

Welcome to the #SPorgWebinar



socialprotection.org

Financing Gender-Responsive Social Protection Systems



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International Labour Organization



Global Coalition for SOCIAL PROTECTION FLOORS

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SP&PFM Programme and today's session

Funded by the European Union (EU) and implemented jointly by the International Labour Organization (ILO), UNICEF, and the Global Coalition for Social Protection Floors (GCSPF), the Social Protection and Public Finance Management Programme (SP&PFM Programme)'s approach is to support evidence generation based on sex-disaggregated data and provide technical advice to ensure national social protection programmes can play a key role in responding to the specific needs of boys and girls, men and women, while reversing the gender imbalances through social protection laws and programmes, including linkages to complementary social and employment services and access to information.

The program focuses also on adequate funding for breaking the cycle of gender inequality that trap women in informal and low paid jobs without adequate social protection, to prevent and overcome poverty. Rather than promoting improvement of social protection in isolation, the program considers social protection policies in the context of poverty reduction, employment, formalization, care, migration and other macro-economic policies. The program seeks to address to multiple factors leading to the marginalization including disability, race, migration, sexual orientation, etc;

As part of its knowledge exchange and communications initiative, the SP&PFM Programme is organizing a series of webinars to learn from country experiences and contribute to the international debate on innovative solutions to increase financing and improve PFM for strengthening national social protection systems to achieve universal coverage for all.



Speakers



Dörte Bosse

Head of Sector for horizontal coordination, social protection and disabilities, European Union Directorate-General for International Partnerships

Ms Bosse has worked for over 20 years in Development Policy and International Cooperation. Currently, she is the Head of Sector for horizontal coordination, social protection and disabilities in INTPA Headquarters. Previously she led various teams in INTPA Headquarters and in Delegations covering Human Development, Communication & Visibility and Finance & Contracts. Before joining the EC, she was a speechwriter and worked in the Latin American Department of the German Ministry of Economic Cooperation and Development. Ms Bosse holds a Master's degree in Business administration from the Free University of Berlin, a Degree in Arts and Humanities from the Universidad Complutense of Madrid and a Postgraduate degree from the German Institute for Development.



Lauren Whitehead

Global Lead for Social Protection and Gender, UNICEF

Lauren joins UNICEF as the Lead for Social Protection and Gender on the Social Policy and Social Protection team where she oversees a global portfolio of work strengthening gender-responsive social protection with colleagues across the more than 150 countries and territories UNICEF serves. Previously, she was Chief Technical Specialist for the Generation Equality Action Coalitions at UN Women, overseeing delivery of thematic coalitions between governments, UN agencies, IFIs, foundations, private sector, and civil society to accelerate progress towards SDG 5 on gender equality. Prior to this, Lauren spent six years at BRAC, the world's largest international NGO, where she led as the Director of Technical Assistance overseeing engagements with governments worldwide. She has also worked with UNHCR, Asian Development Bank, Inter-American Development Bank, and various non-profit organizations in Asia, Africa, and Latin America. She holds an M.A. from Georgetown University and a B.A. from Princeton University.



Shana Hoehler

Technical Officer for Social Health Protection for Refugees and Host Communities

Shana Hoehler currently works as Technical Officer for Social Health Protection for Refugees and Host-Communities for ILO and UNHCR for the PROSPECTS project and is based in Nairobi. As the programme's regional specialist, she covers Kenya, Uganda, Sudan, Ethiopia and Egypt. Shana has a decade of experience working on social health protection, having worked for WHO and GIZ before, mainly in South-East Asia. During her work in Asia, she advised the Cambodian Ministry of Economy and Finance on the new national social protection strategy and developed approaches to include persons with disabilities into the Cambodian health system. At WHO, she was working at the UHC2030 partnership focusing on the engagement of the private sector for UHC as well as UHC in fragile settings. She holds a MSc in Global Health from Maastricht University, during which she spent one semester at Thammasat University, and a BSc in European Public Health.



Speakers



Allen Nakalo Ssali

Social Policy Officer, UNICEF Uganda

Allen Nakalo Ssali is a social policy officer with over 9 years of experience in social protection. She is currently based in Kampala, Uganda, where she leads UNICEF's first urban social protection programme targeting Adolescent Girls. Her work is helping to ensure that vulnerable adolescent girls in the city that are in and out of school receive education and skilling; are empowered to achieve their goals, and transition safely to adulthood through providing them with a cash transfers, mentorship and referral to health, education and protection services.

