

Putting the *social* back into social protection

A framework for understanding the linkages between economic and social risks for poverty reduction

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There is growing recognition that experiences of poverty and vulnerability are multi-dimensional and vary widely. Of the five poverty traps identified by the 2008-9 Chronic Poverty Report, four were non-income measures: *insecurity* (ranging from insecure environments to conflict and violence), *limited citizenship* (a lack of a meaningful political voice), *spatial disadvantage* (exclusion from politics, markets, resources etc. due to geographical remoteness), and *social discrimination* (which traps people in exploitative relationships of power and patronage) (CPRC, 2008). Experiences of these poverty traps vary depending on gender, age, ethnicity, caste, religion and urban or rural location, affecting not only the extent and type of poverty experienced, but also often shaping the very cause of poverty.

Indeed, it is well understood that the status of households is not static, but changes over time depending on both endogenous (e.g. life-cycle of the

household) and exogenous (e.g. economic or health shocks) influences. Poverty can therefore be transient or chronic, depending on the duration of poverty periods over time. The transient poor are households that are not poor in good years, but occasionally experience poverty. Households that are chronically poor are those that experience poverty in every period and suffer from a more severe level of poverty with limited or no opportunities for escape (Grosh et al., 2008).

Recognising differential experiences of poverty and vulnerability is therefore vital for programmes supporting trajectories out of poverty. In recent years, many countries have adopted social protection as an important strategy to address chronic poverty and reduce risk and vulnerability amongst poor households. Appropriate social protection instruments may need to be tailored according to the different needs of the transient and chronic poor, and to meet the specific needs of certain categorical groups, such as

Box 1: Key messages

- Social protection is an increasingly important approach to reduce vulnerability and chronic poverty, especially in contexts of crisis. To date, however, there has been a greater focus on economic risks and vulnerability, with only limited attention to social risks.
- Given the multi-dimensionality of poverty and vulnerability, it is vital that social risks and vulnerabilities (such as gender inequality, social discrimination, unequal distributions of resources and power at the intra-household level, and limited citizenship) are put back on the policy agenda in order to enhance social protection effectiveness.
- Social and economic risks, and the ways in which they are intertwined, need to be integrated into policy choices about responses to macro- and meso-level shocks and stresses; programme implementation practices (from capacity building for programme staff to more nuanced monitoring and evaluation systems); and measures to strengthen household capacity and individual agency.

people with disabilities, those living with HIV/AIDS and children.

To date, social protection has largely dealt with economic protection – namely shocks and chronic poverty of an economic nature. Social risks, such as gender inequality, domestic violence and social discrimination at the community, household and intra-household level, have largely been absent from the broader social protection debate. In reality, both economic and social risks are deeply intertwined and have significant implications for reducing poverty and vulnerability. Drawing on examples from South Asia and East Africa, this Background Note discusses the importance of putting the ‘social’ back into social protection by taking both economic and social risks into account in order to enhance the effectiveness of social protection.

Conceptualising social protection

Conceptually, social protection can be defined as encompassing a sub-set of interventions on behalf of the poor which seek to address risk, vulnerability and chronic poverty.¹ Social protection can be carried out formally by the state or the private sector, or informally through community or inter- and intra-household support networks. Informal mechanisms such as remittances and faith-based institutional support continue to play an important role in supporting the poor, but in many countries informal social safety nets are under increasing pressure due to changing household demography, globalisation, migration and changing cultural norms.

Whilst definitions of social protection vary (e.g. see Grosh et al., 2008), we use a framework of social protection which refers to instruments (formal and informal) that provide social assistance (e.g. regular and predictable cash or in-kind transfers, including fee waivers); social services targeted to marginalised groups; social insurance to protect people against risks of shocks; and social equity measures to protect against social risks such as discrimination and abuse.

Under Devereux and Sabates-Wheeler’s (2004) transformative social protection framework, the objectives of the full range of social protection interventions fall under four headings: **protective**: providing relief from deprivation (e.g. disability benefits or non-contributory pensions); **preventive**: averting deprivation (e.g. through savings clubs, insurance or risk diversification); **promotive**: enhancing real incomes and capabilities (e.g. through inputs transfers); and **transformative**: which seek to address concerns of social equity and exclusion (e.g. through anti-discrimination laws and sensitisation campaigns).

Importantly, this ‘political’ or ‘transformative’ view extends social protection to arenas such as equity, empowerment and economic, social and cultural rights, rather than confining the scope of social protection to targeted income and consumption transfers (Devereux and Sabates-Wheeler, 2004). The framework offers an understanding of *economic* risk and vulnerability that relates to long-term and chronic poverty as well as the impacts of external shocks on transient and chronically poor households. However, it also includes a conceptual understanding of social risk and vulnerability in terms of social inequality and exclusion. Transformative interventions include changes to the regulatory framework to protect ‘socially vulnerable groups’ (e.g. people with disabilities or victims of domestic violence) against discrimination. The transformative elements might occur in the design of core social protection policy and programmes, or as explicit linkages to complementary interventions, such as micro-credit services, rights awareness campaigns and skills training.

