What's next for social protection? Global e-conference

Clinic Q&A Live Discussion Document

Clinic 2: Gender and disability-sensitive social protection in times of COVID-19 and beyond

This is an open, collaborative document: anyone, experts and participants, can edit it.

This clinic was hosted by the SPIAC-B Gender Working Group, in partnership with UNPRPD/ILO/UNICEF, and co-organised by SPACE – Social Protection Approaches to COVID-19: Expert advice - more information here.

Instructions

- Post your comments under the relevant question below
- Tab/indent to respond to previous comments
- Start new questions in Calibri 14 Bold
- Answer question in Calibri 9 (non-bold) - feel free to use different colours for new comments
- You can expand view to 150% if comments are hard to read
- Post your name before comments and organisation if relevant
- Right click or use the link button to add hyperlinks

Table of Contents (see answers below)

Instructions

Question 1 Given the additional costs of gender and disability sensitive programming, how do I justify this to my superiors and those holding the budget?

Question 2 If there were just one piece of advice you could give social protection actors, from a gender perspective - what would that be? And the other way round, one piece of advice to gender actors, from the social protection perspective?

Question 3 How can social protection be designed to have the best chance of preventing GBV?

Question 4 What delivers better results - targeting women and people with disabilities or making sure they are included in other programs? What are the different costs and benefits?

Question 5 What is the best way to rapidly scale up social protection schemes to reach people with disabilities in a crisis?

Question 6 Where a government (and its partners) is interested in designing and implementing more gender-sensitive social protection systems, what are the 'essential actions' that are needed, to move

forward? What factors would be most important in assessing whether a social protection policy is gender sensitive?

Question 7 Is there any guidance available to integrate gender into social protection and cash programming?

Question 8 Are there any lessons we can draw from the humanitarian sector when responding to COVID using social protection?

Question 9 What are the areas we need more research on for improved use of cash and social protection to prevent GBV?

Question 10 Do you know any good examples of how low-income countries identify and screen people with disabilities to assess eligibility for social protection in a rigorous, ethical, and cost-effective way?

Question 11 Clearly cash plus is going to be better than cash alone, on a range of outcomes, but is there any evidence of what types of 'plus' work best, and what the best dosages of 'cash' and 'plus' are?

Question 12 Do you have examples of countries with good gender social protection policies? Have Ministries of Gender been influential?

Question 13 Would it be possible to discuss the differentiated impacts of COVID-19 and the role of SP in the means and ways of life of rural women? Seems like many of the actions during the pandemic were very urban-centered with limited gender -sensitivity.

Question 14 Women make up a great deal of the informal workers. They aren't in contributory schemes & suffered greatly during the pandemic. How do we reimagine systems to better protect the rights of women as well as formalize their employment & contribution to society, incl. using active labour market policies?

Question 15 Can you share examples of how gender-responsive social protection responses differentiated their design based on rural / urban targeting?

Question 16 Some governments have opted for public works responses - are you aware of cases where these have had a gender-intentional design, for example by hiring women to provide social care and support service or health services?

Question 17 Could certain conditionalities in CTPs lead to greater “time-poverty” for rural women? How can SP systems better link to economic, productive and recuperation strategies to improve opportunities for rural women's development?

Question 18 How to conciliate disability-assessments with responsive social protection? In order to provide quick horizontal expansions of existing programmes, how to make comprehensive disability-assessments a less time-consuming process?

Question 19 COVID-19 has demonstrated the need to see transfers and care services together. How far is social protection advocacy focusing on this combination, including those who advocate for a cash+ approach

Key points emerging:

- **Poverty, gender and disability are all aspects of life and aren't standalone issues**. Poverty matters for gender equality and disability inclusion objectives. It is an essential part of people's lives that social protection can help to address. Equality, gender and disability are essential to the individual, family and communities that people live in and to design and implement social protection without recognising this will mean we won't achieve our objectives. We need better data to improve the inclusivity of social protection programmes - sex, age, disability disaggregated - to understand coverage, needs, impact (both positive and negative). The picture here is improving, and there is promising practice emerging in COVID response of rapid collection and sharing of data. This should become more standard.
- **To be more inclusive we need to assess what impact interventions will have on women, people with disabilities, carers etc. and this needs to start with design.** To meet a wide range of needs requires both targeted and mainstream approaches, coordination and linkages. Stronger engagement with affected populations, women's rights organisations, disabled people's organisations etc. will improve the targeting and effectiveness of social protection interventions, there are promising experiences of partnership with DPOs to deliver rights based disability assessments at community level and lessons to be learned from other sectors. We need to ensure these are real partnerships, enhancing holistic social protection, disability and gender outcomes and are not extractive and adding additional pressures to already under-resourced organisations and individuals
- **Linkages to services and cash plus models are important for delivering transformative outcomes**. This matters to issues like linking to care services, employment services, infrastructure, social norms and parenting interventions etc. There is an important step for integrated programming based on better informational management systems and stronger coordination between different actors (different ministries, local government, civil society, donors etc.)
- **There is evidence that social protection can prevent or reduce GBV, particularly intimate partner violence.** This can be the case in cash programming on its own or in combination with complementary programming such as couples interventions and social norms interventions, but the evidence on synergies is limited and more investment in research is needed. In general, evidence on cash plus is still very limited and more is needed on what level of cash plus is most effective, why, where and how.
- **There are lots of guidance documents and resources that can help guide programme design and implementation from an inclusion perspective.** Looking at different types of social protection, payment methods, grievance, complementary services, monitoring and evaluation. These can be found on the SPACE pages of SP.org

Question 1 Given the additional costs of gender and disability sensitive programming, how do I justify this to my superiors and those holding the budget?

(Alexandre Cote, Co-founder of the Centre for Inclusive Policy):
Show impact of not being inclusive and impact of being inclusive

- Often there is an underestimation of the impacts of having programs that are not gender and disability sensitive. Design and delivery mechanisms that do appear neutral are actually discriminatory. While it has been difficult to show this without disaggregated data, we are getting more information and it is becoming easier to demonstrate this. Starting with ensuring that data can be disaggregated by gender and disability is an important step.
- Importance also to highlight the benefit of inclusive design: If you are disability inclusive and gender sensitive, you will be inclusive of more people: making information more accessible, procedure more simple and streamlined, making registration process and payment points more accessible will have broader impacts including for people with lower literacy, older persons, persons with language issues... etc.

Increase awareness

- There is often a low level of awareness among social protection actors about disability and inclusion requirements which lead to flaws in design that create barriers. Awareness training delivered with organisation of persons with disabilities could contribute to avoid such flaws at little to no cost.

Identify cost-effective solutions

- Inclusive design and delivery require some investment but there are many interventions that are low-cost (Simple application form, accessible website, streamlined procedures...)
- Important to work with organisations of persons with disabilities to identify the main potential barrier and the most cost effective ways to tackle them. It will vary according to context.

