



# Walking the Talk: Cash Transfers and Gender Dynamics

A Report by Concern Worldwide and Oxfam GB



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## Acronyms

CBT	Community Based Targeting
CHW	Community Health Worker
CTs	Cash Transfers
CTPs	Cash Transfer Programmes
EFSL	Emergency Food Security and Livelihoods
FGD	Focus Group Discussions
HH	Households
ID	Identification Cards
KPI	Koalisi Perempuan Indonesia
M & E	Monitoring and Evaluation
MFE	Missing Food Entitlement
NGO	Non Governmental Organisation
VGf	Vulnerable Group Feeding
ZECT	Zimbabwe Emergency Cash Transfer Programme

## Acknowledgements

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## Executive Summary

**Concern Worldwide (Concern) and Oxfam GB (Oxfam) jointly commissioned this report to look at the impacts of cash transfers (CTs) on gender dynamics both within households and communities. This report was commissioned because of the agencies' concerns that while CTs, now being used in many different emergency contexts, are expected to benefit women and contribute towards their empowerment, there was little evidence being collected to see whether this was in fact happening. The learning from this report will inform future gender sensitive CT programmes.**

The research included a literature review, programme evaluations from non governmental organisations (NGOs) and three country studies. These were Indonesia (rapid onset, earthquake), Kenya (rapid onset, food price spikes) and Zimbabwe (protracted crisis). In all three contexts women were the primary beneficiaries of the cash.

### **Programme Impacts on Gender Relations within the Household and the Community**

Power relations and gender roles within households and the community are culturally and geographically specific. The impact of the CTs on women depended very much on the setting. Overall, there were many positive benefits for women. This included increased self esteem and confidence to handle money and an acceptance by men that women are capable of handling money. On the whole, intra-household relations improved as a result of the CTs targeting women and there were indications that some of these improvements may last beyond the length of the programme.

However, there were also clear challenges. Both the community implications of how the CTs were implemented and the effect of the CTs on traditional coping strategies were a significant worry for some beneficiaries. Community relations did not necessarily improve, and in some cases worsened, as a result of the programmes. The CTs also tended to reinforce rather than challenge women's traditional household and social roles. CTs were perceived as helping women to simply perform their roles 'better', that is, women are expected to carry the burden of food

provision and to manage CT payments responsibly, often in the face of multiple pressures and claims. Likewise male roles were imbued with negative stereotypes, which will have damaging effects on the potential for long-term changes in gender relations. Complex social dynamics, such as polygamy, were not accounted for and the distribution of food within households remained highly gendered and hierarchical.

### **Findings from the Programme Process**

Despite clear organisational commitments to gender equality, this was barely translated into practice. In none of the CTs studied was there a clear programme aim to address gender inequalities, although all the project documents referred to several expected benefits for women recipients. This is partly due to current proposal requirements by donors. Staff were not clear as to what gender empowerment meant or what aspects of gender equality could be promoted throughout the programmes. Partners were seen as implementers rather than co-owners of the projects and their understanding of gender issues was not used to help design the responses. Only in Indonesia was a gender analysis undertaken prior to implementation, and nowhere were concepts such as gender inequality or women's empowerment defined or analysed. Women were not involved in pre-project discussions or in monitoring the work and the indicators of success largely focused on quantifiable data. There were key issues for women in terms of implementation, delivery mechanisms and communication that were not explored.

### **Recommendations for Future Programming For NGOs**

- Have clear organisational commitments to gender equality and ensure that these are embedded in all programmes. Meet SPHERE and Gender In Emergencies Minimum Standards.
- Conduct a gender and social analysis as part of all emergency responses. While this might be more difficult in sudden onset emergencies, the experience in West Sumatra does show that it is possible. In slow onset and chronic emergencies and in countries prone to disaster, a full gender and social analysis should be part of the disaster preparedness contingency planning. This analysis will inform

programming so that a gender perspective is, to some extent, embedded in all programmes.

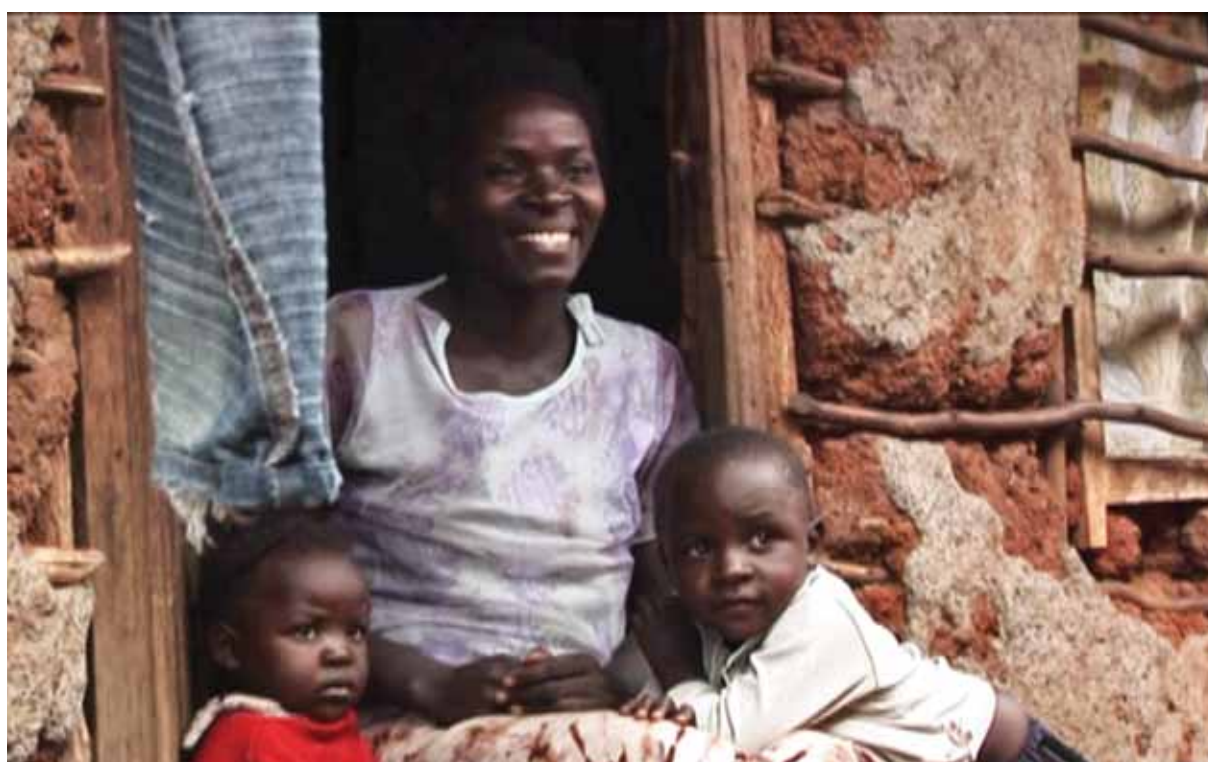
- Have clear and attainable gender aims for each stage of the intervention. Be aware that 'empowerment' is a long term, deep and multifaceted goal. The programme aims will vary according to the type, time frame and phase of the intervention. At a minimum, based on a sound gender analysis, interventions should do no harm. In longer term work or in the recovery phases, building positive impacts for women can help to take a step towards the long term holistic goal of empowerment.
- Ensure that staff are given the time to understand, question and internalise learning and principles around gender equality.
- Involve and support partner organisations from the outset.
- Understand women's needs, current workloads and cultural systems when designing programme implementation and delivery mechanisms.
- Systematically monitor the achievements of gender specific aims alongside traditional programme measurements.

- Continue to encourage an open and supportive dialogue and encourage the sharing of best practice.

#### **For Donors**

- Renew and follow up on organisational commitments to gender equality.
- Demand gender/social analysis in all programmes.
- Invest in contingency planning, of which gender analysis should be a part.
- Invest time and money in staff, to embed a gender perspective into all programmes.
- Support gender empowerment by promoting advocacy for change.

CTs can have significant value for women, from short term relief to increasing their visibility and building steps towards empowerment. What can be achieved must be based on a sound understanding of social structures and barriers. Programmes must have clear and realistic aims that vary according to different types of engagement and programme phases and timeframes. Agencies and donors alike need to understand what impact CTs have now, what they can promote and how best to implement programmes so that CTs can realise their potential.







## 1. Introduction

CTs are now considered by most donors and humanitarian agencies to be an appropriate part of the emergency response toolkit. They are appropriate in most contexts where markets are still functioning. All cash programmes aim to “increase the purchasing power of disaster-affected people to enable them to meet their minimum needs for food and non-food items; or to assist in the recovery of people’s livelihoods”<sup>1</sup>. For donors and humanitarian agencies, one of the advantages of CTs, alongside choice, flexibility, cost effectiveness and potential benefits for local markets, is empowerment. Creti and Jaspars (2006), argue that, “cash can improve the status of women and marginalised groups”<sup>2</sup>. In an effort to address inequality, CTs have increasingly been targeted to women.

Concern Worldwide (Concern) and Oxfam GB (Oxfam) have jointly commissioned this report to look at the impacts of CTs on gender dynamics both within households and communities. This report was commissioned because of the agencies’ concerns that, while CTs, now being used in many different emergency contexts, are expected to benefit women and contribute towards their empowerment, there was little evidence being collected to see whether this was in fact happening.

Discussions on CT programming have tended to focus on ways to improve the programmes and often centre on technical issues such as: the design of response strategies; delivery mechanisms and cost effectiveness; the use and misuse of cash and how cash can meet a range of needs.

However, this technical focus often means that the effect of our programmes on social relationships and structures are not given sufficient attention. As a result there has been little investment in capturing social evidence that could provide a real insight into the impact of CTs which could then inform better programming. The purpose of this study was to:

- To assess the changes in gender power relations within households and in the community, as a result of emergency CT programmes.
- To review the processes followed by agencies in emergency CT programming and analyse their adequacy from a gender perspective.

In recognition that emergencies occur in various settings and that CTs are increasingly being used in response, three locations with different emergencies and contexts were chosen for the study. This study looked at emergency response CTs in Zimbabwe, Kenya and Indonesia. It is essential to note that none of the programme studied had stated aims concerning women’s empowerment or changing power relations. They were chosen to direct learning for improved gender sensitive CT programming.

### 1.1 Methodology

Concern and Oxfam commissioned two independent consultants with an expertise in Gender issues to look at interventions in three countries; this paper is based on their findings. The research explored how CTs affected existing gender relations in each context, how well gender relations and hierarchies were understood and whether programmes were designed to address gender issues.

The research methodology involved:

- A literature review of work on CTs, gender and women’s empowerment.
- Existing evaluations carried out by non-governmental organisations (NGOs), regarding CTs and their impact on gender.
- Interviews with key stakeholders in the United Kingdom and the three country contexts. The interviews centred on front line staff in country and a sample (20-30 individuals) of both beneficiary and non-beneficiary community members. Women, as targeted beneficiaries, were the primary interviewees. As it was vital to capture the viewpoints of men, male focus group discussions and individual interviews were also held.

As opposed to the traditional use of quantitative data and statistical interpretations, this research was qualitative and tightly focused on CTs and gender relations. The benefits and value of the qualitative case study (phenomenological) approach are that it:

- Seeks to understand – not to measure – people’s experience. The goal is to provide a careful description of life as it is lived and experienced and then to find patterns or common themes throughout.
- Examines and clarifies different situations, relationships, events, experiences and tries to understand their meaning.

## 1.2 Report Overview

This report is designed for people with a working knowledge of CTs and who want to learn more about the links between CTs and gender power relations. While a great deal was learned more broadly about CT programming in emergencies, such as CT costs, recipients, markets and delivery mechanisms, this information is available elsewhere<sup>3</sup>. The aim of this report is to provide clear findings about the impact of CTs on gender relations from the country contexts which then feed into a series of recommendations.

This report will briefly look at the role of CTs and the concept of women's empowerment before highlighting the assumptions behind CT programmes (CTPs) and their purported benefits for women. The impact that the CTPs have had on the women's roles and relationships will be discussed before looking at the programming issues arising from the three country studies. This report then draws together a set of recommendations, both for NGOs and for donors.