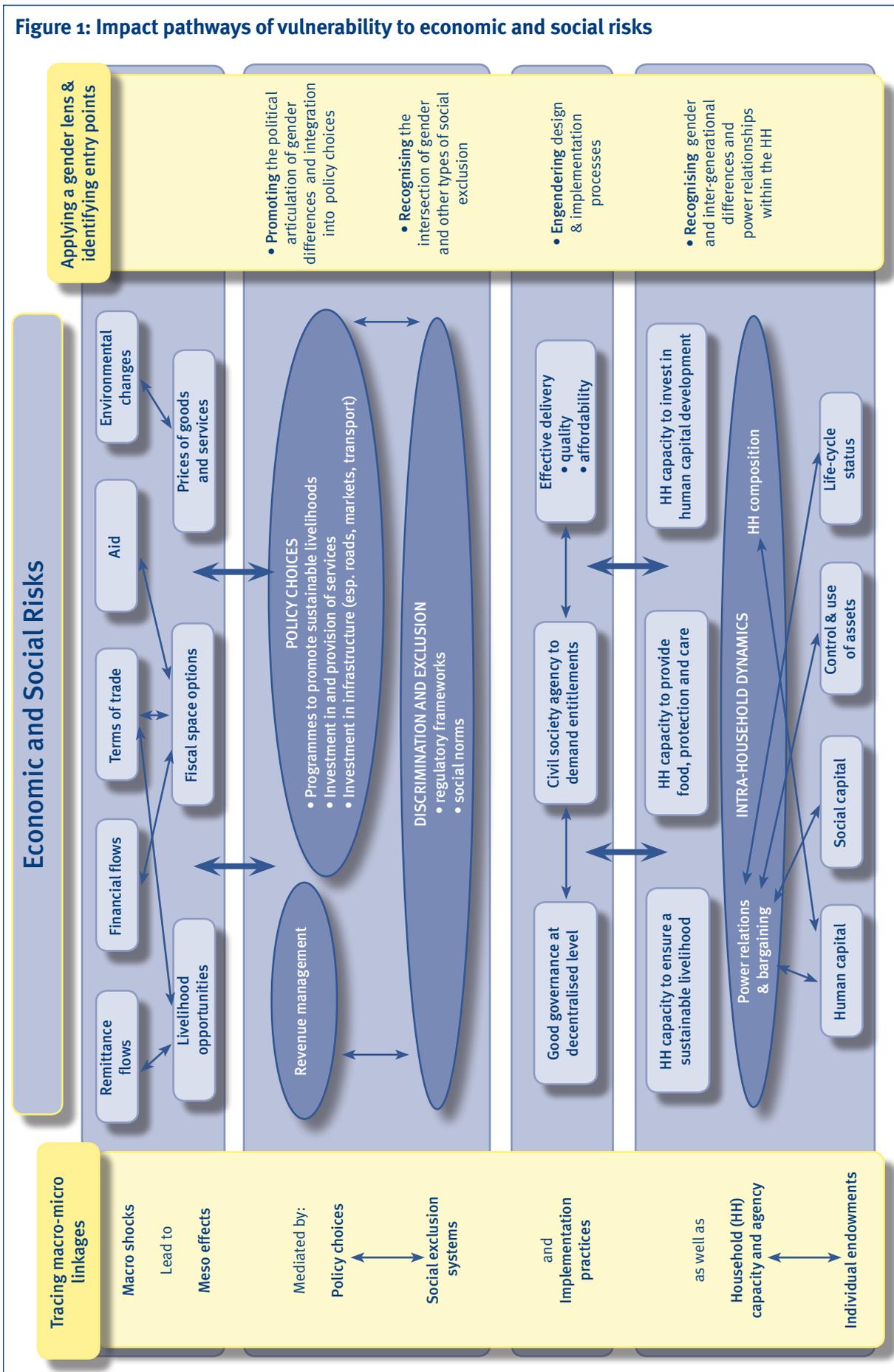
Addressing the diversity of risk

Poor households face a range of risks that include political, environmental, economic and social risks. Vulnerability to risk, and its opposite or alternative, resilience, are both strongly linked to the capacity of individuals or households to prevent, mitigate or cope with such risks. Vulnerability is influenced by individual and household demography, age, dependency ratios, location, social capital, the ownership of assets, and access to resources.

Transient and chronically poor groups include a wide range of household capabilities. Most of the chronically poor are ‘working poor’, with a minority unable to engage in labour markets (CPRC, 2008). They face serious barriers to moving out of poverty – barriers that are not only economic – and include people who are discriminated or socially marginalised, including members of ethnic, religious, indigenous, nomadic and caste groups; migrants and bonded labourers; refugees and internal displacees; disabled people; those with ill health; and the young and old (CPRC, 2008).

We focus here on how some of the key economic risks (including the economic impact of environmental and natural risks) are influenced by gender and have important gendered impacts. We also outline key social risks which households and individuals face, as seen through the perspective of a gender and life-cycle lens. Figure 1 demonstrates how economic and social risks can be reinforced or mediated from the macro to the micro level through, for example, policy interventions, discriminatory practices embedded in

Figure 1: Impact pathways of vulnerability to economic and social risks



institutions (e.g. social exclusion and discrimination in the labour market), and community, household and individual capacity and agency. Opportunities to enhance the integration of gender at each of these levels will obviously be highly context specific, and will depend on the balance between government, non-governmental and informal social protection mechanisms within a country as well as the profile of the government agencies responsible for the design and implementation of formal mechanisms.