(Elayn Sammon - Independent Consultant, SPACE):
Apply a human rights-based approach to disability in development

- "Persons with disabilities have long been seen as passive recipients of aid, often reduced to their impairment-related health needs. **A human rights-based approach to disability implies that all people are active subjects with legal claims** and that persons with disabilities need to participate in all spheres of society on an equal basis with their non-disabled peers." For more detail and examples see GIZ and CBM
- Inclusion of persons with disabilities in social protection mechanisms is particularly important because they are most likely already subject to stigma, discrimination and exclusion and **in crisis situations can be disproportionately impacted by the negative consequences**.
- People with disabilities and their families face significant challenges in terms of income security **and greater costs to secure the essential goods and services they need.** For more see ILO Disability Inclusive Social Protection Response to COVID-19 Crisis

The crisis is expected to further deteriorate older people's already fragile economic situation as income from work declines and families have fewer resources to share.

- Prevalence of disability rises with age and intersects with the underlying conditions which are also a key COVID-19 risk factor.
- Globally, around 46% of people aged 60 and older have at least one form of disability and an estimated 66% of people aged 70 and over have at least one underlying health condition, placing them at increased risk of severe impact from COVID-19
- Orphans and vulnerable children (OVCs) are in many countries cared for mainly by older people, and especially older women. Expanding social pensions as a response to COVID-19 would enable older caregivers to continue supporting some of the most vulnerable children. For more on impact of COVID on the intersection of age, disability and gender see SPACE Social protection for older people during COVID-19 and beyond

Women's economic empowerment and inclusion helps economies grow.

- Thus, the exclusion of women during COVID-19 response can cost economies in terms of return to stability and growth. For more see UN Women, SPACE Gender and Inclusion in social protection responses during COVID-19 and SPACE Strengthening Gender Equality and Social Inclusion (GESI) During the Implementation of Social Protection Responses to COVID-19

(Ariana Almeida - Plan International - i2i programme):
From a programming perspective, and building on the points already shared above, it is important to highlight that gender mainstreaming and disability inclusion ensures programmes are aligned with the 2030 Agenda and therefore investing in the expertise and partnerships that ensure this is critical.

In addition, for programmes working in economic empowerment and economic growth, it is important to continuously raise awareness about the barriers faced by women - with and without a disability - in accessing and engaging in waged employment and make the case for gender and disability inclusion. That has been the experience taken from the i2i programme implementation in Kenya and Bangladesh.

It is critical to raise awareness that:

- The experience of women with disabilities' in the world of work is influenced by a double set of discriminations related to their gender and disability.
- Women, with and without disabilities, face a number of structural barriers that affect opportunities to access and benefit from waged employment on an equitable basis with men. The i2i gender analysis confirmed that these barriers include norms around unpaid care and gender roles, restricted mobility, limited access to attain technical and business skills needed for employability, fewer opportunities to develop social networks, lower self-esteem and confidence
- In addition negative stereotypes and attitudes of recruiters/employers in the i2i target countries was shown to be a deterrent for persons with disability to enter the workforce with female respondents sharing that they experience a "double burden", because of their disability and their gender, with employers being reluctant to hire them or promote them for senior positions.
- When women, with and without disabilities, are in the workforce, they may face discrimination and harassment at work, or on the way to and from work and often experience backlash as a direct consequence of their employment.
- In fact domestic violence in particular is both a barrier to employment and also a potential consequence of women's engagement in the workforce.
- Traditional gender norms around women's value and role in society often result in women being paid lower wages than their male counterparts and being employed in sectors, which fail to offer decent work.

Programmes working on private sector development, economic growth and economic empowerment must recognize and further understand these barriers and challenges to be effective and minimize risks of harm to participants. In addition, there is evidence that it continues to be critical to make the case for gender and disability inclusion sharing that:

- There is growing global evidence that women's economic equality is not only good for women themselves but has tangible benefits for companies too. At a macro-level, the economic opportunity of getting more women involved in the workforce is stunning – in 2017 the McKinsey Global Institute estimated that it could create up to $12 trillion in additional GDP globally.
- At the companies' level, evidence continues to grow showing a strong positive correlation between the representation of women in leadership roles and the organizational effectiveness and financial performance of businesses.
- In addition, companies that invest in recruiting and retaining a diverse workforce report:
  - they benefit from tapping into a wider pool of talent;
  - that having gender diverse teams brings different points of view and approaches that come from their different life experiences, increasing creativity and innovation
  - that having an inclusive culture improves staff's morale and talent retention
  - that a diverse workforce has a positive impact on the companies' reputation with partners, job-seekers and consumers/ customers

- The i2i gender analysis indicates a correlation between having strong gender and disability inclusion strategies and policies and successfully building a diverse workforce that feels safe and valued in their workplace

(Amyn Lalji - Leonard Cheshire):
As elucidated above the extra cost of disability is still an unknown territory waiting to be explored. As there is a lack of evidence in this sphere, a more robust and nuanced understanding of the relationship between social protection programs and gender is needed. A much needed effort is required to understand the relationship between social protection programming and gender and extra cost of disability, especially in low and middle income countries. Furthermore, a concentrated effort in translation of this evidence into programming tools and making it available to the policy makers and programme developers.

Question 2 If there were just one piece of advice you could give social protection actors, from a gender perspective - what would that be? And the other way round, one piece of advice to gender actors, from the social protection perspective?

(Lara Quarterman - Gender and protection expert, SPACE):

- Advice for social protection actors: Gender does not mean women and girls, gender is integral to everything we do and how we interact; if we ignore gender, we are doing everyone a disservice. Capacity on integrating gender should not only be held by gender experts, but should be a core competency of social protection practitioners.
- Advice for gender actors: GBV actors should not see social protection/cash as inherently risky and instead see it as a tool in the toolbox of addressing GBV, both through prevention and response.

(Rebecca Holmes- Technical Expert on SPACE):
My advice for social protection actors from a gender perspective would be to focus not only on the coverage of women in social protection programmes, but be sure to think how social protection programming is adequately addressing the specific needs that women and girls face across their life course. And also, look for opportunities for more transformative approaches to social protection – this doesn't necessarily mean entering into complex or high-cost programming, but looking at what additional programming and expertise is already there (including from local organisations) and finding ways to integrate or link to these.

And the other way round, advice to gender actors from the social protection perspective, would be to systematically engage in the social protection sector, in policy and programming discussions on social protection. There is a real need to bridge the knowledge and skills gaps between those working on gender and those working on social protection – we need to create opportunities to coordinate and collaborate to bring these skills to the social protection sector. In some practical terms this could include:

- Share gender-specific context analyses with social protection actors
- Share evidence and knowledge on what works for promoting gender equality and empowerment with social protection actors
- Raise awareness among stakeholders about the differential needs of women, girls, men and boys, to ensure these perspectives are helping to inform and shape interventions in all sectors
- Create common tools for gender analysis, assessment and evaluation in social protection
- Convene coordinating forums, develop common strategies to work towards common goals for addressing gender inequality and women's empowerment in social protection programmes, identifying actors' key strengths and how their activities fit into wider and longer-term objectives

(Ariana Almeida):
On gender inclusion, and building on the points raised by Lara Quarterman I would reinforce that gender mainstreaming often sounds like a big and complicated concept but in fact is simply assessing the implications for women/girls and men/boys of our

planned action (including legislation, policies or programmes). This should not be "left" to the gender experts but needs to be integrated in the work that all actors take forward, otherwise we risk investing on poorly designed programmes and policies and contributing to perpetuate inequality.

