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Nupur Kukrety & Sumananjali Mohanty

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Putting gender equality at the heart of social protection: lessons from Oxfam GB’s experience with safety net programming

Nupur Kukrety and Sumananjali Mohanty

The economic and food crises have dramatically increased the number of chronically poor people globally, rendering many more vulnerable to destitution should they experience even small shocks to income and food supply. In response, Oxfam has extended its work on social protection, which includes a strong gender analysis component, from an initial focus on those living in food insecure geographical areas – subject to drought, for example – and is applying it in a wider context. This article focuses on the urban safety net programme, in Nairobi, Kenya, the aims of which are to improve access to food for the most vulnerable households in two informal settlements in Nairobi, and to develop more long-term food and income security initiatives.

Key words: social protection; gender; Kenya

I am a single mother and my husband abandoned me when my son was five months old. I tried to do casual work but this was not enough. I was supported by my neighbours and friends, but they took advantage of me. I suffer from HIV/AIDS and do not have anyone to support me and my child. – Jacinda Anyona, Kenya

Life is difficult for us. I used to wash clothes for a living, but I have lost that job now and I cannot afford even two meals a day for my children. They have got used to sleeping with an empty stomach. In the evening, they usually ask me whether they should wait or sleep. If I tell them there is nothing to eat, they quietly go to bed. Living in such dire conditions, my eldest son now refuses to go to school. I feel awful, but there is nothing that I can do about it – I can’t even borrow food because no one believes that I can return it. – Jane Mbula, Kenya

The struggles of Jacinda and Jane mirror the lives of millions of poor women and men, who struggle to survive, and are very often unable to meet their most basic needs. In 2004, it was estimated that globally, approximately 300–450 million people were chronically poor without the means to afford minimum levels of food, education, and healthcare (Chronic Poverty Research Centre 2008–2009). These chronically poor were...
identified as people living in remote geographical areas, in fragile ecosystems, in conflict affected areas, and as people who are socially excluded, and who face discrimination in their everyday lives. Even small shocks to their sources of food and income (a temporary rise in food prices, or a brief illness, for example) can have a devastating effect on these households and, trigger a downward spiral into extreme and permanent poverty.

In 2009, the number of chronically poor people is estimated to have increased significantly. According to the UN (United Nations 2009) one billion people were on the brink of starvation as a result of the combined effect of food, fuel, and financial crises. This has serious implications for any progress towards achieving the targets set for Millennium Development Goal 1—the eradication of extreme poverty and hunger. The 2009 report on the progress of the Millennium development Goals (MDGs), too, noted a slowdown in progress, and in some cases, a reversal of progress against the targets set for most MDGs as a direct result of the economic and food crises.

It is unacceptable that, currently, roughly one billion people across the world are on the brink of starvation. The situation calls for governments across the world to put in place immediate measures to ensure that poor women and men are cushioned from the negative impacts of shocks. Global poverty trends also highlight that alongside making investments in livelihoods’ promotion, it is important to ensure a level playing field is created to help marginalised groups. Such measures are particularly important for women, who from the outset face barriers to their economic participation, and disproportionately bear the burden of loss of income at the household level. Social protection programming is a means to create this level playing field and, for us, constitutes a human rights-based approach to poverty reduction that uses provisions in law, policy, and programmes to protect people from a range of risks and prevents them from falling into destitution.

Social protection in Oxfam GB

Oxfam GB works with poor women and men in over 70 countries across the world. In many countries, we work in geographical areas that are disaster prone and/or ecologically fragile. Poor women, men, and children in these countries are often chronically food insecure or regularly face seasonal decline in their food security. Their livelihood systems are often precarious, making movement out of poverty much harder. In 2005, Oxfam GB began to work on developing social assistance, or ‘safety nets’, for households in chronically food insecure geographical areas, which were particularly vulnerable to sudden shocks and crises, such as extended dry spells that reduce the availability of water and fodder in the region. For pastoral communities this means a loss of livestock— their main asset and a source of food. The rise in global food prices and the financial crisis which began in 2008, have had a significant impact on the lives of chronically poor women and men across the world, and have led to a more
nuanced understanding of social protection within Oxfam. This has been followed by a conscious effort to work on social protection in our programming.

