Resilience for All?
Towards Gender-Responsive Social Protection in South-East Asia
Report for UN Women Bangkok

Nicola Jones and Maria Stavropoulou
With Elizabeth Presler-Marshall
UN Women is the UN organization dedicated to gender equality and the empowerment of women. A global champion for women and girls, UN Women was established to accelerate progress in meeting the needs of women and girls worldwide. UN Women supports UN Member States in setting global standards for achieving gender equality, and works with governments and civil society to design the laws, policies, programs and services required to implement these standards. UN Women stands behind women’s equal participation in all aspects of life, focusing on the following five priority areas: increasing women’s leadership and participation; ending violence against women; engaging women in all aspects of peace and security processes; enhancing women’s economic empowerment; and making gender equality central to national development planning and budgeting. UN Women also coordinates and promotes the UN system’s work in advancing gender equality.
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<tr>
<td>ACWF</td>
<td>All-China Women's Federation</td>
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<td>ADB</td>
<td>Asian Development Bank</td>
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<td>AGI</td>
<td>Adolescent Girls Initiative (World Bank)</td>
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<td>AIDS</td>
<td>Acquired immunodeficiency syndrome</td>
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<td>ASEAN</td>
<td>Association of Southeast Asian Nations</td>
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<td>AusAID</td>
<td>Australian Agency for International Development</td>
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<td>BCC</td>
<td>Behaviour change communication</td>
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<td>CARD</td>
<td>Council for Agricultural and Rural Development</td>
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<td>CBHI</td>
<td>Community-Based Health Insurance</td>
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<td>CCA</td>
<td>Climate change adaptation</td>
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<td>CCT</td>
<td>Conditional cash transfer</td>
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<td>CCVI</td>
<td>Climate Change Vulnerability Index</td>
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<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
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<td>CESSP</td>
<td>Cambodia Education Sector Support Project</td>
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<td>CFPR</td>
<td>Challenging the Frontiers of Poverty Reduction</td>
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<td>CSO</td>
<td>Civil society organisation</td>
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<td>DFID</td>
<td>Department for International Development (UK)</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>DoLE</td>
<td>Department of Labour and Employment (the Philippines)</td>
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<td>DRR</td>
<td>Disaster risk reduction</td>
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<td>DSWD</td>
<td>Department of Social Welfare and Development (the Philippines)</td>
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<td>EC</td>
<td>European Commission</td>
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<tr>
<td>EESEEA</td>
<td>Economy and Environment Program for South-East Asia</td>
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<td>EU</td>
<td>European Union</td>
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<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
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<td>FFA</td>
<td>Food for assets</td>
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<td>GBV</td>
<td>Gender-based violence</td>
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<td>GDP</td>
<td>Gross domestic product</td>
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<td>GII</td>
<td>Gender Inequality Index</td>
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<td>GNI</td>
<td>Gross national income</td>
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<td>GNP</td>
<td>Gross national product</td>
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<td>HEF</td>
<td>Health Equity Fund</td>
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<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<td>ICESCR</td>
<td>International Covenant on Economic, Social and Cultural Rights</td>
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<td>IDA</td>
<td>International Development Association</td>
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<td>IFPRI</td>
<td>International Food Policy Research Institute</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<td>IMF</td>
<td>International Monetary Fund</td>
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<td>IOM</td>
<td>International Organization for Migration</td>
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<td>JFPR</td>
<td>Japan Fund for Poverty Reduction</td>
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<td>LDC</td>
<td>Least developed country</td>
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<td>LWU</td>
<td>Lao Women's Union</td>
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<td>MCHN</td>
<td>Maternal and Child Health and Nutrition</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>MGNREGS</td>
<td>Mahatma Gandhi National Rural Employment Guarantee Scheme</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>MLGSG</td>
<td>Minimum Living Standard Guarantee Scheme (China)</td>
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<td>MNCWA</td>
<td>Myanmar National Committee for Women's Affairs</td>
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<td>MMCAWA</td>
<td>Myanmar Maternal and Child Welfare Association</td>
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<td>MMR</td>
<td>Maternal mortality ratio</td>
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<td>MoE</td>
<td>Ministry of Education</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoWA</td>
<td>Ministry of Women's Affairs</td>
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<td>MPI</td>
<td>Multidimensional Poverty Index</td>
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<td>MSS</td>
<td>Ministry of Social Solidarity</td>
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<td>MWAF</td>
<td>Myanmar Women's Affairs Federation</td>
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<td>NCAW</td>
<td>National Commission for the Advancement of Women (Lao PDR)</td>
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<tr>
<td>NDHS</td>
<td>National Demographic and Health Survey</td>
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<td>NDP</td>
<td>National Development Plan (Mexico)</td>
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<td>NEDA</td>
<td>National Economic and Development Authority (the Philippines)</td>
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<td>NFA</td>
<td>National Food Authority (the Philippines)</td>
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<tr>
<td>NGO</td>
<td>Non-government organisation</td>
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<td>NGPES</td>
<td>National Growth and Poverty Eradication Strategy</td>
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<td>NHTS-PR</td>
<td>National Household Targeting System for Poverty Reduction (the Philippines)</td>
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<td>NRCS</td>
<td>New Rural Cooperative Medical Scheme (China)</td>
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<td>NSAW</td>
<td>National Strategy for the Advancement of Women (Lao, PDR)</td>
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<td>NSDP</td>
<td>National Strategic Development Plan</td>
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<td>NSEDP</td>
<td>National Socio-Economic Development Plan</td>
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<td>NSO</td>
<td>National Statistics Directorate</td>
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<td>NSO</td>
<td>National Statistics Office</td>
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<td>NSPS</td>
<td>National Social Protection Strategy</td>
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<td>NTPPPR</td>
<td>National Targeted Programme for Poverty Reduction (Viet Nam)</td>
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<tr>
<td>ODA</td>
<td>Official Development Assistance</td>
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<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
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<td>OFSP</td>
<td>Other Food Security Programme (Ethiopia)</td>
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<td>OFW</td>
<td>Overseas Filipino worker</td>
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<td>OHCHR</td>
<td>Office of the High Commissioner for Human Rights</td>
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<td>PKH</td>
<td>Program Keluarga Harapan (Indonesia)</td>
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<td>PPP</td>
<td>Purchasing power parity</td>
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<td>PSNP</td>
<td>Productive Safety Net Programme (Ethiopia)</td>
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<td>SEDESOL</td>
<td>Federal Ministry of Social Development (Mexico)</td>
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<tr>
<td>SEDP</td>
<td>Social and Economic Development Plan</td>
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<tr>
<td>SEP</td>
<td>Small Enterprise Project (Timor-Leste)</td>
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Towards Gender-Responsive Social Protection in South-East Asia

There is growing interest across developing countries in the potential of social protection to address persistent gender inequalities and promote the social and economic empowerment of women in recognition of the close links between gender equality, poverty reduction and social protection. While some programmes target women and girls, with the primary focus on meeting practical gender needs, there has been little exploration of the change pathways through which countries can achieve gender equality and broader transformations to empower women in all spheres of life.

Social protection has come to constitute an important component of poverty reduction approaches in the South-East Asian region, partly as a legacy of the 1997-1998 Asian financial crisis and partly in response to the impacts of the recent global economic crisis on vulnerable population groups – impacts which have disproportionately affected women and girls. While some programmes target women and girls, with the primary focus on meeting practical gender needs, there has been little exploration of the change pathways through which countries can achieve gender equality and broader transformations to empower women in all spheres of life.

The report concludes by identifying entry points for UN Women and its partners in promoting gender-responsive social protection programmes and policies throughout the South-East Asian region. These entry points are informed by a review of key features of innovative schemes from countries in the region as well as good practice examples from other developing regions to illustrate gender-responsive social protection programming in practice.

Vulnerability Context >>

The nine South-East Asian countries studied have a high degree of diversity in terms of population, economic growth and poverty rates as well as gender and human development indicators, with wide variations in terms of child and maternal mortality rates, literacy and school drop-out rates, and labour force participation, for instance. However, with the exceptions of China and Thailand, all of the countries studied fit into the lower half of gross domestic product (GDP) per capita rankings, and all face a high degree of vulnerability vis-à-vis the effects of climate change.

In terms of gender vulnerabilities, women in the Asia and the Pacific region are over-represented in the informal economy (more than 8 out of 10 working women are in vulnerable employment compared with more than 7 out of 10 men), and thus often have little or no entitlement to social protection. Women are also more vulnerable to the impacts of climate change and typically have fewer resources to mitigate risks or cope with the aftermath of weather-related crises. Women and young girls are particularly vulnerable to the many different forms of gender-based violence, including domestic violence, trafficking, and sex-selective abortions.

In addition, specific groups of women in the region face particular vulnerabilities that are largely ignored by social protection programmes and policies. The above-mentioned groups include migrant women, women from ethnic minorities, refugee and stateless women, female-headed households, and older women.
DELIVERING SOCIAL PROTECTION IN DIVERSE CONTEXTS

Governance contexts across the region are also very diverse, as are country histories of implementing social protection. Some countries (especially China and Thailand) have longstanding and increasingly large-scale safety nets while others have nascent social protection systems and much more limited resource bases with which to expand social protection programming.

The social protection instruments in place cover social insurance and health insurance schemes, social assistance (including cash and asset transfers, subsidy programmes and public works schemes) and social services for particularly vulnerable social groups (for example, people living with disabilities and survivors of gender-based violence and trafficking). They range from the very large (China’s New Rural Medical Cooperative Scheme had enrolled more than 830 million people by late 2009, and Indonesia’s Raskin rice subsidy programme targeted more than 17 million households in 2012) to the very small (Timor-Leste’s Bolsa Do Mae, a conditional cash transfer targeting poor female-headed households with young children, reached approximately 15,000 beneficiaries in 2011). Large-scale conditional cash transfer programmes (including the Philippines’ Pantawid Pamilyang Pilipino Program or 4Ps, which aims to reach more than 5 million poor households by 2015) are becoming increasingly popular as a policy instrument frequently modelled on Latin American schemes.

Although some countries have relatively well-developed social insurance systems (China and Thailand and, to a lesser extent, Indonesia, the Philippines and Viet Nam), many social security schemes typically only cover formal sector workers in towns and cities. Consequently, the vast majority of those in the informal economy, including a disproportionate number of women, are left without any form of social protection.

"Despite recent efforts to expand coverage and improve quality, millions of people across the region continue to lack access to social protection."

Most countries in the region still have a considerable way to go to achieve the standard laid out in the International Labour Organization (ILO)’s Social Protection Floor (SPF) Initiative. However, Thailand and, to a growing extent, China are notable exceptions, having made remarkable strides over the past decade towards providing universal healthcare, education, income security, pensions, and essential services for all citizens. Indonesia and the Philippines are also moving in the right direction, with sizeable conditional cash transfer and health insurance programmes reaching an ever-growing proportion of the population. Similarly, Viet Nam has introduced free healthcare for poor families and all young children, while its poverty programming provides a basic income for much of the population living under the most impoverished conditions. Less wealthy countries, some of them emerging from decades of conflict, have made less progress. Existing programmes tend to be almost entirely donor-funded, with limitations in coverage and quality. Despite plans by individual governments to significantly expand social protection coverage, a great deal more is required to bring these plans to fruition.

COMMON CONSTRAINTS

Resources: Poorer countries in the region have less fiscal space and weaker human resource bases for effective implementation of social protection programmes. Furthermore, the level of benefits provided is often insufficient to meet even basic needs. Some governments (e.g. Lao PDR) are beginning to merge existing schemes to reduce duplication and rationalise resources. Other countries have been reliant on NGO-run and funded programmes that offer very limited coverage.

Goverance and coordination: Many countries have fragmented schemes involving different government agencies competing for limited funds, sometimes offering similar benefit packages and targeting the same beneficiaries. Lack of coordination, inadequate data and weak targeting mechanisms have led to duplication of effort and wasted resources, with high rates of leakage to the non-poor and under-coverage of the poor contributing to overall low impact.

The different governance contexts in the region also shape the diversity of social protection programming and policies. In democratising countries such as Thailand, elections have proved an important catalyst for the introduction or expansion of social protection schemes. Conversely, in single-party states such as China and Viet Nam, government apprehension of social instability arising from marginalised populations or groups faced with losing benefits has created a similar impetus for expanded social protection initiatives. Countries emerging from protracted conflicts such as Cambodia, Lao PDR, Myanmar and Timor-Leste face particular challenges in implementing social protection due to weak governance structures and capacity.