(Amyn Lalji):
When it comes to social protection policies and programmes, gender means giving importance to everyone's needs, not limiting it to only women and girls. It means developing policies and programmes that take into account the needs and rights of all segments of the society, but specifically looking at those who are the most vulnerable. Programme and policy developers need to understand the interplay of needs vs rights and how both fit into social protection programming.

Question 3 How can social protection be designed to have the best chance of preventing GBV?

(Lara Quarterman - Gender and protection expert, SPACE):

- Emerging evidence - social protection can prevent GBV, particularly intimate partner violence (IPV) and the pathways that this is thought to be working are:
    - Increasing economic security and wellbeing
    - Decreasing household conflicts
    - Increasing women's economic empowerment
- Social protection can link to social norm change interventions, often referred to as 'cash plus.' Typically, this involves challenging attitudes and behaviours on gender roles, gender norms, and gender inequality. A good resource to understand how social norm change programming works is DFID's Guidance Note on Shifting Social Norms to Tackle Violence Against Women and Girls
- In addition to preventing GBV, all interventions should also look at identifying and mitigating the risk of GBV through the delivery of the intervention - social protection actors should go into every intervention with the assumption that we can be exacerbating risks of GBV and understand that it is imperative to take appropriate actions to mitigate risks and maximise prevention potential while also liaising with GBV actors to link social protection to GBV referral pathways
- Amber and I wrote a blog that was posted yesterday on the Gender and COVID-19 page: https://www.genderandcovid-19.org/research/social-protection-gender-based-violence-gbv-covid-19-corona-evidence-programming/ We have tried to distil the various pieces of guidance into practical tips for integrating GBV into social protection.

(Meenakshi Balasuramanian- Founder of Equals-CPSJ (DPO) and research associate Centre for Inclusive Policy):

- Women with disabilities - India - GBV, mostly intimate partner violence (IPV) are recognised as per law(DVA), poverty within the families has resulted in violence and abuse of women and girls with disabilities by their own family members, which cannot be taken under the DV authorities at the sub-national level since it is not recognised under the Act. Therefore, the SP system available for women without disabilities in such circumstances- such as community shelters, skill development and rehabilitation services- are not available for women with disabilities who experience violence and abuse from other family members.
- Good practice - committee recommendation on India penal code - redress mechanisms for violence against women has to ensure accessibility, however, budget allocation for this is lacking and we don't see this mandate being carried out at local level, women with disabilities are not able to access the relvant facilities. Few non-governmental organisations such as rising flames have involved themselves in orienting the justice system.
- System for ensuring social protection when a person goes through violence and towards the process of recovery and crisis, very limited, inaccessible for women with disabilities particularly for women experiencing violence from other members of the family. Services - e.g. community shelter - not responsive to access that space from women with disabilities

- Challenge of intersectionality - women with disabilities not having full access and control over cash, cultural context and lack of priority on women with disability, families often don't want to absorb the additional cost of accessing social protection e.g. disability certificate - precondition to accessing SP, less likely for women to access this.
- Impact assessment of the GBV mitigation system including social protection systems from the lens of women and girls with disabilities should benefit in ensuring inclusive response

(Ariana Almeida):
The GBV AoR Helpdesk – Disability Considerations in GBV Programming during the COVID 19 Pandemic is also an interesting resource with reflections and recommendations on how to integrate attention to disability into GBV prevention, risk mitigation and response efforts during the COVID-19 pandemic.

Question 4 What delivers better results - targeting women and people with disabilities or making sure they are included in other programs? What are the different costs and benefits?

(Abner Manlapaz/Alex Cote):

- Both are needed to respond to different types of needs and shocks, for example, people with disabilities require access to income security, affordable healthcare etc. but the different experience of life and different costs related to disability mean not everything can be addressed by a mainstream approach. There is a need for both making mainstream programs inclusive and specific programs. An inclusive social protection system should aim at ensuring across the life cycle:
    - Basic income security
    - Coverage of health care costs including rehabilitation and assistive devices
    - Coverage of disability related costs including access to support services (personal assistance)
    - Facilitate access to early childhood development, education, work and economic empowerment

  The balance will depend on each social protection system.
- With regards to cash transfers for instance, in some countries there are no mainstream basic income security for working age adults, so it is important to have disability allowance for persons with disabilities who face many more barriers in the labor market. Countries like Fiji, Georgia, Mauritius, and Namibia, have disability allowance that are compatible with work, which act as basic income security for those who do not work but also help cover disability related costs of those seeking and finding work. In most countries where there are child grants or old age pensions, they do not account for disability costs. In Thailand, the disability allowance is compatible with old age, therefore combining basic income security and support with disability related costs.
- In terms of services, it is critical to ensure that mainstream social services are inclusive but there is also an urgent need to develop specific community support services for children, working age adults and older persons with disabilities. With regards to health, persons with disabilities need affordable access to general health care services as well as disability specific ones.
- In terms of registries, it is important to identify households that likely include persons with disabilities in a unique/main registry, based on routine survey as well as developing (linked) disability registry based on individual disability assessment which document specific support requirements. Both are needed to plan and cost progressive development of schemes as well as to allow rapid response and expansion in case of crisis.
- Combination of inclusive mainstream and disability specific schemes, is the only way to cost effectively cover the diverse social protection needs and rights of persons with disabilities across the life cycle.
- By not ensuring that persons with disabilities are in mainstream social protection and as well as making available social protection to support inclusion and participation of persons with disabilities, we will be producing a new generation of poor people who are negatively impacted by poverty faced by families of persons with disabilities. It would allow the vicious cycle of impact of disability in poverty of members of the households. In particular, children or siblings who provide care, oftentimes young girls, imagine if they have a lower level of education, which is very important in poverty reduction. What will happen to them when they become adults?

(Elayn Sammon - Independent consultant, SPACE):
There are two aspects of the needs assessment for persons with a disability: the determination of eligibility whenever programmes require that people/household income/living standards should be below a certain threshold; and the broader eligibility assessment linked to the specific condition of disability and people's entitlement to specific services.

- **Economic eligibility.** In determining eligibility one of the most common criteria is determining whether the person with disability and her/his household are in economic need. This can be done using different approaches (means testing, proxy means testing and community based assessment), but crucial in the case of people with disabilities and their households is recognizing that they face a double disadvantage, not only they are likely to have a lower income (since persons with disabilities face significant barriers to the entry in the labour market and often other family members need to look after persons with disabilities with large opportunity costs), but also face significant higher costs to be able to reach the same standard of living as other households.

  While the lower income is usually captured by needs assessment, the higher costs due to disability are not, and can lead to significant over-estimation of the welfare of such households. Moreover, they imply that **even if a person with disability has the same income as another person, they can only reach a lower living standard**.

  The implication is that any economic needs assessment, including a proxy means test, needs to be adjusted for these higher costs faced by persons with disabilities. Failing to do this results in underestimating the eligibility of people with disability to social protection programmes. Unfortunately, this is a common problem and something that might occur also in the case of Sierra Leone.