Economic risk

Poor households typically have limited or no savings and/or assets, lack education and skills and have a limited range of income sources, which makes them particularly vulnerable to economic shocks (and the economic impact of shocks, e.g. natural disasters). The impact of these economic shocks and stresses can be mediated by economic policies and programming; however, it is important to recognise that policy choices are themselves influenced by entrenched social norms and discrimination – such as gender inequality and social exclusion.

Figure 1 shows that at the **macro level**, sources of economic risks can include declines in national financial resources and/or aid flows, terms of trade shocks or environmental disasters. Stresses might include long-term national budget deficits and debt, lack of a regulatory framework and/or enforcement of health and safety standards at work and lack of an economically enabling environment. The implications of these shocks and stresses include potentially limited public expenditure in both the economic/growth and social policy spheres. These factors in turn result in limited employment opportunities, migration from economically unproductive areas to ‘growth poles’ such as urban areas, poor access to and utilisation of basic service delivery and poor working conditions.

Because of the differential distribution of resources (financial, social, human and physical capital) between men, women and children, as well as differential social roles and responsibilities, the options available to them for responding to such macro-level shocks and stresses are likely to vary. Women, for example, are often the first to lose jobs in the formal sector, such as in Korea during the financial crisis of 1997-1998 (World Bank, 2009). In other parts of East Asia, e.g. Indonesia and the Philippines, however, women gained in overall employment due to their lower wages and lower levels of union organisation (ibid). Cuts in funding for basic services are likely to affect women more in many contexts because they typically have greater responsibility for household health and access to education (Quisumbing et al.,

2008), and, child well-being in general. In particular, educational attendance typically declines during times of crisis, and some children may never return to school. In Indonesia, in 1998 alone, drop-outs among boys increased by 5.7% and the proportion of 7-12 year olds not enrolled in schools doubled from 6% to 12% (Frankenburg et al., 1999). However, the gendered patterning and effects of push migration to urban areas can be highly context-dependent: in sub-Saharan Africa, rural to urban migration is increasingly feminised (Zlotnik, 2003; Twum-Baah et al., 2005). In countries such as India and Bangladesh, on the other hand, male migration rates remain much higher, with differing implications for those left behind in rural areas in terms of both productive and care work responsibilities (Massey et al., 2009).

At the **meso-level**, shocks may include displacement, harvest failures or business failures. Stresses include the lack of an enabling economic environment; segmented markets (e.g. differential wages and opportunities for men and women and marginalised social groups); limited institutional capacity for effective service delivery; institutional discrimination (e.g. absence of affirmative action to address historical discrimination against women and marginalised social groups); lack of service delivery to the poor and, specifically, to women (e.g. extension services, access to credit, fertiliser, etc.); and limited functioning markets (especially in geographically isolated and rural areas).

At the **micro level**, shocks and stresses include job losses or limited employment opportunities, loss of or limitations to agricultural production, sudden expenditures (e.g. health emergencies or funerals), debt and displacement. These shocks and stresses frequently push households into poverty or further into poverty (Davis, 2006). With limited alternative income generating opportunities or social networks, the coping strategies which households resort to (which may include distress sale of assets, distress migration and even violence) reduces their ability to build resilience to future shocks and stresses.

The impacts of these coping strategies are likely to affect men and women differently, given unequal intra-household power dynamics. To date, the conceptualisation of social protection has been to identify and respond to the impacts of these mainly economic-related shocks and stresses at the household level, and there has been little understanding or recognition of the impacts and use of coping strategies at the intra-household level. The vulnerability of household members is likely to vary, however, according to a number of factors, including the composition of households (e.g. dependency ratios, household head, and number of boys and girls in the household), individual and

household ownership and control of assets, access to labour markets, social networks and social capital and levels of education (e.g. Kabeer, 2007).

For example, women typically have lower levels of education and have less access to, ownership of and control of productive assets and different social networks than do men, leading to lower economic productivity and income generation, and weaker bargaining positions in the household. In times of crisis, underlying gender biases may mean that women's or female-headed households' assets are more vulnerable to stripping than those of men, the impact of which may be lengthy if what has been sold cannot be replaced. Increased women's employment as a coping strategy in times of economic crisis generates extra household income and is also often associated with enhancing women's status in the household and indirect beneficial impacts for children (in terms of expenditure on children's health and education) (Woldehanna et al., 2008). However, especially in sectors with low remuneration and limited if any social security provisions, it may mean less time for childcare, nutritious feeding practices and other domestic responsibilities. These responsibilities may fall disproportionately to girls, affecting their time in school, while evidence suggests that teenage boys are particularly vulnerable to being more involved in the labour market, to the detriment of their schooling (ibid.).

Similarly, decreased expenditure on social services often means that the increased burden of care responsibilities falls to women, which, in addition to their engagement in wage employment, increases their time poverty.² In the context of food price shocks, such as the 2008 global food price crisis, it is women who have to spend more time preparing cheaper foods, but who also spend more time working for income (Quisumbing et al., 2008).

Only looking at household vulnerability to economic shocks and stresses therefore conceals important, often intersecting, community and intra-household dimensions and impacts of shocks and stresses. These dynamics urgently need to be recognised if social protection interventions are to effectively reduce vulnerability and poverty for all.