## 1.3 The Use of CTs

CTs are increasingly being considered as an appropriate emergency response option by agencies and donors alike. This is based on the recognition that most people today live in a cash economy and that in emergencies, it is often peoples' access to basic goods, rather than a lack of goods itself, that is under strain. People respond to this with a number of coping strategies, such as migration, selling assets or with changes in consumption and livelihood strategies. It is logical, then, that an injection of cash, through a transfer of some kind, is a simple and effective way to assist those in need.

Although there are many benefits of CTPs, there are still questions concerning this type of humanitarian response, such as what are the most practical delivery mechanisms, how to best manage risks, what targeting method should be applied and how to avoid possible unintended consequences (such as localised price hikes or additional demands on beneficiaries linked to the dates that payments are received)<sup>4</sup>.

There is an ongoing learning process about the application of different targeting methods and agencies are aware of the benefits and drawbacks of each<sup>5</sup>. Many CTPs, and two of the CTPs studied here, use community based targeting (CBT). While CBT is commonly used and is considered to have many benefits including accountability, transparency and participation, it is not without its disadvantages. There are frequently errors of exclusion and inclusion, as well as difficulties in how best to address these errors. CBT can be seen as communally divisive, fraught with logistical difficulties and power relations, politically difficult, open to manipulation and potentially cutting across positive community coping strategies.

These issues and questions are absolutely central to the long term and effective implementation, legitimacy and benefits of CT programming and were significant issues in all three cases studied. However, for reasons of clarity, these issues have been excluded from this report, to remain focused on the impact and benefits of CTs on gender dynamics.

## 1.4 Gender and Women's Empowerment

Most NGOs and international donors have commitments to gender equality as central to their stated philosophies and practices.

Oxfam states that:

*We prioritise gender equity and the promotion of women's rights in all our humanitarian responses...An effective response must take into account who we are dealing (with in) any given emergency. We will assess the differential effects of the emergency on men and women at the initial assessment stage, and plan and carry out the programme activities accordingly, with an understanding of the consequences that prevalent gender 'norms' will have on the planned intervention. Our emergency responses are carried out with the longer-term goal of gender equity in mind, using opportunities available within the time-span of our programme<sup>6</sup>.*



Concern states that:

*The culture of equality is fundamental to the achievement of our aims. We recognise the need for a participatory and inclusive approach in all our work whereby the participation of the extreme poor and marginalised is maximised<sup>7</sup>.*

There is a long history to the concept of women's empowerment yet it is still contested and is defined in many ways. Women's empowerment in the 1990s was understood by those working on women's rights and addressing women's poverty as:

*a process of transforming the relations of power between individuals and social groups, shifting social power in three critical ways: by challenging the ideologies that justify social inequality (e.g. around gender or caste), by changing prevailing patterns of access to and control over economic, natural and intellectual resources and by transforming the institutions and structures that reinforce and sustain existing power structures (such as the family, state, market, education, and media)<sup>8</sup>.*

Empowerment focused on creating spaces for women to work together to identify the changes that they wanted to make and how they could achieve these changes.

For some, there has been a transition from women's empowerment meaning a transformative social and

systemic change to a focus on specific achievements and benefits for individual women. Yet true 'empowerment' needs to extend beyond personal circumstances into "collective action and institutionalized mechanisms that are aimed at changing structural relations as well as individual circumstances.... [exploring] what is happening in women's lives as a result of cultural, economic and other changes"<sup>9</sup>.

There are many components of empowerment including promoting individual women's participation and representation in society, their choices and their voice; pursuing strategies that mobilise women and promote their advocacy; and approaches that build and change women's relationships within and outside the household. There are many pathways to empowerment and empowerment is understood differently in different cultural and religious contexts<sup>10</sup>. Agencies have captured and worked with empowerment in many ways.

Agencies see that, at times, emergency contexts, where norms have broken down, may provide opportunities for change. Oxfam's response plan to the earthquake in West Sumatra declares that, "*Natural disasters can become a platform for social change*"<sup>11</sup>. They highlight the potential for women to use emergency contexts to voice their vulnerabilities, become involved in non-traditional roles, such as house building, and become innovative actors.

Yet many current CTPs, and the reasons given for targeting women as beneficiaries, are based on assumptions. It is critical to understand what these assumptions are.

## 1.5 Gender and Empowerment: Assumptions that Influence CTs

### 1.5.1 Gender Stereotypes

The discussions and proposals around CTs are often characterised by an acceptance that women are the rightful recipients of the transfers, as women use cash for the households more responsibly than men. Supporting women is often seen as the best way to promote children's welfare, especially schooling and nutrition. As women are usually responsible for domestic food consumption they are seen as the best recipients for food aid or cash that is replacing food. Women are seen to be able to manage multiple pressures and use money in the way intended.

Men are often negatively stereotyped as self serving, spending money on themselves, on cigarettes, alcohol and other women. Men are seen to be able to walk away from domestic demands, leaving women and children without support.

**WE WERE TOLD BY...STAFF THAT MEN ARE A BIT IRRESPONSIBLE AND HAVE MANY THINGS THEY SPEND MONEY ON THAT DO NOT BENEFIT THE HOUSEHOLD. (MALE BENEFICIARY, ZIMBABWE)**

This acceptance of gender stereotypes not only reinforces traditional gender roles for women, but also runs a risk of normalising this behaviour for men. Furthermore, most CTs take place without any explicit analysis of gender roles and responsibilities, or an understanding of how gender relations work within different households or communities.

### 1.5.2 Benefits for Women

There is an assumption that giving women money will give them the voice and power to raise their status within the household and the community, ultimately promoting gender equality. This blanket assumption is driving the decision to direct CTPs towards women. While it is undoubtedly true that cash does have the potential to bring positive changes for women (raised confidence and self esteem, increased harmony in

households under emergency-induced stress, allow for more control over money and choice, access to building livelihoods), it does not follow that cash equals empowerment. Lack of access to money and resources is just one of a myriad of financial, educational, social and structural barriers that face women and underpin inequality.

Empowerment is a multi-faceted and long term goal that relies on individual, social, institutional and infrastructural change. While programmes could and should certainly take steps towards this, how far these steps can go will depend on what the emergency and social circumstances are. While gender dynamics and inequality should be dealt with, to some extent, in all programmes, it is certainly beyond the scope of any individual programme to claim that it, alone, is empowering women.

Current requirements from some donors are further entrenching the trend to target women. While it is laudable that donors are seeking to address gender relations and inequality, often in humanitarian crises, these objectives lie outside the core focus of the emergency response. Some donors want programme proposals to state how and where they will have a positive impact on gender power relations. Yet, the way that these programmes are funded, designed, implemented and monitored has meant that, in reality, gender issues are addressed in a rather tokenistic way. Gender strategies, terms and commitments need to be shored up and implemented throughout all programmes to different extents, depending on different contexts. This report will argue that while gender roles and power relations must be considered in all contexts and at all times, it is essential to remain realistic about what can actually be achieved for particular groups within, at times, some very short time frames.

Almost no analysis has yet been done on the real impact of CTs on gender relations. Without a clear understanding of gender power relations, roles and responsibilities or an understanding of the aims and effects that CTs may have, simply implementing CTs can add to women's already overburdened load and may increase intra-household violence. This report will look beyond the above assumptions. Oxfam and Concern aim to make clear what changes need to be made to maximise the transformative potential of CTs on gender roles and relationships.

## 2. The Three Case Studies: Location, Context and Features of the Programme

To analyse the impact of CT programmes on gender power relations, Oxfam and Concern looked at three different types of emergencies in three very different social contexts.

	Indonesia	Kenya	Zimbabwe
<b>Type of Emergency</b>	Sudden onset Disaster – earthquake 2010	Sudden onset – Food price rise – 2009-2010	Protracted crises 2010
<b>Location</b>	Rural	Urban	Rural
<b>Implementing Agency</b>	Oxfam GB	Oxfam GB and Concern Worldwide	Concern Worldwide
<b>Time Frame</b>	Short term (3 months) 2010	Medium to Long term (Concern 8 months, Oxfam more than 12 months) 2009-2010	Medium term (5 months) 2009-2010

Clearly, in response to different contexts and needs, the features of the CTPs were different in each location. While it is not the intention of this report to analyse and assess the differences between targeting processes, beneficiary characteristics or delivery mechanisms, it is important to have a brief overview of the features of the three programmes selected as studies. The following table summarises the characteristics of the CTPs.

	Indonesia	Kenya-Oxfam	Kenya-Concern	Zimbabwe
<b>Beneficiaries (HH)</b>	6000	3000	1958 (300 long term)	1900
<b>Purpose of CTP</b>	Shelter/ other needs	Food security	Food security	Food security
<b>Targeting method</b>	100% coverage in areas with 80% damage to houses	CBT where the vulnerability criteria was applied plus random checks in 10% HH for verification	Vulnerability criteria, random checks in 10% of HH for verification/ plus crosschecking with key informants	Community based targeting
<b>Recipients</b>	Women	Mostly women	Mostly women	Women
<b>Amount transferred</b>	Based on damage. \$84 USD for light damage, \$168 USD for heavy damage + \$2 USD for transport	Approx 30% of HH food basket – USD 20	Approx 30% of HH food basket – USD 20	Based on M Food Entitlement – approx.USD 6.4- 6.8
<b>Type of CTP</b>	One off CT and community grant	Monthly CT	Monthly CT	Monthly CT
<b>Delivery mechanism</b>	Envelopes & vouchers	Mobile phone	Mobile phone	Envelopes
<b>Prior presence in the area</b>	No	No	Yes	Yes

The findings of this report have been drawn out of the three contexts studied, together with development literature and NGO evaluations.

### 3. CTs and Gender Dynamics

The impact of the CT programmes on gender dynamics is directly related to the specific local gender roles and power relations within the communities studied. Context and gender relations also change significantly over time and with changes in economic circumstances and livelihood opportunities. In Zimbabwe, where women in some remote villages did not have access to money, receiving cash did make a sizable difference to women's confidence and their role in decision making in the family. In contrast, in Indonesia women owned their own houses and in the slums of Kenya women managed money on a daily basis. These socio economic factors help to determine the effect that CTs may have on, for instance, women's self esteem or their role in decision making in the family.

#### 3.1 Positive Impacts

While there are clear differences in location specific programme benefits, it is possible to generalise about some of the positive impacts of targeting women in CTPs and for intra-household and community relations.

- CTs were welcomed by men and women as a means to support households in times of crisis. In Kenya, the early evidence is that people were able to eat better, the programme greatly alleviated day to day stresses and the CTs were much appreciated. Some women had more peace at home, others felt more confident. Some had been able to start or rebuild and expand their small businesses and others got their children back into school. There were, for some, additional benefits, including getting access to a mobile phone.
- The experience of receiving cash was an important social and individual boost for those women who received cash and handled big sums of money for the first time in their life, particularly in Zimbabwe. In general, CTs increased intra-households discussions about how to spend the money given, in contrast to traditional male dominated decision making. Except for women headed households, most women had to, or chose to, discuss the use of the money with their husbands. Overall many women and men said the CT improved communication between spouses or other family members. In some cases the CTs

challenged gender stereotypes in that men started to see that women were capable of looking after cash and were able to contribute to discussions on its use. Many women also appreciated that men had to request money from them, as normally it is the other way round. They felt this gave them a level of independence and authority.

**SOME MEN ARE NOW CONSULTING THEIR WOMEN ON HOW TO SPEND INCOME FROM OTHER SOURCES (FEMALE BENEFICIARY, ZIMBABWE)**

*Now there is a big difference, now we are doing things together and discuss money. Now we have better relationships with our husbands due to the CT. Now husbands can pass cash to us to use on common items. They see we are very noble using cash. Partly from that, men realise we use cash wisely. For us, even if they don't give us money at least we have the power to query them. We can say 'You saw we were very good at using money'.... One beneficiary stated: 'Now women are keeping cash that they didn't use to (for example, from cotton sales ...it is because we showed we can use cash wisely, so men are giving us to keep (Female Focus Group Discussion, Zimbabwe)*

- There was a reported increase in temporary peace and harmony in households as the CTs met some basic household needs.

