and health. Furthermore, Dr. KUNDURACI mentioned about the unconditional cash transfer programs for widow women, needy families with orphan children and other needy families.

Dr. KUNDURACI indicated that Conditional Cash Transfer (CCT) Programmes have been operational since 2003. He added that the CCT programs are implemented through fully web-based software which enables monitoring and evaluation. Afterwards, he touched upon the target groups of the CCT programs such as education related programs for preschool, primary school and secondary school children as well as health related programs for children under five years old, pregnant and lactating women.

Thereafter, Dr. KUNDURACI informed the participants about the link between the social assistance programmes and activation programs. He expressed that working-age social assistance beneficiaries are directed to Turkish Employment Agency's (İŞKUR) database automatically. In 2015, data of nearly 364.000 social assistance beneficiaries were sent to İŞKUR and then these beneficiaries have been included in the relevant training and skill enhancing programs. Dr. KUNDURACI added that approximately 50 thousands social assistance beneficiaries have been employed during the last 4 years.

Some incentives provided for employment of disadvantaged groups were also highlighted during the presentation. Dr. KUNDURACI stated that job guidance assistance (between 13 and 30 Euro) is provided. He added that beneficiaries are also supported with 130 Euro (one-time only) when they find a job. In addition, it was expressed that conditional health and educational assistance are not cut when the beneficiaries find job.

In the following parts of his presentation Dr. KUNDURACI touched briefly upon the business establishment program of Turkish Labor Agency (İŞKUR) for disabled people. İŞKUR provides maximum 36.000 Turkish Liras (nearly 12.000 USD) for disabled who has a certificate of entrepreneurship training, vocational training or already has a certificate in the area that they want to run business. He added that job and vocational counselling services for women and young is provided as well. In addition, he expressed that public work programmes targeting long-term unemployed are also available (up to 9 months with minimum wage).

Lastly, Dr. KUNDURACI mentioned about social support programs for children in need of special care. He indicated that socio-economic support payment is approximately 622 TL (nearly 307 USD) for the children living with their families.

## Questions and Remarks

**Question:** It was asked whether there is any specific precaution or assistance for disabled children in rural or remote areas.

**Answer:** Dr. KUNDURACI mentioned that the transportation fees of the children who are far from their schools are covered by the government.

## 7. Experiences of International Organizations and NGOs in Social Protection Programmes

### 7.1. Experiences of UNESCAP

Mrs. Therese BJORK, (UNESCAP), made a presentation regarding the experiences of UNESCAP in social protection programs with special focus on vulnerable groups in Asia Pacific region.

At the outset, Mrs. BJORK expressed that it is promising that 21 out of 26 countries in UNESCAP region have increased their expenditures as the share of their governmental spending on social protection from 1996 to 2011. While 11 out of 28 countries spent more in military than social protection in 1996 this number of countries fell to 5 in 2013. However, the share of social protection in governmental spending remains very low compared to the OECD countries.

Then, Mrs. BJORK mentioned that poverty levels in the Asia Pacific region have been reduced considerably thanks to economic growth in the last decade. Nevertheless, she noted that the income inequality has not been improved. Income share of richest 10% of the countries' population have almost twice the income of the poorest 40%. Even worse, income inequality has increased in much populous countries.

Afterwards, Mrs. BJORK pointed out that access to education and health services has important impact on equality. She underlined that vulnerable and poor people are exposed to considerable out of pocket payments for health services and thus, they have to spend a part of their income to these services instead of their other needs. She indicated that in some countries this situation is seriously problematic where two thirds of health expenditures come from out of pocket payments.

With regards to access to education, Mrs. BJORK highlighted that there is a strong correlation between years of schooling and family income. Therefore, children of poor families need specific focus since they are more likely to drop out.

Regarding youth unemployment, she stated that it is five times higher than adult unemployment in the most countries in the region. For some countries youth unemployment is nine or ten times higher. This situation results in excluding from social insurance since the system is linked with employment. She added that spending on social protection results in economic growth since it increases productivity of workers.