Monitoring and evaluation: Data are scarce across the region, particularly sex- and age-disaggregated data. Consequently, little is known about the needs of specific vulnerable groups. Many countries have no central, unified beneficiary database. These countries are limited to only basic data on the number of beneficiaries for each scheme and the amount of assistance received (in cash or in kind). Few schemes have complaints and feedback mechanisms or use participatory approaches to involve beneficiaries in evaluating impact.

GENDER-SPECIFIC CONSTRAINTS

Few social protection strategies are informed by a gender lens: Few countries in the region have comprehensive national social protection strategies in place to guide gender-responsive programmes or policies and to exploit potential synergies by developing links with complementary programmes and services, especially those tackling social risks and vulnerability (e.g. legal discrimination, rights awareness and discriminatory social norms). Developing such a strategy would enable countries to ensure the application of a gender-sensitive lens at every stage of the programme and policy cycles.

Currently, the absence of an overall strategy is leading to incoherent systems. In Indonesia, for example, while the conditional cash transfer programme incorporates strong gender-sensitive design features and is expected to promote more equal gender relations within the household, the large-scale Raskin rice subsidy programme does not take into account the significant gender inequalities concerning food allocation within the household.

“Simply targeting women or girls risks reinforcing traditional gender roles and responsibilities, overlooking important lifecycle and relational vulnerabilities that restrict opportunities for women and girls’ broader economic and social empowerment.”

Limited gendered vulnerability assessments: Vulnerability assessments typically overlook gender-based violence and the gendered impacts of climate change as well as the situation of migrant, refugee and stateless women. All gendered vulnerability assessments must be specific to the local and national context while at the same time recognising the cross-cutting vulnerabilities affecting women in the region and constraining opportunities for women’s social and economic empowerment, such as the following:

- Sexual exploitation and gender-based violence, for example, is a growing problem. Younger women and undocumented migrants are particularly vulnerable to trafficking, while other forms of gender-based violence (such as sex-selective abortions in China, for example) are on the rise.

- Poor women are also more vulnerable to the impacts of climate change, typically lacking decision-making power within the household, having fewer resources to cope with shocks and having less access to information on how to survive and mitigate climate-related disasters.

- In the case of ethnic minority women, linguistic and cultural barriers can exacerbate the discrimination and marginalisation they experience, frequently resulting in poorer health and education outcomes. In some areas, ethnic minority women and girls are also more vulnerable to sexual violence.

- Refugee and stateless women are particularly vulnerable groups, often lacking the residence or citizenship status that confers key social, economic and political rights.
**Implementation deficits:** There appears to be a critical disconnect between gender-responsive programme design and programme implementation, partly due to uneven capacities and poor coordination between national and sub-national governments (especially in the context of growing decentralisation). Too often, there is little or no investment in tailoring capacity-building for programme implementers and local officials to integrate gender-related programme features into daily work practices. Moreover, little effort has been invested in tracking gender-sensitive budget allocations, with similar deficient investment in disseminating information with beneficiaries and wider communities to raise awareness of gender-sensitive programme features and the reasons behind them.

**Programme accountability shortcomings:** With the exception of conditional cash transfer (CCT) programmes in Indonesia (PKH and PNPM) and the Philippines (the 4Ps), few social protection programmes in the region include gender-disaggregated impact indicators. Thus, it is difficult to assess their impact on the well-being of women and girls and men and boys, even though the programmes may have had explicit gender-related objectives or broader goals aimed at reducing poverty and vulnerability. Donors and governments alike, however, are increasingly requiring programmes to develop rigorous monitoring and evaluation (M&E) systems. Even so, beneficiary feedback and grievance mechanisms are either absent or inadequate, and very few programmes use participatory approaches to M&E such as community scorecards, social and gender audits, which could generate valuable data to inform improvements in programme design and implementation.

**REPLICATING REGIONAL INNOVATIONS TO DELIVER QUICK WINS >>**

Across the region, these programming gaps indicate that gender-responsive social protection remains weak. There are, however, some good examples of innovative gender-responsive programming that could be built on to achieve short-term and longer-term gains in other countries.

- In the Philippines, the 4Ps conditional cash transfer explicitly includes gender considerations in its design. The programme is also piloting a *convergence strategy* in conjunction with two other major government programmes to help beneficiaries graduate, one in support of community-led creation of assets and another to help women start small income-generating projects.
- Thailand is increasingly recognised as a regional and even international leader in providing *social health insurance*, which includes maternal healthcare as well as extensive coverage for HIV-related treatment and services.
- While health insurance and benefits such as sick pay, maternity leave, disability care and retirement pensions are usually one of the reach of *informal economy workers*, Indonesia, the Philippines and Thailand now allow informal workers to voluntarily participate in contributory social security systems. Although uptake has been low to date, the response could be improved with some programme modifications. In the Philippines, domestic workers are now entitled to the same benefits as formal sector employees, paying the way for equal access to social security and social assistance.
- Historically, few social protection schemes have targeted migrants, either in home or destination countries. Nevertheless, a growing number of good practice examples have been introduced, with China, Indonesia, the Philippines, Thailand and Viet Nam all extending pension and health schemes to migrant and rural workers. Despite the low uptake (partly because migrants cannot usually afford regular payments into schemes and partly because there is limited portability of benefits), these moves represent a step in the right direction towards addressing the major gaps in provisions for migrants.
- In the case of *older women*, two key initiatives stand out in Thailand: universal health coverage and the recent extension of pension coverage. Given that ill-health is often a primary driver of vulnerability and chronic poverty, especially for women, and older women in particular, the above-mentioned initiatives should be regarded as a cornerstone for national gender-responsive social protection systems.
- Despite particular vulnerabilities, major gaps remain in the provision of social protection for ethnic minority women, especially in the Mekong sub-region and Western China. Viet Nam’s Program 135 social assistance initiative aims to narrow the gap between ethnic minorities and the rest of society through supporting infrastructure development, agriculture, access to basic services and capacity-building for local officials. While the programme has achieved a dramatic expansion in access to health, education, credit, roads and markets, some underlying gendered socio-cultural norms (particularly language barriers and conservative views about women’s roles) that limit its transformative impact have yet to be addressed.

**LEARNING FROM GENDER-RESPONSIVE GOOD PRACTICE IN OTHER REGIONS >>**

The report presents the following three international examples of gender-responsive good practice:

- **Bangladesh** (the NGO-implemented Challenging the Frontiers of Poverty Reduction—Targeting the Ultra-Poor (CFPR/TUP) programme)
- **Ethiopia** (the government’s Productive Safety Net Programme)
- **Mexico** (the Estancias Infantiles para Apojar a Mujeres Trabajadoras programme providing childcare subsidies for low-income working mothers).

- All three programmes adopted a gender lens at the design phase, starting with a gendered vulnerability analysis to help identify and address the specific gendered vulnerabilities facing women in each context. In Ethiopia, the design of the Productive Safety Net Programme (PSNP) recognises the unique needs of pregnant and lactating mothers, and female-headed households. Mexico’s Estancias programme has an explicit focus on supporting women’s dual responsibilities within the productive and care economies. Moreover, the programme also provides micro-entrepreneurship opportunities for women whose labour market opportunities are otherwise constrained. And Challenging the Frontiers of Poverty Reduction (CFPR) in Bangladesh is one of the few social protection programmes explicitly aimed at addressing the gendered social dimensions of poverty, with thorough dissemination of information about the legal rights of women and girls (e.g. against exploitative dowry practices and gender-based violence).
Towards Gender-Responsive Social Protection in South-East Asia

Nevertheless, even these three programmes have faced implementation challenges, with mixed overall impacts. For instance, the transformative potential of the PSNP has not been realised due to a lack of awareness among participants of its innovative gender design features, and capacity and awareness deficits on the part of local-level programme implementers. Although the CPR has empowered women financially, with improvements in self-confidence and social networks, it has not challenged the cultural norms that limit women’s opportunities and life chances, such as inadequate education, limited access to land and other assets, and social customs such as child marriage.

5. To strengthen capacity for gender-responsive monitoring and evaluation:
   • Support the development of gender-responsive indicators for programmes under development (e.g. Viet Nam’s pilot CCT programme and Myanmar’s pilot health insurance schemes) and all social protection programmes.
   • Support the development of gender-responsive budgeting by building on existing initiatives (including from other sectors). This could include developing good practice guidance and exploring incentive-based funding for local governments undertaking gender-responsive budgeting.

ENTRY POINTS FOR UN WOMEN AND PARTNERS TO PROMOTE MORE GENDER-RESPONSIVE SOCIAL PROTECTION IN SOUTH-EAST ASIA >>

1. To address critical gaps in data collection and knowledge:
   • Support gender-sensitive vulnerability assessments for all new social protection programmes and provide guidance for bodies tasked with updating vulnerability assessments for existing programmes.
   • Support national efforts to improve gender-disaggregated data collection and analysis.
   • Establish a dedicated webpage containing resources and guidance on gender-responsive social protection in the region.
   • Establish an online community of practitioners among UN Women country offices and invite partners dedicated to gender-responsive social protection.

2. To strengthen partnerships and improve collaboration and coordination:
   • Support women’s organisations in piloting gender social audits and other participatory monitoring and evaluation (M&E) methods to promote learning on gender-sensitive programme governance and accountability.
   • Support government partners in developing gender-responsive legal frameworks for social protection.
   • Lead on the development of an inter-agency South-East Asia action plan to promote gender-sensitive social protection initiatives, including how best to engage with the ILO’s Social Protection Floor Initiative.
   • Identify areas for collaboration within donors’ ongoing programme cycles.

3. To build the capacity of those designing, implementing and participating in social protection programmes:
   • Develop training on gender-responsive social protection programming tailored to local realities for those involved in designing and implementing programmes at national and sub-national levels.
   • Support behaviour change communication (BCC) initiatives among programme participants about the gender-sensitive features of social protection programmes and their underlying rationale.

4. To promote innovation in gender-sensitive social protection:
   • Support innovative programming with embedded and rigorous monitoring and evaluation systems that explicitly recognise the vulnerability of women and girls to gender-based violence and the impacts of climate change.
   • Support pilot projects targeting specific groups of vulnerable women (especially informal economy workers, migrant domestic workers, older women) and designed to link up with complementary programmes and services to address key knowledge and evidence gaps.

PHOTO CREDIT: Salehigal

5. To strengthen capacity for reporting and analysis of M&E data disaggregated by sex, age and other factors; explore how programme implementers can elicit gender-responsive data given current data shortcomings.

• Support pilots of gender social audits for more established social protection programmes to generate learning about appropriate methodologies and approaches.
1. INTRODUCTION

Since the late 1990s, social protection has become an important policy response to high levels of poverty and vulnerability in developing countries, gaining significant momentum among governments and donors of evidence demonstrating its positive impacts on reducing poverty and vulnerability (Barrientos and Hulme, 2008). Social protection interventions have emerged as a buffer against severe economic shocks or continued chronic poverty in developing countries, especially among vulnerable groups. The East Asian crisis in 1997-1998, for instance, prompted strong national policy commitments to social protection in several countries in the region, notably Indonesia, South Korea and Thailand. Some South Asian countries have a longer history of social protection programmes dating back to before independence. These are now being extended through a range of innovative, large-scale programmes such as India’s national public works programme.

For this reason, and particularly in the wake of the global Triple F crisis (food, fuel and financial) in late 2000s, social protection has become an important component of poverty reduction approaches in many countries. Most interventions, however, focus on a short-term safety net approach by smoothing income and consumption. While this is an important objective, there have been calls for social protection to go beyond the symptoms of poverty and address the longer-term, structural causes of poverty (Devereux et al., 2011). However, only limited attention has been given to the importance of social inequalities such as gender inequality, which play a significant role in perpetuating and entrenching other inequalities, and their role in perpetuating and entrenching other inequalities, there is an urgent need to apply a gender lens to social protection programmes to strengthen their impact (ibid).

1.1 KEY DIMENSIONS OF GENDER-RESPONSIVE SOCIAL PROTECTION >>

Within this broader context, the following five reasons explain the urgency of applying a gender lens to social protection policies and programmes:

a) Realising human rights: As enshrined in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the ILO’s Social Protection Floor Initiative (see Box 1; Molyneux and Thomson, 2011), the right to social security is a core human right.

b) Delivering monetary value: Considering gender differences and dynamics makes for more effective programming and better use of limited resources (DFID, 2011).

c) Helping achieve the Millennium Development Goals (MDGs) given the cross-cutting nature of social protection in addressing economic and social risks and vulnerabilities (Holmes and Jones, 2009; OICHR, 2007).

d) Promoting growth with resilience, which the international community has highlighted as critical to overcoming the current global economic malaise (Holmes and Jones, 2010a).

e) Achieving social cohesion through inclusion is particularly important for countries that have experienced conflict (UNESCAP, 2011).