- **Needs related to the specific disability condition**: The assessment of needs related to the specific disability conditions requires a more detailed disability assessment. This is best performed by a multi-disciplinary commission that assesses holistically the needs of a person and advice on the type of services and benefits that they should be entitled to, ranging from assistive devices, to personal support for independent living, etc. Unfortunately this requires a high level of capacity and presence of services, so this is usually not possible in low income countries. However, it is mentioned here as the direction that a country should aspire to.

(Ariana Almeida):
- Programmes that have a dual/twin track approach - combining gender-targeted / disability focused interventions for specific groups, organizations and/or processes with gender/disability inclusion efforts integrated across the substantive general work have shown the best outcomes in achieving gender/disability inclusion
- In addition programmes and interventions should ensure that women and persons with disabilities are included - not just counting the number of participants but ensuring their meaningful participation. This often requires specific interventions targeting women and persons with disabilities to guarantee that they are not only present in numbers but their voices, concerns, opinions are heard and considered.

(Amyn Lalji):
A balance needs to be maintained between both of these strategies. In some contexts it's better to address the needs of women and children with disabilities through a separate intervention as in the case of Girls Education Programme in South Sudan, where the needs of girls with disabilities are addressed by developing a separate cash intervention scheme, keeping in light the extra cost of disability. However, in other cases it is better to include them in the mainstream projects.

Question 5 What is the best way to rapidly scale up social protection schemes to reach people with disabilities in a crisis?

(Abner Manlapaz):

- Ideally national registries identify households with persons with disabilities and/or there is a national disability registry which will allow rapid expansion
- In absence of such a registry, it is critical to engage with organisations of persons with disabilities. The experience of Covid-19 response in the Philippines and Indonesia are interesting examples.
- In the Philippines, there is not yet a national disability registry as such and the main SP registry has very limited disability related information. It is therefore difficult to scale up without working with PwD, not all communities and countries have good information systems and databases to be able to rapidly identify people with disabilities and therefore partnership with people with disabilities is essential
- Major social protection response provided during crisis in Philippines is a cash transfer for the whole population, some local government worked with people with disabilities to identify people in need, but not all did and the response has been better where they did
- Engagement can help identification but also most adequate forms of support and delivery mode, for example understanding that cash is better than food to provide flexibility with disability related costs - this came from engagement and understanding the specific needs

(Sinta Satriana):

- Experience of Indonesia - as in the Philippines, there is not yet a national disability registry as such and the main SP registry has very limited disability related information. For the Covid 19 response the central government required local and village governments to allocate some of their development funds to cash transfers
- Community targeting, with engagement with organisations of persons with disabilities, was more effective in reaching people with disability, as some villages placed much greater emphasis on disability as a vulnerability factor. We have done a quantitative and qualitative study on this (quantitative report is ready, qualitative is forthcoming)

(Elayn Sammon):

Think about what needs to be done across the three distinct operations of mechanisms to identify and assess the needs of persons with disabilities for their inclusion in social protection programmes:

- **outreach** involves the operation that inform people about the programme and call for their participation either to be present for registration or demand their assessment for participation;
- **identification and registration** is the second step that identifies people potentially eligible for the programme and registers them;
- **needs assessment/selection** involves the verification of people's eligibility and thus their selection through the assessment of their needs to potentially tailor the level of support required.

Targeting mechanisms and operations crucially depend on the nature and objectives of the social protection programme.

- Approaches to disability in social protection programmes usually combine different interventions aimed at reducing the barriers for the integration of persons with disabilities (for example in-kind support for the provision of assistive devices), or to support them and their families to reach a certain minimum living standard.
- Programmes are either disability specific, they specifically target and include only people with disability, or include people with disabilities as part of a larger beneficiary population, in mainstream social protection programmes.
- Ideally, many people with disability would benefit from both disability-specific and mainstream social protection programmes, so that both their economic and care and support needs are met.

(Amyn Lalji):

The example of COVID in crisis (Girls with disabilities): An increase in morbidity and mortality due to virus exposure and an economic shock especially to those who are most vulnerable. In the context of programmes this is exacerbated by the fact that children with disabilities especially girls are the most vulnerable. Additionally, with the lack of proper education, health and social protection systems this crisis has amplified. As the government has responded to help alleviate the negative impact of the crisis, cash transfer (as a system) needs to adapt a strategy to ensure that girls who are most vulnerable should get the maximum benefit of this scheme.

Questions to ponder:

- How do we identify informal or own account girls with disabilities who are currently not accessing formal schooling?
- What is the best method of making sure that during this time, how we can best deliver cash payments without amplifying the risk of disease transmission during registration and collection?
- How do we resource a comprehensive social protection response amidst competing socio-economic needs?

While these questions can be answered both in the short and the long term, there is a need for an immediate response through whatever mechanism that is currently in place. This response may not be comprehensive, nor adequate, however in the present circumstances speed and coverage are more important than building a comprehensive system. Following action points are suggested.

- A comprehensive database to identify children/people with disability through mapping.
- Learning - documenting the impact of COVID- 119 on children with disability as well as their effect on households will be critical in advocating for long term social changes.

Question 6 Where a government (and its partners) is interested in designing and implementing more gender-sensitive social protection systems, what are the 'essential actions' that are needed, to move forward? What factors would be most important in assessing whether a social protection policy is gender sensitive?

(Lara Quarterman- Gender and protection expert, SPACE):

- Essential actions
    - Disaggregated data - need to collect disaggregated data as a matter of course to enable us to understand different needs and impact and to begin to close some of the evidence gaps. At a minimum this should be age, sex/gender, disability, others as contextually relevent
    - Training for staff on gender and gender based violence - don't need to be experts, but understanding how gender and GBV are affected by and affect social protection should be considered core competencies of social protection/cash practitioners
    - Conduct a gender analysis, understanding gender norms as dynamic phenomena, gender roles, and gender inequality
    - GBV risk analysis to understand what makes people more vulnerable to GBV and where actions can be taken to mitigate the risk. No need for a full prevalence survey, but understanding existing data, information, and knowledge on trends and patterns and lived experiences of GBV
    - Bringing in expertise - this could be in-house expertise in a government ministry, accessing draw down service to provide ongoing support, or a dedicated staff/consultant to provide support throughout the design, implementation and monitoring of an intervention
- How to assess a policy
    - Questions I would ask are:
        - Does the policy mention gender, age, disability?
        - Does it conceptualise and define vulnerability?
        - Does it recognise that gender inequality exists and will affect the design and implementation of social protection programming?
        - Does it reference the necessity and use of gender analyses?
        - Does it identify the unique differences and challenges that different genders face?
        - Does it include a statement of action and how the policy will be turned into funded programming?