Before joining UNICEF, Allen worked with the NHS in the United Kingdom, KPMG in Rwanda, VSO in Kathmandu Nepal and Save the Children in Uganda.

Moderator



Uzziel Twagilimana

Deputy Director in charge of Programs,
WSM

Uzziel Twagilimana is the Deputy Director in charge of Programs at WSM (Africa, Asia, Latin America and the Caribbean, and Belgium), in Brussels. In the joint program with ILO, UNICEF and the GCSPF, he is representing WSM, as the GCSPF coordinating organization of the SP&PFM project in Senegal and Nepal, and member of the Joint Working group of CSOs coordinating organizations (together with HelpAge and OXFAM). He has accumulated more than 21 years' experience in training, coaching, advocacy supporting CSOs, trade unions and multi-stakeholders' social movements networking across the Continents. He has a keen interest and expertise on the theme of Decent work and the right to social protection, with a special focus on informal economy, workers in precarious conditions and other vulnerable populations (including the youth, women).

Financing Gender-Responsive Social Protection

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What can be achieved through gender-responsive social protection?



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GENDER-RESPONSIVENESS

- ❑ Less than **1 in 5** global social protection measures during COVID-19 addressed gender inequalities; this issue is compounded for caregivers of children with disabilities
- ❑ Only **ONE QUARTER** of all children have access to any form of child or family benefits
- ❑ More than **HALF** of global mothers are deprived of maternity benefits
- ❑ **26.3%** of working-age women are covered by a pension compared to 38.7% of men
- ❑ Women, children, and people living with disabilities sustained some of the greatest setbacks caused by COVID-19 to education, jobs, and health, yet **many social protection programs fell short** of being inclusive and gender-responsive



The gap is great, yet the potential is even greater.

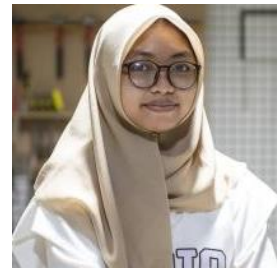
WHY SHOULD SOCIAL PROTECTION BE GENDER-RESPONSIVE?

for her



Women

- Barriers to work
- Unpaid care work
- Informal sector
- Childbearing
- Childrearing
- Domestic violence



Adolescent Girls

- Barriers to education
- Unpaid care work
- Threats to bodily autonomy
- Early marriage and early pregnancy
- Domestic violence



Young Girls

- Barriers to education
- Unpaid care work
- Malnutrition and hunger
- Neglected due to gender preferences
- Child marriage
- High risk of sexual abuse

for him



Boys and Men

- Child labor
- Barriers to education
- Patriarchal expectations
- Toxic masculinity
- Breadwinner obligation
- Informal sector
- Stigma or taboo of childrearing

INTERSECTIONALITY

Women and Child-Headed Households

- Difficulty to work
- Lack of access to information
- Dependence on exploitative relationships
- Child marriage and early pregnancy
- Higher levels of poverty within a household

Elderly Women & People Living with Disabilities

- Difficulty to work
- Limited mobility
- Dependence on exploitative relationships
- Lack of access to information
- Physical, communication, and attitudinal barriers
- Higher levels of poverty within a household

Indigenous People & Migrant Populations

- Difficulty to work
 - Stigma and isolation
 - Lack of protection under law
 - High impunity for crimes committed against them
 - Marginalization
 - Community ostracization
 - Higher levels of poverty within the community
-

GENDER INTEGRATION CONTINUUM IN SOCIAL PROTECTION



Gender Discriminatory

- Take advantage of **gender stereotypes** and reinforces gender inequalities.

• **Example:** Program that makes mothers only responsible for fulfilling conditions for their children

Gender Neutral

- **Ignore gender roles**, norms and relations and how these might affect the needs of different genders

• **Example:** Contributory pension for formal sector employment which does not consider high concentration of women informal workers

Gender Sensitive

- Acknowledge gender inequalities, but often **do not prioritize specific needs** based on gender

• **Example:** Undertaking GBV risk mitigation work, but not proactively addressing specific needs

Gender Responsive

- Deliberately **respond to the needs of all genders**, and take measures to actively address specific needs

• **Example:** Messaging, labelling and/or information is tailored to gender specific health needs; or conditions are removed because of disproportionate burden on women

Gender Transformative

- Aims to promote gender equality by **deliberately tackling harmful gender norms**, roles, structures and institutions

• **Example:** 'Cash plus' program which aims to tackle income poverty and increase women's decision-making power