Thereafter, Mrs. Therese BJORK enumerated the social protection gaps. More than 85 million children under 5 are chronically malnourished. More than 1 billion workers are in vulnerable employment. Only 30% of persons above retirement age receive a pension. Nearly 80% of Asia-Pacific has no access to healthcare.

Mrs. Therese BJORK continued her presentation with good practice examples. She firstly mentioned about conditional cash transfer scheme of Mongolia launched in 2007. Through universal entitlement for children under 18 who live with parents monthly and quarterly cash

payments have been made. The conditions are mandatory immunizations, school enrollment and not being engaged in child labour. 63% of child population has registered in the program. However, she stated that the main challenge is the limited access for most disadvantaged families living in isolated regions.

Secondly, she briefed the participants about India's National Rural Employment Guarantee Act which has been implemented since 2005. 1 working-age member of rural households has the right to request up to 100 days of unskilled wage employment. She noted that provision of income security for more than 55 million households is a very impressive figure.

Thirdly, Therese BJORK touched upon Samoa Senior Citizen's Benefit Scheme (SCBS) which is a non-contributory pension scheme introduced in 1990 for all citizens and permanent residents over 65. In addition, there is another scheme for formal sector and household workers which requires a mandatory contribution to Samoa National Provident Fund (SNPF). The 5% of the contribution comes from employers and 5% from employees. These schemes reach approximately 71% of persons aged 60 years or older. The challenge is meeting the needs of informal and migrant workers.

She lastly informed the participants on Thailand's Universal Health Coverage program which was introduced in 2001. The program targets Thai residents who are not covered by existing health-care schemes. The program gives right to inpatient and outpatient care, rehabilitation and high cost medical treatment and supplies. Mrs. BJORK mentioned that there are also programmes for registered migrants enabling access to public hospitals through contributory insurance scheme or Social Security Scheme. She expressed that these health related programs reach 99.5% of the population. The challenge of the programs is ensuring high quality services across geographically remote areas.

Mrs. Theresa BJORK also shared a video about social protection toolbox (which is available at: <https://www.youtube.com/watch?v=HuLbDxS47OE>). Later on, she enumerated the following advices for improving social protection programmes:

1. Anchor social protection in a legally **rights-based foundation**
2. Design social protection systems to **create synergies**
3. Prioritize and increase **investments** in social protection
4. Strengthen **taxation systems** for financing social protection
5. Explore **innovative ways of financing** social protection
6. Promote **social dialogue** to foster public support for social protection
7. Promote productive and **decent work**
8. Enhance the **evidence base** on inequalities and social protection

## 7.2. Experiences of Turkish Red Crescent Society (KIZILAY)

Ms. Mine AKDOĞAN, Social Worker at Social Services Department of Turkish Red Crescent Society (KIZILAY), made a presentation regarding social service activities and the experiences of KIZILAY on social protection of vulnerable groups.

At the outset, Ms. Mine AKDOĞAN briefly informed the participants about the history of KIZILAY stating that it was founded in 1868, directing and coordinating humanitarian relief operations conducted for the victims of natural, human made and technological disasters as well as wars, refugee crisis and medical emergencies. Ms. AKDOĞAN enumerated the main vulnerable groups that KIZILAY provide support are homeless, children in streets, women, juvenile delinquents, families under poverty lines and people with disabilities.

Ms. AKDOĞAN classified the provided services in three categories. These are social assistance, institutional social services and national social programs. Firstly, KIZILAY provides social assistance including health, education, financial or in kind support. The social assistance is provided for the elderly at home as well. Main types of the social assistance are food packages, hygiene kits, wheelchairs, clothing and medical equipment.

Secondly, institutional social services have been provided by the branches at local level to 40.000 beneficiaries registered at 40 social service branches. These services include provision of homecare, coverage of healthcare, medicine and transportation services costs, accompaniment during travel, psycho-social support and funeral services. In addition, fourteen soup kitchens throughout Turkey deliver hot meals, consisting of menu items with high nutritional value to families in need with an amount needed to feed a family.