**IT ADDED TO LOVE [IN THE HOUSEHOLD] BECAUSE WE COULD GET WHAT WE WANTED AND TALK TOGETHER. IT ONLY LASTED DURING THE CT. WHEN WE START TO STARVE AGAIN SORT OF LOVE DISAPPEARS. IS BETTER NOW AS WE ARE HARVESTING. (MALE RESPONDENT, ZIMBABWE)**

- The CTs gave breathing space to women and eased the pressure to earn and feed the family, particularly in urban slums. In Kenya, women headed households found the money alleviated their stress, brought their children back home, allowed them to pay off some debts and 'take their place in the community' again.

- In Kenya, staff believe that for some women the use of transactional sex (used as a negative coping strategy) had declined. Furthermore, staff reported that people used the money well and did not buy alcohol or take drugs. That the money was spent appropriately is a significant achievement, especially in an urban environment, where there are more opportunities for 'misspend'. Furthermore, the regularity and predictability of the CTs enabled beneficiaries to strengthen their lending and borrowing strategies as they were able to repay debts.
- Women in Indonesia took part in community leadership roles, community work and were paid at the same rate as men. Though tempered by the roles that the women actually played, this is a real achievement and one which does challenge, to some extent, societal norms.
- As a result of the CTs, men faced less pressure to provide cash income. In Kenya, men overall were happy for women to receive the money and those who were married said that it eased their burden.

It did not seem to cause conflict but rather gave the family room to relax. This was largely due to the knowledge that there was food on the table despite limited income earning opportunities for men. The CTs are a very positive addition to the mix of coping and livelihood strategies that households already employ.

**HOW WOULD WE QUARREL WHEN WE HAD THE MONEY? WE WERE IN EACH OTHER'S GOOD BOOKS (MALE RESPONDENT, ZIMBABWE)**

- A crucial learning point for embedding a gender perspective into CTPs is that gender analyses can be done in humanitarian crises. In Indonesia, despite the fact that the programme was responding to a sudden onset emergency, a sound, realistic and informative gender analysis was carried out. While the findings and recommendations of this analysis were largely bypassed, it indicates that, alongside market analysis and targeting, it is possible to integrate a gender analysis into emergency response assessments.





### 3.2 Limitations to Women's Empowerment

The CTs clearly made large differences to the beneficiaries and their families. This should not be underrated. However, there were a number of factors that limited the potential impact on women's empowerment.

- **Community Effects:** In the CT programmes studied, a major limitation to the benefits for women has been the negative effects that the CTs have had on the community. The programmes' processes and implementation methods were not truly participatory and hence not empowering in themselves. Targeting can alienate the community without real and meaningful participation and can increase division and long term vulnerability. Jealousy and community division were noted in all three cases. The Zimbabwe study found that:

*It is worrying to note that there was no sense of community participation in, ownership of, or even real understanding of the programme among*

*either beneficiaries, or the village leadership that we interviewed... This led to a general sense of community disempowerment with regards to the intervention<sup>12</sup>.*

This undoubtedly limits the legitimacy and potential of any challenges to traditional gender roles.

Furthermore, sharing is a critical safety net for the poor and reciprocity is a fundamental survival strategy. There is much evidence that this coping strategy continues in the urban slums. In Kenya, there was some evidence that food bought with the CT payments was shared, but this was done on an ad hoc basis. In Zimbabwe, however, where cash was given in response to a food crisis, it is clear that while food aid was shared, cash was not. This was a major concern among recipients. Community sharing is critically important to women who tend to have a range of lending and borrowing strategies, with neighbours, family, shops and so forth, that enable them to cope when things get tough. Harming these



coping strategies is potentially counter-productive for women who may find themselves increasingly vulnerable and less resilient to food insecurity in the long term.

- **Women's Traditional Roles:** While women were seen as legitimate beneficiaries in all three contexts, the transformative scope of the CTPs were limited. Rather than challenging traditional stereotyped gender roles and relations, the CT programmes tended to reinforce them. The CTs seemed to serve to assist women perform their typical roles without providing support for deeper change. Women in all three contexts were seen as responsible for the home and children, with men stereotyped as self serving and irresponsible.

*Women are the key pillars of the families, when the family lack they go the extra mile to provide for the children while men are brought down by the frustrations and end up drinking cheap liquor<sup>13</sup>.*

Yet, neither giving money nor encouraging token participation necessarily equals power, let alone 'empowerment'. In Zimbabwe, CTs were seen as potentially giving women 'more influence over what happens in (their) lives and being able to make the choices (they) want to make'. However, among junior agency staff, concepts of 'women's empowerment' were non-controversial only when they were seen as 'trying to support women to perform their roles in the household'. Furthermore, there was a belief among some staff that while men were free to make decisions singlehandedly, women should not do so, for risk of 'family disintegration'. This view of empowerment is limited and one dimensional.

While it is a notable achievement that women have had a place in discussions about financial management, men have kept their place as household head and as key decision makers.

**'WE DON'T KNOW WHY CONCERN PREFERS WOMEN. WE WERE EVEN WORRIED ABOUT WHY THEY DO. WE WERE WORRIED WOMEN WOULD BECOME THE HOUSEHOLD HEAD... IT IS NOT HAPPENING. WE ARE USED TO IT NOW. AT THE BEGINNING WE WERE WORRIED.'** (MALE FOCUS GROUP DISCUSSION, ZIMBABWE)

In Indonesia, the CTP supported the involvement of women in the community groups that organised the community projects. These were traditionally run by men. Although the potential benefits for women were great, both in terms of practical outcomes and changes in power relations, the programme allowed this potential to slip away. In practice, men tended to be the group leaders with women as treasurers. This simply reinforced local traditional roles.

The literature indicates that income earned by a woman from a job does have transformative potential for women, however CTs have less potential. This may be because CTs have been seen as a 'gift' from the outside and because the amount transferred is relatively small and the duration short. There is anecdotal evidence from Kenya that men are reluctant to receive help, especially when this help is perceived as limited. Evidence from Concern's Post Election Violence programme in Kenya found that while men were happy for women to receive the CTs, they were not so happy about women receiving tents, which are perceived to have a higher value. This suggests that the aims of the CTs are not clear enough nor the amount transferred substantial enough to challenge traditional gender roles.

CT programmes have other challenges in bringing about meaningful change in women's roles within the household and the community. Women are expected to carry the burden of meeting household needs and manage the CT payments responsibly, often in the face of multiple pressures and claims. Men may stop making their contribution to the household, some may take money for their own purposes and some women said money can exacerbate conflict in households where there is already violence, though this evidence was anecdotal.

- **Men as Non-beneficiaries:** Despite the negative assumptions about men that, in part, shape the CTs, in all three country contexts, the men were generally happy for the women to be the recipients of the CTs. The majority of beneficiaries discussed the use of the payments received with their partners. In Zimbabwe, a group of beneficiary men commented that, while at times they would spend money irresponsibly, when their own children were in need, they would prioritise spending money on food.

Furthermore in Zimbabwe and Kenya, the men asked why the agencies prefer 'their women' and do not work with them. Many NGO programmes are now targeted at women and do not actively engage with men. Agencies have rightly been trying to redress the inequality that men and women experience and which is played out in all aspects of life, from choices around childbirth to livelihood opportunities. Yet these roles are relational and need addressing and acceptance from both sides. Programmes that target women with the aim of promoting their roles and their visibility may sometimes not focus enough on communicating these aims to men. This may mean that men are not adequately sensitised as to what is trying to be achieved or how it will be achieved. There is a serious risk that this approach over time reinforces negative stereotypes, or even anti-social behaviour in men. Some men may perceive they are irrelevant to NGOs and feel excused from responsibilities or disempowered because little is expected from them. The marginalisation of men is a serious obstacle to programmes seeking to take steps towards gender equality and sustainable social change. Women and men need to invest in changing dynamics, if these changes are to last.

**SOME MEN CAME TO (CASH DELIVERY) POINTS DEMANDING TO GET THEIR SHARE. THEY DEMANDED MONEY AND SOMETIMES WE WERE FORCED TO GIVE A DOLLAR OR SO, SO WE COULD GO. (FOCUS GROUP DISCUSSION, ZIMBABWE)**

This lack of engagement and sensitisation can have detrimental effects on gender power relations in the short term. Although there were marked generational differences in women's perceptions about men (with the younger women stating that they wanted to share decision making with men, in contrast to older women), there was a tendency (up to 33% of respondents in Zimbabwe) that women had to find ways to avoid conflict with men. These strategies could involve soft threats (such as telling NGO staff), spending the CT money quickly (which could leave beneficiaries vulnerable to local price hikes) or giving

their husbands a proportion of their money. In most cases this was worked out harmoniously, but it had the potential to lead to conflict.

- **Social Diversity:** In the CT programmes studied, other social complexities were not given enough attention. For example, in Kenya refugees and asylum seekers were excluded from the programme. Furthermore, in all three CTPs, there was a lack of clarity around complex issues such as when families share houses, how to work with those who are renting and which part of a house matters most when assessing damage. Equally, polygamous households were not accounted for. This is a critical issue in some societies.

**USUALLY AFTER RECEIVING THE CASH A WOMAN TAKES IT TO HER HUSBAND AND DISCUSSES HOW TO SPEND IT. IF ONE CO-WIFE IS RECEIVING AND OTHERS NOT IT WOULD CAUSE A LOT OF PROBLEMS. USUALLY CASH IS NOT SHARED BETWEEN WIVES. (FEMALE BENEFICIARY, ZIMBABWE)**

It is important to note that in Zimbabwe, though the CTs were supplementing food intake, it did not change patterns of food distribution in the family, which remained highly gendered. Women and children received less food than male household heads. This was exacerbated in polygamous households or where daughters-in-law lived in the parental home, with some women receiving less food according to their status.

Suffice it to say that these measures do not constitute empowerment. Blanket assumptions and assertions about 'empowerment' along the lines of 'money equals power' are not helpful and can lead to gender relations being treated in a rather tokenistic way and without the necessary actions to challenge the structures which perpetuate these social norms.

The impacts of the CTPs are framed not only by the context in which the programme is operating, but by how the programme is conceptualised, designed, implemented and monitored. The programmatic findings from the studies will now be examined.



## 4. Emergency CT Programming - Findings from the Country Studies

### 4.1 Policy Guidelines

Despite clear commitments by most NGOs and international donors to gender equality and women's 'empowerment', there was, in practice, a tendency for policy evaporation regarding gender aims. This reflects wider trends in development, where rhetoric and policy commitments to address gender inequality are usually strong but operationally often weak. This is especially so in emergency CT work. Gender work is driven more by personal commitment than the application of gender policy across the organisation.

### 4.2 Programme Design

The issues here are several. The CT programmes evaluated here and indeed most CT programmes have multiple objectives. Yet none of the three CTPs studied had an objective relating to gender equality or changing gender relations, despite the fact that women were the vast majority of recipients and all the project documents referred to several expected benefits to women. This is twofold. Blanket programmes that target women reflects the assumption that by giving women cash, 'empowerment' or gender benefits will follow. This notion is reinforced by current proposal requirements. Programmes are expected to address gender dynamics and yet the impact of the programmes are not analysed, followed through or measured.

For qualitative impacts, such as the effect on household and community relations and the degree of women's empowerment, it is essential to look beyond statistical data and to understand the realities of women's lives. This is clearly context specific and must be done on a case by case basis. Unless a gender analysis is done to understand the way money is divided, controlled and used within households it will be a gamble whether giving money to women will improve life for the household, promote better gender relations and women's status, or bring harm. At the proposal stage of the three programmes, some challenging issues were identified:

- The reasons why women are clearly expected to benefit were not explained.
- The reasons why women are especially vulnerable

to poverty and their roles in relation to food are often more assumed than analysed.

- The differences between male and female headed households not analysed.
- Polygamy was not specifically planned for, nor were the relationships between wives analysed.

However, these challenges were not examined further nor did they shape the programmes. Only in Indonesia was a gender analysis undertaken prior to implementation. Oxfam's global gender adviser undertook substantial research prior to starting the programme to establish, inter alia, sex disaggregated data, vulnerability criteria and advocacy strategies. Despite this early emphasis, this initial work did not inform the Emergency Food Security and Livelihood (EFSL) analyses. The EFSL work did not identify the differential impact of the earthquake on men and women's livelihood options and practices nor did it analyse how the livelihoods of those identified as most vulnerable were affected. The programme lacked clear analysis and approaches to ensuring that the most vulnerable, many of whom would be women, benefited. Moreover, it didn't take account of the particular vulnerabilities that women face within the local matrilineal culture.