Gender-responsive social protection entails more than just simply targeting women and girls (although this can be an important component, depending on the context); it requires: a gender-sensitive mapping of economic and social risks and vulnerabilities; integrating a gender perspective into the design of social protection instruments (social assistance, social insurance, social services or social equity measures); and assessing the gender dimensions of programme implementation. This involves giving consideration to gender awareness and gender mainstreaming capacities, monitoring and evaluation (M&E) tools and indicators, linkages to complementary programmes addressing other types of risks or vulnerabilities, and the gendered dynamics of the political economy.

BOX 1: KEY INTERNATIONAL RIGHTS FRAMEWORKS PERTAINING TO SOCIAL PROTECTION AND GENDER EQUALITY

An emergent global approach to the values underpinning modern social protection policies is evident throughout the international conventions on which they are based (Norton et al., 2001: 1). According to the United Nations (UN), social protection is rooted in shared “fundamental values concerning acceptable levels and security of access to the means of meeting basic needs and fulfilling basic rights, including securities to income, livelihood, employment, health and education services, nutrition and shelter” (UN, 2000: 4).

The belief appears the UN’s earliest documents. Article 22 of the Universal Declaration of Human Rights (UDHR), for example, states that all people have the right to social security. And Article 25 specifies that: “the right to social security includes the right to a standard of living adequate for the health and well-being of himself and of his family including food, clothing, housing, and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, old age and in cases of other incapacity to work” (UN, 2012a). UDHR addresses gender equality as well, calling for “the equal rights of men and women” (ibid).

The International Covenant on Economic, Social and Cultural Rights (ICESCR) adopted in 1966 and brought into force a decade later, builds on the UDHR’s foundation but has several notable extensions. For example, Article 9, which addresses social security, specifically mentions social insurance as a basic right. Article 11 calls for the “continuous improvement of living conditions” (OICHR, 2007). ICESCR also calls for “special measures of protection and assistance...on behalf of all children” and, while re-stating the UDHR’s gender equality mandates, broadens them with the notion that these special measures should also “be accorded to mothers during a reasonable period before and after childbirth” (ibid).

Adopted in 1979, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) has gender equality at its core, with Article 11 calling for signatories to ensure that women “have equal rights to social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacity to work.” Article 2 specifies that in order to protect women from discrimination by non-state actors, the state must ensure gender equity in law and abolish customary practices that disadvantage women (UN, 2009). Article 11 also further promotes gender equity through social protection by calling not only for special support for pregnant women and maternity benefits for women following birth, but also access to family planning and the provision of public benefits facilitating the combination of work and family responsibilities (ibid).

The International Labour Organization’s (ILO) regulatory frameworks take a similarly-stated approach to social protection and gender equality (Barrientos and Hulme, 2008). Defining social protection as a basic entitlement, the ILO developed the Social Protection Floor (SPF) Initiative, which, drawing on the UN Conventions above and the ILO’s Decent Work Agenda, includes guarantees of basic income security and universal access to key services including health, education, and water and sanitation (ILO, 2011). The SPF initiative is supported by 19 UN agencies and partners. It lays out a set of policy measures, largely based on the recent experiences of diverse developing countries, which highlight the role of social protection in “relieving people of the fear of poverty and deprivation” (ibid: 30). The SPF because it provides an opportunity for a comprehensive review of the basic social protection systems in any country, offers a unique opportunity to address gender equality concerns, including women’s “limited voice and representation in terms of social dialogue”, their labour market restrictions and their heavy care burden (ibid: 16).
1.2 REPORT OVERVIEW AND METHODOLOGY >>

The purpose of this report is to present research on existing social protection policies and frameworks in South-East Asia, highlighting good practices in response to the specific needs of women and girls and identifying entry points for engagement in this area by UN Women. The report includes a consideration of the Social Protection Floor (SPF) Initiative, which aims to provide a framework to guarantee income security and access to essential social services for all, with particular attention to vulnerable groups while protecting and empowering people across the lifecycle.

Section 2 presents a brief overview of the South-East Asian context focused on key dimensions of poverty, vulnerability and gender inequality to place the country reviews in context.

Section 3 provides a regional-level overview of national social protection systems, considering the types of instruments countries have employed to date, the extent to which national social protection systems approach the standard of the globally accepted ILO Social Protection Floor, and a brief discussion of governance challenges facing the introduction of social protection in the region.

Section 4 then discusses the extent to which national social protection systems in South-East Asian countries have embedded a gender-responsive approach in design and implementation.

Sections 2 to 4 contain detailed country mapping findings presented in the Appendices in the interest of space and readability. Each country review includes a review of the gendered vulnerability context and goes on to consider the degree to which the national social protection system has reached the most vulnerable women and girls and contributed to their empowerment through social protection programmes and policies. A range of issues are considered, including coverage, the capacity of programmes to ensure access to services, and the extent to which programmes consider gender differences (among girls and boys, women and men) in design and/or seek to address the traditional gender roles acting as barriers to women’s empowerment.

Because it was beyond the scope of the report to undertake any primary research, the analysis presented is limited to an in-depth review of programme documentation. As a result, the discussion focuses predominantly on programme design and the extent to which programmes address key gender vulnerabilities identified in each country rather than on implementation and impacts. As discussed in the recommendations (Section 6), gender vulnerabilities are obviously an important knowledge gap that UN Women could play a strategic role in filling over time.

In order to provide useful policy and practice recommendations to UN Women, including approaches to and sequencing of engagement with different political counterparts (governments, NGOs, international agencies and donors) and the fulfilment of relevant international regulatory frameworks, Section 5 presents examples of good practice from social protection programmes that incorporate a strong gender perspective into programme design in three countries: Ecuador’s social programme for working mothers in Mexico; the ‘Challenging the Frontiers of Poverty Reduction: Targeting the Ultra-Poor’ (CFPR-TUP) programme run by BRAC in Bangladesh; and the Productive Safety Net Programme (PSNP) in Ethiopia.

Finally, Section 6 concludes with recommendations to improve existing social protection system and schemes to assure the achievement of national targets for gender equality and women’s empowerment, including identifying potential advocates or ‘champions’ inside and outside government in pursuit of a gender-responsive approach to social protection.

2. POVERTY, VULNERABILITY AND GENDER INEQUALITY IN SOUTH-EAST ASIA: AN OVERVIEW

The countries of South-East Asia are diverse (see Table 1), ranging from Timor-Leste, with a population of slightly over 1 million, to China, with a population of more than 1.3 billion. The gross domestic product (GDP) per capita ranges from $706 in Timor-Leste to $4,613 in Thailand (2010 figures), with most countries having reached the lower-middle income threshold of $1,006. Poverty rates also vary widely. In China, less than 3 percent of the population lives below the national poverty line; in Cambodia, however, nearly one in three people live below the poverty line, and in Timor-Leste, it is nearly one in two people. The Multidimensional Poverty Index (MPI), which reflects factors other than income that contribute to poverty, indicates similar diversity, ranging from 0.006 in Thailand to 0.36 in Timor-Leste. Some countries have lower rates of malnutrition, such as Vietnam (10 percent) and the Philippines (13 percent), while others have higher rates, such as Cambodia (25 percent) and Laos PDR (22 percent).

South-East Asian countries also share many similarities. For example, only Thailand does not fall in the lower half of GDP per capita rankings (in 2010, using UN figures, Thailand was ranked 95 out of 193 countries). While the region’s economic output per person tends to be higher than Africa’s, it remains low, with most countries ranked as low-middle income. In 2010, for example, Cambodia was ranked 162 out of 193 countries, and the Philippines was ranked 131. Although relatively positive given economic development levels, the region’s human development indicators are also similar. With the exception of Myanmar (.483) and Timor-Leste (.495), all of the countries in the region fall into the category of medium human development. In comparison with 2010, the countries all showed improvement in 2011.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>14.14</td>
<td>11,943</td>
<td>$797 (162)</td>
<td>30.1</td>
<td>52</td>
<td>25</td>
<td>0.251 (2005)</td>
<td>0.523 (139)</td>
<td>44.4</td>
</tr>
<tr>
<td>China</td>
<td>1,341.34</td>
<td>36,810</td>
<td>$4,134 (192)</td>
<td>2.8</td>
<td>12.5</td>
<td>10</td>
<td>0.056 (2003)</td>
<td>0.637 (101)</td>
<td>41.5</td>
</tr>
<tr>
<td>Indonesia</td>
<td>239.87</td>
<td>3,160</td>
<td>$2,949 (119)</td>
<td>14.2</td>
<td>20.6</td>
<td>13</td>
<td>0.095 (2007)</td>
<td>0.617 (124)</td>
<td>36.8</td>
</tr>
<tr>
<td>Laos PDR</td>
<td>6.2</td>
<td>2,105</td>
<td>$1,048 (153)</td>
<td>27.6</td>
<td>47.2</td>
<td>22</td>
<td>0.267 (2006)</td>
<td>0.629 (138)</td>
<td>36.5</td>
</tr>
<tr>
<td>Myanmar</td>
<td>47.96</td>
<td>2,105</td>
<td>$1,356 (151)</td>
<td>31.8</td>
<td>6.1</td>
<td>13</td>
<td>0.154 (2000)</td>
<td>0.483 (149)</td>
<td>n/a</td>
</tr>
<tr>
<td>Philippines</td>
<td>93.26</td>
<td>33,660</td>
<td>$2,140 (131)</td>
<td>26.5</td>
<td>34.2</td>
<td>13</td>
<td>0.064 (2008)</td>
<td>0.644 (112)</td>
<td>44</td>
</tr>
<tr>
<td>Thailand</td>
<td>69.12</td>
<td>17,572</td>
<td>$4,133 (95)</td>
<td>8.1</td>
<td>1.6</td>
<td>16</td>
<td>0.006 (2005)</td>
<td>0.682 (103)</td>
<td>53.6</td>
</tr>
<tr>
<td>Timor- Leste</td>
<td>1.12</td>
<td>3832</td>
<td>$706 (166)</td>
<td>49.9</td>
<td>68.1</td>
<td>33</td>
<td>0.360 (2009)</td>
<td>0.495 (147)</td>
<td>31.9</td>
</tr>
<tr>
<td>Vietnam</td>
<td>87.85</td>
<td>2,875</td>
<td>$1,183 (149)</td>
<td>14.5</td>
<td>17.7</td>
<td>11</td>
<td>0.084 (2002)</td>
<td>0.599 (128)</td>
<td>37.6</td>
</tr>
</tbody>
</table>

Source: UNDP 2011a, UN National Accounts Main Aggregates Database 2012
Another key regional similarity is a high level of vulnerability vis-à-vis the effects of climate change. That vulnerability, which is a function of exposure, sensitivity and adaptive capacity, places much of the region at extreme risk (Yusuf and Francisco, 2009). Of the seven cities identified by Maplecroft’s Climate Change Vulnerability Index (CCVI) (2013) as having the highest risk, five (Manila, Bangkok, Yangon, Jakarta and Ho Chi Minh City) are located in South-East Asia. An analysis by the Economy and Environment Program for Southeast Asia (EEPSEA) identifies the risk factors behind this vulnerability. The Philippines, for example, is “not only exposed to the impacts of climate change. They have higher exposure because they are often ‘forced to live on the most marginal lands, fragile soils, steep slopes and flood-prone areas in both rural and urban areas because they have less access to land than others’” (Nelson, 2011: 6). In rural regions, poor people are more likely to be clustered in areas suffering from land degradation caused by over-use, which contributes to flooding and erosion while reducing agricultural yields. Ad-hoc urban settlements housing an increasing proportion of the region’s poor people are largely comprised of “sub-standard housing in exposed locations” (Loster and Reinhard, 2012: 83; see also Davies et al., 2009). As discussed in Box 2, the poor, and particularly poor women, are also more vulnerable to the impacts of climate change “because of the roles they are ascribed in the household or due to the nature of the livelihood options open to them” (Nelson, 2011: 6).

Poorest in the region are particularly vulnerable to the impacts of climate change. They have higher exposure because they are often “forced to live on the most marginal lands, fragile soils, steep slopes and flood-prone areas in both rural and urban areas because they have less access to land than others”. In rural regions, poor people are more likely to be clustered in areas suffering from land degradation caused by over-use, which contributes to flooding and erosion while reducing agricultural yields. Ad-hoc urban settlements housing an increasing proportion of the region’s poor people are largely comprised of “sub-standard housing in exposed locations” (Loster and Reinhard, 2012: 83; see also Davies et al., 2009). As discussed in Box 2, the poor, and particularly poor women, are also more vulnerable to the impacts of climate change “because of the roles they are ascribed in the household or due to the nature of the livelihood options open to them” (Nelson, 2011: 6).