Social risk

Despite its name, social protection policy debates and, indeed, programme content, have paid little attention to the social dimensions of risk and vulnerability. However, as a growing body of evidence shows, for many poor and marginalised populations, social sources of vulnerability are often as important or even more important barriers to sustainable livelihoods and general well-being than are economic shocks and

stresses (CPRC, 2008). These risks are largely related to demographic vulnerability, that is, they pertain to the demographic cohort to which an individual or household belongs (for instance, youth, women, people with disabilities, etc.). However, we think that the concept of social vulnerability better explains the fact that this vulnerability is related to social interactions, and often to the underlying power relations that characterise these interactions.

At the **macro level**, social exclusion and discrimination often inform and/or are perpetuated by formal policies, legislation and institutions (e.g. low representation of women or minority groups in senior positions). In many countries, efforts to ensure that national laws and policies are consistent in terms of providing equal treatment and/or opportunities to citizens irrespective of gender, caste, race, ethnicity, religion, class, sexuality or disability are often weak or uneven (as highlighted by UNHCR reports). Moreover, although there have been considerable improvements over the last two decades, in part due to international movements to address social exclusion, the enforcement of anti-discrimination policies and laws when they do exist is often under-resourced, especially at the sub-national level. Changing deeply entrenched social practices and values often requires a pro-active approach (e.g. affirmative action measures such as quotas for women in political office) that incorporates high-level political commitments and monitoring mechanisms designed to tackle informal practices and resistance.

At the **meso- or community level**, social risks also take on a number of forms. An absence of voice in community dialogues is a key source of vulnerability. A sizeable body of literature has documented the ways that, for instance, women are often excluded from decision-making roles on community-level committees, and that this gender-based exclusion is often exacerbated by caste, class or religion (Batliwala and Dhanraj, 2004). Indeed, some excluded groups may be reluctant to access programmes or claim rights and entitlements out of fear of violence or abuse from more dominant community members (Human Rights Watch, 1999). Another critical and related variable is social capital. Poverty may be compounded by a lack of access to social networks (or a lack of bonding social capital, i.e. linkages with peers) that can provide not only access to employment opportunities but also support (both tangible and intangible) in times of crisis. It can also reinforce marginalisation from policy decision-making processes (or a deficit of bridging social capital, i.e. linkages across groups, typically between citizens and policymakers). A growing body of research suggests that overcoming this type of social exclusion is one of the

most complex and time-consuming vulnerabilities to tackle (Harriss, 2001).

The **micro or intra-household level** is also a site of multiple potential sources of social vulnerability. As we explain in more detail in Box 1, the exact patterning of these vulnerabilities depends on household composition (e.g. nuclear vs extended; female vs male headed; high vs low dependency ratio), but several broad trends can be identified. First, a key source of social risk is related to a dearth of intra-household decision-making and bargaining power based on age and/or gender and time poverty as

a result of unpaid productive work responsibilities (such as involvement in family businesses or subsistence agriculture work) and/or familial care work (especially for children, the sick and elderly). This may also result in varying degrees of power over the production, sale and use of household assets. Women in many sub-Saharan African contexts, for instance, frequently are responsible for food crops and petty livestock, but despite the time invested do not necessarily have decision-making power over the use of these assets or access to any profits derived (World Bank, 2008). Their bargaining power, however, may

Box 1: Gender and household poverty: Challenging diversities

There is a longstanding recognition that the incidence of male and female poverty differs, with growing concern about the “feminization of poverty” as illustrated by the oft-quoted statistic that women account for 70% of the world’s poor (Cornwall et al., 2008). However, a closer look at the gendered patterning of poverty suggests that the picture is more complex, and highly dependent on not only the definition of poverty employed, but also context-specific social norms and generational intra-household dynamics.

If we consider **household headship**, there is typically an assumption that female-headed households are more likely to be below the poverty line because of fewer productive male adults to undertake farm work and/or earn higher market wages. However, while female-headed households are often disproportionately represented in the bottom wealth quintiles, they are not universally so (Chant, 2006). Indeed, in Ghana, female-headed households, which represent 30% of total households, have significantly lower levels of poverty (19.2% vs 31.4%) (GSS et al., 2004). This is in part because if the category of female-headed households is disaggregated into women who are widowed, deserted or separated, we are likely to find distinct poverty and vulnerability situations. While some widows may have financial security due to inheritance or a small business in their own right (as is the case in parts of Ghana), women who are deserted or separated often find themselves on the margins of society, frequently compelled to leave their rural villages to seek income generation possibilities in urban areas.

Divergent **intra-household dynamics and cultural norms** about appropriate types of work for men (e.g. ploughing, cultivation of cash crops) and women (e.g. weeding, cultivation of food crops) also often play a critical role. In Ethiopia, for instance, data from the early 2000s indicates that while male-headed households have higher average incomes and therefore greater consumption expenditure capacity, in terms of per capita food energy consumption, female-headed households score more highly. This suggests that women accord family food consumption a higher priority than their male counterparts, and/or women outside of male-headed households have greater flexibility in deciding upon household expenditures (Bogale et al., 2002).