Regarding national social programs, KIZILAY conducts programs such as Kızılay Card, Food Package and Ramadan Campains. The Kızılay Card is a smart prepaid card system designed to allow people in need to get their preferred needs in all shopping points instead of getting what is given. Currently 2992 beneficiaries use this card. Moreover, KIZILAY receives Zakats and deliver them through Bank transactions without human involvement in the process.

Lastly, Ms. AKDOĞAN touched upon the importance of effective partnerships with relevant authorities and NGOs in reaching the vulnerable population segments and providing them necessary assistance. She stated that partnership helps deployment of resources, accurate social assessment and effective orientation of assistance and services. In this regard, Ms. AKDOĞAN mentioned that KIZILAY has strong partnerships with public institutions such as municipalities, Social Assistance and Solidarity Foundation, Ministry of Family and Social Policies, Ministry of Justice and some NGOs.

## 8. Closing Remarks

The Meeting ended with closing remarks of Dr. Nevzat KUNDURACI, Chairman of the Meeting and Mr. Metin EKER, Director General of the COMCEC Coordination Office (CCO).

Mr. KUNDURACI thanked all the member country representatives as well as participants from SESRIC, IDB, UNESCAP, KIZILAY for their participation and valuable contributions.

Mr. Metin EKER also thanked all participants for their attendance and precious contributions. He stated that the main outcome of the meeting is the Policy Recommendations Document which includes a number of policy proposals for the member countries. He expressed that these recommendations will be submitted to the 32<sup>nd</sup> COMCEC Ministerial Meeting as an output of the 7<sup>th</sup> Meeting of the Poverty Alleviation Working Group.

Furthermore, Mr. EKER informed the august house that the 8<sup>th</sup> Meeting of the COMCEC Poverty Alleviation Working Group will be held on November 3rd, 2016 in Ankara with the theme of "Forced Migration in the OIC Member Countries: The Policy Framework Adopted by Host Countries". He stated that a research report will also be shared with the focal points and other participants at least one month before the meeting.

## ANNEXES

### Annex 1: Agenda of the Meeting



#### AGENDA OF THE 7<sup>TH</sup> MEETING OF THE COMCEC POVERTY ALLEVIATION WORKING GROUP

11<sup>th</sup> February, 2016 Ankara, Turkey

*“Accessibility of Vulnerable Groups to Social Protection Programmes  
in the OIC Member Countries”*

Opening Remarks

1. COMCEC Poverty Outlook
2. Importance of Social Protection Programmes for the Vulnerable Groups and the Relevant Current Social Protection Programmes in the OIC Member States
3. Roundtable Discussion on the Policy Options for Improving Social Protection Programmes towards Vulnerable Groups in the OIC Member States
4. Member State Presentations
5. Perspective of International Institutions and NGOs
6. Utilizing the COMCEC Project Funding

Closing Remarks

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## Annex 2: Programme of the Meeting



**COMCEC**

**PROGRAMME**

**7<sup>th</sup> MEETING OF THE COMCEC POVERTY ALLEVIATION  
WORKING GROUP**

**(February 11<sup>th</sup>, 2016, Ankara, Turkey)**

***“Accessibility of Vulnerable Groups to Social Protection Programmes  
in the OIC Member Countries”***

- 08.30-09.00 **Registration**
- 09.00-09.05 **Recitation from Holy Quran**
- 09.05-09.15 **Opening Remarks**
- COMCEC Poverty Outlook**
- 09.15-09.35 Presentation: “Outlook of Poverty in the OIC Member States”  
*Ms. Sirma DEMİR ŞEKER, Expert  
COMCEC Coordination Office*
- 09.35-09.45 Discussion
- Framework and Overview of Accessibility of Vulnerable Groups to  
Social Protection in OIC Member Countries**
- 09.45-10.25 Presentation: “Accessibility of Vulnerable Groups to Social Protection in  
the OIC Member Countries”  
*Dr. Rana JAWAD  
University of Bath*
- 10.25-10.45 Discussion
- 10.45-11.00 **Coffee Break**
- Accessibility of Vulnerable Groups to Social Protection in Case OIC  
Member Countries**
- 11.00-11.40 Presentation: “Case Country Evaluations: Iran, Lebanon, Morocco, Oman  
and Sierra Leone”  
*Dr. Rana JAWAD  
University of Bath*