### BOX 2: VULNERABILITY TO CLIMATE CHANGE AND ITS EFFECTS ON POOR WOMEN

Throughout the South-East Asian region, women and girls are responsible for collecting most of the water and fuel used by their families (Davies et al., 2009; UNDP, 2009). At these resources become depleted, the United Nations Development Programme (UNDP) reports that family livelihoods will be affected as yields drop on subsistence farms often run by women and “therefore responsible for 70–80 percent of household food production” (2009: 7). It also means that women will have even less time to seek other paid work.

Poor women in the region are particularly vulnerable to the impacts of climate change. They have higher exposure because they are often “forced to live on the most marginal lands, fragile soils, steep slopes and flood-prone areas in both rural and urban areas because they have less access to land than others” (Nelson, 2011: 6). In rural regions, poor people are more likely to be clustered in areas suffering from land degradation caused by over-use, which contributes to flooding and erosion while reducing agricultural yields. Ad-hoc urban settlements housing an increasing proportion of the region’s poor people are largely comprised of “sub-standard housing in exposed locations” (Loster and Reinhard, 2012: 83; see also Davies et al., 2009). As discussed in Box 2, the poor, and particularly poor women, are also more vulnerable to the impacts of climate change “because of the roles they are ascribed in the household or due to the nature of the livelihood options open to them” (Nelson, 2011: 6).

#### 2.1 GENDER-SPECIFIC POVERTY AND VULNERABILITIES

The South-East Asian countries included in this study are also highly diverse in terms of gender and human development indicators (see Table 2). For example, Gender Inequality Index (GII) rankings are all solidly mid-range, varying from 51 in Lao PDR, which ranks 167 out of 146, to 21 in China, which ranks 35 out of 146 (UNDP, 2012a; UN Data, 2011). The Social Institutions and Gender Index (SIGI) rankings are comparable, ranging from 13 of 86 for the Philippines to 49 out of 86 for Lao PDR. China (42), Viet Nam (42) and Myanmar (44) all rank comparatively well (OECD, 2012).

Child mortality varies significantly across the region, though most countries are again mid-range. The child mortality rate among girls aged under five years ranges from a low of 11 per 1,000 live births in Thailand to a high of 56 in Myanmar; the rate among boys ranges from 13 to 69. In some countries, there is also a serious sex imbalance at birth. With a sex ratio imbalance close to 118 – one of the highest levels ever in the country – China is “today the major contributor to the growing sex imbalances at birth” (Guilmoto, 2012: 19). Viet Nam is also offering “a threatening scenario”; although the imbalance started less than a decade ago and the problem remains modest at a national level, the sex ratio at birth has already passed 120 in the heavily urban Red River Delta (ibid).

Economic status, the weaker the effect on the gender gap in life expectancy. Similarly, Peterson (2007, quoted in UNDP, 2010) found that women, boys and girls were more than 14 times more likely to die during a disaster than men.

Finally, the most marginalised people typically have the least adaptive capacity, thereby increasing vulnerability to climate change and its impacts. For example, poor people’s livelihood options are constrained by “existing patterns of poverty and inequality” (Nelson, 2011: 7) with “limited or no access to insurance and financial services to help them recover from crises” (Pietro and Desai, 2008: 123). Gender also plays a key role in adaptation, or a lack thereof. The Food and Agriculture Organization of the United Nations (FAO), for example, notes that women have limited decision-making authority (FAO, 2007) with fewer resources to cope with shocks and less access to information (Lamborn and Piana, 2006). In Viet Nam, for example, women “are less likely to have their names on land use certificates which are required to access better loans” (Nelson, 2011: 121).
This pattern is repeated with the maternal mortality ratio (MMR). While the global average stands at 210 maternal deaths per 100,000 live births, and the regional average for developing countries is 83 per 100,000, China stands out with an MMR of only 37. Viet Nam and Thailand have also been very successful at reducing maternal mortality. On the other hand, the MMR of 470 in Lao PDR is nearly six times the regional average. And in Timor-Leste, the MMR is nearly four times the average. Globally, a total of 40 countries were classed as having a high maternal mortality ratio in 2010 (defined as MMR ≥300); only four were outside sub-Saharan Africa – Lao PDR and Timor-Leste, along with Afghanistan and Haiti (WHO et al., 2012).

Regional adult literacy rates, which were approaching 94 percent in 2010 according to the World Bank, far exceed the global average of 84 percent. Men’s rates are higher than women’s in most cases; in Lao PDR, for example, 94 percent in 2010 according to the World Bank, far exceed the regional average. And in Timor-Leste, the MMR is nearly four times the average. Globally, a total of 40 countries were classed as having a high maternal mortality ratio in 2010 (defined as MMR ≥300); only four were outside sub-Saharan Africa – Lao PDR and Timor-Leste, along with Afghanistan and Haiti (WHO et al., 2012).

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A number of groups of women in the region are particularly vulnerable, including migrant women, ethnic minority women, older women, stateless women and informal economy workers.1 The situation of each group is discussed briefly below.

Gender-based violence (GBV) within households and elsewhere is another cross-cutting vulnerability experienced by women and girls in the region, but remains inadequately addressed by social protection responses. Unequal gender relations have a significant impact on how gender-based violence is perceived, with many women feeling that husbands’ or partners’ violent acts are justified, and perpetrators of violence regarding it as a right. Survey evidence indicates that 46 percent of Cambodian women feel that violence is justified (OECD, 2012). In Lao PDR, this figure rises to 80 percent (UNICEF, 2008). Men and women believe a woman’s neglect of children to be the most justifiable reason for such violence. Equally important, shame and fear of stigma prevent many women disclosing acts of violence. Despite laws against domestic abuse, only a small minority of cases are brought to the legal and judicial system (see Box 3).

**TABLE 2: GENDER AND HUMAN DEVELOPMENT INDICATORS**

<table>
<thead>
<tr>
<th>Country</th>
<th>Gender Inequality Index (GII) 2011 (rank)</th>
<th>Gender Institutions and Gender Index (GII 2011 2014)</th>
<th>Male-female literacy rate (per 1,000 lives born 2011)</th>
<th>MMR (per 100,000 live births 2010)</th>
<th>Maternal mortality rate (per 100,000 live births 2010)</th>
<th>Adolescents literacy rate (age 15+ 2011-2010)</th>
<th>Labour participation rate (ages 15-24 2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>Cambodia</td>
<td>0.500 (99)</td>
<td>0.471 (100)</td>
<td>65</td>
<td>61</td>
<td>57</td>
<td>53</td>
<td>37</td>
</tr>
<tr>
<td>China</td>
<td>0.209 (35)</td>
<td>0.238 (37)</td>
<td>76</td>
<td>72</td>
<td>71</td>
<td>67</td>
<td>14</td>
</tr>
<tr>
<td>Indonesia</td>
<td>0.505 (100)</td>
<td>0.473 (111)</td>
<td>71</td>
<td>66</td>
<td>20</td>
<td>18</td>
<td>54</td>
</tr>
<tr>
<td>Lao PDR</td>
<td>0.513 (107)</td>
<td>0.459 (114)</td>
<td>64</td>
<td>62</td>
<td>39</td>
<td>37</td>
<td>44</td>
</tr>
<tr>
<td>Myanmar</td>
<td>0.492 (96)</td>
<td>0.495 (97)</td>
<td>67</td>
<td>67</td>
<td>51</td>
<td>51</td>
<td>66</td>
</tr>
<tr>
<td>Philippines</td>
<td>0.467 (104)</td>
<td>0.491 (98)</td>
<td>74</td>
<td>71</td>
<td>62</td>
<td>60</td>
<td>22</td>
</tr>
<tr>
<td>Thailand</td>
<td>0.382 (89)</td>
<td>0.415 (91)</td>
<td>73</td>
<td>70</td>
<td>66</td>
<td>64</td>
<td>11</td>
</tr>
<tr>
<td>Timor- Leste</td>
<td>0.474 (113)</td>
<td>0.475 (114)</td>
<td>74</td>
<td>71</td>
<td>66</td>
<td>64</td>
<td>11</td>
</tr>
<tr>
<td>Vietnam</td>
<td>0.305 (48)</td>
<td>0.238 (72)</td>
<td>74</td>
<td>71</td>
<td>70</td>
<td>69</td>
<td>19</td>
</tr>
</tbody>
</table>


**BOX 3:**

### SOME KEY MANIFESTATIONS OF GENDER-BASED VIOLENCE IN SOUTH-EAST ASIA

In South-East Asia, one in five women aged 15-24 and one in six women aged 40-49 is subject to domestic violence from their intimate partners or husbands (WHO/REACH, 2011). Domestic violence occurs across all social strata, thus indicating that patriarchal ideologies cut across women’s socio-economic status; even so, some population groups are more vulnerable than others. Violence is more prevalent among the poorest families and those with lower levels of education (DIB). There are substantial variations within the regions in terms of the incidence of domestic violence and government responses. The Philippines, for example, has achieved substantial progress in advancing gender equality through laws and policies to protect women, such as the 2004 Anti-Violence Against Women and Their Children Act. Myanmar, on the other hand, has been less responsive, failing to implement a law criminalising domestic violence.

Early marriage continues to affect adolescent girls, with prevalence rates highest among poor families, those with the lowest educational attainments and those living in rural or remote areas. Indonesia (24.2 percent), Cambodia (23.3 percent), Thailand (19.6 percent) and the Philippines (14 percent) have the highest rates of young women married by the age of 18 (UNICEF, 2005).

Gender violence in South-East Asia migration is primarily economic and increasingly feminised (UN Women, 2013; Gough, 2011; ILO and ADB, 2011). Whether moving internally (from rural to urban areas) or internationally (across borders), most migrants in the region are young, unmarried, uneducated and poor, using migration as “a family-based strategy for poverty alleviation” (Migrating out of Poverty, 2013; see also UN Women, 2013). While labour migrants are inherently vulnerable, cut off from social networks and often exempt from labour laws, women tend to be particularly at risk. UN Women (2013) notes, “Most women migrant workers in Southeast Asia are domestic workers”, which leaves them isolated and invisible from the larger world (2013: 19). Women are more likely to be undocumented as they face “greater difficulties than men in accessing safe, low-cost and legal migration channels”. They are also more likely to be working in the poorly protected informal economy and significantly more likely to be victims of trafficking (UN Women, 2013: 16; also see ILO and ADB, 2011).

2.2.1 MIGRANTS

In South-East Asia, migration is primarily economic and increasingly feminised (UN Women, 2013; Gough, 2011; ILO and ADB, 2011). Whether moving internally (from rural to urban areas) or internationally (across borders), most migrants in the region are young, unmarried, uneducated and poor, using migration as “a family-based strategy for poverty alleviation” (Migrating out of Poverty, 2013; see also UN Women, 2013). While labour migrants are inherently vulnerable, cut off from social networks and often exempt from labour laws, women tend to be particularly at risk. UN Women (2013) notes, “Most women migrant workers in Southeast Asia are domestic workers”, which leaves them isolated and invisible from the larger world (2013: 19). Women are more likely to be undocumented as they face “greater difficulties than men in accessing safe, low-cost and legal migration channels”. They are also more likely to be working in the poorly protected informal economy and significantly more likely to be victims of trafficking (UN Women, 2013: 16; also see ILO and ADB, 2011).

The custom of early marriage is more common in rural areas and among ethnic minority communities. In Indonesia, women are also vulnerable to polygamy and dowry marriages, which are cultural practices used to reinforce unequal gender relations. China, on the other hand, suffers from a similar kind of ideology classified as a form of GBV resulting mainly from sex-selective abortions (UNFPA, 2006).

Human trafficking encapsulates another form of physical and sexual violence against women and girls. Individuals are usually trafficked from rural to urban areas or to neighboring countries. Studies conducted in the Philippines and China indicate internal rather than cross-border trafficking to be more of a problem in these countries. In the Philippines migration centers are trafficked from the rural regions of Visayas and Mindanao to the main cities (UNICEF, 2006). Cambodia and Thailand are the main regional centers for cross-border human trafficking. Factors increasing trafficking risks across the region are economic deprivation, low education levels, substandard migrant protection and impunity. Women and children, especially those from ethnic minorities or rural areas, are more vulnerable to labour and sexual exploitation. Women or young girls who are known to have engaged in sex work are often stigmatized by their families and communities; consequently, they also suffer from social isolation and discrimination.
Internal migration tends to be poorly documented and data are scarce (IOM, 2005). However, evidence suggests that “the scale of internal migration is likely to exceed international migration by far” and “there are indicators that...it will become even more important in the future” (IOM, 2005: 12). MFA and UN (2010) estimate that there are 145 million rural-to-urban migrants in China alone, 34.8 percent of whom are women. In some countries, these migration flows are heavily feminised. In Viet Nam, for instance, young women are more likely than male peers to migrate, and to do so at a younger age, primarily due to employment in the garment industry (UNFPA, 2011a; Pierre, 2012). While these jobs offer young women some formal workplace protection, they are ultimately low-paid jobs offering little opportunity for advancement (Pierre, 2012). Furthermore, many of these young garment workers are forced to sign short-term contracts offering no maternity benefits, and contracts are often terminated if the employee becomes pregnant (VGCL, 2011). Working in Lao PDR, Phouxay and Tollefsen have found similar gendered outcomes with “increased FDI [Foreign Direct Investment] in urban industries and active recruitment of women workers in rural areas” leading to “a feminisation of rural-urban migrations to factory work” (2010: 432).