ETHIOPIA

- **Productive Safety Net Program** (PSNP); conditional cash transfer
- Aims for women and men to benefit equally from the program by taking into account **maternal and childcare responsibilities**: variations in public works labor requirements, intensity, schedule flexibility
- Demonstrated a reduction in **food insecurity and faster recovery** by recipient households
- Scaled to respond to **conflict and crisis**, including internally displaced



MOZAMBIQUE

- **Basic Social Subsidy Programme**
- **“Cash and Care” program:** quarterly unconditional cash transfer for children under 2; social behavior change communication (SBCC) on nutrition, WASH and childcare practices; and case management
- **Results** included sharp increase in birth registration, increased dietary diversity and frequency of meals for children, decreased stress, depression and intimate partner violence, and a reduction in pregnancies



TANZANIA

- **Productive Social Safety Net (PSSN) “Ujana Salama”** Program (‘Safe Youth’)
- Targeted **adolescents aged 14–19** years with: training on livelihoods and SRH/ HIV life skills, mentoring and productive grants for schooling, vocational, or business plans, linkages to adolescent-friendly SRH/HIV services
- **Resulted** in increased HIV testing and health visits; delayed sexual debut; reductions in violence and depression; increased HIV prevention and contraceptive knowledge
- Improvements in **gender-equitable attitudes** and **reductions in sexual violence** experiences



WHAT OUTCOMES CAN BE ACHIEVED?

- ✓ Drive equitable gains through **inclusive social protection** that benefits all; leave no one behind
- ✓ Lead to **progressive realization** of social protection that meets the needs of all
- ✓ Reverse **feminization of poverty** and reduce **intergenerational transmission** of poverty
- ✓ Strengthen **income security and economic stability**
- ✓ Improve **social cohesion**
- ✓ Address disproportionate **care burden**



Achieve **gender justice** for all regardless of gender.

THANK YOU

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Social Protection and Gender Lead

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Comprehensive maternity protection in Kenya



Designing a maternity cash benefit for women in the informal economy



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Content

- Current situation in Kenya
 - Challenges and opportunities for expanding coverage
 - Lessons learned / discussion
-

Social Health Protection under NHIF

Scheme	Intended beneficiaries	Package of health interventions	Maternity income protection	Estimated % of pregnant women annually (ILO)
NHIF «Enhanced scheme»	Civil servants, public servants, national police, and prisons staff	NHIF benefit package plus extra services for inpatient / outpatient care	Employer's liability	5.4%
NHIF mandatory scheme	Formally employed	NHIF benefit package	Employer's liability	
NHIF voluntary scheme	Households in the informal economy who are identified as poor or vulnerable	NHIF benefit package	No scheme	5.6%
NHIF subsidized scheme	Poor and vulnerable groups	NHIF benefit package	No scheme	
Linda Mama	All pregnant women not already covered by another scheme under NHIF	Pre-natal, delivery, post-natal care	No scheme	65.7%

¹⁹
Only around 5% of pregnant women are legally entitled to paid maternity leave (based on employer liability)