11.40-12.30 Discussion

12.30-14.00 **Lunch**

**Policy Options for Improving Vulnerable Groups' Accessibility to Social Protection Programmes**

There was a moderation session under this agenda item. The participants deliberated on the policy options/advices for improving vulnerable groups' accessibility to social protection programmes in the Member Countries. Room Document has been prepared by the CCO, in light of the findings of the analytical study prepared specifically for the Meeting and the answers of the Member Countries to the policy questions which were sent by the CCO. At the beginning of the session, CCO made a short presentation introducing the responses of the Member Countries to the policy questions as well as the Room Document.

14.00-14.15 Presentation: "Responses of the Member Countries to the Policy Questions on Accessibility of Vulnerable Groups to Social Protection"

*Mr. Mehmet Akif ALANBAY, Expert*  
*COMCEC Coordination Office*

14.15-15.30 Discussion

**Utilizing the COMCEC PCM**

15.30-15.45 Presentation: "Utilizing the COMCEC Project Cycle Management"

*Mr. Hasan YENİGÜL, Expert*  
*COMCEC Coordination Office*

15.45-16.00 Discussion

16.00-16.15 **Coffee Break**

16.15-17.30 **Member Country Presentations**

Discussion

**Perspective of international institutions and NGOs**

17.30-17.40 Presentation: "Experiences of UNESCAP in Social Protection Programmes"

*Ms. Therese BJORK, Social Affairs Officer*

United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP)

17.40-17.50 Presentation: "Experiences of KIZILAY in Social Protection for Vulnerable Groups"

*Ms. Mine AKDOĞAN, Expert*

Turkish Red Crescent Society (KIZILAY)

17.50-18.05 Discussion

18.05-18.10 **Closing Remarks**

## Annex 3: The Policy Recommendations

### THE POLICY RECOMMENDATIONS HIGHLIGHTED BY THE 7<sup>TH</sup> MEETING OF THE POVERTY ALLEVIATION WORKING GROUP

*Distinguished Members of the COMCEC Poverty Alleviation Working Group,*

*The COMCEC Poverty Alleviation Working Group (PAWG) has successfully held its 7th Meeting on February 11th, 2016 in Ankara, Turkey with the theme of “Accessibility of Vulnerable Groups to Social Protection Programs in the OIC Member Countries”. During the Meeting, Poverty Alleviation Working Group made deliberations for policy approximation among the Member Countries regarding enhancing vulnerable groups’ accessibility to social protection programmes. The Room Document, prepared in accordance with the main findings of the analytical study conducted for the 7th Meeting of PAWG and the answers of the Member Countries to the policy questions, was the main input for the discussions. During the Meeting, the participants discussed the policy recommendations given below.*

***Policy Advice 1: Promoting formalization in the labor market through creating a regulatory environment for facilitating the transition of informal businesses to formal sector, and increasing the productivity of informally employed and long-term unemployed people via training and skill-development programs, credit and business development services***

**Rationale:**

Informal employment is predominant in many OIC Member Countries which offer little social protection in terms of income, health and safety and unemployment insurance and therefore, higher risk of vulnerability. Mostly because of high informal sector, large segments of population in the OIC countries are outside the frame of social insurance policies. These segments become target of social safety net system due to their poverty situation. To decrease the risk of poverty and therefore the need for social safety net programs, formal employment opportunities need to be improved.