(Rebecca Holmes - Independent consultant, SPACE):

In answer to the question on assessing whether a social protection policy is gender-sensitive - there are many components to consider when assessing if a social protection policy (or system / programme) is gender-sensitive. In addition to the key points

Lara mentions above, there are also a number of recent resources which can help you develop a comprehensive list of relevant indicators:

- Take a look at UNICEF's Office of Research-Innocenti recently published gender-responsive and age -sensitive social protection conceptual framework. This provides a very useful foundation to understand the intersections between gender and social protection across the planning, design, implementation and evaluation of a social protection system. Specifically, the framework provides a diagnostic tool to help assess the extent to which social protection systems and programmes are designed and delivered in a way that explicitly addresses gender inequality by distinguishing different degrees of integration of gender considerations across the social protection delivery cycle, ranging from gender-discriminatory to gender-transformative.

https://www.unicef-irc.org/publications/pdf/WP-10_Gender-Responsive-Age-Sensitive-Social-Protection.pdf

- Analyses of social protection policies and programmes from a gender perspective by UN Women, and UNICEF Innocenti (see Virtual Booth Talks 9 "How do national social protection strategies and programmes integrate gender considerations? Evidence from low and middle income countries.

https://socialprotectionorg.sched.com/artist/how_do_national_social_protection_strate.21jutsxs).

- As part of the ISPA tools, the Core Diagnostic Instrument also includes some indicators on inclusive and rights-based social protection https://ispatools.org/core-diagnostic-instrument/
- A recent gender equality and social inclusion analysis of Nepal's social security allowances (SSA) uses key indicators to assess the SSA system

https://www.heart-resources.org/assignment/gender-equality-and-social-inclusion-analysis-of-the-social-protection-system-in-nepal/

Drawing on of the above, some of the key indicators across the social protection system could include:

Gender analysis of the policy, legal framework, and institutions

- Is there an enabling legal and policy framework for gender equality? Is there recognition of women's rights and the inclusion of gender equality as an objective to be achieved in and through social protection?
- Are there gender considerations in financing? Does the budget provide specifically for gender mainstreaming in design, implementation, and M&E?

Risk and vulnerability assessment

- Has a gendered context analysis been carried out?
- Is there a recognition of gendered risks and vulnerabilities across lifecourse?
- Are structural inequalities, such as women's disproportionate responsibility for unpaid care and domestic work, lesser access to economic resources, and exposure to gender-based violence recognized?

Design and implementation

- Are there coverage gaps between men and women, girls and boys? And what are the reasons for the coverage gaps?
- Is the value / timing / frequency of the benefit appropriate to address the aims and objectives for women and men? Do they meet the specific needs of women and girls?
- Where conditionalities exist, are they gender-sensitive and/or non-compliance does not lead to punitive measures?
- Is the policy/programme embedded in a system of referral to other benefits or services?
- Do the delivery mechanisms (including registration and enrolment processes, communication and awareness, payment modalities) consider (and overcome) gender constraints?
- Is there adequate institutional and staff knowledge and capacity (general, and related to GESI)?

Integration of gender equality in governance; monitoring, evaluation and learning (MEL)

- Are grievance, feedback and complaints mechanisms accessible to all?
- Are women represented and participate in programme governance structures?
- Does the policy/programme M&E framework embed GESI (sex, age-disaggregated, ethnicity, disability) data collection and analysis using appropriate quantitative and qualitative research strategies?
- Does the M&E framework include participation of women in monitoring and governance?

Outcomes/impacts on women and girls across the life course., e.g.

- Poverty and vulnerability
- Economic security and empowerment
- Health and education
- Psychosocial well-being
- Protection
- Voice and agency

Question 7 Is there any guidance available to integrate gender into social protection and cash programming?

(Lara Quarterman and Rebecca Holmes- SPACE):

- Lots of guidance - SPACE has produced guidance on gender equality and social inclusion in social protection design and implementation (and lots of other guidance) https://socialprotection.org/node/33315/publications
- This SPACE reference document contains links to lots of other guidance, including on gender and disability: https://socialprotection.org/discover/publications/space-useful-covid-19-and-social-protection-materials
- Another key guidance is the FAO technical guide on gender-sensitive social protection (cash transfers and public works programmes), available here: http://www.fao.org/social-protection/resources/resources-detail/en/c/1170231/
- UNICEF's Gender-Responsive Social Protection during COVID19: Technical note
- CARE's Guidance for GBV Monitoring and MItigation within Non-GBV Focused Sectoral Programming
- CARE's companion to the IASC GBV Guidelines: Cash & Voucher Assistance and Gender- Based Violence Compendium: Practical Guidance for Humanitarian Practitioners
- UNHCR et al's Guide for Protection in Cash-based Interventions
- Amber and Lara have tried to distil the guidance into a blog post on the Gender and COVID Working Group page, with practical tips on how to integrate GBV into social protection: Tips for linking social protection and gender-based violence prevention and response during COVID-19

(Amber Peterman):
A few other helpful guidance pieces, including within the COVID-19 response specifically:

- IFPRI, Transfer Project et al.: Gender-sensitive social protection: A critical component of the COVID-19 response in low- and middle-income countries
- World Bank & BMGF: Cash Transfers in the Times of COVID-19: Opportunities and Considerations for Women's Inclusion and Empowerment

Question 8 Are there any lessons we can draw from the humanitarian sector when responding to COVID using social protection?

(Elayn Sammon):

- The SPACE guidance on Identifying practical options for linking humanitarian assistance and social protection in the COVID-19 response examines the relationship between humanitarian assistance and social protection in response to COVID-19. It includes strategies for linking humanitarian assistance to social protection along the delivery chain.

(Lara Quarterman- Gender and protection expert, SPACE)

- It has been long fought and hard won, but the humanitarian system now recognises the provision of GBV services and sexual and reproductive healthcare (SRH) in humanitarian contexts as 'lifesaving' and this is something that can be borrowed when responding to COVID-19
- Advocates have also worked to ensure that prevalence surveys and relying on reports of the existence of GBV is not required before action can be taken, including mitigating the risks of GBV in all sector programming (including social protection/cash)
- Providing cash in humanitarian contexts respects the dignity of the recipients and has been a feature of the World Humanitarian Summit and the Grand Bargain. Agendas such as Accountability to Affected Populations and Localisation are features of the humanitarian landscape, both in policy and practice, and while work still needs to be done to realise the ambition, the use of cash is instrumental in achieving these goals
- Coordination between various actors from diverse sectors is challenging and the humanitarian sector has improved its collection and use of data and information. A holistic response to GBV in emergencies can and should include the provision of cash and cash actors should be a part of referral pathways designed by GBV actors.
- Harm can be done through the provision of any kind of humanitarian aid. Cash is not unique in this, but whenever there is a powerful differential without accountability, there will be the opportunity for exploitation and abuse. This includes sexual exploitation and abuse and the onus is on the social protection system and its actors to prevent SEA and safeguard recipients. Safe, confidential, and barrier-free interagency reporting and investigation systems should be established in humanitarian contexts, though we know that there is still a lot of action to be taken to make this a reality and there are continuing failures of the system to effectively prevent and respond to SEA.
- Recent analysis of humanitarian financing shows that GBV actors, women's rights organisations, and DPOs are relatively poorly funded in crises and while they should be considered as a resource and useful to improve the design of social protection interventions, this engagement should not be extractive and the costs associated with their input and support should be funded by donors and/or covered by social protection/cash actors that typically have larger budgets

Question 9 What are the areas we need more research on for improved use of cash and social protection to prevent GBV?