76.9% of pregnant women are accessing one scheme in case of delivery

Coverage Gaps

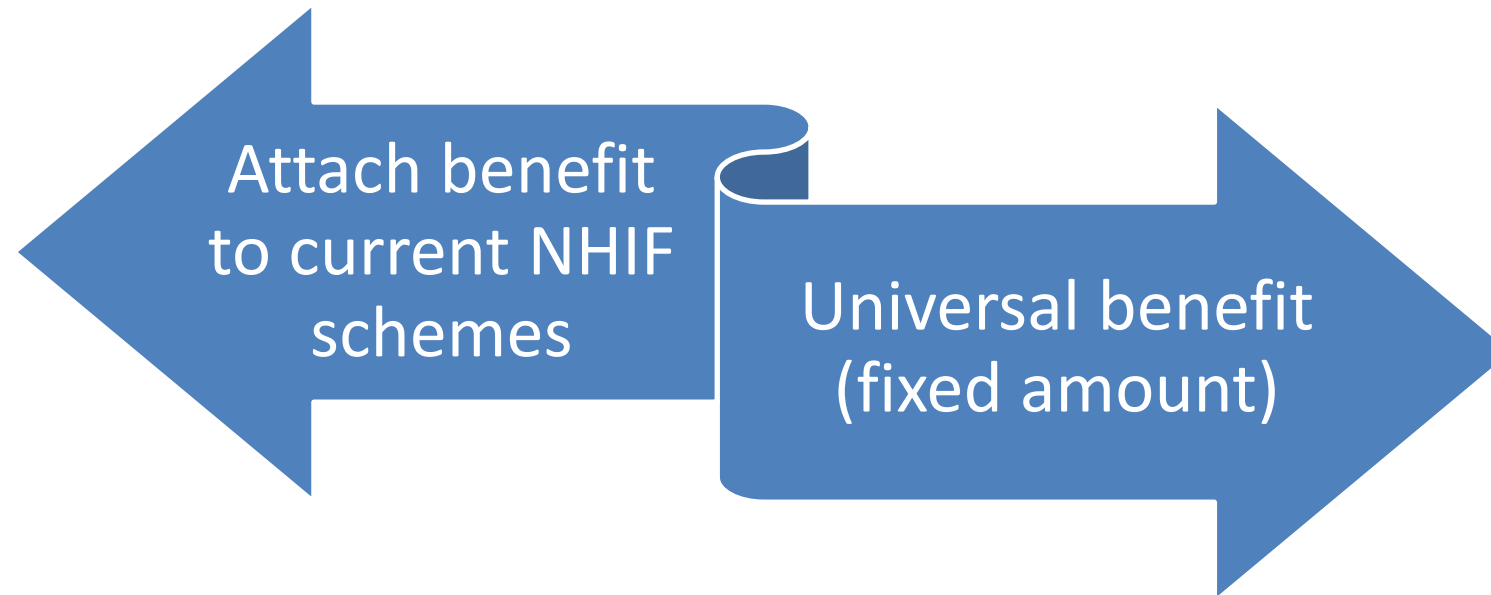
Health Care

- Despite efforts to expand coverage and the fact that all pregnant women not already covered by NHIF are eligible for Linda Mama, the ILO estimates that 23% of women delivering are not benefiting from financial protection against the costs of prenatal care, delivery and post-natal care under any of the existing schemes.

Maternity income support

- At the moment, there is no public mechanism for income support during pregnancy / after birth. Even workers in formal employment can only rely on their employers, which creates a risk for discrimination in the workplace and is difficult to be enforced.
-

Maternity cash benefit



→ Universal benefit could be conditional on being enrolled
in NHIF or Linda Mama

Challenges and opportunities for expanding coverage



Opportunities

- Women are mostly employed informally and spend considerably more time on unpaid care work
→ Importance of affordable, adequate and accessible public services, in particular child care and health care
 - Linking maternity income support to existing schemes could increase coverage of social health insurance schemes (NHIF & Linda Mama) – would reduce maternal and child mortality.
 - Maternity cash benefit could increase exclusive breastfeeding (currently at around 60%).
 - NHIF has passed a bill that makes the social health insurance scheme mandatory for the entire population.
 - MPESA simplifies channelling funds to beneficiaries.
-

Challenges

- Men in Kenya responded that they do not want to pay for the maternity cash benefit.
- Workers and employers in the formal sector resist a transition out of the employer liability.
 - Workers are afraid the level of benefit would decrease;
 - Employers are afraid the social security contributions would increase.
- Financing additional social protection programmes will require fiscal space in an environment that is highly constrained / contradicting priorities