Increasing the share of formal employment would both contribute to the economic growth and social welfare. For this purpose, there is need for efforts in both firm-side and worker-side. Related to firm-side, governments need to create a regulatory environment which prevents informal employment and support small businesses to involve in formal employment. On the other side, informally employed people should be enabled to be more productive in order to work in formal sector which mostly requires higher skills and abilities. For this purpose, active labor market interventions and policies (such as training and skill-development programs) as well as credit and business development opportunities may be introduced/improved.

***Policy Advice 2: Promoting free and universal health care coverage for vulnerable groups***

**Rationale:**

Health indicators in OIC member countries, in general, are not promising. Children and women are the most vulnerable groups in terms of inadequate access to health care services. Especially low and lower-middle income countries possess low life expectancy rates (between 45 and 60 with some exceptions), and high level of child and maternal mortality (30-150/1000 and 100-1200/100,000 respectively). The most vulnerable groups among children and women are overrepresented in the low and low-income member countries.

Some OIC Member Countries have universal health care. Besides, some OIC Member Countries (particularly upper-middle and high income countries) have ability and capacity to introduce such a system in their countries. On the other hand, in low income countries a well-functioning health system

which covers the most vulnerable groups with free of charge may be introduced. That would contribute to the human capital accumulation of the country as well as the health and demographic indicators.

***Policy Advice 3: Developing specific social safety net programs to improve the access of vulnerable children to health and education services for preventing intergenerational transmission of poverty***

**Rationale:**

All OIC Member Countries have some type of social safety net programs. However, in many member countries these programs do not contribute to economic development at desired levels. Lack of adequate human capital is a common challenge that the member countries face. Low human capital in most of the OIC member countries creates a vicious circle. Low human capital leads to low income, low income leads to poverty and poverty leads to low human capital for the next generation.

In the OIC Member Countries, youth face risks such as lack of access to education and health services, difficulties in entering into formal labor market and thereby unemployment. In this regard, social safety net programs should be designed to support human capital and in turn economic growth. Therefore, while providing social assistance towards poor people, their children should be supported for improving their access to health and education.

***Policy Advice 4: Designing specific social safety net programs to offer a minimum regular income to people who cannot work (disabled, poor female-headed households, elderly without a pension) as well as developing social safety net programs (including activation programs) for people who can work***

**Rationale:**

Social safety net programs should be differentiated between people who can work and people who cannot work. For people who can work, these programs should be combined with labor market programs to decrease the dependency on social safety net programs and to decrease the poverty in a more sustained way. While those people receive social assistance they should also be prepared to enter the labor market and/or to transit to high-wage jobs. In OIC Member Countries, as far as adults are concerned, they face risks such as low human capital, usually translated into low pay due to precarious and informal labor, under employment and unemployment. For this purpose, social assistance should be provided with active labor market programs for the adults.

On the other hand, there are some people who cannot enter the labor market due to their disability, age or care responsibilities and live with inadequate income. These people need to be supported with a regular minimum income which guarantees a decent standard of living.

**Instruments to Realize the Policy Advices:**

**COMCEC Poverty Alleviation Working Group:** In its subsequent meetings, the Working Group may elaborate on the above mentioned policy areas in a more detailed manner.

**COMCEC Project Funding:** Under the COMCEC Project Funding, the COMCEC Coordination Office calls for projects each year. With the COMCEC Project Funding, the member countries participating in the Working Groups can submit multilateral cooperation projects to be financed through grants by the COMCEC Coordination Office. For the above mentioned policy areas, the member countries can utilize the COMCEC Project Funding and the COMCEC Coordination Office may finance the successful projects in this regard. These projects may include organization of seminars, training programs, study visits, exchange of experts, workshops and preparing of analytical studies, needs assessments and training materials/documents, etc.