In terms of international migration, UN Women notes Asia’s emergence as a hub for “labour migration through temporary foreign worker programmes (TFWPs), engaging many migrant workers in low-paid jobs offering little opportunity for advancement” (Pierre, 2012). Furthermore, many of these young garment workers are forced to sign short-term contracts offering no maternity benefits, and contracts are often terminated if the employee becomes pregnant (VGCL, 2011). Working in Lao PDR, Phouxay and Tollefsen have found similar gendered outcomes with “increased FDI [Foreign Direct Investment] in urban industries and active recruitment of women workers in rural areas” leading to “a feminisation of rural-urban migrations to factory work” (2010: 432).

As one of the region’s most successful economies, Thailand attracts large numbers of migrants from its immediate neighbours; the UN estimates that over 1.5 percent of its population are documented migrants (UN Women, 2013). However, given that its “migrant workforce is almost entirely derived from informal cross-border flows”, with up to 2 million undocumented workers from Myanmar alone, this estimate does not begin to capture the magnitude of in-migration (ibid: 13). Conversely, an estimated 10 percent of the population in Myanmar works overseas, almost all on an undocumented basis. And in Lao PDR, 85 percent of cross-border out-migration is informal, with women accounting for 70 percent of migrants (ibid).

In addition to the long hours, low pay and lack of protection faced by most migrants in the region, women have unique gender vulnerabilities. For example, “they are at heightened risk of violence, including sexual and gender based violence”, with domestics “especially at risk of physical and sexual abuse and harassment by traffickers, employment agencies and employers” (UN Women, 2013: 19). Furthermore, “along the Mekong sub-regional corridor and Indonesia-Malaysia border” women are highly vulnerable to human trafficking (Migrating out of Poverty, 2013). Rising numbers of women are also migrating intra-regionally for marriage, “with the typical scenario being a woman from a lower income country such as Viet Nam or the Philippines marrying a man from a higher income country/area in East Asia” (IOM et al., 2008: 164). Finally, because women tend to send more of their income home, they are “all too conscious of what reduced remittances would mean...particularly (on) their ability to afford food and education for their children” (ILO and ADB, 2011: 22). This fear has driven many women who had become unemployed during the recent economic crisis to seek more vulnerable work in the informal economy (ibid).

2.2.2 ETHNIC MINORITIES

Ethnic minority women and girls are often particularly vulnerable. As noted by the UN, the “poorest communities in almost any region tend to be minority communities that have been targets of longstanding discrimination, violence or exclusion” (UN ECOSOC, 2006: 16). Often isolated in remote areas with poor infrastructure and limited access to social services, minority women are also excluded from full participation in social and economic life by illiteracy and linguistic barriers. The United Nations Educational, Scientific and Cultural Organization (UNESCO) reports that “(n)early two-thirds of the world’s 796 million illiterate people are women and a high proportion of these are from ethno-linguistic minority communities” (2012: 19). In Viet Nam, for example, over 65 percent of Khinh (the ethnic majority) girls attend upper secondary school, while less than 5 percent of girls from the Hmong ethnic minority group are still enrolled (Government of Viet Nam and UNFPA, 2011a). Similarly, in Lao PDR, the literacy rates of ethnic minority women are half those for women from the majority ethnic group (41 percent versus 79 percent) (CEDAW, 2008). Illiteracy and language barriers often prove a far greater constraint on women’s empowerment and gender equity than economic opportunities. For example, minority women are less likely to access government services, including healthcare. The Asian Development Bank (ADB) reports that in the Philippines, “providers faced more difficulties convincing women from ethnic minority groups to seek treatment” for their pregnancies and deliveries, in part because of “language unfamiliarity” (ADB, 2007: 23). These language barriers often result in far higher maternal mortality rates among women from ethnic minority communities (Human and Mesquita, 2010). Ethnic minority women are also more likely to experience sexual violence. In Myanmar, for example, rape has been used as a “means to terrorise and subjugate ethnic minorities” (Governance and Social Development Resource Centre, 2011: 7).

Finally, women are far more likely than men to be widowed in their senior years, partly because they live longer and partly because, in some cultures, women tend to marry men who are substantially older than they are (Vlachantoni and Falkingham, 2012). Widowhood is a highly vulnerable status, not just emotionally and socially but also financially. Women frequently lack a formal title to property and land and risk eviction from their own homes, especially if they have no children (ibid). While the majority of older people in South-East Asia are married, “older women are more likely than older men to live alone, as a result of a lower likelihood to be currently married and a high likelihood of being widowed” (Vlachantoni and Falkingham, 2012: 126).
These specific vulnerabilities faced by older women are evident across the region. In Cambodia, for example, 58 percent of the older population is female and nearly 40 percent of older women are widowed as a result of the Khmer Rouge era (HelpAge International, 2007). The International Labour Organization (ILO) found these older women and children to be particularly susceptible to poverty (ILO, 2012c), with limited access to old age social provisions (HelpAge International, 2007). Kem (2011) found that nearly half of older Cambodian women were continuing to work in order to survive, despite ill-health suffered by many. Furthermore, many were caring for grandchildren who had either been orphaned or left behind when their parents migrated for work.

In China, high rates of internal migration, mostly involving young people moving to urban areas to find employment, have left the agricultural sector increasingly dependent on older women (Dong and An, 2012). Older people who are left behind – estimated to number more than 20 million – have a heavy work burden both at home, where they are often responsible for caring for grandchildren, and on the farm. These older adults are considered one of the “largest disadvantaged groups in modern China”, and have limited involvement in community decision-making (ibid). Other surveys have confirmed that four in five of the older adults left behind are still engaged in agriculture and that less than one in ten receive cash wages for their work (NSO, 2010).

2.2.4 INFORMAL ECONOMY WORKERS

Globally, women’s participation in paid employment is now at an unprecedented level. As the ILO notes, however, women remain “concentrated in lower quality, irregular and informal employment” (Heintz, 2006: 1, cited in Chant and Pedwell, 2008: 1). As shown in Figure 2, Asia remains particularly dependent on informal employment, especially for women’s work (ADB, 2012). While data, and particularly sex-disaggregated data, are scarce – partly due to difficulties with consistent definitions – estimates of informal employment in South-East Asia range from a low of 40 percent in Indonesia (ILO, 2012b) to a high of 85 percent in Timor-Leste (ILO, 2008) where only one in five women even receives cash wages for her work.

FIGURE 2: INFORMAL WORKERS IN TOTAL EMPLOYMENT, 1990 AND 2008

In Thailand, HelpAge International (2007) estimated the poverty rate for older people to be more than double the national average in 2007, with women being disproportionately affected because they comprised more than two-thirds of the population aged 80 and over (ibid). Women were also found to be three times more likely than men to be widowed (45 percent versus 15 percent) and lacked access to formal social security benefits (ibid: 20). In 2009, however, the Thai government introduced a social pension that older Thai women have benefited from, although a gender-disaggregated impact evaluation has yet to be undertaken.

Recent research by the Asian Development Bank (ADB) suggests that these estimates are likely to be low; careful sampling in two Indonesian states found “that informal employment is an integral part of the labour market, accounting for 81.9 percent and 75.9 percent respectively of the total employment” and that female workers are “more likely to be involved in informal jobs” (ADB and BPS-Statistics Indonesia, 2011: 42).

As Chant and Pedwell (2008) note, “increasing global integration and competition has fuelled a ‘race to the bottom’ in which...women in the informal economy find they are the ‘weakest links’ in global value chains” (ibid: 1). The economic crisis has only exacerbated women’s position. In Cambodia, for example, the crisis put “the brakes on many of the hard-won achievements in moving women out of low-productivity agriculture and into higher-productivity and formal wage employment” (ILO, 2010a: 54). In Indonesia, the ILO estimates that the recent global economic crisis is responsible for moving 2 million workers into the informal economy (2012d).

Informal workers make an enormous contribution to South-East Asian economies, accounting for an estimated 20 percent of gross domestic product (GDP) in Viet Nam, for example. However, informal workers “tend to have low and irregular incomes, long working hours and little access to opportunities for skills development”; they are also “exposed to what is known as ‘working poverty’ and...are more prone to migrate to countries characterized by poor employment outcomes” (ILO, nd). Fuelled by rapid urbanisation and the typically low levels of education of rural migrants, informal jobs such as shop assistants and peddlers often offer a very tenuous means of support for new city dwellers (ADB, 2012). On the other hand, evidence suggests that jobs in rural areas are more likely to be informal (ADB and BPS-Statistics Indonesia, 2011).
3. OVERVIEW OF NATIONAL SOCIAL PROTECTION SYSTEMS IN SOUTH-EAST ASIA

There is significant variation in approaches to social protection across South-East Asia (see Table 3). In general, social protection systems have been characterised by a strong reliance on family and informal support structures compared with limited government expenditures; growing willingness among governments to experiment with and scale up pilot schemes; and, in some newly democratic states, greater mobilisation of civil society, which is playing an increasingly prominent role.

Government-funded programmes and coverage expanded steadily following the Asian economic crisis of 1997-1998, especially in Indonesia and Thailand, which were among the countries worst affected by the crisis. There was a growing commitment towards the provision of reliable safety nets and gradual moves towards expanding the universality of social insurance and publicly funded schemes (Cook, 2009). There has been further expansion of social protection schemes since the so-called Triple F (food, fuel and financial) crisis of the late 2000s; even though there is mixed evidence about their impact and currently insufficient data on which to base comparisons (Harper et al., 2012). Within the region’s poorer countries, challenges in terms of real growth per capita, resource availability and institutional capacity continue to impede the breadth and impact of programming. Before looking in more detail at the extent to which a gender lens has been embedded in social protection systems in the region, a brief overview of the main types of social protection instruments used in the region is provided below in order to contextualise the discussion.

### TABLE 3: OVERVIEW OF CORE SOCIAL PROTECTION INSTRUMENTS IN SOUTH-EAST ASIAN COUNTRIES

<table>
<thead>
<tr>
<th>Country</th>
<th>National Social Protection Strategy</th>
<th>Social Insurance</th>
<th>Social Health Insurance</th>
<th>Social Assistance</th>
<th>Social Services</th>
</tr>
</thead>
<tbody>
<tr>
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<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>China</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>○</td>
<td>✔️</td>
</tr>
<tr>
<td>Indonesia</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Lao PDR</td>
<td>✔️</td>
<td>○</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Myanmar</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

3.1 OVERVIEW OF KEY SOCIAL PROTECTION INSTRUMENTS >>

Formal social insurance schemes can be found throughout the region (see Table 4), with Thailand providing a relatively comprehensive social insurance system covering all eight social security categories (sickness, maternity, old age, invalidity, survivors, family allowances, employment-injury and unemployment). China, Indonesia, Lao PDR, the Philippines and Viet Nam also have quite well-developed systems. In most cases, however, coverage is restricted to small populations of typically urban, higher-income civil servants and formal sector workers, often involving the regressive distribution of government welfare payments. Programmes also tend to face a significant degree of fragmentation, with different schemes covering different groups of formal sector workers (e.g. in the Philippines, there are four or five different schemes covering the public sector, the private sector, the armed forces, etc.) (ILO, 2010b).

In the case of contributory schemes, while such schemes exist in all the better-off countries in the region, they are often restricted to higher-income civil servants, formal sector workers, the police and the military. Given that many countries in the region have high levels of informal employment (see earlier discussion and Box 4) and a large agricultural sector, most workers are not covered by such schemes, and women are even less likely to be included than men. For example, only around 25 percent of workers in China and the Philippines are covered by contributory pension schemes, while in Indonesia and Viet Nam, the figure is less than 15 percent (Barrientos, 2007; cited in ADB, 2012; ILO, 2012).