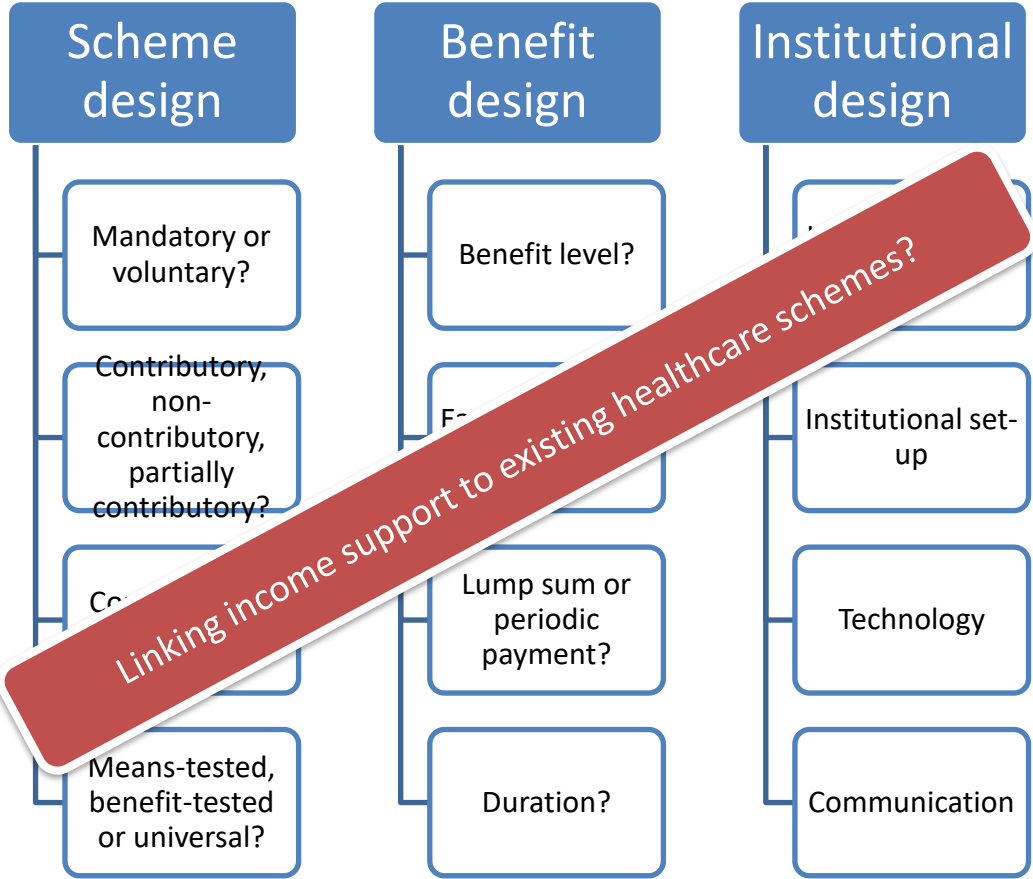
Guidance from international social security standards:

- ▶ Maternity cash benefits shall be provided to all pregnant women (universality).
- ▶ Such benefits should be provided through compulsory social insurance or social assistance and financed collectively (by both men and women).

Lessons Learned



Design of maternity cash benefits



Linking income support to existing healthcare schemes?

- NHIF partner as infrastructure and schemes fit well with target group
Use existing schemes / capacities and
Incentivize enrolment to existing healthcare schemes

BUT

- Risk to reproduce coverage gaps;
 - Risk to reproduce / reinforce a complex financing architecture
 - Might retain the employer liability provisions to ensure benefit levels for workers in the formal economy.
-

Summary: Maternity cash benefit for Kenya

- Would cost between 0.4% - 0.7% of GDP
- Could increase SHP coverage overall
- Could extend maternity care to the missing 23%
- Supports women financially and to recover after birth (currently only 5% entitled)
- Chance to move away from employer liability



THANK YOU

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GIRLSEMPoweringGIRLS (GEG) – CASH PLUS SOCIAL PROTECTION PROGRAMME

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UGANDA'S FIRST URBAN SOCIAL PROTECTION PROGRAMME FOR ADOLESCENT GIRLS – KAMPALA UGANDA



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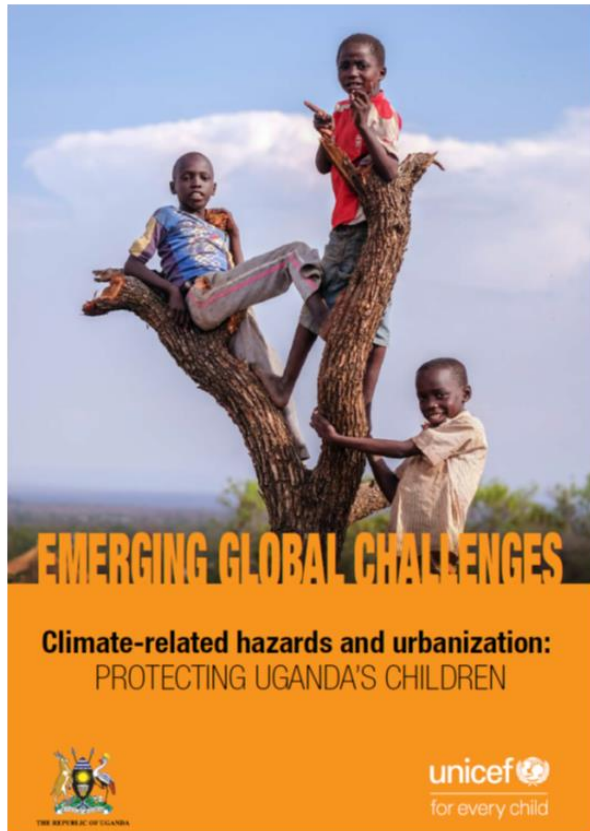
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BACKGROUND

- Only 2.9% of the population was covered by at least one social protection benefit prior to the COVID-19 pandemic, well below the African average of 17.8%
- Poverty remains high and disproportionate amongst regions and gender, leading to stark inequality, with Gini coefficient above 0.4, with 39% of the population in the subsistence economy.
- Poverty rates in Kampala city are consistently higher among children.
- 44% of children in Uganda are multi-dimensionally poor - limited access to essential social services (health, education, protection, clean water) and fewer prospects for better economic opportunities.