Likewise, in Kenya, while the staff recognised the value of a gender analysis they had neither the time nor funding to undertake one. In both Kenya and Zimbabwe, knowledge and learning around gender relations from previous programmes was fed into the CTPs through discussions. However this was done informally and women were not involved in framing the objectives for the programmes, designing the CTs or monitoring the outcomes.

Compounding the lack of gender aims and analysis was a lack of strategic clarity about certain central terms, definitions and concepts. Terms such as women's empowerment, gender, gender equality, household, household head, community consultation, participation and community involvement, among others, were used loosely. In Zimbabwe, while the women were the recipients of the CTs, the definition used there for 'household head' was 'the one who makes the day to day decisions on running of the household'. This seems to imply that one person, a man, should make household decisions, which sends rather contradictory messages.

### 4.3 Targeting

The lack of clear meanings and terms extends into baseline and targeting issues that affect women. The dynamics of a household can be very different if a woman is married or single, so being clear whether a woman is the household head or not is important. The terminology needs to be understandable and consistent. In Kenya, for example, there was no clear definition of a household, no discussion of how to manage polygamous families, no record of who was a polygamous wife and no uniform use of the term 'household head' within the programme. The differences in opportunities for earning income, sharing childcare, increasing or diminishing violence between male and female headed households were not assessed. Women can also be overlooked in targeting due to levels of literacy, assertiveness, social structures and social restrictions.

Women may have less recourse to be heard in the CBT process and criteria may themselves be skewed towards male concerns. Take, for example the assessment of damage in Indonesia. Some women recipients complained that the assessors only considered the main living room of the house and ignored damage to other areas which might be of specific interest to women. Damage to kitchens could be of particular importance to women who are trying to run small cooking based trading. The most vulnerable (for example uneducated women or those with physical or learning difficulties) are in many cases likely to be the least assertive, less likely to understand the significance of the assessment, and less able to demand a more thorough inspection.

### 4.4 Implementation

In general, the implementing methods for all three programmes worked well and delivered money to the right people safely and securely. This is a real achievement. The main implementation challenge of the programme was the use of identification cards (ID). This again, is an issue that can be applied to CTs generally. However, it is predominantly women who do not have ID cards, commonly not receiving them at birth and relying on their husbands' ID after marriage. In Kenya, while some women without ID were able to nominate representatives to collect the money, others never managed to secure either an

ID or a nominee and were excluded. These women may have been among the most vulnerable. Similarly in Zimbabwe women needed ID to collect their cash. While the beneficiaries could nominate people with ID, including their husbands, to collect on their behalf, it was publicly (and incorrectly) understood that people collecting the CTs should be women. At times the women had to pay for a collection 'service' (for example \$1 out of the \$6 allocated a month) to someone outside of their household.

There was, also, an issue for some women in Zimbabwe about the distance to and day of distribution. For some beneficiaries the distances were significant, especially for those that needed to buy food at the cash delivery points, and then had to carry their goods home. Furthermore, for some, the delivery day coincided with the one day a week traditionally set aside for housework. This created problems as they tried to meet both responsibilities on the same day. These factors, exacerbated by the perceived exclusion of men, increased the burden of work on women in the programme. With enough communication and sensitisation, men could have used their IDs to collect cash for the household or helped to ease the burden on women in other ways.

### 4.5 Staff

There was evidence from the three programmes studied that the staff were over stretched and had little time for analysis and reflection. Staff are expected to know a certain amount about gender issues, which may or may not be the case in reality. Time for staff orientation is also limited in emergencies. In Indonesia, for example, when one young male staff member was asked about the gender induction replied, *"they talked too much about women's problems so I wasn't really interested"*. The Gender Officer's Final Narrative Report comments on the *'lack of proper gender training and inductions to staff and partners'*, with some staff saying they hadn't received any induction. As a result she said staff complained of *'conceptual confusion between sex and gender; no common understanding of what gender equality means or what gender mainstreaming entails. They equate gender with women or assume that participation in programs will automatically lead to empowerment'*<sup>18</sup>.

In emergencies, short term staff may be drafted in, with little shared understanding of what the key gender concepts and aims of CTPs are. This is particularly problematic if the programme learning and reflection is predominantly carried out by consultants. Communication can become limited and a focus on gender issues may not be carried out consistently.

#### 4.6 Partners

Partners have the potential to ground and supplement gender analyses, help with targeting, improve communications and implementation and ensure the active participation of women in the design and monitoring of the CTs. While there has been some involvement of local partners (Community Health Workers in Kenya for example), and especially so in Indonesia (with links developed to a nationwide women's group, KPI), these potential relationships have not been fully realised. Partners were seen as implementers rather than co-managers and control remained in the hands of the International NGOs, even where partners had strong local knowledge and an understanding of local gender issues. The way the agencies set up, conceptualised and implemented the emergency CTs was potentially 'disempowering' for the partners.

**OUR ORGANISATION WAS NOT REALLY INVOLVED IN STRATEGIC DISCUSSION, OR HOW THE PROGRAMME WILL BE DONE, OR HOW THE INDICATORS OF THE PROGRAMME SHOULD BE APPLIED IN PRACTICE. (KPI LEADERSHIP, INDONESIA)**

**I DIDN'T REALLY FEEL EMPOWERED BY PARTICIPATING IN THIS PROJECT. ONE OF THE POINTS OF HAVING PARTNERS INCLUDED IS TO GIVE OPPORTUNITIES TO LEARN AND SHARE INFORMATION BETWEEN THE TWO ORGANISATIONS. THIS DIDN'T HAPPEN. (KPI STAFF, INDONESIA)**

Similarly, in Kenya, due to the top down NGO led structure in programme design and management, local partners were unable to promote the voices of local women. Instead, they felt that they became accountable to the NGOs, and spent time simply policing the use of the CT money.

#### 4.7 Communication

Communicating aspects of programming is an issue for all CT projects generally (for example sharing selection criteria, avoiding 'thank you' money for village leaders and beneficiaries seeing the CTs as 'gifts'), There are elements of communication that particularly affect women.

**I RARELY GO OUT SO I AM NOT VERY AWARE OF WHAT IS HAPPENING. I DIDN'T KNOW ANYTHING ABOUT THE OXFAM CARD. I JUST KNEW THAT WAS FOR ME TO GO TO THE BANK TO GET MONEY. I WAS SO SCARED WHEN I WENT TO PARIAMAN TO GET THE MONEY. (WIDOW, BENEFICIARY, INDONESIA)**

In none of the programmes was it clear why women were the main beneficiaries and what the expectations were associated with this. Furthermore, a variety of communication procedures – from written documents where literacy is high to drama and other methods where literacy rates are low were not used. Communication should be done in context specific ways, at community meetings, at collection points or with women only groups.

A gender sensitive complaints system is a key issue. For example, in Zimbabwe, the help desk was predominantly male. It is culturally difficult for a poor woman to approach the men on the help desk which may include powerful men such as the ward councillor or his/her representative. Anecdotal evidence suggests that if a woman is successful with their complaint, others may spread rumours about how this was achieved, implying the exchange of sexual favours.

The Zimbabwe programme monitoring report found that *'unhappy recipients and non-recipients felt unable to complain, because the complaints system included the village leadership who were often the reason for their complaint. The complaints mechanism was therefore not found to be an effective channel for recipients' and non-recipients' grievances'*<sup>19</sup>.

Widows in particular seemed to find it hard to complain either to the village leadership or to the help desk. Staff commented that they *'would not dare challenge the status quo of the leadership nor be*



*seen publicly to present a query at the help desk lest you fall out of favour (with) the community’.*

#### **4.8 Monitoring**

As with programme design, monitoring is dominated by ‘measurable’ indices related to the objectives of the programme. Thus in food security programmes, data is collected and progress monitored regarding the number of meals or calories consumed, what money is spent on, how investments in livelihoods are made and what is the the impact of this. Far less attention is paid to monitoring changing gender relations or understanding the social and economic value and effect of the CTs within households or the wider community. When gender data is collected, there is little evidence that it is either recorded appropriately or linked to other data to explore whether women are empowered by CT and voucher programmes, for example, through improved decision-making or livelihoods opportunities. This is perfectly justified if changing gender power relations is not a central aim of the programme. The issue is that these aims are often included in programme proposals, but not addressed seriously. If there are

no plans to measure ‘empowerment’, then it certainly should not be stated as an aim or expected benefit in project documents.

The women in this study often have few opportunities to earn a good income and they carry many burdens. They may be vulnerable to the sexual demands of landlords, police and others when they need to negotiate fees, rent or fines. They have heavy childcare responsibilities and may pull daughters out of school to help; for many the only option is to leave their small children alone while they go to work or to lock them up in the house. The studies have found that CTs can help with day to day realities, but they are by no means long term, or systemic enough to challenge women’s roles, burdens and provide meaningful transformative opportunities or to claim that they are ‘empowering’. Moreover, while the money did bring immediate benefits to those receiving it, most said those benefits would disappear when the programme ended. Despite these difficulties, it is possible that CTs can help to address issues of gender inequality and can seek to be a part of the process that could, in the long term, help to empower women.

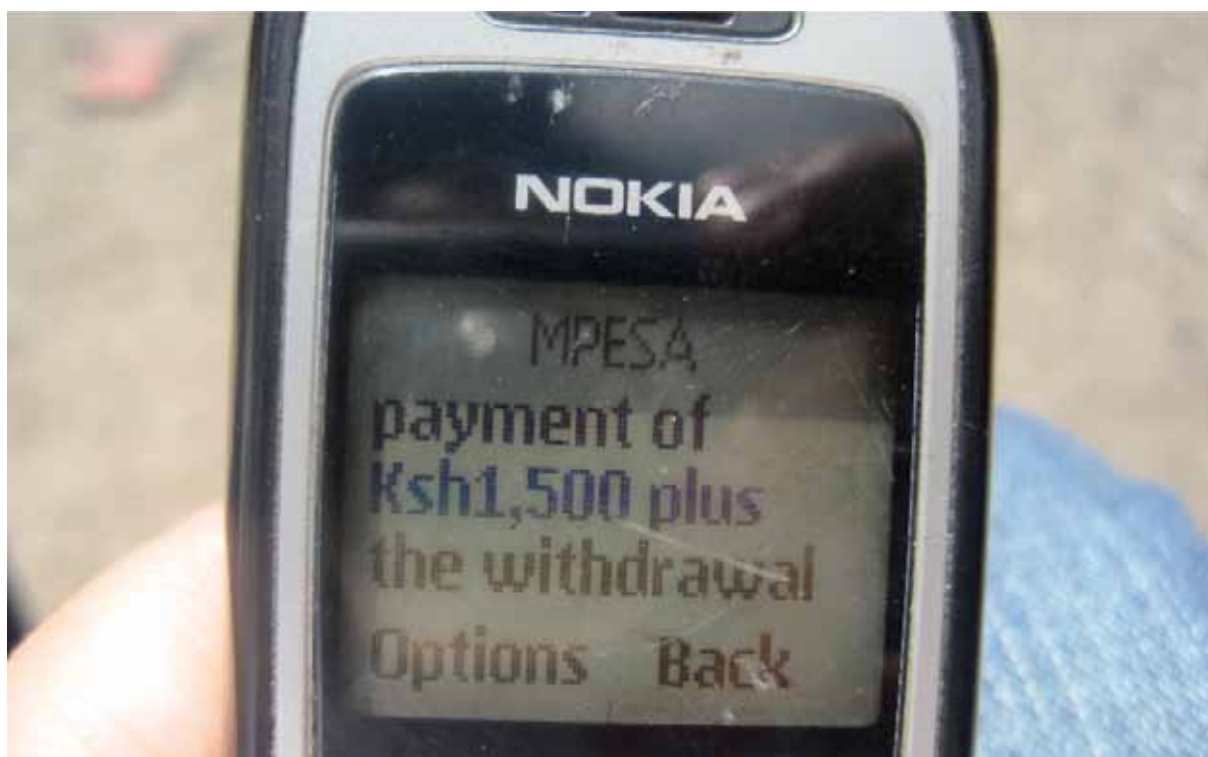
## 5. Recommendations

It is essential not to be too critical of how NGOs are currently designing and implementing CT programmes. Gender power relations can be improved to varying degrees through well grounded and carefully implemented CTPs. While there is a long way to go, this report marks a clear decision to analyse the impact of CTs on gender relations and to improve our current ways of working. Concern and Oxfam are committed to learning about the social ramifications of CTs and to translate learning into practice. This learning will lead to practical applications and an improved programmatic process.