It is also important to consider **female poverty within male headed households**. Evidence from Latin America illustrates that irrespective of household headship, more women than men live below the poverty line and that there has been an increase in women’s poverty from 108 to 112 for every 100 men over the last 15 years (ECLAC, 2007). Higher female poverty is partly explained by the gendered segmentation of the workforce, with women often excluded from more lucrative employment, or, as is the case in Kenya, excluded from paid employment opportunities altogether (women’s urban unemployment rate is 37.6% compared to 13.0% for men) (Government of Kenya, 2006). Another key constraint women face is time poverty, which reduces women’s opportunities to seek alternative livelihood options, especially in times of economic downturn or shocks. Recent time use data from Central and South America found that women spend on average triple the number of hours on unpaid domestic and caring work as men (ECLAC, 2007).

Another key dimension to consider is **household structure**, which evolves depending on the household’s stage within the life-cycle. Single women (either unmarried or widowed) within extended family households may also face heightened poverty and vulnerability, even if the household has a degree of livelihood security. For instance, with the introduction of the social pension in India, some widows have been found to be at risk of expulsion from their offspring’s household so that the family can access the monthly cash transfer and food ration card available to the elderly living below the poverty line (Shilpa, 2009 interview). Similar risks have also been identified with the Juntos cash transfer programme in Peru, where unmarried mothers have been excluded from the programme because the household in which they reside exceeds the household income threshold, despite the fact that they may be suffering equal levels of deprivation due to unequal power relations and resource allocation decisions within the household (Jones et al., 2008). Lastly, an area that has not received sufficient attention in the social protection literature is the differences between monogamous versus polygamous households and the way that household power relations and resource distribution decisions are made. In the new Hunger Safety Net Programme in pastoralist Northern Kenya, a decision has been made to provide transfers to the female-headed sub-units of male-headed polygamous families in order to ensure a more egalitarian distribution of resources, but how the transfers will be managed in practice is still very much an under-researched area.

be augmented depending on the premarital assets women brought to the relationship (ibid).

Time poverty is a second important source of vulnerability. It can reinforce existing economic and social vulnerabilities by reducing the time available to turn to other livelihood or coping strategy options, and may contribute to women tolerating discriminatory and insecure employment conditions and/or abusive domestic relationships.

Third, one's life-cycle status may also exacerbate intra-household social vulnerabilities. Children in many contexts often face a particular quality of voicelessness within the family, especially girls who are often relied upon as a key unpaid source of labour (Jones and Sumner, 2009). Similarly, in some contexts the elderly may also face marginalisation as they become to be seen as non-productive and/or of value to a family solely because of their access to a social pension (HelpAge India, 2007).

Intersections between economic and social risks

Vulnerabilities to economic and social risks are frequently intertwined. Understanding this intersection is critical for programme design as well as the types of questions addressed in monitoring and evaluation processes. To date, gendered social and economic risks have been addressed to an extent in a number of social protection programme initiatives, but rather unevenly (see Box 2 overleaf on good practice examples).

At the programme level, Conditional Cash Transfers (CCTs) in Latin America, for instance, have sought to not only improve household access to cash income, but also to empower women by facilitating increased decision-making in the household (albeit while reinforcing a traditional view of women's caring roles within the household). Many CCTs in Latin America and girls' scholarship programmes elsewhere (e.g. in Bangladesh) have also sought to change attitudes towards schooling girls by providing additional financial incentives for families to invest in their daughters' human capital development. A smaller number of quasi-conditional cash transfer programmes have sought to make programme participation contingent upon protecting women and girls from violence and abuse, such as the non-engagement in trafficking of children (e.g. Ghana) and the cessation of domestic violence (e.g. Papua New Guinea). Others, especially in Latin America, have had a strong focus on tackling spatial poverty and the social exclusion of ethnic minorities in the region, such as Peru's *Juntos* programme, which was launched in remote rural sites with high indigenous populations that had suffered disproportionately from the political violence of the 1980s and

1990s. Health waivers and/or social health insurance have similarly sought to address social exclusion barriers that women and children face in accessing and utilising health services. For example, Ghana's Social Health Insurance (SHI) system includes a premium waiver for pregnant and lactating women and children under 18 years, as well as for indigent populations, i.e. the extreme poor who lack shelter and social networks.

A significant disjuncture remains, however, in linking the robust body of evidence that exists on the gendered nature of poverty and vulnerability with programme design (see Box 3). First, limited attention has been paid to enhancing women's positions in the household beyond increasing access to 'income' by addressing issues around access to health care and reproductive health services. Moreover, although cash transfers and some health insurance programmes encourage household expenditures on the health, nutrition and education services essential to breaking inter-generational transfers of poverty, there has been a dearth of innovative mechanisms addressing the importance of women's empowerment in supporting the achievement of these goals. Similarly, with the partial exceptions of the Ghanaian and Papua New Guinean cases cited above, there has been limited attention given to social risks such as gender-based violence, abuse, trafficking and child marriage.

There has also been a lack of concerted effort to address gendered labour market discrimination (especially wage differentials). In fact, some programmes are exacerbating this: for example, Ethiopia's Productive Safety Net Programme (PSNP) and India's National Rural Employment Guarantee Scheme (NREGS) have achieved high participation rates among women, but this is partly due to payments that are lower than the minimum wage and/or subject to piece-rate work payments.