BACKGROUND



Adolescent girls specifically continue to experience some of the greatest vulnerabilities, with the urban context presenting even more unique challenges and vulnerabilities.

- *Sexual and gender-based violence*
- *Higher risk of HIV infection than their male counterparts*
- *Teenage pregnancies: (1 in 4 girls aged 15-19 have already begun childbearing)*
- *School dropouts (average primary school dropout rate is 45% but this rate is much higher amongst girls.)*
- *Child marriage*

OBJECTIVES

To ensure that:



Adolescent girls transition safely
into adulthood with greater
inclusion and protection through
strengthened socio-economic
prospects



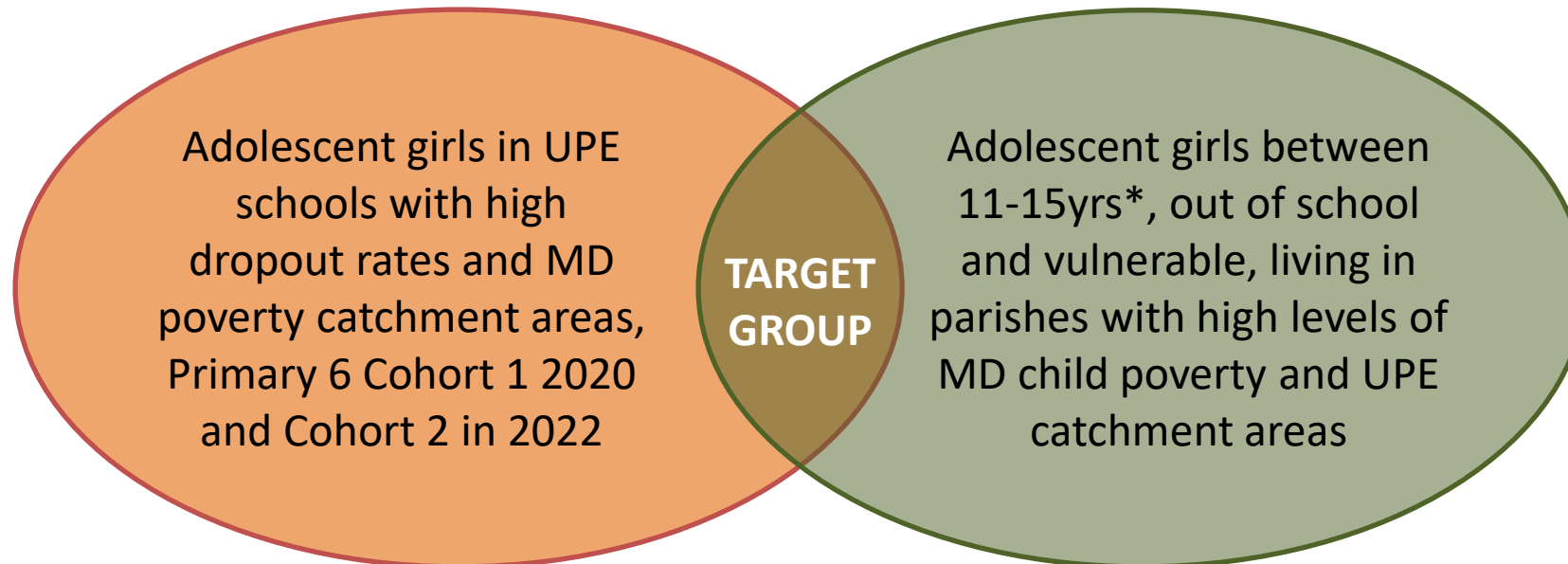
Adolescent girls
receive education
and training



Adolescent girls are
empowered to achieve
their goals



TARGETING



Adolescent girls in UPE schools with high dropout rates and MD poverty catchment areas, Primary 6 Cohort 1 2020 and Cohort 2 in 2022