Many claims have been made elsewhere about how CTs can 'empower' women. Whilst CTs can have an effect on supporting some aspects of women's 'empowerment' this will depend on the local context and socio-economic-cultural factors, the design of the CT, the phase of emergency response, the programme time frame and crucially, how it is put into practice. This section looks at what recommendations have come out of the research in building gender sensitive CT programmes that can redress inequality and build some of the foundations in promoting women's empowerment.

### 5.1 NGOs

- Agencies need to have clear organisational commitments to gender equality from the outset. These commitments need to fit into the HAP and Sphere standards for emergency work, which include standards that are critical for women. While agencies have gender policies and frameworks for gender that affect emergency work, these need to be followed through in practice, with an entrenched emphasis on understanding gender roles and promoting gender equality. It should be everybody's responsibility to ensure that gender is mainstreamed in all work.
- A thorough understanding of the context of the emergency is crucial. This is both in terms of understanding the opportunities and constraints of the emergency itself and developing a workable understanding of the social dynamics within that context. To achieve this, it is vital to conduct a gender/social analysis in emergencies. This should be undertaken alongside other technical assessments. This is to give the whole picture of the realities of social relations and barriers on the ground. There is a range of crises, from sudden onset to slow onset, recurrent or chronic that allows for different levels of analysis. In sudden onset emergencies, though





it is more difficult to get to know a new community quickly, especially in urban areas which are complex and challenging to work in, it is possible to undertake at least a basic gender analysis. The Indonesian case study highlights this. Analyses should draw on existing knowledge and experience in areas when the agency already works, and from all staff and partners involved. In disaster prone countries a full gender/social analysis should routinely be done as part of disaster preparedness contingency planning. Appropriate gender and social analyses will be sensitive to local coping strategies and understand local priorities. CTPs are unlikely to be successful when the community does not agree with the criteria or processes for beneficiary selection. It is also clear from our field work, that considerable damage can be done to community dynamics, and hence damage to long-term livelihood and coping strategies, if the community perceive the targeting to be unfair.

- The gender and social analyses should then inform programming and all programmes need to be aware of gender realities. Agencies need to develop a set of clear and realistic aims for what is to be achieved and how this will be done in the different phases of the emergency response. What is essential is that programme decisions are made based on a sound understanding of gender power relations in each context, and that gender is embedded to some degree in all that is done. Resulting aims will vary according to different programmes and could then range from the minimum principle of 'do no harm', to building positive impacts for women and through to 'empowerment'. Understanding how women's voices are currently heard and what collective groups and networks are available to them are key. It is clear that for short term programmes, or programmes in their emergency response phase, there may be other goals (for example increased access to food or shelter) and therefore, there may be limited gender transformative impacts. However, there should be an understanding of who is benefiting and managing resources, and an assurance that women's social roles and relations are not damaged by interventions. Clear gender analyses will not only reveal current circumstances and indicate intervention points, but it can also mean that it is possible to envisage what steps are being built in for future programmes.

**IN THREE MONTHS YOU CANNOT EXPECT MORE THAN KNOWLEDGE AND TARGETING. IF THE SITUATION IS UNBALANCED WE CAN'T EXPECT TO CHANGE POWER RELATIONS OR MAKE THINGS FAIR. BUT WE CAN START SMALL THINGS TO CONTRIBUTE BY GOOD TARGET ACTIONS. (INTERVIEW, OXFAM STAFF)**

In recovery phases and development programming, more work can be done and steps towards greater equality can be taken. In later stages, it is not only the alleviation of immediate needs but women's livelihoods and women's well-being that should be addressed. This will involve looking at the whole gamut of barriers that women face and providing support to address all of these. NGOs use CTs as part of a range of strategies and this will continue. Holistic support should go beyond cash and extend into support for job creation, financial linkages, work with youth, confidence building, health and education, skills building and advocating for change. It is only here that NGOs and donors can begin to talk of empowerment.

- Reinforcing the centrality and importance of addressing gender power relations will necessitate a change in how NGOs staff, partner and implement CTs. All staff need to have a shared understanding of what gender aims, analyses and benefits are. Knowledge should not be assumed. Adequate training is needed and space should be given for open and progressive dialogue on gender issues. Adequate time to internalise learning from external consultants should be allowed for. For short term staff at least a minimum of training is needed and tools should be made available to help them design, implement and monitor programmes for their social impact<sup>20</sup>. Part of this analysis will encompass the clarification of terms such as household or household head and will attempt to understand the particular contextual social dynamics, such as polygamy. Concepts such as community development, entitlement and participation must also be shared and internalised. Questions need to be raised about who controls decision making, cash and how community

decisions are reached. This will necessarily entail real community participation. Men need to participate to promote legitimacy and to avoid alienation, which could have negative unintended consequences.

- Partners should be engaged and valued throughout. This should be a two way process. Partners often have considerable local knowledge of gender issues and should be involved in the designing of programmes. Equally they may need training and support. NGOs should review partnership approaches and invest in capacity, sustainability and improving impacts.
- Programme implementation needs to take account of women's needs, looking to employ strategies and mechanisms that women can access without overburdening them. These may include central collection points, innovative delivery mechanisms, flexibility about ID procedures and so forth.
- Communication and accountability should be clear and procedures explained. The Humanitarian Accountability Framework should be established from the start of the operation. Appropriate gender sensitive complaints procedures need to be established and NGOs must ensure that CTs are seen as an entitlement, rather than a gift.
- Expected benefits for women should be articulated in the aims, appropriate indicators should be set and systematically monitored. Monitoring should include routinely talking and listening to women, to understand what the money meant to them and their family. Men's views on the CTs are also needed. The focus needs to be on how CTs have benefited households and what has changed for women and men, as well as collecting data on spending and consumption patterns. Important questions need to be asked as to whether household relations improved or deteriorated, how existing coping strategies and household or community relations were strengthened, whether negative behaviours arose or not. Focusing solely on measurable data will not give insights into this critical social dimension.
- We must also understand that the learning is not complete. Open dialogue and sharing of good practice regarding CTs and their impact on gender dynamics should continue among staff, agencies and the donor communities.

## 5.2 Donors

- Donors must also make real their commitments to gender equality. Currently many donors have gender 'requirements' but these are not necessarily followed up nor are those programmes that do not explicitly have gender aims sanctioned. A renewed commitment to gender equality will have a more balanced focus on social and financial factors.
- Donors should demand some level of gender/social analysis in each emergency context.
- Donors should support and fund gender analysis as part of contingency planning in slow onset or disaster prone countries rather than having a sole focus on response.
- Donors must also have a good understanding of what women's empowerment means and be flexible about what aims are realistic, in terms of changing power relations, in different contexts, timeframes and response phases. Time and money must be invested not only in CTPs but in long term gender mainstreaming. This entails funding for staff development, internally as well as for staff in the projects that they fund.
- Finally, as empowerment involves systemic change, donors must support and promote advocacy to address inequality and to work towards women's empowerment. Donors should also consider the kind of timeframes needed for this type of change when designing funding instruments.

What is clear from this report is that women's 'empowerment' is not an automatic by-product of a CT programme. A shift in understanding and approach could lead to real and critical changes in the lives of women. This shift could put capacity building of women, men and partners centre stage, and could see CTs both as a support to existing survival mechanisms and a way of promoting women in contexts characterised by deep gender inequality. This report is a part of the learning process to help build and implement emergency CT programmes that can have deep and long lasting impacts on millions of women. Practical changes and organisational shifts have to be undertaken. It is clear that, under these circumstances, Creti and Jaspars' vision of the positive potential of CTPs can be realised.



# Annex 1

## Oxfam GB's West Sumatra Earthquake Response

On 30 September 2009 a powerful earthquake struck off the coast of West Sumatra Province. The affected districts, both rural and urban, were home to approximately 3.75 million people. A secondary earthquake hit the same region magnifying the destruction and the impact on people's lives. The Indonesian National Disaster Management Agency reported a total of 1,117 people killed and 2,902 injured with severe damage to infrastructure. A reported 279,314 houses were damaged, over 200,000 of these moderately or severely.

Oxfam's earthquake response had four components. The CT was undertaken under the Emergency Food Security and Livelihoods (ESFL) component which aimed to: ensure food access; support choice around shelter recovery; and prevent those affected falling into unfair debt. It should be noted that there were no explicit objectives around gender within the CT programme, though Oxfam Indonesia mainstreams gender into all of its work<sup>21</sup>.

The programme had two phases and ran for four months from November 2009- March 2010. The programme area was selected to be one in which over 80% of the houses were severely or moderately damaged. A lack of evidence of pre-disaster wealth ranking and unclear social vulnerability indicators meant that it was decided that all households<sup>22</sup> in the programme area would receive one of two grants based on the level of house damage<sup>23</sup>. The first phase consisted of household and community

grants. The community grants of a further 0.5 million Rupiah (approximately £35) per household were intended to facilitate the community working together on communal clean-up activities. In Phase two, the programme was expanded to more sub-villages, but did not include community grants. Approximately 6000 households received one or both grants.

### Assessments

Oxfam Indonesia made a considerable effort to ensure that a gender analysis formed part of the initial assessment undertaken. The gender analysis identified the matrilineal nature of the local society and stressed the importance of ensuring that any response did not disturb local patterns of women's house and land ownership. It also highlighted the high levels of particularly male, but also female out-migration, and the resulting high levels of female-only headed households – many of whom were elderly.

A gender strategy was developed which included components such as: the systematic collection of sex disaggregated data; the development of vulnerability criteria focusing on, for example, female headed households; the inclusion of women staff and a gender advisor in the response team and the inclusion of women's organisations as partners.

There was some attempt to integrate gender considerations into the ESFL programme design. Women were intended to be the recipients of the household grants (though the rationale for this was not explicit in the project documents), were

expected to take joint leadership of the community work as committee treasurers, and were expected to take equal part in the community work. However, in practice, these plans were not carried through consistently<sup>24</sup>.

### CTs and Gender Relations – Positive Impacts

While there were issues around the use and effects of CTs, beneficiaries generally responded positively to the transfers of cash, especially to the flexibility and speed of response.

**WE LIKE CASH GRANT, PREFER IT, BECAUSE WE CAN USE IT FOR PRIORITY NEEDS. FOR THE FIRST DAILY NEEDS, TARPAULINS, WATER. CASH GRANT IS BETTER FOR US. IT IS GOOD. (FEMALE BENEFICIARY)**

Whilst the project design suggested that women were considered as the main beneficiaries it also stated that *‘during the sensitisation, it would be stressed that the entire family would benefit from the grant, regardless of who received it’*<sup>25</sup>. In reality it appears that ensuring the woman’s name was the one on the beneficiary card was not carried out consistently.

It is normal among the MinangKabau community of Indonesia for men to hand over their earnings to women to manage the household economy, at times retaining some money for cigarettes and coffee. It is not, therefore, surprising that feedback from the community suggested that in most cases the women managed the CT payments and men and women discussed together how to use the cash. This can be considered a success in that the CTs did not create conflict in this regard. There were exceptions to this when the wife came from outside the area.

There were other successes. Encouraging women to be involved in community labour for the first time gave public recognition to women’s contribution. Furthermore women who took part in community labour were paid the same amount as men for a day’s work, challenging local norms.

### Challenges

Overall gender issues, issues of vulnerability and local social dynamics were not fully integrated into the programme design. The ESFL work undertaken did not reflect the initial gender analysis. As a result

it lacked a gender perspective, did not identify the differential impact of the earthquake on men and women’s livelihood options and practices, nor did it analyse how the livelihoods of those identified as most vulnerable were affected. In particular it didn’t take account of the specific vulnerabilities women face within the matrilineal culture whereby they might inherit houses and land, but have little decision making power with regards to either household issues or within the community<sup>26</sup>.

There were multiple issues around the design and implementation of the programme and the resulting impact on gender relations.