Another key lacuna is the limited focus on life-cycle vulnerabilities. In general, there is a lack of appreciation of women's time poverty constraints and inadequate provision for the demands that they face in balancing reproductive, productive and community work. Childcare facilities, even if promised in programme documentation, have been provided in only a very small minority of programme sites. For instance, while the PSNP is notable in its (theoretical) provision for pregnant and lactating women to receive a direct social transfer (rather than undertaking public works activities), such provisions are absent in similar schemes – e.g. NREGS – which only cater to able-bodied workers. Social pensions for the elderly (such as those found in India and Nepal) are another examples of social protection programmes that seek to take into account specific life-cycle vulnerabilities and the fact that many elderly persons would struggle, for instance,

Box 2: Transformative social protection: Good practice examples

In order to promote long-term protection from poverty and vulnerability, it is critical to transform practices of discrimination and social exclusion to ensure that all citizens have access to sustainable livelihood opportunities and quality basic services. In addition to anti-discrimination legislative provisions, recent social protection policies and programmes have sought to address the transformative dimension of social protection in various ways. Good practices from which important lessons can be learned include the following:

- **Disability:** In recognition of the specific economic and social vulnerabilities faced by citizens with disabilities, both Ghana's LEAP (Livelihood Empowerment Programme) cash transfer programme and Ethiopia's PSNP (Productive Safety Net Programme) public works programme identify people with disabilities as a specific beneficiary category. In some contexts, however, there are concerns that social assistance is not necessarily meeting the needs of people living with disabilities (such as the provision of more inclusive services), and rather than being empowering, it is reinforcing perceptions that they are unable to work and are dependent upon care (Mitra, 2005; Sightsavers, 2007).
- **HIV/AIDS:** In order to address the poverty and vulnerability faced by areas most afflicted by the HIV/AIDS epidemic in Kenya, the country's cash transfer pilot programme has explicitly targeted Orphans and Vulnerable Children (many of whom were orphaned due to HIV/AIDS). Similarly, in India the Gates Foundation is supporting sex workers, many of whom are HIV positive, to give them access to social security provisions.
- **Social capital deficits:** BRAC's Challenging the Frontiers of Poverty Reduction (CFPR) programme in Bangladesh set up village committees that include programme beneficiaries and the village elite in order to provide the poor with access to both a focal point and a village-level institutional basis for mobilising resources and support activities. While in some cases it has encouraged the formation of both vertical and horizontal social capital, it has also been criticised for reinforcing existing patron-client inequalities (Hossain and Matin, 2004).
- **Increased decision-making:** Beneficiaries of the Chars Livelihood Programme in Bangladesh report an increase in women's decision making regarding family planning (Conroy, 2009). Likewise, women participating in Brazil's Bolsa Familia programme report an increase in autonomous economic decision making and control over income (Suarez et al., 2006).
- **Age:** Youth constitute a demographic category that faces a high risk of economic and social vulnerability, but has been largely excluded from social protection debates. The Population Council (a US non-profit agency) in Ethiopia is seeking to address this by providing social services (both psychological support and access to alternative basic education) to young female domestic workers in major urban centers. Many of these youth have escaped high-risk situations in rural areas (such as child marriage, domestic violence or family desertion), and find themselves highly isolated and vulnerable in urban households, where they may also be subject to abuse.

At the other end of the age spectrum, grandmothers are increasingly recognised as key caregivers, especially in sub-Saharan Africa, where many have been left to care for their grandchildren following the death of their own children from HIV/AIDS. In Kenya, for example, the majority of beneficiaries of the Orphans and Vulnerable Children (OVC) cash transfer programme are grandmothers, who, given culture-specific gender norms about reproductive work, often take on caregiver roles even if the children's fathers are still alive.

Social pensions for the elderly are another key social protection mechanism increasingly being rolled out in developing countries. Evidence from Lesotho, Namibia and South Africa indicates that social pensions bring benefits in terms of improved economic resources, stronger family relationships through being able to contribute and increased psychological well-being and self-esteem through reduced feelings of dependency and greater confidence and dignity (Pelham, 2007).

- **Caste:** The Indian government has sought to introduce a number of transformative measures to address caste-based discrimination, but these have only made limited inroads into a system of exclusion and discrimination that is socially and religiously sanctioned. The 1989 Dalit Atrocities Act sought to outlaw and monitor the practice of caste-based physical, sexual and psychological violence, and has resulted in increasing awareness of such abuse and a number of monitoring initiatives. Other measures include a regulation in the Midday Meal Scheme (a programme that provides a cooked meal to all students in order to encourage school attendance) which mandates that priority should be given to Dalit ('untouchable') cooks as a means of promoting employment opportunities for Dalit women. To date, however, even this provision has only had limited success as upper-caste families have initiated boycotts in some regions.

to engage in the demanding physical labour often characteristic of public works programmes or to ‘graduate’ from time-bound cash transfer programmes.

Spatial poverty issues have received perhaps more attention than other types of exclusion, but still remain a major challenge. The NREG scheme, for instance, has a good record to date in terms of coverage among Scheduled Caste and Scheduled Tribe populations (although there are some concerns about underpayment of wages in some states), and the Department for International Development (DFID)-funded Hunger Safety Net Programme (HSNP) in Northern Kenya is targeting the most impoverished regions of the country. However, the extent to which social protection programmes are ‘integrating considerations of the divergent livelihoods strategies which pastoralist communities in those areas pursue, especially the importance of mobility’ (HPG, 2009) is still unclear. In other contexts, such as Ghana’s LEAP cash transfer programme, during the initial roll-out of the programme insufficient attention was paid to ensuring coverage in the poorest and most remote areas as district selection followed districts involved in a pilot programme funded by UNICEF to support HIV/AIDS-afflicted OVCs (Jones et al., 2009).