Social health insurance, however, is an area where there have been some important advances, with the more industrialised countries all providing universal health insurance. China (over 95 percent) and Thailand (99.5 percent as of 2010) boast exceptionally high coverage (ILO, 2012a; NESDB, 2012) with evaluations finding the latter to have
A number of countries, including China, Indonesia, the Philippines, Thailand and Viet Nam, have also introduced schemes to better integrate informal, migrant and rural workers into the social insurance schemes. However, such initiatives have struggled with limited participation due to the absence of employer contributions, the inability of workers on irregular incomes to make regular payments into the scheme, and lack of design sensitivity towards migrant workers who are often not in one location long enough to locate relevant offices and programmes.

Countries in the region are implementing a range of social assistance programmes, typically school feeding programmes, food and service subsidies and public works initiatives, although the latter tend to be limited in scale and scope. Social pensions have been introduced in the better-off countries in response to the challenges of an ageing population, but are yet to be implemented in their less-developed counterparts.

The most interesting perhaps regional trend is the introduction or expansion of major cash transfer programmes in response to regional crises, largely modelled on Latin American schemes. Conditional cash transfer (CCT) programmes have been set up in Cambodia, Indonesia (which runs the largest cash transfer programme in the region and one of the largest globally), the Philippines, and Timor-Leste, with a pilot CCT planned for Viet Nam, too. These programmes have had a strong emphasis on education-related conditionalities (including health), partly due to concerns about access to education and educational attainment. While universal free provision of basic education is common across most countries, access to quality services remains a serious issue, particularly in rural areas and for minority ethnic groups, migrants and girls. In the poorest countries, where large youth populations put extra strain on family budgets, the most common interventions have consisted of school feeding programmes and tuition support or scholarship arrangements typically run by non-government organisations (NGOs). More recently, however, governments have begun to experiment with unconditional and conditional cash transfer schemes to address education gaps, particularly in Cambodia, where a number of education-focused CCTs have been implemented.14

Again, there is wide variation in the range of social services provided in countries across the region. Such services include legal support, shelter/subsidised housing,15 health and psychological care, skills and vocational training services, as well as prevention, protection and rehabilitation services to support orphans, youth in challenging circumstances, children and young people on the streets, child labourers, homeless people, people living with HIV or AIDS, people living with disabilities, and survivors of domestic violence and human trafficking. However, such programmes tend to be limited in coverage, poorly advertised and lacking in quality, and with low budgets. While there have been initiatives in parts of the region (e.g. Viet Nam) to initiate social work as a profession to strengthen such services, these remain a fledgling endeavour with much room for improvement (Jones et al., 2010a).

### 3.2 PROGRESS VIS-À-VIS THE ILO SOCIAL PROTECTION FLOOR

Considering progress made by countries in the region vis-à-vis the ILO’s Social Protection Floor Initiative (see Box 4), most still have a considerable way to go in order to attain this aspiration. There are two notable exceptions, though: Thailand and, to a growing extent, China have both made remarkable strides in the past decade towards providing income security and essential services for all citizens. As shown in Table 5, using a ‘traffic-light’ grid where green represents good progress, yellow represents moderate progress and red represents limited progress, South-East Asian countries are performing unevenly in terms of developing a social protection floor that covers healthcare, income security for children, older people and people living with disabilities, and assistance for

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>Social security statutory provision/6</th>
<th>Sickness/7</th>
<th>Maternity/7</th>
<th>Old age/7</th>
<th>Disability/7</th>
<th>Family/7</th>
<th>Unemployment/7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>Semi-comprehensive/7</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Myanmar</td>
<td>Semi-comprehensive/7</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Philippines</td>
<td>Semi-comprehensive/7</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Thailand</td>
<td>Comprehensive social security/8</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>Comprehensive social security/8</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

Source: ILO, 2010b.

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14 Cambodia has implemented a number of education-related CCTs. From 2002 to 2005, the Japan Fund for Poverty Reduction (JFPR) scholarship programme was a CCT-type intervention to improve secondary education for girls and ethnic minority children. As part of this programme, efforts to increase secondary school attendance by offering several scholarships to poor children. The transfer was given to poor families in the condition that their daughters were enrolled in school, passed their exams and were enrolled in the next year’s class. The programme, which was modelled on Latin American schemes, had significantly lower socio-economic status compared to non-recipients and found the programme to have actually increased enrolment in eligible schools by 11 percentage points, and 13 percentage points at the secondary level, approximately 22 percentage points. The evaluation also found the positive impacts to be greatest among girls from the poorest households (Feller and Schady, 2006).

15 A similar CCT-type education initiative in the Child Support Programme (CSP) component of the Cambodian Education Sector Support Project (CESSP) which was implemented by the Ministry of Education, Youth and Sports with financial and technical assistance from the World Bank. Targeted at students in lower secondary education across all provinces, with a particular focus on girls and ethnic minority children, the initiative involved the offering of a cash transfer to between 50 and 100 thousand children (eligible households) on a regular and equal basis. The amount was determined by taking into account the costs for the entire family unit, with an additional amount being granted per additional child. The transfer was given to children who were enrolled in school and passed their exams and was increased by 20 percent for boys and 20 percent for girls. The programme, which was modelled on Latin American schemes, had significantly lower socio-economic status compared to non-recipients and found the programme to have actually increased enrolment in eligible schools by approximately 22 percentage points and 20 percentage points at the secondary level, approximately 22 percentage points. The evaluation also found the positive impacts to be greatest among girls from the poorest households (Feller and Schady, 2006).
unemployed and poor people. For example, while gaps remain and coverage is often thin, China and Thailand now have programmes providing universal healthcare, education, income support and pensions. With a credible floor in place, both countries are now poised to develop vertical programming to provide higher-quality services. Indonesia and the Philippines are also moving in this direction, with large-scale CCT programmes for the most vulnerable and health insurance programmes reaching an ever-growing proportion of the population. Similarly, Viet Nam has introduced free healthcare for poor families and all young children. Although its poverty programming tends to be geographically targeted and lack preventive capacity, income is provided for many of the poorest people. Lao PDR and Myanmar, on the other hand, have not yet begun to develop a social protection floor, while Cambodia and Timor-Leste also remain at a very nascent stage, even though Cambodia’s National Social Protection Strategy (NSPS) for the Poor and Vulnerable is regarded as a good practice example in terms of design. While these countries have incorporated long-term goals for social protection into some policies and plans, existing programmes tend to be almost entirely donor-funded, with very limited coverage and quality.

**BOX 4: THE ILO SOCIAL PROTECTION FLOOR IN A NUTSHELL**

While the globalisation of the economy over recent decades has introduced a plethora of opportunities for many people, the transformation also left behind millions of others highly vulnerable. The recent global financial and economic crisis confirmed this and demonstrated the importance of social protection systems “as social and economic stabilisers of considerable value” (SPF Advisory Group, 2011: 41). Accordingly, in April 2009, the UN Chief Economist Bureau introduced the ILO proposal to launch the Social Protection Floor (SPF) initiative as one of the nine UN key initiatives for mitigating the effects of the crisis and accelerating the recovery process.

Based on the principles of social justice and the universal right to social security and adequate living standards, the Social Protection Floor is defined as “an integrated set of social policies designed to guarantee income security and access to essential social services for all, paying particular attention to vulnerable groups and protecting and empowering people across the life cycle” (SPF Advisory Group, 2011: 8). SPF includes the following four guarantees: all people should have access to essential health care services; all children should enjoy basic income security with access to nutrition, education, care and any other necessary goods and services; all adults of an economically active age but unable to earn sufficient income due to sickness, unemployment, maternity or disability should have access to basic income security; and all older adults should enjoy basic income security at least reaching the nationally defined poverty line.

The Social Protection Floor is part of ILO’s two-pronged strategy for the extension of social security coverage (Figure 3). The horizontal dimension, which the Social Protection Floor represents, seeks to provide basic income security and healthcare to the entire population, while the vertical dimension aims at higher levels of income security and health protection.

Moreover, through the establishment of national inter-agency SPF taskforces led by governments and composed of all relevant actors, the Social Protection Floor initiative supports and provides guidance to countries in building sustainable social protection schemes and basic social services. These national social protection floors are nationally defined sets of basic social security guarantees that enable and empower all members of a society to access a minimum of social transfers across the life cycle. The diverse needs and capacities of different countries are recognised at the outset, as is the need for flexibility for each country to implement separate floors and develop vertical extensions reflecting their unique fiscal and policy spaces (SPF Advisory Group, 2011).
## Towards Gender-Responsive Social Protection in South-East Asia

### Myanmar
- **Country**: Myanmar
- **Income security for children**: Few programmes target children. These include a small cash transfer programme for large families and a scholarship fund for poor children. Children are also guaranteed the right to 15 years of free education. In addition, 20 percent of children receive a 400-baht monthly allowance because their parents are covered by the Social Security Law. Children of temporary migrants often have little or no access to education.
- **Income security for the working age population**: Myanmar's social protection system is fragmented, under-funded, inefficient and inequitable. However, the new Social Security Law seeks to address poverty and vulnerability in the working-age population. It aims to provide a full social protection floor for workers. The new law includes coverage for healthcare, sickness, maternity, employment injury, invalidity, old-age, survivors', unemployment and housing.
- **Income security for older people and people with disabilities**: A pension scheme is available for some public and formal sector employees. The programme is being extended to cover informal workers under the new Social Security Law. There is, however, a pension available for older indigent citizens.

### Philippines
- **Country**: Philippines
- **Income security for children**: PhilHealth covers the majority of Filipinos. The programme is well-established and covers the majority of the population. It has been expanded to cover around 90 percent of the population. In addition, children from poor families are covered by the 4Ps programme, which provides cash transfers and conditional cash transfers. Children are also offered free schooling up to high school, and 20 percent receive a 400-baht monthly allowance because their parents are covered by the Social Security System. Filipino children, who are offered free schooling up to high school, also have access to the Food for School programme. There is, however, a pension available for older indigent citizens.
- **Income security for the working age population**: The Social Security System (SSS) is the main social insurance scheme in the Philippines. It covers formal sector workers. Attempts to integrate informal workers have been stymied by the relatively high cost of contributions. There is, however, a pension available for older indigent citizens.
- **Income security for older people and people with disabilities**: The 500 baht Universal Pension Scheme is available for all older people over 60 years of age, who are not covered by other social security schemes. Monthly cash assistance is also provided for disabled people.

### Thailand
- **Country**: Thailand
- **Income security for children**: Thailand has achieved universal health coverage: 75 percent of the population is covered by the Universal Coverage (UC) scheme, which is financed by general taxation. Since 2010, a Transitional Social Security Scheme has been implemented for oil workers. The UC scheme already covers permanent residents. The government has recently signed an agreement with Thailand's National Health Insurance Fund which will be composed of existing schemes and cover all Lao citizens and residents by 2020. Moreover, 20 percent of children receive a 400-baht monthly allowance because parents are covered by the Social Security Law. Children of temporary migrants often have little or no access to education.
- **Income security for the working age population**: The 500 baht Universal Pension Scheme is available for all older people over 60 years of age, who are not covered by other social security schemes. Monthly cash assistance is also provided for disabled people.
- **Income security for older people and people with disabilities**: The government provides a pension to all older people over 60 years, who are not covered by other social security schemes and reaches around 77.5 percent of the elderly population. Monthly cash assistance is also provided for disabled people.
3.3 GOVERNANCE CHALLENGES >>

Finally, several overriding governance challenges constrain existing social protection systems and policies in South-East Asian countries. According to UNESCAP (2011: 45), social protection systems in the region “are typically fragmented and administratively burdensome”, with few countries boasting a formal national social protection strategy to guide programme choices and exploit potential synergies. These challenges are particularly acute in poorer countries, which rely heavily on networks of NGO-run programmes with limited coverage.

Elsewhere, community-based initiatives are poorly integrated with larger government schemes, which suffer from weak targeting mechanisms and limited coverage. In Indonesia, for instance, poor coordination between government agencies and private insurers tasked with delivering social security programming has led to four separate social insurance funds. In China, Cook (2009) noted that security programming has led to four separate social and private insurers tasked with delivering social programmes with limited coverage. In Indonesia, for instance, which suffer from weak targeting mechanisms integrated with larger government schemes, elsewhere, community-based initiatives are poorly constrained existing social protection systems and capacity (Cook, 2009).

Major gaps in the provision of social protection persist with regard to ethnic minorities (especially in the Mekong sub-region and Western China), people involved in cross-border migration and trafficking, internal migrants, and people living with HIV or AIDS. Some progress has been made, notably in integrating migrants into mainstream social protection programmes in China and Viet Nam, and providing HIV and AIDS education to migrant communities in Thailand. Overall, however, much remains to be done to extend social protection to these vulnerable groups.