Targeting was problematic. Giving grants to all members of the community based on the extent of damage meant that in reality, vulnerability was ignored, which can particularly affect women. This included questions of the ratio of dependents in a household, the social context where adult sisters rotate their use of land, shared housing, renters (often families where the women are not from the area), the structure of the houses (with poorer families living in wooden structures and yet receiving less money) and that the assessors often considered only the main living area of the house, thereby ignoring those areas which were particularly important to women.

The community grant was designed to fund self selected community projects that would benefit the community as a whole or to give additional support to the most vulnerable. If no-one in the household was able to carry out physical work, the household was able to nominate someone else to do it on their behalf. Overall the community grant was appreciated, but it did not appear to be operating in a way that really increased community cohesion, supported the most vulnerable or promoted the visibility and potential of women. Some of the issues include the following.

- In practice in three of the villages visited the groups chose to clean each other’s houses in turn, rather than focus on projects that could support women or other vulnerable groups.
- Community groups were expected to designate a man as leader and a woman as treasurer. While the motivation to ensure women were involved in leadership roles was important, it is unfortunate

that, in reality, the roles assigned reinforced local gender stereotypes. In addition, there were no clear responsibilities for the treasurer. Ensuring women took at least one of the leadership roles was also not carried out consistently across different villages. Moreover, no support was given to women to perform their newly introduced public roles.

- There was a lack of clarity on how to split money between those unable to work and the people they had nominated. This had serious consequences given that the initial gender analysis had found an above average number of elderly female-only headed households who would find it hard to work.

The real time evaluation suggests that gender was not fully embedded into programmes due to a lack of ownership by the implementing staff teams. The Gender Officer's Final Narrative report talks of a 'lack of systematic documentation, coordination and synergy in all sectoral programmes in regard to gender issues'. As a result of ongoing commitments to a previous emergency in Indonesia, Oxfam recruited some temporary staff, and some staff were seconded from partners. Ensuring all new staff shared the values and ethos of Oxfam GB was challenging particularly when the team was put together under time pressure. There was some attempt to orientate staff on gender issues, but this met with mixed success. One young male partner commented that he didn't listen to the gender induction as 'they talked too much about women's problems so I wasn't really interested'. This highlights the need for selective partnership agreements and investments in capacity building and gender training.

The programme developed partnership links with KPI, a nationwide women's organisation. However the potential of this relationship was not fully realised. KPI commented that they were not involved in programme design and were concerned that the way the programme was implemented did not align with their organisational mandate. They clearly did not feel their particular expertise was made best use of.

*Our organisation was not really involved in strategic discussions, or how the programme will be done, or how the indicators of the programme should be applied in practice. (KPI leadership, interview).*

The programme offered real opportunities for small but positive and sustainable steps towards improved gender power relations. Yet these opportunities were not taken full advantage of.

- The partnership of KPI could have (KPI) provided increased capacity and understanding of women's gender roles and relations in the programme area.
- Changes could have been deeper and more sustainable through better use of existing community groups, better knowledge and involvement in the community grant scheme, and sharing information about accessing the planned government compensation scheme.

*When we talk about community organising when we do the community grant, we need to not only form a committee for a temporary assignment but to take further action about mobilisation of the community. To think through about how this mobilisation we can also empower women... This should be the exit strategy for Oxfam. First preparing community to be ready for rehabilitation and reconstruction funding and handing over from Oxfam to a local organisation and partners to ensure the continuation of this group. (KPI staff)*

### **Conclusion**

The Oxfam Indonesia Response shows, crucially, that it is possible to undertake a specific gender analysis and develop a gender strategy in humanitarian emergencies. However gender and other social dynamics did not get sufficient attention during the design and implementation of the CT programme. Many claims have been made about how CTs can 'empower' the recipient; particularly if the recipient is a woman. Whilst CTs can have an effect on redressing gender equality, this will depend on the local context and socio-economic-cultural factors, the design of the CT, and crucially, how it is put into practice.

In Western Sumatra most women are quite used to handling and budgeting money. While being the direct recipient for the CT might support these women in temporarily meeting their gender roles post earthquake, it didn't do much more than this. This is not to deny the importance of supporting women in meeting their gender roles post-disaster – but it does not, by any means, equate with 'empowerment'.

# Annex 2

## Concern Worldwide's Cash Transfer Programme in Zimbabwe

Since 2002<sup>27</sup> Concern Worldwide has been delivering food aid during the lean season (October to March) in three rural districts of Zimbabwe, as part of the World Food Programme's 'Vulnerable Group Feeding' (VGF) programme. The objective of the VGF is to ensure that recipient households can meet their missing food entitlements, in a context of cereal deficits, weak markets and household food insecurity. Prior to 2009, CTs were not possible in Zimbabwe due to the government's tight control over the maize market as well as hyper-inflation in the economy. With the stabilization of inflation following dollarization in January 2009, Concern decided to trial CTs as a response to the ongoing food crisis.

The Zimbabwe Emergency CT (ZECT) Pilot in Gokwe North, Gokwe South and Nyanga Districts, initially targeted approximately 3,800 households over 5 months (November 2009 to April 2010). The pilot sought to enable the most vulnerable sections of the population to access their Missing Food Entitlement (MFE) by providing direct CTs in one ward per district (1,900 households) as well as food and cash in a second ward per district (1,900 households). The pilot intended to evaluate whether cash enabled Zimbabwean households to better meet their food security and other basic needs and how markets respond to such an intervention<sup>29</sup>. The programme was subsequently expanded in January 2010 to cover 20 additional wards, bringing the total number of recipients to 58,866<sup>30</sup>. It is essential to note that

addressing gender inequality was not a stated objective of the project but it was a benefit expected as a result of targeting CT to women.

For the purpose of this report, Gokwe North was selected as the study area as it had a range of ethnic groups with different gender dynamics. Gokwe North has a considerable number of elderly, female and child headed households. Some of this is due to the prevalence of HIV/AIDS, but much is due to Zimbabwe's economic crisis during which time much of the formal economy collapsed and household coping strategies meant that many men migrated.

There were notable difficulties with the ZECT programme implementation, especially around issues of targeting, plus several unintended negative consequences of the cash injections. These included the impact that the role and power of village and ward leaders had on the community-based targeting process, some instances of local price hikes and increased demands from creditors for payment (for example school fees) experienced by some cash recipients on distribution days. These issues are discussed in detail in the programme evaluation<sup>31</sup> and this report focuses on the implications of CTs on gender relations.

### **CTs and Gender Relations - Positive Impacts**

By using cash and by putting this cash into the hands of women, Concern hoped to allow individual women to *'(have) more influence on what happens in*

(their lives) and (be) able to make the choices (they) want to make<sup>32</sup>. While the effects of CTs on intra-household and intra-community relations could vary significantly between households and communities, there were common findings identified. Both the ZECT evaluation and fieldwork for this report found that overall CTs or CTs plus food had positive impacts on intra-household relations. *'This was because the principal driver of poor intra-household relations is a lack of food at the household level, and all transfer types contributed to preventing this'*<sup>32</sup>. The majority of beneficiaries of the CT programme reported that:

**IT ADDED TO LOVE [IN THE HOUSEHOLD] BECAUSE WE COULD GET WHAT WE WANTED AND TALK TOGETHER. IT ONLY LASTED DURING THE CT. WHEN WE START TO STARVE AGAIN SORT OF LOVE DISAPPEARS. IS BETTER NOW WE ARE HARVESTING. (MALE BENEFICIARY, MAKAKATANWA)**

Many women and men said the CTs improved communication between spouses or with other family members. In some cases the CTs challenged gender stereotypes in that men started to see that women were capable of looking after cash and able to contribute to discussions on its use. Many women also appreciated that men had to request money from them, whereas traditionally the opposite occurs. They felt this gave them a new level of independence and authority.

**WE DIDN'T HEAR OF ANY ARGUMENTS. WE WOULD REQUEST MONEY FOR BEER, BUT WERE GIVEN A LITTLE BIT LEAVING ENOUGH FOR FOOD. IT IMPROVED RELATIONSHIPS IN THE HOUSEHOLD. THE HUSBAND WOULD HAVE TO TALK, IT IMPROVED COMMUNICATION. THIS HAS PERSISTED UP TO NOW. (MALE FOCUS GROUP DISCUSSION [FGD], BENEFICIARIES)**

There were differences of opinion between villages and between FGDs as to whether these changes would last beyond the duration of the CT programme. In an area where cotton is the cash crop, these temporary or longer term impacts were often

described in relation to decision making about cotton profits. These opinions were divided into approximately two equal groups.

**COTTON SALES ARE DIFFERENT, WE DON'T HAVE NEGOTIATING POWER. (FEMALE FGD)**

**(THE CTS HAS) BUILT UP TRUST THAT WOMEN CAN USE THE MONEY WELL...A FEW FAMILIES HAVE EVEN DIVIDED COTTON PROCEEDS AMONGST THEMSELVES, GIVING SOME TO WOMEN. (WOMEN FGD BENEFICIARY)**

**SOME MEN ARE NOW CONSULTING THEIR WOMEN ON HOW TO SPEND INCOME FROM OTHER SOURCES. (WOMEN FGD BENEFICIARY)**

However the fact that the vast majority of women and men were positive about women being the recipients of the CT and about the impacts of the CT on household relations is largely because the CTs have reinforced gender roles and stereotypes, rather than challenging them.

**IT IS GOOD BECAUSE USUALLY WOMEN ARE MORE RESPONSIBLE THAN MEN. IF YOU GIVE A MAN MONEY THE ONLY THING HE DOES IS BUY SOME BEER AND MAYBE TOBACCO. (MALE, FGD NB NYAMADZAWO)**

While the positive changes identified above are small steps which can be part of the path towards increased gender equality, in the context of a short term, stand-alone programme these changes do not count as significant milestones in that march. This is further exemplified in comments made by male and female junior staff who accepted 'empowerment' to be 'supporting women in their traditional roles'. Male respondents also commented that they were initially worried the CTs would enable women to become household heads and were relieved to find that this was not happening.

### **Challenges**

A lack of sensitisation for men and women regarding the project's aims and difficulties with the targeting





mechanism led to problems for beneficiaries and non-beneficiaries alike. Up to a third of women seem to have had to deal with some kind of challenge from male relatives with regards to their control of the cash<sup>33</sup>. Mostly these were dealt with peacefully, with less than one fifth of respondents claiming that intra-household relationships had deteriorated – which can be interpreted as a positive change. There was, however, anecdotal evidence and suggestions in the evaluation report that CTs had potential to increase household conflict in this regard<sup>34</sup>. Women had to deal with multiple burdens, collecting cash in addition to daily tasks of childcare and housework, which also reflects the lack of adequate male sensitisation. Without adequate community understanding and ‘buy-in’ any change in gender dynamics will be small and hard to sustain.

A significant worry for the majority (75%) of respondents has been the negative impact of the ZECT programme on community dynamics.

Fieldwork found that there was no sense of community participation in, ownership of, or even real understanding of the programme among either recipients of cash or the village leadership that were interviewed. This led to a general sense of disempowerment and community jealousy with regards to the intervention.

**WE FELT VERY ANGRY EVEN UP TO NOW. IT HAS HAD LONG TERM EFFECTS. THE SAME PEOPLE WHO GOT CASH GOT INPUTS. PEOPLE WERE NO LONGER ABLE TO SHARE. (GONKA WOMEN FGD NON BENEFICIARIES)**

There were differences in opinion about whether these would continue post programme. If so, this could have significant and damaging effects on local coping strategies, such as sharing, which could then increase household vulnerability. This also seriously limits the transformative potential of CTs.

Other social dynamics, such as polygamy, were not accounted for. Overall junior wives and daughters-in-law appeared to be largely excluded from any shifts in household relations resulting from the CT. It is important to note that though ZECT is supplementing food, it is not changing patterns of food distribution in the family, which are highly gendered<sup>35</sup>.

There were challenges around implementation. There was misunderstanding as to who was able to collect the CT payments, though overall this probably affected less than a quarter of recipients. For example women without an ID card were unable to collect the cash; and where women didn't have ID they understood that they must find another woman to collect, even if her husband had ID. It is possible that not allowing women without ID cards to collect cash undermined their sense of identity and self-worth, whilst refusing to allow the husband to collect excludes participation of male community members still further. Furthermore, a number of households either had or felt obliged to pay the person who collected on their behalf. They would have preferred to have been able to use their husband's ID or to have found alternative means of collection. Another issue was the prevalence of all-male help desks, which included powerful members of the community and who women and widows in particular felt unable to approach for help or to address complaints.