Oxfam GB’s work seeks to reduce poverty and suffering across the world. Social protection is an important means by which we aim to address gender injustice, achieve economic leadership for women, and reduce vulnerability – particularly that of women – to poverty and shocks. Oxfam GB believes that social protection should follow a set of guiding principles. These are, that social protection should be: based on a human rights approach; universal (as far as practicable); informed by strong gender and inter-relational analyses of power relations; predictable and long term; and government owned and/or endorsed.

The organisation understands social protection to be those public and publicly-mandated initiatives that aim to: protect individuals and households from the effects of chronic poverty; prevent individuals and households from declining into destitution; and to enable vulnerable individuals and households to cope with and overcome a chronic, seasonal, or shock-induced inability to meet their basic consumption needs.

In line with this definition, the following mechanisms are considered a part of social protection.

**Social assistance or safety nets**
These are planned, predictable, long-term, and non-contributory transfers of resources (cash or in-kind resources such as food) that protect the food and income sources of poor individuals and households from the effects of chronic poverty, shocks induced by climatic changes, economic downturn or armed conflict. Social assistance or safety nets may be seasonal or annual, though to be termed ‘social assistance’ or ‘safety nets’, there must be an underlying commitment to long-term support attached to them.

**Legislation**
This includes national laws and policies that define and guarantee one or all of the components of social protection to residents in any country.

**Social insurance**
This is contributory support provided by state or non-state actors (but regulated by state through law or policy) aimed at helping individuals and households to overcome shocks (e.g. unemployment insurance, weather-indexed asset insurance, health insurance etc.).

**Social protection and gender relations**
Analysis of gender power relations forms an important part of Oxfam GB’s programme and policy development. It is important to understand the need for this
focus in social protection. Gender-based differences have a significant influence on the exposure to risks and vulnerabilities faced by poor women and men, and the impact of shocks (social or economic) is not same on women and men, even though they may belong to the same household. The multiple layers of discrimination faced by women as they grow up, often places them in a weak position to deal with shocks, and makes them highly vulnerable to chronic poverty.

As members of poor households, women play a dual role, as income earner and as carer. Any shock to the household economy, therefore, has a significant impact on each of these roles. For example, if any member of the household is unwell, the burden of care often falls on women, and this in turn has an impact on women’s ability to earn an income. If the sick member of the household happens to be an income earner, the overall household income is reduced further, forcing women to work extra hours to make up for the lost income.

Women are over represented in the informal sector, a sector that exposes them to a variety of risks, such as precarious employment, low and uncertain wages, occupational hazards associated with the job, lack of formal social security measures, and so on. The likelihood of having to make a living in the informal sector, combined with a variety of gender-related constraints, such as restrictions on physical mobility outside the home, lack of formal education, and low levels of confidence to engage in the public sphere, for example, limit women’s ability to overcome labour market disadvantages through their own efforts.

Studies indicate that women and men respond to crises in different ways, by employing different coping strategies. For example, women tend to reduce consumption, so that children and men can eat, while men may reduce consumption to ensure that children get enough, but rarely sacrifice food for their wives. A study conducted in Lesotho found that women tended to share food with others during crises and ate green maize from the field, whilst men would insist that household production be stored for future income (Slater and Mphale 2008).

At present, social protection is an evolving area for policy and research for Oxfam GB, and is being shaped by direct implementation, research, and advocacy initiatives in several countries. What follows is an attempt to pull out learning on gender equality from a current safety net programme, which is being undertaken in informal urban settlements in Kenya. Whilst we recognise that safety nets are only one facet of social protection programming, we feel that the lessons learned are relevant not only specifically to work on safety nets, but to social protection work more broadly.

The urban safety net programme in Kenya

The rise in global food prices in 2008 resulted in a sudden increase in the cost of staple food items in Kenya. Poor households were the worst affected by this increase, because they depend on buying, rather than producing food, for meeting their needs. This was
especially pronounced in urban areas, where 90 per cent of the household food requirement is met through purchase. While food was available in the markets, the lack of purchasing power severely constrained poor households’ access to food. This was compounded by the fact that income levels either remained static or declined for many poor households. For example, the price of maize (a staple food) increased by 133 per cent in 2008, and suddenly, the normal food basket for poor households cost 63 per cent more than it did the previous year. For those households which saw a decline in income, this constituted a drop of some 21 per cent. Households whose income remained static – approximately 55 per cent of the households in the Mukuru informal settlement of Nairobi – were earning an average monthly income of less than KSH 2200, i.e. US$28 (Katilu and Kabuki 2008). This is equivalent to an average total annual income of less than KSH 24,000 (US$300) per household. The increased price of maize meant that households were being forced to use 83 per cent of their income to buy only one food commodity. In other words, this meant that poor households had only 17 per cent of their income left to buy other food items and to meet other basic needs. By early 2009, an estimated 4.1 million urban dwellers were classified as extremely food insecure, and expected to have difficulty in meeting their food needs on a predictable basis (Kenya Food Security Steering Group 2009).