Finally, it is critical to point out that the effectiveness of any social protection programme depends not just on design issues, but also on the quality of governance, as well as on civil society agency in demanding social protection and actively pursuing legal rights and entitlements. In India, for instance, recent evaluations of the centrally designed and funded NREGS programme have found substantial variations in programme implementation across states, with the level of meaningful decentralisation at the state level being one of the key variables identified. An enabling environment for civil society and social movement activism is of equal importance. If we remain with the example of India, over the last five years civil society movements have played a key role in championing the right to food for all. Thanks to a Supreme Court of India decision, the bureaucracy now faces a judicial obligation to address social protection programme deficits – including factors such as caste discrimination and spatial poverty – that deprive the chronically poor of access to nutritional supplementation programmes (through Integrated Child Development Services (ICDS)), the midday meal scheme or basic health clinic services.

Ways forward

Greater recognition of the non-economic risks and drivers of poverty and chronic poverty that households face, such as gender inequality, spatial poverty,

caste status and ethnicity, can support a more effective approach to social protection. An emphasis on equity, empowerment and on the fulfilment of rights (economic, social, cultural and political) are arguably necessary in order to break down structural barriers to well-being (Devereux and Sabates-Wheeler, 2004). Avenues for supporting the reduction of empowerment and equity-based poverty and vulnerability include both complementary activities and services to ensure quality service provision and effective coordination between demand- and supply-side approaches (Grosh et al., 2008) as well as re-focused core social protection programming. Returning to our conceptual framework, which identified potential entry points for the integration of a gender lens, findings from the evidence we have reviewed suggest the following:

Policy choices

Policy choices that are taken in response to macro-level shocks and stresses and their meso-level impacts can play a key role in determining the extent to which the gendered dimensions of economic and social risks are effectively addressed. Key factors to consider include:

- a. strengthening access to and demand for quality basic and social services through demand-related mechanisms such as the introduction of health insurance fee waivers for priority primary health services that poor and vulnerable populations need and the provision of education scholarships for girls.
- b. facilitating a better balance between care-giving and productive work responsibilities, such as providing greater coverage of accessible and affordable childcare facilities (including at public works programme sites) and promoting men’s involvement in care-work.
- c. passing anti-discrimination measures such as legislation to promote gender equality and equal opportunities for all, and quotas for marginalised groups (e.g. lower castes in South Asia or ethnic minorities in Latin America).

Implementation issues

Much of the evidence reviewed in this paper has highlighted the critical importance of paying greater attention to potential blockages at the implementation level. Key lessons that are emerging include the need to:

- a. address the distinct and often unequal experiences of men and women in the labour market. For example, ensuring women (irrespective of their literacy levels and caste) receive equal payments in public works programmes, and that childcare

Box 3: Addressing gender inequalities in social protection design and programming

Public works – types of work: Public works programmes are frequently based on the use of physical manual labour to build rural and/or urban infrastructure. Whilst both men and women are able to do physical manual labour, there are particular concerns for women, especially before, during and after childbirth, as well as concerns for elderly men and women or those with disabilities. Thinking more broadly about different types of public works, such as childcare or community-based healthcare, not only offers opportunities for less physically challenging public works components, but also offers alternative mechanisms for addressing other dimensions of poverty and vulnerability such as attention to healthcare and the health and nutritional status of children. For instance, India's Integrated Child Development Services Programme relies on the inputs of women volunteers to undertake substantial community monitoring and liaison work around child nutrition and maternal health issues in states such as Andhra Pradesh. Public works schemes could take on such tasks, and at the same time ensure that key development interventions are not exacerbating women's time poverty, but are rather providing them with income-generating opportunities that are suited to their skills and life-cycle stage.

Targeting: Targeting the household as a unit can exacerbate existing inequalities within the household. For example, assuming that an asset such as land or a cash transfer will be distributed equally to other household members by the household head overlooks the claims of female-headed households, which are sometimes forced to become dependent on larger families or their natal or marital homes, as well as the differential position of women in areas with polygamous households. Individual entitlements can enable women to be recognised as right holders and to claim their rights as individuals. Providing transfers to the female-headed sub-units of male-headed polygamous families can also ensure a more egalitarian distribution of resources, a strategy that is being considered in Kenya's pilot HSNP.

Conflicts between childcare responsibilities and productive work responsibilities: Both the PSNP in Ethiopia and NREGA in India have specifically included the provision of childcare facilities in their programme design, but in practice implementation has been very weak. The limited provision of these services has been due to a lack of administrative commitment to invest in decent childcare facilities on work sites, and has in turn been exacerbated by limited demand. Where facilities have been put in place, they are usually no more than a sheet to protect children from the sun, and offer limited or no access to food and drink and no active childcare or learning facilities. Providing proper crèches with facilities either on work sites or in villages, or through mobile crèches, would not only enhance women's equal participation in public works programmes, but would also support children's wellbeing at an early age.

Whilst some conditional cash transfer programmes in Latin America have been criticised for reinforcing the care roles of women, increasing their time burden and creating conflicts with potential employment (Molyneux, 2007), some programmes have shifted their emphasis from childcare responsibilities as solely the mothers purview to include the father (Jones et al., 2008). Recent World Health Organisation (WHO) reviews have demonstrated that programmes encouraging men to take an active role in the support and care of their children lead to significantly better child and maternal health outcomes (WHO, 2007).