### **Conclusions**

In Zimbabwe there was general approval among communities of women being the recipients of CTs, suggesting that this should continue. However this positive feedback largely concerned the efficiency of this approach in achieving programme aims around

securing household food needs and supporting women to fulfil traditional gender roles. While women were able, to some extent, to have more influence over their lives, this should not be confused with 'empowerment'.

The dissatisfaction with current targeting processes and the perceived negative impacts of these points to the need for the development of systems for beneficiary selection that the community consider 'fair' while ensuring the voices of less powerful groups, such as widows, women who have migrated into the area and daughters-in-law, are also heard. This requires greater dialogue with communities, whilst recognising that they are not homogenous and that special attention is needed to ensure discussions take account of all social differences, including gender. Programmes need to be clear on the terms that they use and the way that they deal with complex social realities.

Women should be consulted about what additional support they need and programmes must sensitise men and community leaders. Implementation mechanisms should take women's needs, responsibilities and the cultural barriers facing their socio-economic participation into account. While in-depth consultation can be constrained in a rapid on-set emergency, in repeated programmes like the VGF it should be possible to consult at a more meaningful level. In these contexts there is potential that CT programmes could aim to achieve their stated objectives in this regard such as sustained shifts in household decision-making dynamics, increased recognition that women are capable of managing money and the increased sense of identity and status of women in the community.

# Annex 3

## Cash Transfer Programme in Urban Slums of Kenya – Concern Worldwide and Oxfam GB

In Kenya, a combination of factors including consecutive droughts, violence following the 2007 election, low food grain production and the global food crisis led to a significant increase in food prices and the subsequent food crisis of 2008-9. According to government statistics it was estimated that 9.5 million people were at risk of starvation, with 4.1 million of these living in urban informal settlements. While the government was addressing this crisis in parts of rural Kenya, Concern Worldwide, Oxfam GB and Care International (Kenya), commissioned research that indicated that there was a humanitarian crisis unfolding in the informal settlements of Nairobi. The dramatic hike in food prices was having a major effect on the nutrition of the poorest in the slums.

As part of a larger coordinated programme in Nairobi, Oxfam GB and Concern Worldwide developed a joint proposal to address this urban crisis. The overall project objective was to improve the food and livelihood security of the most food insecure households in Nairobi's informal settlements. This would be done by improving access to food and by developing longer-term food and income security initiatives. The food security intervention had three phases and was intended to bridge the gap between urgent response and development, with CTs addressing both these immediate and longer term needs<sup>36</sup>. CTs were considered particularly suited to

urban environments, given that the urban poor are highly reliant on the market and purchase 90% of household requirements with cash.

In Kenya, while neither agency defined reducing the disparity in gender equality as a core aim of the CT programme, women were the main recipients of cash (Korogocho 86.3% and in Mukuru 98%) based on assumptions about the household roles of women in the slums and expectation of the benefits that putting cash into their hands could bring to them. The majority of these women were household heads, managing households alone with no male support. A minority were in long term relationships or marriages.

### **CTs and Gender Relations – Positive Impacts**

The poor households included female headed households (the majority), those living with HIV/AIDS, orphans and the elderly. The CTs fed into the mix of livelihoods strategies that the households already employed and were highly welcomed. Early evidence showed that households were able to eat better and that the programme greatly alleviated the day-to-day stresses that poverty entails. Some female recipients said they had more peace at home, others felt more confident. Some had been able to start or rebuild and expand small businesses and others got their children back into school. Children were able to return from the streets or from scavenging to eat at home.

Community Health Workers (CHWs) worked with these women on issues of confidence and behaviour change and some were able to provide much needed advice and psychological support to women.

Women felt it was right that they were the main beneficiaries of the programme as they carry the bulk of household responsibilities while men are either often away or entirely absent from the household. The majority of men interviewed also defined women as the most vulnerable in the slums and felt that women should benefit from the programme as ‘de facto’ household heads. Married men did not mind that their wives were the primary recipients as they felt that the whole family would benefit from the CTs.

Some men, who had previously been absent, also returned home, feeling less pressure to provide. This increased the sense of peace in many households. For the most part women controlled the money and some discussed the use of the money with husbands or older children. For many of the men there was nothing unusual or different about women handling the household finances.

**IT IS MY WIFE WHO WILL KNOW WHAT TO BUY AND HOW MONEY SHOULD BE USED. (MALE BENEFICIARY)**

**WOMEN ARE THE ONES WHO STAY IN THE HOUSE, THEY KNOW WHAT IS WRONG AND WHERE BUT YOU SEE WITH MEN THEY DON'T LIKE BEING IN THE HOUSE- THEY ARE ALWAYS OUTDOORS. (MALE BENEFICIARY)**

These findings whilst positive are very much in the context of a woman's traditional gender role within the home rather than as a result of social changes that could be said to be ‘empowering’.

There was some suggestion that negative coping strategies for women such as begging or transactional sex had stopped or declined. There was anecdotal evidence that where transactional sex continued, women were able to negotiate for the use of condoms, accepting lower rates of pay for protected sex. Staff generally believed that the women used the money well and did not buy alcohol or take drugs.

Although monitoring the use of the money was

slightly problematic<sup>38</sup>, some of the beneficiaries claimed that, while they used the cash for food initially, they later diversified and used some for their businesses, rents and other fees. Several women told staff that they were sharing their food with others outside their household. While this can help to strengthen community ties and coping strategies, how frequently this was happening and to what scale is not known.

The programme was seen to be well delivered by those directly involved and that ‘what was promised was delivered’. This is unusual in the slums where often food and materials ‘go missing’ or get unfairly distributed. Staff believed that the programme was efficient and cost effective. The mobile phone delivery mechanism was a notable achievement. This was innovative and was a key element of the programme, showing that the new Safaricom technology could safely allow for transfers of cash to poor people, especially women, in the highly insecure context of the slums<sup>38</sup>.

### **Challenges**

While women were the main recipients of the CTs, there was no gender analysis looking at how power is wielded, who makes decisions and how the lives of married and single women really differ. Women were not directly involved in the design stage of the programme. Moreover, there were no collective discussions to develop a shared perspective on what were the issues facing women, what were their constraints or what the project intended to address through the delivery of CT to women both in the immediate term and beyond. A lack of a gender/social analysis compounded the general confusion over terminologies and social realities. What constituted a ‘household’ or ‘household head’ was not clearly defined, nor were issues facing polygamous households or refugees accounted for. It should be noted that this programme needed to be implemented rapidly and in difficult circumstances – however the lack of such analyses and discussions has demonstrable impacts. As a result there were no clear aims of what the programme could achieve in terms of changing gender dynamics. This led to a focus on technical issues of CT delivery, logistical issues and reporting with little time dedicated to learning from experience.

The uncertainty around funding and delays in plans for transition to the longer-term livelihoods activities were major challenges to the ability of CTs to have an effect on gender power relations. Firstly, many recipients commented that the programme seemed to 'appear out of nowhere' and felt that, due to the cut-off date and delays in starting the second phase of the project, it would soon 'disappear' too. This inevitably undermines any potential long term, sustainable changes in women's roles and social positions. Secondly, several of the women and men interviewed felt that neither gender relations nor opportunities in the slums had changed and they feared that the pressure to meet day-to-day needs (and the intra-household tensions that result from this) would return when the CT programme ended. The money received was relatively small, especially in single income earning households and was not accompanied by group support work, messaging, health care or other supplementary livelihood support activities.

There were other challenges to the implementation of the CTs. Due to resource and staff constraints, it was hugely difficult for staff to develop a deep understanding of the women's lives. Programme design, training and research requirements were often contracted out, meaning that learning was fragmented and not always absorbed. Furthermore, there was little time for programme staff to share aims, methods and issues with partner organisations. The experiences of the partner organisations, developed over years of working with women were, at times, lost.

Targeting and monitoring were also problematic. The lack of public meetings or public information about the programme meant many poor women and men did not know about the programme and some said they were omitted because they were not available when selection visits took place. Women expressed a concern that other equally food insecure people were excluded from the programme.

Despite regular monitoring on a wide range of issues<sup>39</sup>, sex-disaggregated data was either not collected or not included in the data management system for subsequent analysis. This lack of data is a serious barrier to learning around gender and is vital for any programme being implemented as this one is in a 'gendered' way. Monitoring focused on changes

in food consumption and eating patterns for each household. While this is appropriate to a food security programme, if donors require that programmes address gender dynamics and if benefits for women in relation of gender dynamics are expected as a result of delivering cash to women, these aims and indicators should be clearly expressed from the outset and monitored accordingly. While monitoring did ask some questions about changes 'in negative coping strategies', there were none that analysed whether CTs cut across existing positive coping strategies, how women and girls fare in relation to the CT, differences between women and male headed households, or anticipated/unexpected changes around gender relations during the CT process.

### **Conclusion**

In the slums many traditional family roles have broken down. Almost all aspects of life are determined by one's sex. And yet there is very little formal discussion of the realities of life for women and men, how they can access education, health care and work and how the experiences and rights of men and women differ. Without an adequate gender and social analysis, these crucial factors continue to determine people's lives despite programme efforts. There are many different approaches to meeting gender needs, challenging unequal gender roles and supporting women's empowerment in the long term. They all, however, require clarity about what the problems are and can be done to address them within specific timeframes or programme phases. This strategic vision needs to be deeply embedded in programmes, shared with all staff and partner organisations and monitored accordingly.

The programme in Kenya showed that CTs can certainly help women in a number of practical and immediate ways, which can then potentially be built on in longer term development programmes, such as those planned for the next phases of this programme. The Kenyan programme also reinforces the idea that a sound understanding of women's lives in the slums needs to be matched with realistic gender sensitive aims, which are routinely monitored. If not, then the real needs of women are all too easily neglected. At the very least a short term programme should still acknowledge the impact that a transfer of this nature, along gender lines, can have on household relationships so as to ensure a 'do no harm' approach.

# **Annex 4**

## Oxfam Indicators for a Gender Aware Response Card

1	OXFAM GB INDICATORS FOR GENDER AWARE RESPONSE	Project Phase		
		Start?	Middle?	End?
ASSESSMENT	<ul style="list-style-type: none"> <li>Proportional representation of women and men on the team; including someone experienced in gender.</li> </ul>			
	<ul style="list-style-type: none"> <li>Data is collected from women by women, given adequate time and space.</li> </ul>			
	<ul style="list-style-type: none"> <li>Vulnerable groups are identified, consulted, included in the program.</li> </ul>			
	<ul style="list-style-type: none"> <li>Data is disaggregated by sex, age, family composition, other relevant factors.</li> </ul>			
	<ul style="list-style-type: none"> <li>Know how the crisis has affected men and women differently (employment, workloads, house work, mobility, childcare, social networks, resources, fears, pressures, decision-making, etc)</li> </ul>			
	<ul style="list-style-type: none"> <li>BASELINE DATA is established to measure impacts and changes.</li> </ul>			
ANALYSIS	<ul style="list-style-type: none"> <li>Resources are dedicated to addressing inequalities for girls and women.</li> </ul>			
	<ul style="list-style-type: none"> <li>Impact indicators reflecting needs, interests and priorities, are developed by affected women and men.</li> </ul>			
	<ul style="list-style-type: none"> <li>Planning options for access and control of resources, responsibility roles, and strategies for fairness are developed by affect women.</li> </ul>			
	<ul style="list-style-type: none"> <li>Changes in men's and women's roles and work created by the crisis are identified, both positive &amp; negative.</li> </ul>			
	<ul style="list-style-type: none"> <li>Knowledge and beliefs of local women and men about gender inequity, causes, consequences, and remedies are recognized and considered in formulating baseline measures.</li> </ul>			
IMPLEMENTATION	<ul style="list-style-type: none"> <li>Objectives for technical and social programs are set together.</li> </ul>			
	<ul style="list-style-type: none"> <li>Technical &amp; social interventions start together, proceed together (~ not at the same pace)</li> </ul>			
	<ul style="list-style-type: none"> <li>Opportunities for technical interventions to address male-female inequalities are found.</li> </ul>			
	<ul style="list-style-type: none"> <li>Accurate information about programs is accessible to men and women.</li> </ul>			
	<ul style="list-style-type: none"> <li>Women beneficiaries manage programs within their traditional domains of activity.</li> </ul>			
	<ul style="list-style-type: none"> <li>Advocacy activities promote women's rights and equality between women and men.</li> </ul>			
	<ul style="list-style-type: none"> <li>Equal and/or proportional representation of women &amp; men in decision-making is promoted.</li> </ul>			
	<ul style="list-style-type: none"> <li>Strategies for improving fairness between girls and boys, women and men are in place.</li> </ul>			