**TARGET
GROUP**

Adolescent girls between 11-15yrs*, out of school and vulnerable, living in parishes with high levels of MD child poverty and UPE catchment areas

First Cohort: 1,500 girls
January 2020 – December 2023

Second Cohort: 1,500 girls
January 2022 – December 2025

Leaving No-one Behind:

- Specific attention is paid to certain groups of adolescent girls with compounded vulnerabilities.
- Strengthening the Inclusive Social Protection agenda in Uganda
 - ❖ *Adolescent girls who are disabled*
 - ❖ *Urban Adolescent refugees' girls*
 - ❖ *Pregnant and teenage child mothers.*



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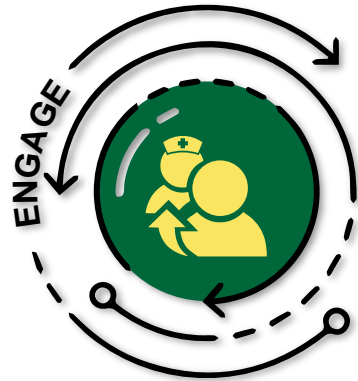


for every child



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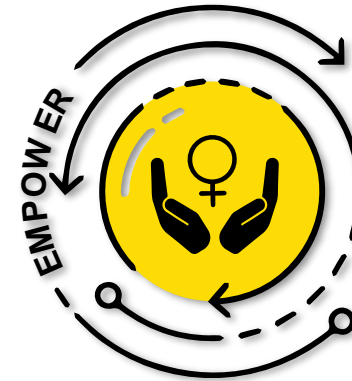
PILLARS