Protection from violence: Domestic violence is a reality for many women around the world, and is often exacerbated in times of economic hardship (Weinstein, 2008). Furthermore, marginalised groups are often more susceptible to other forms of violence, exploitation and abuse such as trafficking, early marriage and sexual exploitation. To date there has been limited recognition of the extent of violence and/or the different forms of violence that women, girls and boys in particular face, and how social protection can be designed to minimise harmful violent practices. In Bangladesh, some programmes combine asset transfers with specific life skills training components that raise awareness about women's rights, dowry practices and early marriage, yet there is little evidence on their impact. Other studies have demonstrated that supporting household income can reduce tensions between husbands and wives when transferred to the household as a "gift." This outcome has also been apparent where programme sensitisation has ensured that both men and women understand how the household entitlement is calculated, and, in the few cases where men demand a share of the cash, they are only able to receive the allocation for one person (Slater and Mphale, 2008). There is an urgent need for social protection programming to recognise these social risks and to monitor how social protection programmes affect them.

Improving maternal and infant healthcare: Improving maternal mortality rates has seen the least progress of all the UN's Millennium Development Goals (MDGs), especially in West and Central Africa (WCA). WCA currently has the highest regional under-five mortality rate in the world (169 per 1,000 live births) and accounts for more than 30% of global maternal deaths (UNICEF, 2008). Moreover, in some cases – Cameroon, the Central African Republic, Chad, Congo and Equatorial Guinea – maternal and child health indicators have actually worsened since 1990. Underlying causes of these extremely high mortality rates include widespread poverty, low levels of basic healthcare utilisation and serious obstacles (e.g. gender inequalities, low levels of literacy, prohibitive healthcare and transport costs) to accessing care, especially among rural and lower-quintile population groups. Social protection interventions can facilitate the utilisation of health services for women and children. For example, improving healthcare for mothers and children has been specifically integrated into Ghana's social protection strategies by providing NHIS premium waivers for pregnant women and children under 18 years.

facilities specified in programme design documents are actually provided in public works programmes to ensure women's equal participation in such schemes.

- b.** strengthen staff skills and participatory programme design by providing opportunities for women (as well as men) programme participants to be involved in the design and evaluation of social protection programmes. This would help ensure relevance and maximum efficacy.
- c.** support gender-awareness and gender analysis training for programme staff so as to be better able to identify gender-specific risks and vulnerabilities to be tackled through programme interventions.
- d.** maximise linkages between social protection and complementary activities aimed at empowerment, capacity and skills building programmes. This can include asset transfer programmes that link beneficiaries to skills training on the assets transferred and social development training on rights, such as awareness around dowry, early marriage and violence; linking food aid beneficiaries to credit services; and including birth registration, health insurance membership and non-involvement in child labour as part of the conditionality of CCTs.
- e.** support a rigorous monitoring and evaluation system, underpinned by a baseline with sex-disaggregated data in order to develop a resource for lesson learning across programmes and contexts. This could include investing in a centralised database that facilitates monitoring of programme participants' well-being status as well as providing linkages to complementary services (e.g. access to micro-credit and micro-entrepreneurial training for women).
- f.** ensure adequate human and financial resources for the implementation of anti-discrimination legislation as too often the passage of such legislation is not subsequently backed by resource provision.

Household capacity and individual agency

Given what we know about the unequal distribution of power and resources at the intra-household level, it is important to ensure that measures aimed at reducing household poverty are designed so as to strengthen an individual's resources and status within the household and community. This could include:

- a.** recognising the diversity of family arrangements within a household by providing individual entitlements where appropriate, for instance, to female-headed sub-units of male-headed extended families in contexts where polygamous relationships are prevalent.
- b.** targeted transfers, such as conditional transfers to promote individual endowments such as CCTs to enhance children's human capital development.
- c.** consideration of lifecycle vulnerabilities by providing direct support to pregnant and lactating women and to the elderly who cannot engage in productive work activities.
- d.** information sensitisation initiatives about household entitlements to reduce intra-household conflict over transfers.

Finally, taking an equity-based approach to social protection will require encouraging agencies responsible for livelihood promotion and protection, basic and social services and the enforcement of anti-discrimination legislation to work together. It will be necessary to develop a dynamic institutional rather than a piecemeal approach. This will include strengthening local institutions to implement equitable policies and programmes, committed long-term funding and a strategy for scaling up interventions in line with evaluation findings in order to address equity concerns.

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Endnotes and references

Endnotes

- 1 Risk is often seen as the likelihood of an adverse event from an external source, such as a natural disaster or financial crisis. However, not all adverse events come from outside, nor are they all shocks. Whereas shocks are rapid onset and unpredictable (such as sudden illness), stresses are slower onset and can be more predictable, such as old age and events such as weddings, or environmental degradation, deforestation and declining soil fertility (Farrington et al., 2007). Vulnerability is therefore susceptibility to risks: it is the likelihood of being negatively affected by shocks or stresses.
- 2 Time poverty refers to the time burden that women often face as a result of having to juggle multiple roles, including their involvement in unpaid productive work responsibilities such as involvement in family businesses or subsistence agriculture work, care work responsibilities as well as income-generating work.

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