(Amber Peterman):

There are many things we do not know about the link between cash/social protection and GBV prevention. What we do know so far indicates that cash/social protection can be a powerful tool to prevent some types of violence -- through mechanisms like reducing poverty-related stress and conflict -- however much more evidence is needed, particularly on programming that is intentionally designed. While there is no set research agenda, we have discussed some of these gaps and priorities going forward within the Cash Transfer and Intimate Partner Violence Research Collaborative. Broadly speaking, here are a few of what we see as 'priority' gaps:

- **Design features**: Better understanding of how standard design features affect GBV (e.g. targeting, especially intra-household targeting, operational features including e-payments and financial inclusion, group-based implementation, or amount/sustainability of benefits) - few rigorous studies to date have set up evaluations to explicitly test these design components and there is a sense from the current evidence that these components matter to activate and sustain mechanisms of impact. In addition, as most social protection programming does not have GBV as an objective, it is essential to understand how these basic design components can be leveraged in large-scale programming.
- **Plus components:** Better understanding of how proven GBV interventions for that particular setting (including those to change harmful social norms, and those that seek to improve relationships - see RESPECT framework for examples) can best be integrated as 'plus components.' Here the implementation challenge is the ability to operate at scale for

the GBV interventions, and the challenge in terms of research is understanding the added and synergistic value of the plus component. If there are no synergies in terms of the cash and the plus complementing each other for a larger prevention impact. If they do not, then operating these programs separately--rather than together--may not be the most cost-effective model. We have very little evidence on plus components in general, and no evidence on cost-effectiveness.

- **Expanding to diverse GBV outcomes**: Most of the research to date from impact evaluations are focused on intimate partner violence, and to a lesser extent, violence against children (the latter often measured through scales which are not gold-standard in the existing evidence base). We need more diverse evidence in terms of GBV outcomes, including violence from other family members (not just intimate partners), sexual violence and harrassment in the community, violent discipline of children, early marriage, etc. Ideally, we want these in the same study, so that we can understand if social protection/cash affects multiple measures at the same time (or if there are trade offs between different measures). Of course, the utility of measuring these depends on the specific program and the outcomes it might affect. For example, in a public works program, it may be important to measure work-place violence/harassment and partner violence -- in a child grant program which integrates discussion sessions on early childhood development/parenting -- it might be more important to measure violence against children and partner violence etc.
- **Diversity in setting/social protection instruments**: We also need to expand the scope of evidence in terms of setting and social protection instruments. To date, in LMICs, most of the evidence is from LAC and SSA -- we have very little rigorous evidence from MENA and Asia. Context may be very important in understanding prevention as gender norms and GBV prevalence varies a lot by context. We also have predominantly evidence from a variety of cash and in-kind (food) transfer programming (both development and humanitarian) so we have little understanding of how insurance or employment-based policies/programming may be leveraged for GBV mitigation or prevention.

These themes are just the tip of the iceberg -- of course there are many other gaps that might be important to understand with respect to a particular context or program, including how minority or vulnerable groups may be differentially affected. Also, check out Question 3 on GBV prevention.

(Lara Quarterman):

- Beyond IPV, we do not have a lot of evidence on the effect of social protection on other forms of GBV. Specifically, there are evidence gaps on social protection and child, early, and forced marriage, non-partner GBV (i.e. GBV perpetrated by community members, carers, teachers), conflict-related sexual violence, FGM/C, and sexual exploitation and abuse.
- One area that I would like to see more research into is how cash can (or indeed if it does) affect coping mechanisms in crises, particularly child marriage, engagement in sex work, and the worst forms of child labour.
- The other element that I have not yet seen in the existing evidence is at what dose or threshold of social protection or cash (in emergencies) does an effect occur. In other words, how much cash will be enough to prevent GBV or reduce negative coping mechanisms?

Question 10 Do you know any good examples of how low income countries identify and screen people with disabilities to assess eligibility for social protection in a rigorous, ethical and cost-effective way?

(Alexandre Cote):

- This is the top challenge in scaling up social protection responses to reach persons with disabilities (see below table with diverse examples). There is two steps to consider:
    - Identifying households with persons likely to live with a disability: it can be done using the Washington Group set of questions (the short set or even better the enhanced set) However, it is rapid, cost effective and can help designing inclusive mainstream responses. For instance, the Dominican Republic has included the WGSS in data collection for its Unique Beneficiary identification system after the 2018 Irma cyclone in

the frame of DRR and to allow inclusive rapid response, which they use in the covid 19 crisis to support children with disabilities.

- However, it is not enough to build the needed disability specific intervention and schemes. For that an individual disability assessment focusing on activity limitation and support needs is needed, ideally connected to national disability registry and an ID card.
    - Senegal has created such a system with the equal opportunity card and related registry which is used for the progressive development of social protection but also health employment and related. India has been rolling out its Unique disability ID card. During the covid-19 crisis, the government has decided to include all equal opportunity card holders in the national registry for poor households so that they receive COVID-19 food assistance and other social-protection programs.
- One of the key issues is to ensure that all people with disabilities, wherever they are and whoever they are, can access disability assessment mechanisms. For that, in most low- to middle-income countries, a simple tool tailored to be managed at local level is essential to ensure equity and universal access. This in most cases imply moving away from the medical certificate as primary requirement as it has been a key barrier so far without providing the quality of information or the reliability required.
- Countries like Cambodia, Vietnam and Fiji have adopted approaches based on tailored simple tools, managed by community committees or social workers where the medical certificate is used only as verification in case when the local level agent is not in position to do the assessment.
    - In Fiji, social workers involved in social protection gatekeeping have been trained to carry out disability assessment including through home visits
    - Achieved coverage of 1% of the working age population in less than 18 months in a rigorous, cost effective and ethical way.
    - The design and roll out was done in partnership with PWD organisations
- Laos (Orchard program): Using digitalisation and a tailored modular tool, community workers are able identify people with disabilities and assessing a wide diversity of needs as well as supporting an individual plan of support
    - Use of pre-programmed tablet allowed for supervision, instant feed into data basis

- Need to demonstrate to governments that this is possible

(Elayn Sammon):

Some country examples:

Mechanism	Country-level examples	Pros	Cons
Disability classification, whereby a commission assesses the individual and issues a formal certification of disability status	Zambia, South Africa[1] In Zambia in 2017 and 2018 registration efforts for the Social Cash Transfer were accompanied by an attempt to set up mobile teams that could certify disability	Can be used to access multiple entitlements; can reduce the requirement for assessment in cases where the disability is considered permanent; In some more developed contexts the assessment can be multi-disciplinary and determine access to services and benefits	Dependent on effective institutional structures and people with adequate training and capacity; generally, applies a medical model of disability; can be a cumbersome and expensive process for individuals who must make many applications and submit to many assessments; can be open to interpretation and produce inconsistent results leading to significant exclusion error.