The different governance contexts also play a role in shaping the diversity of social protection programming across the region. For instance, in newly democratised countries such as Thailand, elections have proved an important catalyst for the introduction or expansion of social protection policies (specifically, the Universal Coverage Scheme). Conversely, in autocratic, single-party states such as China, government fears of social instability arising from disgruntled marginalised populations or groups who face losing benefits have created a similar impetus for expanded social protection initiatives.

And countries emerging from conflict, such as Cambodia and Lao PDR, face particular challenges in implementing social protection due to weak governance structures and capacity (Cook, 2009).

4. GENDER-RESPONSIVE SOCIAL PROTECTION: A REGIONAL OVERVIEW

Having reviewed the general characteristics of national social protection systems in the region, this section of the report discusses the extent to which national governments have embedded a gender-sensitive approach. To facilitate the analysis, a summary table is presented below describing the extent to which flagship social assistance systems and programmes in the region take gender into account at strategy development, programme design, monitoring and evaluation levels. As previously noted, this analysis is necessarily limited by widespread data gaps on social protection programming and, in particular, gender-related information and evaluations. Hence, the table is intended for illustrative purposes only. Notably, of course, it is very challenging to generalise across the different governance contexts also play a role in shaping the diversity of social protection programming across the region. For instance, in newly democratised countries such as Thailand, elections have proved an important catalyst for the introduction or expansion of social protection policies (specifically, the Universal Coverage Scheme). Conversely, in autocratic, single-party states such as China, government fears of social instability arising from disgruntled marginalised populations or groups who face losing benefits have created a similar impetus for expanded social protection initiatives. And countries emerging from conflict, such as Cambodia and Lao PDR, face particular challenges in implementing social protection due to weak governance structures and capacity (Cook, 2009).

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In general, the mapping indicates some attention (although often quite limited) to tackling gender inequalities and promoting women’s empowerment within the objectives of national social protection strategies and programmes, but considerably weaker gendered vulnerability analyses to underpin these policy goals. At the design level, there is a relatively good track record vis-à-vis commitment to equal inclusion of men and women in programmes. As discussed in more detail below, however, this is often not the case for specific groups of vulnerable women, especially migrants, stateless women and informal economy workers.

Despite these positive elements, there has been very limited attention given to gender dimensions beyond targeting at the design, monitoring and evaluation stages. Moreover, where women are explicitly targeted, it is primarily in relation to their role as mothers and conduits of child development and protection, rather than aiming to achieve broader empowerment objectives (see discussion of Table 7 on conditional cash transfers, below). The primary exception to this trend is the 4Ps (Pantawid Pamilyang Pilipino Program) in the Philippines; through its linkages to complementary and well-established community infrastructure and income-generating projects as part of a so-called ‘convergence strategy’, it aims to promote broader empowerment for women and potential exit strategies from poverty and reliance on social assistance (NEDA, 2011).
### TABLE 7: MAIN CONDITIONAL CASH TRANSFER (CCT) PROGRAMMES WITH GENDER CONSIDERATIONS IN SOUTH-EAST ASIA

<table>
<thead>
<tr>
<th>Programme/ Country/ objectives</th>
<th>Start date</th>
<th>Institution responsible and partners</th>
<th>Expenditure Target population</th>
<th>Conditionalities and benefits provided</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INDONESIA:</strong> Program Keluarga Harapan (PKH) (Hopeful Family Programme)</td>
<td>2007</td>
<td>Ministry of Social Affairs (Kemensos), World Bank, while ILO/IPEC (International Programme on the Elimination of Child Labour) was also involved in its second phase, with the aim of tackling child labour.</td>
<td>In 2010, 1,123 billion rupiahs (Rp) ($143 million); PKH spending is increasing and in 2010 accounted for almost a third of Kemensos expenditures while accounting for less than 5 percent of the total social assistance budget.</td>
<td>Chronically poor households that meet at least one of the following conditions: having a child aged 0-6 years; having a child aged 6-15; having a child under 18 who has not completed primary education; or having a pregnant/lactating mother. The cash transfer is provided to the mother or another adult woman in the household to improve the likelihood it will be used to meet family needs.</td>
<td>The programme started in seven provinces in 2007, expanding to 18 provinces by late 2011, reaching more than 800,000 households and aiming to reach 5.2 million by 2015. A quarterly cash transfer between 600,000 rupiahs and 2 million rupiahs (12,000 rupiahs = $1 in 2007), depending on the number of children and the presence of a pregnant woman in the household based on a number of conditions. Conditions related to children include the following: <em>complete immunisation of children under 6</em> <em>growth monitoring for all children under 6</em> <em>enrolment of all children aged 6-12 in primary school.</em> <em>enrolment of all children aged 13-15 in junior secondary school with minimum attendance rate of 85 percent.</em> Conditions related to pregnant women beneficiaries include the following: <em>four prenatal care visits</em> <em>use of iron tablets</em> <em>delivery assisted by trained health professionals</em> <em>two postnatal care visits</em> Beneficiaries can participate for a maximum of six years.</td>
</tr>
</tbody>
</table>

### KEY
Traffic light system – gray = weak; red = limited attention; yellow = some but not comprehensive gender-sensitivity; green = gender-sensitive.
An important cross-cutting area of weakness that merits highlighting is the dearth of in-depth gender-sensitive vulnerability assessments underpinning social protection programmes, in turn revealing over into weak gender-responsive programme designs and M&E practices. In particular, the country mapping findings highlight a number of significant programming gaps in terms of tackling vulnerabilities experienced by specific groups of women. These include informal economy workers (particularly domestic workers) (see Box 5); cross-border and internal migrants (see Box 6); older women (especially given rapidly ageing populations in the region, combined with women’s longer average life expectancy; see Box 7); female-headed households, which are disproportionately vulnerable in some countries (such as Cambodia and Timor-Leste, but not in Viet Nam); and women of reproductive age, especially adolescent girls, who often lack access to adequate reproductive and maternal health services. In the Philippines, for example, it is very difficult for women and girls to access contraception and abortion services in public medical centres due to the influence of the Catholic Church.

### BOX 5: WOMEN, THE INFORMAL SECTOR AND BARRIERS TO ACCESSING SOCIAL PROTECTION

In addition to being poorly paid and particularly vulnerable to unemployment and under-employment, informal workers rarely have access to social protection programmes. Health insurance and benefits such as maternity leave, disability and retirement pensions are most often out of their reach (Batangan and Batangan, 2009). In the Philippines, for example, informal workers frequently struggle just to send their children to school and "have to rely on their meagre savings or have borrowed money for medical treatment" if they get sick (ibid: 3). In Viet Nam, the ILO estimates approximately 62 percent of the labour force have no "social insurance" (ILO, 2013a). Given that 11.5 percent of all employed Filipino women are domestic workers, the magnitude of these issues cannot be overstated (ILO, 2013b).

Domestic workers are among the most vulnerable of those employed in the informal economy. The ILO (2013a) reports that "more than 21 million people across Asia and the Pacific – 80 percent of them women – are employed as domestic workers". Notably, this figure does not include girls under the age of 15, who are not only particularly vulnerable but also a popular source of labour. Many Asian domestic workers are from other countries, with poor labourers from Myanmar, Indonesia, Laos, and Cambodia moving to richer countries such as Thailand and Malaysia to enter domestic service (ILO, 2013b). In South-East Asia, Indonesia is home to the largest number of domestic workers, with 2.5 million, representing almost 4.5 percent of all employed women (ILO, 2013a). The Philippines, where nearly 56 percent of the 2 million domestic workers are women, long hours, non-payment, confinement, physical violence and sexual abuse are common (ADB et al., 2008; ILO, 2013b). Given that 11.5 percent of all employed Filipino women are domestic workers, the magnitude of these issues cannot be overstated (ILO, 2013b).
Migrant women’s specific vulnerabilities (2013: 26).

The Philippines, which by regional standards protects the rights of migrants and domestic workers comparatively well, has focused on providing some social protection benefits to its own citizens, even when they are overseas. With 20 percent of its workforce deployed abroad, it allows Filipinos workers in other countries to make voluntary contributions to its social security system and its universal health insurance system. This not only allows migrants to plan for their own retirement, but enables them to provide health coverage for their left-behind families.

As the nascent social protection schemes of South-East Asia evolve to cover not just larger populations but more vulnerable populations, including migrants and their families, in destination countries (ibid), furthermore, “access to many social services available in host countries is prevented by minimum residency requirements” (ibid), which additionally renders social exclusion (ibid 15). Even internal migrants can face barriers to access. In Viet Nam, for example, the International Organization for Migration (IOM) notes that migrants experience difficulty in “accessing accommodation, education for their children, and health care” (IOM, 2012).

Women, however, face particular barriers to accessing social protection. For example, most women in South-East Asia who migrate overseas do so in order to work as domestics (UN Women, 2012), which has a number of important ramifications for social protection. First, 40 percent of countries around the world specifically exclude domestic workers from labour law, which not only thwarts the door open to exploitation and abuse, but makes it very difficult for women to access justice (ibid. In the Philippines, for example, of the “11,000 first cases by migrant workers claiming human rights abuses”, less than 200 were acted upon (UN Women, 2012: 20).

Furthermore, while female migrants in the region are suffering “the unmet demand for care in countries of destination”, being a fundamental gap in social protection in these countries, they frequently leave behind families who “must adapt and find solutions in their own countries”, which leads to the need for limited social protection responses of their own (UN Women, 2013: 8). This, however, has not always been the case, with many countries introducing policies to bring their children with them, and the “many women who choose to leave their children behind, even less likely are to have their children, behind usual younger minders” (ibid).

Migrant workers face a number of barriers to accessing social protection. For example, Fausah and Abela note that “most migrant workers fail to qualify for old-age benefits in the countries where they work”, primarily because even documented workers in the formal economy are most often admitted on a temporary basis (2012: 4). Lack of portability means migrant workers rarely have access to those benefits once they return home, even if they continue to migrate with the same family in destination countries (ibid). Furthermore, “access to many social services available in host countries is prevented by minimum residency requirements”, with “a minimum of six years” for example, in the Philippines (ibid 15). Even internal migrants can face barriers to access. In Viet Nam, for example, the International Organization for Migration (IOM) notes that migrants experience difficulty in “accessing accommodation, education for their children, and health care” (IOM, 2012).

While it is certainly the case that migrants’ access to social protection has received inadequate attention (ASEAN, 2011; Fausah and Abela, 2012), South East Asian countries have made some progress. In China, for example, migrants are gradually being included in social insurance schemes. The urban Hukou has been extended to offer residency-based social benefits to migrants. Moreover, while some barriers continue to have difficulty accessing housing benefits and education, and migrants continue to be excluded from the urban Minimum Living at Standard Guarantee Scheme (MLGS) (Peng and Ding, 2012), pension and healthcare benefits are now becoming portable to some extent (Zhu and Lu, 2011).

In Thailand, documented migrants now have access to the contributory Social Security Fund, which provides a range of benefits from healthcare to pensions. As a groundbreaking 2012 regulation granted domestic workers the right to a weekly day off and sick leave (ILC, 2012b). However, undocumented workers continue to be excluded from social protection benefits and even registered migrants face restrictions, including limited access to MIH treatment (Schmitt, 2012; ASEAN, 2011).

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The needs of ethnic minority and stateless women (see Box 8) are also largely ignored, even though these groups are often especially vulnerable due to overlapping deprivations (economic marginalisation, social stigma and discrimination, spatial vulnerability and limited education and other development opportunities due to linguistic barriers). Yet given emerging evidence on significant diversity among ethnic minority groups in terms of economic and human development indicators and patterns, vulnerability assessments and support should be designed to explicitly assess the gendered needs of particular ethnic minority communities rather than assuming they are a homogenous group (see, Baulch and Vu, 2012; Nguyen et al., 2012; Wells-Dang, 2012). 

**BOX 8: THE IMPORTANCE OF INCLUDING STATELESS PERSONS IN SOCIAL PROTECTION DEBATES**

Few social protection programmes, whether in South-East Asia or other parts of the developing world, address the needs of stateless persons. In order to ensure that stateless women and their families in the region have access to the social safety nets that are their human right, it is vital that governments, development partners and researchers include stateless persons routinely in the vulnerability assessments that underpin programme and project design and implementation – including, for example, when establishing targeting criteria for cash transfers or eligibility criteria for health and social insurance schemes can help households reduce the frequency and severity of shocks and prevent them resorting to maladaptive coping strategies. Third, access to micro-savings and credit programmes and agricultural commodities such as drought-resistant seeds can promote resilience in the face of climate change. Finally, by including the most marginalised groups, social protection has the potential to transform the climate change debate – for example, changing the way communities see women’s role in framing and solving problems. As Nelson notes, it is vital not only to identify the “vulnerabilities of poor people and regions exposed to climate change” but to “identify the structures, narratives and power relations which underpin inequality and constrain adaptive capacity” (2011: 47). Using social protection instruments to address today’s vulnerabilities by building poor people’s resilience and adaptive capacity can play a vital role in preparing communities, including women and girls, for tomorrow’s risks.