support through
referral to services



opportunities through
cash transfers



girls through a network
of **peer mentors**



+ Systems Strengthening



+ Public Finance Management



+ M&E / Research



+ Digital Engagement



+ Grievance Redressal Mechanism



+ Partnerships

MENTORING & SKILLING

MENTORS

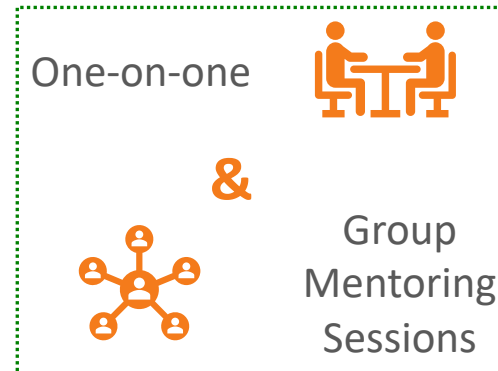
4 Lead mentors
200 Peer mentors

3,000 GIRLS

1,500 In-School
1,500 Out-of-School

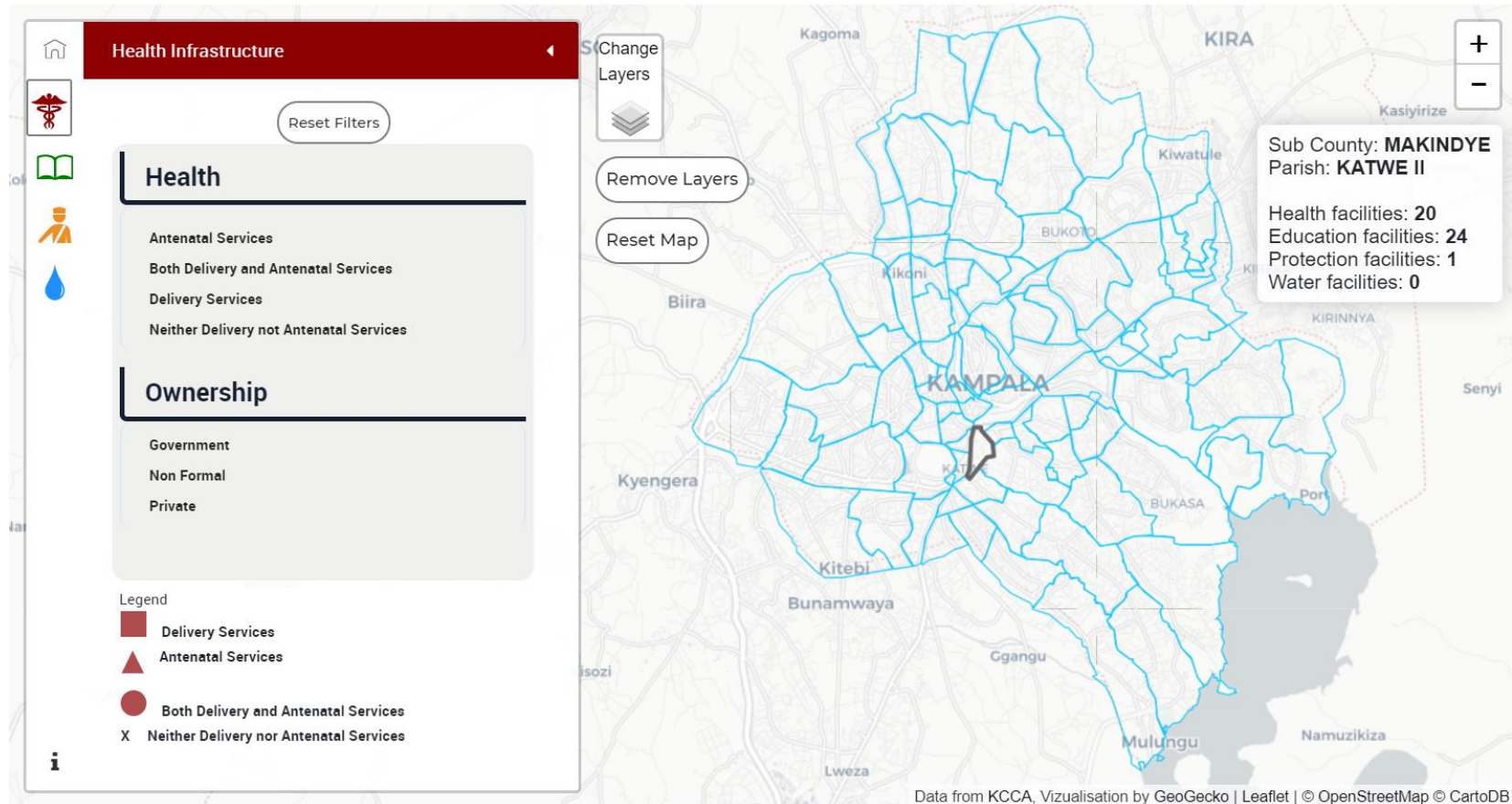


15 girls per peer mentor



REFERRAL TO SERVICES

Digital Service Portal and Word-of-Mouth



CASH TRANSFERS (UNCONDITIONAL)



In-School Girls:

For girls in P6 and P7, transfers of **UGX 160,000** delivered three times per year (UGX 40,000 per month) totaling **UGX 480,000 (~USD 130) per year**. There is a **secondary school top-up** to UGX 60,000 per month (~**USD 195** per year)



Out-of-School Girls:

Transfers of **UGX 160,000** delivered three times per year (UGX 40,000 per month) totaling **UGX 480,000 (~USD 130) per year**. No top-ups, unless they return to school and enter secondary school.

50% Top Up for Adolescent Girls with Disability – UGX 60,000 per month (USD 195 per year).

Summary of Achievements:

- Started with 1,500 and now reaching out to 3,000 adolescent girls reached with multi-purpose cash transfers, mentorship, and referral to services. (1,500 in school and 1,500 out of school).
- Programme has an inclusive focus: Gender, Disability, Refugees, Teenage mothers
- A management information system (MIS) developed that will be linked to the National Single Registry (MGLSD).

-
- Government (KCCA) led programme - The GEG programme is now well established within the KCCA eco-system with a multi-sectoral approach to programme implementation bringing together 4 departments. (*Gender/Education/Public Health and Treasury*)

Reflections/ Lessons:

- GRSP's that include the **boy child** who also have specific needs, and face challenges - reflection for future programme scale up.
- **Extension of coverage** is critical - Only 3,000 girls supported (approx 3.2% of the adolescents in need, in Kampala alone)
- **Limited fiscal space:** Government spending on direct income support is low compared to other countries. Less than 0.3% of the total national budget is spent on social protection annually.



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Reflections/ Lessons:

- Government led SP initiatives are easier to integrated into Gov systems and scale up– GEG pitched in the SP strategy that is being developed for Uganda.
 - Integrated Cash plus interventions achieve better outcomes for children in Health Education and Protection.
 - Project/ Programme Management Information Systems need to be linked to National Registries – contributing to the systems strengthening agenda.
 - Programmes such as these have the ability to enable girls cope with shocks and not resort to bad coping mechanisms. (COVID-19)
-

Gender Responsive Social Protection is one of the main strategies to contribute towards building an inclusive social protection system in Uganda.

THANK YOU

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