Oxfam GB’s own situation analysis in November 2008 found that the poor households in Mukuru and Korogocho informal settlements in Nairobi, were adopting high-risk livelihood strategies for survival. For example, efforts to supplement income through sex work, crime, brewing and/or selling illegal drink, and sending children to work were seen. There was also a reduction in expenditure on non-food items relating to health and hygiene such as healthcare, and water and soap, and the use of ‘flying toilets’, especially in Mukuru, was very evident.

There was also a reduction in expenditure on education. Up to 30 per cent of children who normally attended school had been taken out, to reduce expenditure, and also to work to supplement household income. An increased reliance on gifts and credit from friends, neighbours, and relatives was also noticed, as was the splitting of households to reduce expenditure and increase income. For example, children being sent to live with slightly better off relatives, and able-bodied men moving to different locations in search of employment (Oxfam GB 2008).

The situation in Mukuru and Korogocho highlighted the impact of shocks on chronically poor households in urban areas. A two-year safety net programme was therefore developed in 2009, to provide relief from the high prices of staple food items and also to persuade the government of the need for social protection for the urban poor. The objectives of the programme are to improve access to food for the most vulnerable households in selected informal settlements in Nairobi, and to develop longer-term food and income security initiatives, to enable chronically poor households to be able to meet their food needs and protect their income.
The programme has followed a phased approach that enables humanitarian intervention, with a well thought out and clear exit strategy. In Phase One, as an immediate response, the programme aimed to deliver cash, via the M-PESA mobile phone money transfer service, to the most vulnerable and food insecure women and men. In Phase Two – the medium term – cash for work activities were introduced at the same time as skills training and development, and links were made with micro-finance institutions and the private sector. In Phase Three – the long term – the focus has been, firstly, to influence key stakeholders to follow a co-ordinated and systematic monitoring approach using emergency indicators in urban contexts (there are, at present, no globally-agreed indicators for the urban context), and, secondly, to launch an advocacy effort to encourage the government to invest in social protection for urban populations. The programme is being implemented by Oxfam GB in Mukuru, and Concern Worldwide in Korogocho, The first phase of the programme comprised a monthly cash transfer of KSH 1500 (US$19) to 5,000 households, for a period of eight months. The level of cash transferred was calculated by using the food poverty line for urban areas, as described in the Kenya Integrated Households Budget Survey 2005/2006. Beneficiaries of the programme were identified through a community-based selection process that included discussion with elders, youth representatives, women leaders, government bodies, faith-based organisations, and community-based organisations. The beneficiary list was verified by Oxfam GB, Concern Worldwide, and their local partners, through random visits to beneficiaries’ homes, crosschecking against statistics provided by the Area Advisory Council, and discussion with the communities.

At the end of Phase One, approximately 3,400 households were able to save enough from the cash transfers to invest in starting /boosting /diversifying their businesses, and voluntarily agreeing to move out of the programme. At present, about 1,600 households continue to be supported by monthly cash transfer. These are mostly households with chronically bed-ridden household heads, a high dependency ratio, and/or with elderly household heads. As a part of Phase Two, 3,400 households are being supported with skill building, market information, and linkages to financial services. Capacity building – in the form of certificate training courses in catering, hair dressing, tailoring, and driving, as well as business and enterprise development and financial management – for members of those households that are still receiving cash transfers is also being undertaken, to arrest the inter-generational transfer of poverty.