2	OXFAM GB INDICATORS FOR GENDER AWARE RESPONSE	Project Phase		
		Start?	Middle?	End?
MONITORING AND EVALUATION	<ul style="list-style-type: none"> <li>Proportional participation and benefits to girls and boys, women and men are measured.</li> </ul>			
	<ul style="list-style-type: none"> <li>Success of the program in meeting needs of girls and boys, women and men is monitored.</li> </ul>			
	<ul style="list-style-type: none"> <li>Effect of program on reducing/changing stereotypes of girls &amp; boys, women &amp; men is monitored.</li> </ul>			
	<ul style="list-style-type: none"> <li>Improvement in conditions and status of girls and women is monitored.</li> </ul>			
	<ul style="list-style-type: none"> <li>Men's &amp; women's workloads, control of and access to goods &amp; services, is monitored for comparison with baseline data.</li> </ul>			
	<ul style="list-style-type: none"> <li>Changes in women's ability to influence decisions and control resources are monitored.</li> </ul>			
	<ul style="list-style-type: none"> <li>Budget distribution; use and net benefits to different segments of the community is monitored and reported.</li> </ul>			
	<ul style="list-style-type: none"> <li>Staff and partners are held accountable for setting and achieving objectives relating to gender equity.</li> </ul>			
PARTICIPATION AND CONTROL	<ul style="list-style-type: none"> <li>Programs are clearly based on results and findings of consultations with affected women and men.</li> </ul>			
	<ul style="list-style-type: none"> <li>Beneficiary management of, participation in and access to services is proportionally representative according to population profile (i.e. sex, age, ethnicity, etc.).</li> </ul>			
	<ul style="list-style-type: none"> <li>Communication strategies developed at local level ensure equal participation of girls, boys, women &amp; men.</li> </ul>			
	<ul style="list-style-type: none"> <li>Concrete measures are implemented to reduce women's workloads, enabling their participation in management and decision-making.</li> </ul>			
	<ul style="list-style-type: none"> <li>Concrete measures are implemented, to support men's increased domestic activity, enabling women's participation in management and decision-making.</li> </ul>			
	<ul style="list-style-type: none"> <li>Local women's organizations encourage community participation, participate in program promotion, planning, and ongoing management.</li> </ul>			
	<ul style="list-style-type: none"> <li>Female beneficiaries and women's organizations manage distribution whenever possible.</li> </ul>			
	<ul style="list-style-type: none"> <li>Local women's associations and the Women's Ministry of the host government are involved and strengthened.</li> </ul>			
	<ul style="list-style-type: none"> <li>Strategies promote the participation of girls and boys, women and men in programming into recovery and post-emergency stages.</li> </ul>			



## Endnotes

1. "Minimum food and non-food needs" are defined in the Sphere Project's Minimum Standards in Disaster Response. Cited in Creti, P. and Jaspars S. (eds) (2006) *Cash-Transfer Programming in Emergencies*, Oxford: Oxfam GB, (p 1)
2. Creti, P. and Jaspars S. (eds) (2006) *Cash-Transfer Programming in Emergencies*, Oxford: Oxfam GB, (p 8)
3. See the selected bibliography for suggested reading. These issues were all raised in the full country reports on Kenya, Zimbabwe and Indonesia. Details of how to get copies of these reports can be found in the bibliography.
4. In some wards in Zimbabwe, there was a fairly strong, but not universal preference for food aid over CT, (see Appendix 4 of full Zimbabwe Gender and Cash Transfer Study Report). Reasons given for food preference were that prices tended to get hiked on the day of distribution, a lack of food availability, and that while food was recipients' main priority the CT tended to also go on other needs such as paying off debts or school fees. It is also worth noting that in the two villages where demands for school fees were said to be tied to distribution days there was almost universal preference for food aid. The monitoring report did find that prices in cash only wards were lower than those in food only wards, but this may reflect the particular choice of Ward for the CTP (chosen to have easy access to markets and grain availability) rather than the impact of the programme itself. It also found no evidence of inflation due to the CT. However prices hikes were also reported in the ZECT evaluation.
5. Programmes such as Hunger Safety Net Programme in Northern Kenya are seeking to analyse the impact and effectiveness of three targeting methods.
6. Oxfam GB (2007), *Aim 3- The Right To Life And Security: Strategic Framework 2007/08 – 2010/1*, Oxford: Oxfam GB (p 6)
7. Concern Worldwide (2006) *Strategic Plan 2006-11*, London: Concern Worldwide
8. Batliwala, S. (2007) *Putting Power Back Into Empowerment*, [online] Available: [http://www.opendemocracy.net/article/putting\\_power\\_back\\_into\\_empowerment\\_0](http://www.opendemocracy.net/article/putting_power_back_into_empowerment_0)
9. Cornwall, A. and Edwards, J. (2010) 'Introduction, Negotiating Empowerment', *IDS Bulletin*, Vol 41. No.2, March 2010.
10. There are two DFID funded research projects on 'Pathways to Women's Empowerment', one at IDS and one based in Hong Kong but linked to QEH Oxford. Danny Harvey has recently written a guide for staff based on work in Zimbabwe, Concern, Uganda, 2010.
11. Quoted in Indonesia's country report commissioned for this report. Chapman, J. (2010), *Cash Transfers and Gender: Oxfam West Sumatra Earthquake Response*, Oxfam GB and Concern Worldwide, (p. 17) See bibliography for full details.
12. Full Report, Chapman, J (2010) *Zimbabwe Gender and Cash Transfer Study*, Oxfam GB and Concern Worldwide (p21)
13. Mukuru Slums Development Projects, (2010) *Food Security Programme Report*
14. Men interviewed included the following in a list of benefits from the CTs targeting women: the alleviation of immediate pressures and the ensuing freedom to work in their own fields rather than working as casual labourers for others (Zimbabwe).
15. The inclusive government of Zimbabwe, the United Nations and the Food and Nutrition Council (FNC) have launched new data on the nutritional status of Zimbabwe's children, revealing that more than one third of Zimbabwe's children under the age of five are chronically malnourished and consequently stunted. Unicef (July 2010) [online] Available: [http://www.unicef.org/zimbabwe/media\\_5965.html](http://www.unicef.org/zimbabwe/media_5965.html)
16. M. Molyneux, (2009) 'Conditional Cash Transfers: a Pathway to Women's Empowerment?', *IDS working paper 5 for Pathways to Women's Empowerment Programme*. [online] Available: <http://www.pathwaysofempowerment.org/PathwaysWP5-website.pdf>
17. The initial commitment of the GoK to funding the emergency cash transfers in the slums did not translate into funding, leaving the agencies to search for funding and creating uncertainty in the programmes.
18. Chapman, J. (2010), *Cash Transfers and Gender: Oxfam West Sumatra Earthquake Response*, Oxfam GB and Concern Worldwide, (p. 14)
19. Kardan, A. MacAuslan, I. and Marimo, N. (July 2010) *Evaluation of Concern Zimbabwe's Emergency Cash Transfer (ZECT) Programme*, Concern Worldwide, Oxford Policy Management and the World Food Programme
20. The Oxfam Gender Aware Response cards (Annexe 4) can be of great assistance. Concern also run a course, entitled, "Different Needs Equal Opportunities" which is free, takes 4 hours and is an absolute minimum for all emergency staff in gender mainstreaming in emergencies. This can be found at: <http://www.interaction.org/iasc-gender-elearning>
21. Oxfam GB (2009) *Indonesia Country Strategy 2009 – 2014 Raising Women's Voices, Realizing Rights, Building a Resilient Indonesia*, Oxford: Oxfam GB
22. Note: A household was taken to mean the people living in one house, which is the way the term is being used here. Local informants suggest this does not take account of local cultural norms (see later).
23. Houses that had been severely or moderately damaged received 1.5 million Rupiah (approx £100) per house, and those with light damage (designated as 'host' families) received 0.5 million Rupiah (approx £35).
24. The RTE found that 'Even though measures have been taken into account to ensure sufficient attention on gender issues in the assessments and programme designs it is patchy in delivery. For example, gender disaggregated data has not always been gathered.
25. Oxfam GB (2009) *EFSL Project Plan*, Oxford: Oxfam GB
26. For example though women inherit houses and some agricultural land, they are not able to make decisions on the land without consulting the man. Furthermore if there are a number of sisters in a family they will have access to use the land in rotation, meaning that in years where it is not their turn they have to find alternative livelihoods. Households where the women come from outside the area tend not to have any land.
27. With the exception of one year when the government took charge of the distribution
28. Hyperinflation reached an official level of 230 million percent by the end of 2008. Rataopoulos, B. and Mlambo A., 2009, *Becoming Zimbabwe: A History from the Pre-colonial Period to 2008*. Zimbabwe: Weaver Press
29. Zimbabwe Emergency Cash Transfer (ZECT) Project (September 2009), *ZECT Project Proposal*, Zimbabwe: Concern Worldwide Zimbabwe
30. Kardan, A. MacAuslan, I. and Marimo, N. (July 2010) *Evaluation of Concern Zimbabwe's Emergency Cash Transfer (ZECT) Programme*, Concern Worldwide, Oxford Policy Management and the World Food Programme
31. Kardan, A. MacAuslan, I. and Marimo, N. (July 2010) *Evaluation of Concern Zimbabwe's Emergency Cash Transfer (ZECT) Programme*, Concern Worldwide, Oxford Policy Management and the World Food Programme
32. Kardan, A. MacAuslan, I. and Marimo, N. (July 2010) *Evaluation of Concern Zimbabwe's Emergency Cash Transfer (ZECT) Programme*, Concern Worldwide, Oxford Policy Management and the World Food Programme
33. Note this contradicts the findings of the monitoring report which found no problems, but also concluded this area needed more investigation
34. "The disadvantage to this approach is that it could increase intra-households conflict between husbands and wives, especially in societies like Zimbabwe where women do not control cash and resource allocation decisions within the households". Ruiz Román, E.. 2010, *ZECT M&E Consolidated Report, Zimbabwe: November 2009 to March 2010*, [online] Available: [http://www.cashlearning.org/files/Evaluations/ZECT%20M\\_E%20final%20consolidated%20report\\_Final%20May%202010.pdf](http://www.cashlearning.org/files/Evaluations/ZECT%20M_E%20final%20consolidated%20report_Final%20May%202010.pdf)
35. See footnote 15.
36. The second phase encompassed a medium term response based on cash for work activities alongside skills development and training. Following this, the third phase involved a long-term plan for the Consortium and its local partners to focus both on developing emergency indicators in the urban environment, on developing a coordinated and systematic monitoring approach and on launching coordinated advocacy to encourage the government to invest in social protection measures for vulnerable urban populations.
37. Both in terms of misperceptions about what money should be spent on and the beneficiaries' responses to questions, mirroring what they believed were the priorities of the NGOs. Furthermore, none of this can be verified.
38. The security risks are low as no-one is moving with large sums of cash and people, predominantly women, were able to collect the money when they wanted to and in ways they wanted.
39. Concern monitored every recipient monthly over 8 months, looking at a wide range of issues, including age groups, savings, how long they have lived in the slum, assets and challenges of the CTs. Oxfam sampled a group of beneficiaries each month and focused on CT expenditures.

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## Full Reports on the Three Case Studies Selected

- Chapman, J.** (2010), *Cash Transfers and Gender: Oxfam West Sumatra Earthquake Response*, Oxfam GB and Concern Worldwide,
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## Photos

Page 1, 4, 7, 10 and 15: Loreta Palmaera/Oxfam

Page 7: Monica Akini, Kenya © Concern 2008

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Page 19: – Cash Transfer, Gokwe North, Zimbabwe © Concern 2010

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