Inclusion of disability specific questions in a household-level targeting assessment	DRC, Gambia, Cambodia, Pakistan	Can be self-reported and does not rely on technical capacity of an assessor; if the WG Short Set is used it can provide cross-country comparable data; does not require multiple in-depth assessments or expensive procedures for people to access	Household questionnaires can be complex, time consuming and expensive to administer and require regular update; potential for manipulation if it relies on self-reporting especially where a disability mày not be immediately visible It works as a screening that can be followed up by more in-depth assessments.
Community-based targeting (CBT)	Rwanda;[2] Mozambique:[3]	Are generally perceived as legitimate by the community, especially when communities are tasked with developing the selection criteria;[4]	Potential for lack of transparency, discriminatory practices, exclusion of the poor considered 'undeserving' (such as persons with disabilities), and elite capture Can be manipulated by communities and in general lack of consistency of approach across communities
Combining CBT and localisation [Pre-assessed community-based organisations (CBOs)/trusted networks identify "trusted affiliates" in the local community]	Uganda;[5] Somalia:[6]	Pre-assessed CBOs and trusted affiliates can be pre-assessed and mobilised quickly; can assist with messaging and communications to manage expectations; engaging a mix of actors in the same space can help to mitigate conflicts of interest and ensure that grievances are addressed; having a coalition of CBOs is a key entry point for offering a multi-dimensional response at scale	Requires a trusted lead agency to manage and maintain oversight of the network; the mix of government and non-government stakeholders can lead to conflict; more rigorous risk management mechanisms may be required to cover the broader range of partners, and may be costly; subject to the same constraints as other CBT mechanisms
Labour-constrained targeting which encompasses older people (and those with age-related disabilities) and people of working age with disabilities;	Zimbabwe:[7]	The composition of eligible households tends to include large numbers of persons with disabilities due to the aging of the people involved, or because their ability to take on or care for chronically ill or disabled family members increases.	Can exclude younger people with disabilities and those of working age and those households which are ineligible on a poverty assessment but have additional costs because they care for a family member who has a disability.

---

[1] http://www.developmentpathways.co.uk/wp-content/uploads/2018/07/Social-protection-and-disability-in-South-Africa-July-2018.pdf
[2] https://www.developmentpathways.co.uk/wp-content/uploads/2019/08/Social-Protection-and-Disability-in-Rwanda.pdf#page=1&zoom=auto,-134,842
[3] http://www.effective-states.org/wp-content/uploads/working_papers/final-pdfs/esid_wp_103_buur_salimo.pdf
and World Bank 2012 Social Protection System Assessment
[4] https://www.odi.org/sites/odi.org.uk/files/resource-documents/11666.pdf
[5] See Annex 1 GiveDirectly and The Share Trust Co-Design in Uganda (forthcoming) Localisation Wrap-Around
[6] See Annex 2 Norwegian Refugee Council and Concern Worldwide (2017) Lifesaving Emergency Support For Hard To Reach Famine-Risk Areas
[7] https://www.unicef.org/evaldatabase/files/HSCT_Endline_Report_Final_Zimbabwe_2018-001.pdf

Question 11 Clearly cash plus is going to be better than cash alone, on a range of outcomes, but is there any evidence of what types of 'plus' work best, and what the best dosages of 'cash' and 'plus' are?

(Lara Quarterman - SPACE):

- Cash plus is clearly desirable for a range of outcomes, but there are lots of questions that we don't have answers to and need to interrogate more on what types of cash plus are going to be most effective at addressing GBV.
- The types of cash plus that has been demonstrated to prevent IPV often involve interventions aimed at shifting social norms, running alongside cash, and typically include sessions held to share information on gender norms, roles, and inequality and challenge individual and community values on these topics. However, it's not clear yet when effects start to kick in and what the optimal balance of cash and other programming is to build into a programme design.
- More on this above under **Question 3.**

(Clare McCrum):

- SPACE has produced some guidance on this and a new piece of analysis from FCDO and UNICEF is aiming to synthesise the evidence and practice around cash plus for gender equality outcomes and support more informed decision making around these programme choices. See SPACE guidance here: https://socialprotection.org/discover/publications/space-programming-options-'cash-plus'-approaches-response-covid-19
- Evidence is emerging, often showing positive impact but we don't have the evidence to be able to say what the most cost-effective balance of 'cash' and 'plus' are, or definitively answer questions about the relative effectiveness of cash and plus elements of programming for specific gender equality outcomes.

(Amber Peterman):

The type of 'plus' that works best really depends on the program objectives, context and target population. The possibilities for 'plus' programming are endless, so it is important to assess and be clear about the constraints in the context that a specific population has - and what the desired endpoint of the programming is. There are also real implementation constraints to some types of plus components if social protection programming is at scale. At the minimum, a good strategy is to think about a systems approach and understand where there could be synergies and gains to system linkages with other complementary programming (where it exists) that could be easy wins or make implementing programs together (rather than separately) more cost-effective. There are some good examples of plus evidence from productive programming (Veras Soares et al. 2016) and more generally (Roelen et al. 2017). What does it mean to have synergies? First, there could be operational reasons that make program implementation less costly (thus more participants can be reached or benefit with similar budgets - e.g. joint targeting or implementation platforms). Second, because services are offered together, more benefits could accrue to participants because of addressing multiple constraints at the same time (e.g. income constraints + information). These are the types of situations that merit a strong investment in cash plus (where 1+1 = 3) and should be thought through strategically by both social protection and other sectors.

Question 12 Do you have examples of countries with good gender social protection policies? Have Ministries of Gender been influential?

See the Virtual Booth 9 in the conference (link here) convened by UN Women and UNICEF Innocenti on their findings on how national social protection strategies and programmes integrate gender considerations.

Question 13 **Would it be possible to discuss the differentiated impacts of COVID-19 and the role of SP in the means and ways of life of rural women? Seems like many of the actions during the pandemic were very urban-centered with limited gender -sensitivity.**

There are some excellent resources on the differentiated impacts of COVID-19, see a compilation here. This also includes rural-focused social protection policy responses.

Also see the UN Women and UNDP COVID-19 Global Gender Response Tracker here.

Question 14 **Women make up a great deal of the informal workers. They aren't in contributory schemes & suffered greatly during the pandemic. How do we reimagine systems to better protect the rights of women as well as formalize their employment & contribution to society, incl. using active labour market policies?**

(Lara Quarterman):

- A population of informal workers that is rarely included in social protection schemes are sex workers, many of which are women and members of the LGBTQ community. Amnesty International has issued calls for sex workers to be included in measures to respond to COVID, including social protection schemes.

- Another population that is often excluded from social protection is migrant workers, especially those without regular immigration status. The International Organization for Migration (IOM) will be coming out with guidance on how to enhance the protection of migrant workers in crises, including through their inclusion in social protection programming. It will complement existing guidance: Guidelines to Protect Migrants in Countries Experiencing Conflict or Natural Disaster & ILO's Policy Brief: Protecting MIgrant Workers during the COVID-19 Pandemic

(Elayn Sammon):

- The SPACE Informal Workers and Social Protection background note outlines the options for providing social protection to informal workers, with a particular focus on the implications for COVID-19 response and urban settings. In order to do so, it provides information on the impacts of COVID-19 on earnings and wellbeing among informal economy workers, considering the opportunities the crisis presents for reform to more efficiently link informal workers with social protection systems. Given the extent to which COVID-19 has affected urban livelihoods, this analysis focuses primarily on challenges faced by urban informal workers. Of course, much of it also applies to informal workers in rural areas, particularly those who are not involved in agriculture (e.g. household enterprises).