Work in Phase Three is largely in the area of advocacy, and this phase has run in parallel with Phases One and Two, to ensure that at the national level, Kenyan policymakers are engaged with the process from the beginning. The Oxfam GB/Concern Worldwide consortium is a member of the Inter-Ministerial Task Force on Food Subsidy, which reports to the Prime Minister’s Office. This Task Force was set up in February 2009, at the recommendation of the Cabinet Committee and mandated the Ministry of Gender, Children and Social Development (MoGCSD) to design and
implement a pilot programme for responding to the food crisis. By virtue of being a member of the Inter-Ministerial Task Force on Food Subsidy, Oxfam GB was able to input into the development of the government pilot. The pilot, called ‘Saidia Jamii’, was presented to the Cabinet Committee by MoGCSD in February 2010, but could not be approved, because of a lack of consensus among parliamentarians. Apprehensions about the negative effects of cash transfers were expressed by many. Common among such apprehensions were that cash transfers would create a dependency syndrome; that they would create a rural to urban migration; and that the government did not have adequate resources to support social protection. Advocacy for social protection is continuing in the country. The Kenya Civil Society Platform on Social Protection is supporting the Government of Kenya in developing the social protection policy. Once this policy is agreed, discussions on ‘Saidia Jamii’ are likely to be revived.

Learning on gender equality in social protection

The experience of implementing safety nets in urban areas of Kenya provides important gender learning for work on social protection. As previously stated, we acknowledge that safety nets are just one component of social protection. However, we are convinced that the learning derived from this programme can be applied to social protection in general.

Lessons learned

*Poverty has a gender dimension.* Ideally, all citizens of nation states should have equal access to social protection. However, many poor countries do not have adequate resources to provide universal coverage. What the best way is to reach the most needy is debatable, and often generates a lot of discussion around targeting methodologies. Our experience with community-based targeting in urban Kenyan slums highlights the fact that women comprise the majority of the poorest in urban settlements. This is reflected by the fact that when the community agreed to identify the most food poor (having less than one meal a day) and vulnerable, women or women-headed households (divorced, separated, widowed or never-married women may hold *de jure* (legal) headship of a household) represented 75 per cent of the total beneficiaries. Interestingly, another 15 per cent were households with *de facto* women’s headship (a situation where men are present but are not the earning member and the burden of supporting the family rests on the female).

*Women are more likely to face systemic and socio-cultural barriers in accessing social protection.* According to the 1948 Universal Declaration of Human Rights, national governments have the responsibility to provide social protection to their citizens regardless of their gender, age, class, or ethnicity (United Nations 1948). For nation
states to extend this support, men and women must demonstrate that they are citizens of the country. Often, legal documents such as passports, identity (ID) cards, and ration cards are issued by the state and are used for this purpose. Oxfam GB’s experience is that many women do not possess these documents because their citizenship status is negotiated through their male spouse or relatives. Single women face particular challenges, as their support system is often extremely weak and fragile. In Kenya, members of poor households do not usually possess ID cards and even if they do, it is usually the male head of the household who is most likely to have one. Reasons for this include the fact that men are seen as the breadwinners in society, with women being less exposed to legal/official requirements – their caring roles keeping them largely restricted to the vicinity of their homes, and with them having less time to devote to the often lengthy bureaucratic processes involved in obtaining official documents unless there is a perceived gain. Having said that, it is important to acknowledge that social assistance can play a significant role in encouraging women to apply for documentation that establishes their citizenship and identity.

Similarly, how social protection is delivered to people can help to either enable or restrict people’s access to it. In Kenya, Oxfam GB uses mobile phones to deliver cash using the M-PESA service to the targeted population. As the M-PESA network is well established in urban areas of Kenya, transferring money in a discreet and secure way is possible. This, however, may not be the case everywhere, and there may be challenges with regard to familiarity with the technology, distance necessary to travel to access support, and safety and security issues. These factors can reinforce the dependency of women on their male relatives in accessing social protection.

Women’s empowerment must be at the heart of social protection. The lives of women and men are influenced by gender-ascribed roles. In most societies and cultures, this has been understood as men having the responsibility for providing family income and women the responsibility for caring work. The carrying out of these functions obviously creates opportunities and barriers for both sexes. While men face considerable pressure to be the ‘provider’, this pressure gives them opportunity to engage in economic activities and thereby exposes them to the dynamics of markets and the state. As a combined result of this, men occupy a position of power, vis-à-vis women, in households and society. Women’s reproductive role gives them responsibility within the household for specific caring functions, but this often limits their interaction with the wider world. Poor women are often faced with a dual challenge – to fulfil efficiently their caring role, and at the same time, provide income for the household (either as the main earner or as a support to the men in the household). When designing social protection programmes, it is important to understand gender roles, and the implications of social protection for the lives of women and men. The household interviews and focus group discussions carried out by Oxfam GB in
Mukuru suggest that social assistance can play a role in creating a harmonious environment in the household, by loosening the pressure on men to provide cash income, so that the basic needs of household members can be met. It also reduces the burden on women to juggle different roles (Concern Worldwide and Oxfam GB 2011).