## Annex 4: List of Participants

### LIST OF PARTICIPANTS 7<sup>TH</sup> MEETING OF THE POVERTY ALLEVIATION WORKING GROUP (February 11<sup>th</sup> 2016, ANKARA)

#### A. INVITED STATES

##### ISLAMIC REPUBLIC OF AFGHANISTAN

- Mr. NABI SROOSH  
Director General of Policy and Result Based Monitoring, Ministry of  
Economy
- Mr. HAMEED AYAMI  
Advisor to Minister of Economy

##### REPUBLIC OF ALBANIA

- Mr. EDUARD OSTROSI  
Director, Ministry of Urban Development
- Ms. ELDA CENKAJ  
Expert, Ministry of Urban Development

##### REPUBLIC OF CHAD

- Mr. ADAM IBRAHIM ABOUBAKAR  
Deputy Director General, Ministry of Economy
- Dr. HAOUA BRAHIM DJABAYE  
Director General, Ministry of Economy, Trade and Tourism Development

##### GABONESE REPUBLIC

- Mr. CLEMENT MASSALA MANDONGAULT  
First Counsellor, Embassy of Gabon in Turkey
- Mr. THIBAUT IFOUNGA  
Chief of Protocol, Embassy of Gabon in Turkey

##### REPUBLIC OF GUINEA

- Mr. SORY SIDIBE  
Chef Section, Ministry of Social Welfare

## **REPUBLIC OF IRAQ**

- Mr. RAOOF AL KHATEEB  
Manager, Ministry of Labour and Social Affairs

## **ISLAMIC REPUBLIC OF IRAN**

- Mr. ROOZBEH KARDOONI  
Director General, Ministry of Cooperative, Labour and Social Welfare
- Ms. SEYEDEH TAHMINEH MOUSAVI  
Expert

## **HASHEMITE KINGDOM OF JORDAN**

- Mr. HASSAN AL ADWAN  
Manager, Ministry of Social Development

## **STATE OF KUWAIT**

- Mr. MESHAL ALARDHI  
Controller International Organizations, Ministry of Finance
- Mr. SALEM AL BATHER  
Economic Researcher, Ministry of Finance

## **REPUBLIC OF NIGER**

- Mr. SOULEY IRO  
Director of FDI, Ministry of Economy and Finance
- Ms. FATIMA YACOUBA  
Director of Evaluation of Sectoral Policies, Ministry of Economy and Finance

## **SULTANATE OF OMAN**

- Ms. MAYA AL HAJRI  
Financial Analyst, Supreme Council for Planning, The General Secretariat

## **STATE OF PALESTINE**

- Mr. AZMI ABU GHAZALEH  
Controller, Embassy of Palestine

## **KINGDOM OF SAUDI ARABIA**

- Mr. AHMED AL OMARI  
Assistant Secretary for Loinsions and Assistance, Ministry of Social Affairs

## **REPUBLIC OF TUNISIA**

- Ms. NAJET DKHIL GALAI  
Director, Ministry of Social Affairs

## **REPUBLIC OF TURKEY**

- Dr. NEVZAT FIRAT KUNDURACI  
Head of Department, Ministry of Family and Social Policies
- Mr. HARUN HAN  
Expert, Ministry of Family and Social Policies
- Ms. CANAN CAN GÖKYAY  
Expert, İŞKUR
- Mr. FATİH ÖZDOĞAN  
Expert, Ministry of Family and Social Policies of Turkey
- Ms. BURCU AYHAN EKENCİ  
Expert, Ministry of Family and Social Policies of Turkey
- Mr. FERHAT ATAK  
Expert, İŞKUR
- Mr. HALİL İBRAHİM GEDİK  
Assistant Expert, Ministry of Family and Social Policies of Turkey
- Mr. ÖZKAN BOLAT  
Assistant Expert, İŞKUR

## **B. INVITED INSTITUTIONS**

### **ISLAMIC DEVELOPMENT BANK (IDB)**

- Mr. AZHARI GASIM AHMED  
Lead Economist

### **TURKISH RED CRESCENT SOCIETY (KIZILAY)**

- Ms. ÖZGE DOĞAN IRMAK  
Manager of Strategic Administration
- Ms. MİNE AKDOĞAN  
Expert
- Mr. RUŞEN ÇETİNKAYA  
Expert



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