Question 15 Can you share examples of how gender-responsive social protection responses differentiated their design based on rural / urban targeting?

Please see some recent resources on urban social protection below, recognising that gender-and disability-responsive approaches is an area which requires further investigation:

- Webinar on Social protection responses to COVID-19: challenges and opportunities to urban settings in Sub-Saharan Africa
- Report on COVID-19 in African cities: Impacts, Responses and Policies Recommendations

Question 16 Some governments have opted for public works responses - are you aware of cases where these have had a gender-intentional design, for example by hiring women to provide social care and support service or health services?

(Lara Quarterman):

- One thing we need to be mindful of is to avoid perpetuating gender stereotypes of what is considered appropriate work for genders in public work initiatives.
- As we know that women tend to do more of the unpaid labour in the home, this should also be considered in the design of public works programmes as the capacity for women to participate may be limited or their participation in public works can contribute to the unequal distribution of unpaid labour, including caring responsibilities.
- The risks of experiencing violence, exploitation, and abuse in public works should be assessed and risks of workplace GBV mitigated.

(Amber Peterman):
In the latest Social Protection and Jobs Responses to COVID-19 "Real time review" (Gentilini et al. from September 18th, 2020) only 13 countries had implemented (or had planned) 18 public work responses to COVID-19. Thus, public works have been a fairly small component of the social protection response -- likely due to risks around viral spread and the understanding and advocacy by global and national actors that economic benefits should be unconditional (rather than conditional on work, for example). A quick review of these 13 countries shows that none explicitly have gender-intentional designs, beyond for example targeting informal workers (who we know may be disproportionately women). This is not to say none include these considerations at all, but basic details of the programming do not include gender as a primary consideration at least in the tracking information provided. That said, there have been efforts to include women directly as part of the COVID-19 response by leveraging networks and partnerships with women's collectives or groups. For example, the World Bank has documented how Self-Help Groups in India have been engaged (including work in community kitchens and mask production), and the Evidence Consortium on Women's Groups has documented some of the research underlying these functions and opportunities going forward.

In the absence of COVID-19, there is guidance on how to design public works to intentionally take gender into account. Valentina Barca has written a recent evidence review, including case studies of gender-sensitive public works -- covering a wide range of programming that may be of interest (including examples from El Salvador, South Korea, Ghana, Mozambique, Rwanda and more). These include both considerations around providing women access to work (income/cash), the outputs of work (services generated/assets), the consequences of work (skill development/enhanced employability) and a cross-cutting consideration of institutional set up. In addition, there are two think pieces from the Gender-Responsive Age-Sensitive Social Protection (GRASSP) program led by UNICEF Innocenti which discuss integrating gender in public works programs in Mozambique and India.

Question 17 Could certain conditionalities in CTPs lead to greater "time-poverty" for rural women? How can SP systems better link to economic, productive and recuperation strategies to improve opportunities for rural women's development?

(Amber Peterman):
It is possible that conditionalities linked to cash transfers (or other types of social protection) could increase time-poverty for women (in both rural or urban settings). These include conditionalities around attending trainings or complying with health/education conditions, and are a potential both prior to and during the COVID-19 response. Most evidence of this potential has come from Latin America where conditional programs are a standard model implemented by governments. For example, qualitative evidence from Peru and Mexico suggests conditions place additional time burdens on women and/or reinforce gender roles around caregiving and domestic work. There is less evidence from other regions and from quantitative impact evaluations on these dynamics.

Because we know women conduct more unpaid and care work compared to men, and COVID-19 has exacerbated these inequalities, paying attention to time poverty is certainly important. Further, these "costs" to participants within program design and implementation can occur even without conditions. There are some strategies which can minimize routine program costs (even without considering conditions explicitly). For example, thinking about locating paypoints closer to participants, or having more or flexible locations/timing or moving to mobile transfers to reduce transaction times and cost. Within the COVID-19 response, there has been a push to drop conditions, especially for programming components which may not be safe to implement during COVID-19 (e.g. meeting in groups or attending school etc.). This is a very welcome development, as conditions--especially during COVID-19--may exclude the most vulnerable populations.

Zahrah Nesbitt-Ahmed and Ramya Subrahmanian (UNICEF Innocenti) have written a blog about caring in the time of COVID-19 focusing on gender, unpaid care work and how social protection can tackle this intersection. Below is an excerpt from the blog with some examples of how programs explicitly took into account time poverty of women to "recognize, reduce, redistribute" women's care work:

- *"For example, providing childcare support to women with more care responsibilities and to frontline workers will balance paid work with unpaid care work. Italy's "Cura Italia" stimulus package provides a childcare voucher of up to €600 for private-sector workers with children below the age of 12 who decide not to take parental leave.*
- *Cash transfers should include a care component by expanding the scope of existing cash transfers or creating new programmes targeted at paid and unpaid care workers. The El Salvador government has pledged $300 for up to 1.5 million households who work in the informal economy without financial safety.*
- *Increased and gender-responsive services to reduce care burdens. Providing hygiene kits and information about prevention measures or ensuring adequate access to water and sanitation are two ways of reducing care burdens. In Colombia, water services are provided free of charge for low-income families, while in Burkina Faso several utilities are being subsidised.*
- *Changing social norms around care provision is a long-term goal that needs consistent attention. Increasing men's contribution to unpaid care and domestic work, for example through paid paternity leave and equal parental leave, can contribute to this. Austria's COVID-19 response allows employees with childcare responsibilities to take up to 3 weeks of care leave on full pay."*

Even before COVID-19, we do have some examples and guidance on promising 'cash plus' for economic, productive and inclusion strategies for women (see Question 11). In addition, there has been some promising programming explicitly on childcare benefits -- for example, see this study in Kenya on childcare vouchers which improved women's employment outcomes. This is an area that we need much more innovation and learning on -- COVID-19 has demonstrated the importance of social protection in tackling this issue head on and we hope to see more promising practice in the future.

Question 18 How to conciliate disability-assessments with responsive social protection? In order to provide quick horizontal expansions of existing programmes, how to make comprehensive disability-assessments a less time-consuming process?

See answer to Question 5 -What is the best way to rapidly scale up social protection schemes to reach people with disabilities in a crisis?

Question 19 COVID-19 has demonstrated the need to see transfers and care services together. How far is social protection advocacy focusing on this combination, including those who advocate for a cash+ approach?

(Elayn Sammon):

- UNICEF Innocenti Working Paper 2017 : "How to Make 'Cash Plus' Work: Linking Cash Transfers to Services and Sectors", sets out to evaluate what factors contribute to more successful 'cash plus' programme outcomes.
- The Transfer Project is also advocating for Cash plus and briefs, research and other publications can be found here
- See also responses to question 11