The livelihood strategies of women include multiple activities, are often precarious, are usually low paying, and above all, in many instances, are not recognised as ‘work’. In order to empower women and support their movement out of poverty, it is vital to design social protection packages that address the challenges faced by women. For example, in some contexts, cash transfers can be crucial in supporting women’s ability to exercise their agency, whereas, in some others, a gender-sensitive insurance programme, which recognises the unpaid work of women, can contribute towards women’s empowerment by strengthening their capacity to cope with shocks. It is important to recognise that women are not a homogenous group, and their circumstances and needs in different stages of life should determine the choice of instrument. Following a lifecycle approach can help in understanding the different needs of women and men at different stages of their lives, and programmes designed in this manner can contribute to dismantling structural barriers that particularly restrict women’s ability to exercise their agency and choice.

**Empower the government ministries responsible for social protection.** It is not just enough to have a good policy in place. How this policy is translated into practice and how it is resourced are crucial in contributing to positive changes in the lives of women. Ministries responsible for gender and for social development are often weak, and the least resourced. For the success of gendered social protection programmes, it is important that clear ministerial leadership is identified (ideally, the Ministry of Gender) and that this ministry receives patronage and support from the president or prime minister’s office. Experience in Kenya highlights that it is important for appropriate resources to be allocated to other relevant ministries to ensure effective implementation of policy. For example, ministries of finance play a key role, and for that reason must be a target for influencing, so as to ensure allocation of adequate resources for work on social protection and gender empowerment.

**Social protection is not a magic bullet.** Gender relations are complex, and require a multi-pronged approach to change power dynamics. Social protection can address some aspects of the power imbalance between men and women. However, for this to happen, social protection needs to be viewed as part of a larger agenda for change. This will mean combining social protection with other proactive measures to support women in exercising choice and decision-making. It is therefore important to ensure that the social protection agenda of governments includes strong gender analysis, and
is linked with poverty reduction and growth promotion strategies. It is also equally important that there is co-ordination among the various line Ministries to ensure a smooth and effective implementation of policies and programmes. As a means of addressing the poverty experienced by many households in Mukuru, however, Oxfam GB’s experience in Kenya, suggests that if they do nothing else, cash transfers help to meet some of the immediate, practical needs of women. As Mukuru resident Millie Nyandiko, a 51-year-old single mother, who takes care of her four children and three orphans told us, ‘It is through the cash transfer that now I am able to care for my mentally handicapped child, am able to buy food, drugs and follow his monthly treatment appointments.’

Nupur Kukrety is Social Protection and Food Security Adviser at Oxfam GB. Postal address: Oxfam House, John Smith Drive, Oxford OX4 2JY, UK. Email: nkukrety@oxfam.org.uk

Sumananjali Mohanty is based in Kenya and is Urban Food Security and Livelihoods Adviser for Oxfam GB. Postal address: Oxfam GB, PO Box 40680-0100, Nairobi, Kenya. Email: smohanty@oxfam.org.uk

Notes

1 Those who are constantly poor throughout the year and pass on this condition to their future generations.

2 The term ‘individual’ is used here to refer to socially excluded groups such as women, children, elderly, physically challenged or those excluded by virtue of their ethnicity, religion, caste or sexual orientation.

3 Long-term refers to a payment or benefit cycle that covers at least two consecutive seasons of food insecurity (usually not less than 12 months).

4 Toilets are a luxury in many informal settlements across the world; therefore, poor men and women use plastic bags for defecation and these bags are then thrown in rubbish dumps, streams or pits. These plastic defecation bags are called ‘flying toilets’.

5 In Kenya, Safaricom (a local mobile phone company) provides money transfer service called MPESA. MPESA agents are spread across the country and are easy to access for poor. As a part of this project, Oxfam GB provided SIM cards to all those beneficiaries who did not already have a mobile phone and a mobile phone to a group of beneficiaries.

References