A final cross-cutting gendered source of vulnerability that requires urgent attention within social protection debates, given its potential impact on all women and girls in the region, is the gendered risks of climate-related shocks and stresses. Social protection programming is increasingly viewed as a way of mitigating vulnerability to climate change by reducing “multiple risks and short and long-term shocks and stresses” (Davies et al., 2009: 201). In particular, “adaptive social protection”, which integrates social protection, disaster risk reduction (DRR) and climate change adaptation (CCA), offers the potential to maximise risk reduction for the most vulnerable (Davies et al., 2008; Nelson, 2011). As Nelson notes, “(social) protection efforts respond to some climate-related disasters, but are not responsive to the long-term risks posed by climate change” (2011: 38). On the other hand, “(a)

daptation cannot address the root causes of poverty without taking a differentiated view of poverty and vulnerability” (ibid). Working synergistically will not only improve the effectiveness of social protection interventions but also allow them to “play a critical role in reducing the immediate impact of climate change” (Bénê, 2011: 67) by using cash transfers to reduce demand for fuel wood, for example. More importantly, argues Bénê, these synergies present an opportunity for social protection “not simply to buffer the impacts of climate-related disasters on households’ livelihoods, income, food security and assets, but to be a vehicle of long-term change and development by enhancing the adaptive capacity of households” (Bénê, 2011: 68).

Building on Devereux and Sabates-Wheeler’s (2004) transformative social protection framework, social protection interventions can promote climate adaptation in four ways (Chaudhury et al., 2011; Nelson, 2011). First, programmes such as cash transfers offer a basic safety net to the most vulnerable groups who are least able to adapt. Second, formal preventive measures such as livelihood diversification programmes and social insurance schemes can help households reduce the frequency and severity of shocks and prevent them resorting to maladaptive coping strategies. Third, access to micro-savings and credit programmes and agricultural commodities such as drought-resistant seeds can promote resilience in the face of climate change. Finally, by including the most marginalised groups, social protection has the potential to transform the climate change debate – for example, changing the way communities see women’s role in framing and solving problems. As Nelson notes, it is vital not only to identify the “vulnerabilities of poor people and regions exposed to climate change” but to “identify the structures, narratives and power relations which underpin inequality and constrain adaptive capacity” (2011: 47). Using social protection instruments to address today’s vulnerabilities by building poor people’s resilience and adaptive capacity can play a vital role in preparing communities, including women and girls, for tomorrow’s risks.

**4.1.2 LINKAGES TO COMPLEMENTARY PROGRAMMES AND SERVICES**

Given the multidimensional nature of gendered poverty and vulnerability, there is increasing recognition that in order to effectively promote resilience and well-being, social protection programmes that focus on economic strengthening components in isolation are likely to have a limited impact, especially over time (Holmes and Jones, 2013). For example, the World Bank (2009a) global analysis of conditional cash transfer programmes found that social transfers had very limited impact on health and education outcomes for the chronically poor (as opposed to service access); rather, a more holistic approach to tackling entrenched poverty that addresses family dynamics, parenting skills and socio-cultural norms, among others, is vital. Few of the programmes reviewed in the region have adopted this bundled programming approach in terms of targeting gendered vulnerabilities and poverty experiences. The exception is the Philippines 4Ps cash transfer programme, which combines economic strengthening and basic service uptake with family development sessions for men and women (covering a wide range of topics related to intra-household dynamics and care responsibilities) as well as income-generating support and training as part of what the government terms its “convergence strategy” (for more details, see the Philippines case study in Appendix 6).

**4.1.3 IMPLEMENTATION PRACTICES**

The global social protection literature identifies a critical discursive gender-responsive programme design and programme implementation (see, Molyneux and Thompson, 2011; Jones and Holmes, 2011). Part of the problem relates to uneven capacities and poor coordination between national and sub-national governments, especially in the context of growing decentralisation, as highlighted by the Overseas Development Institute (ODI) and the Australian Agency for International Development (AusAID) in relation to Indonesia and Viet Nam (Jones et al., 2012; Yumna et al., 2012). This is a problem in terms of policy processes more broadly, but appears to be particularly acute in the case of gender mainstreaming initiatives (ibid). Too often, there is little or no investment in capacity strengthening on gender-related programme dimensions; where there is some limited investment, it is not sufficiently tailored to the daily realities and work practices of programme implementers and local officials. The Asian Development Bank (ADB) has launched a very promising Social Protection Index with a number of gender-related impact and expenditure indicators; thus, there is potential for tracking progress in budget allocations. With the exception of the Philippines, these initiatives have yet to be routinely embedded in social protection monitoring and evaluation frameworks. There is often a similar lack of investment in awareness-raising and information sharing with programme beneficiaries and the broader public about programme objectives and their underlying rationale.

**4.1.4 MONITORING AND EVALUATION**

Establishing rigorous monitoring and evaluation (M&E) systems, including indicator impacts, is deemed increasingly important among donors and a growing number of developing country governments including Indonesia and the Philippines are developing such systems, with support from the ADB and the World Bank. With the exception of these two countries, very few social protection programmes in the region include gender-disaggregated impact indicators, thereby hindering efforts to assess the effects of programmes with broader poverty and vulnerability reduction objectives as well as those with explicit gender-related objectives, and their impact on the well-being of women and girls and men and boys respectively. There are, however, a few encouraging exceptions: in Indonesia, both the PKH and the PNPM have built-in evaluation systems including baseline and follow-up surveys with quantitative and qualitative components (World Bank 2012b; World Bank 2012e). Given that both programmes have maternal health objectives and depend on active female participation, evaluation has also included gender-specific indicators for assessing women’s participation in programme activities and activities, while potential spill-over affects other types of community activities (World Bank 2012b; World Bank 2012e).
In addition to rigorous quantitative evaluation methodologies, there is also growing interest in more participatory approaches to monitoring and evaluation of social protection in order to strengthen programme governance, transparency and accountability (Jones and Shahrokh, 2013). Approaches can include community scorecards, social audit methodologies and community grievance mechanisms. With the exception of community supervisory committees in Viet Nam’s Programme 135 (see section 4.2) and the participatory gender audits in the Filipino 4Ps aimed at identifying and addressing specific local needs, such approaches have not been widely applied in the region.

4.2 GOOD EXAMPLES OF GENDER-RESPONSIVE PROGRAMMING IN SOUTH-EAST ASIA

The regional mapping did, however, highlight some examples of gender-responsive programming features that can be built on and could deliver quick wins if implemented in other countries (these are discussed further in Section 6).

First, a number of countries (China, Indonesia, the Philippines, Thailand and Viet Nam) have made impressive investments in promoting universal coverage of social health insurance programmes, and given that ill-health is often a primary driver of vulnerability and chronic poverty (CPRC, 2008) – especially for women (Sen and Ostlin, 2010) – this should be seen as an important cornerstone of national gender-responsive social protection systems. There are still significant challenges in reaching the most vulnerable, ensuring that in practice, women have equal access to these programmes, and securing quality reproductive and sexual health services as part of these schemes. But the programmes nevertheless represent important foundations for tackling health-related vulnerabilities (NSO, 2009). Thailand, in particular, is increasingly recognised as a regional and international leader in terms of social health insurance, which includes, for example, extensive coverage for HIV-related treatment and services (UNESCAP, 2011).

Second, although social insurance systems in the region have major limitations in terms of reaching informal economy workers, the mapping exercise identified several programmes in Indonesia, the Philippines and Thailand that allow informal workers to voluntarily participate in contributory social insurance systems. While there remain significant problems with uptake, there are important entry points for further learning and programme modifications. In a related initiative, the Philippines has recently ratified the International Convention on Domestic Workers, which will finally allow domestic workers to enjoy the same benefits as formal employees, paving the way for equal access to social insurance and social assistance. Third, although maternity care provisions are generally below the standard of the ILO Maternity Protection Convention No. 183, it is worth noting that all countries apart from Timor-Leste have such provisions in place (see Table 8). A number of countries include some form of paternity leave (such as seven days’ paid leave for fathers in the Philippines) (ILO, 2010c). Of course, the same weaknesses exist as previously discussed in terms of coverage being largely limited to formal sector workers, thereby excluding the poorest and most vulnerable women. Moreover, it is also critical to note that of the nine countries included in the mapping, only Thailand includes a family allowance benefit, indicating very limited recognition of care economy costs and responsibilities (ILO, 2010b).

In Timor-Leste, information has been disseminated during covered period

Fourth, social protection programmes that address gender-based violence are scarce, but there are some initiatives that could provide the foundations for strategic linkages with flagship social protection schemes such as cash transfers and health insurance programmes. Indonesia, Thailand and Timor-Leste, for example, have put forward a National Action Plan to address gender-based violence (GBV) in the education, social services, justice, security and health sectors. Indonesia and Thailand also have health policies that focus on GBV: Indonesia has developed an Integrated Crisis Centre in hospitals for victims of GBV, while Thailand has developed a One-Stop Crisis Centre to provide assistance and support for those experiencing GBV (WHO, 2009). In Timor-Leste, the Office for the Promotion of Equality is the entry point for GBV issues and is focusing on introducing legislation and judicial training, gender mainstreaming and promoting a culture of equality through activities such as campaigns and public education. In Viet Nam, the government is addressing domestic violence through its Comprehensive Poverty Reduction and Growth Strategy, its anti-trafficking stance, and its Family Strategy. The Philippines has gone further with a Gender Budgeting policy that requires government agencies to allocate five percent of budgets to gender and development-related programmes and projects (Kisekka, 2007). Social services to address GBV have also been initiated across the region. These include gender awareness campaigns, information and communication (IEC) materials, and prevention work. In Indonesia, for example, TV advertisements covering issues around forced sex work, domestic violence and trafficking have been aired during primetime. In Timor-Leste, information has been disseminated by using posters, t-shirts and pamphlets (Kisekka, 2007). Medical and psychosocial interventions, legal counselling, and social and community work services are also being implemented across the region, but are often very limited in coverage and severely under-budgeted. Social services also target vulnerable groups such as orphaned children and street children by providing counselling and shelter. There are some services offering counselling, protection and reintegration for people affected by trafficking, but these are often inadequate in terms of quality and coverage.

<table>
<thead>
<tr>
<th>Country</th>
<th>Duration of maternity leave</th>
<th>Source of funding</th>
<th>Type of funding</th>
<th>Percentage of wages paid during covered period (percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>90 days</td>
<td>Employer</td>
<td>Mandatory</td>
<td>50</td>
</tr>
<tr>
<td>China</td>
<td>90 days</td>
<td>Social security</td>
<td>Mandatory</td>
<td>100</td>
</tr>
<tr>
<td>Indonesia</td>
<td>90 days</td>
<td>Employer</td>
<td>Mandatory</td>
<td>100</td>
</tr>
<tr>
<td>Lao PDR</td>
<td>90 days</td>
<td>Social security</td>
<td>Mandatory</td>
<td>100</td>
</tr>
<tr>
<td>Myanmar</td>
<td>12 weeks</td>
<td>Social security</td>
<td>Mandatory</td>
<td>67</td>
</tr>
<tr>
<td>Philippines</td>
<td>60 days</td>
<td>Social security</td>
<td>Mandatory</td>
<td>100</td>
</tr>
<tr>
<td>Thailand</td>
<td>90 days</td>
<td>Employer and social security</td>
<td>Mandatory</td>
<td>100, 50 (2)</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>4-6 months</td>
<td>Social security</td>
<td>Mandatory</td>
<td>100</td>
</tr>
</tbody>
</table>

Sources: ILO, 2010b; ILO, 2010c.

Towards Gender-Responsive Social Protection in South-East Asia

Towards Gender-Responsive Social Protection in South-East Asia
Fifth, and as highlighted earlier in the report, ethnic minority populations in the region often face significant and overlapping forms of economic and social disadvantages. However, few social protection responses explicitly target ethnic minorities or are tailored to the needs of ethnic minority populations. One partial exception is Viet Nam’s Programme 135 (P135), which is an example of a social assistance initiative specifically designed to tackle vulnerabilities experienced by ethnic minority populations. It aims to narrow the gap between ethnic minority communities and other communities by supporting infrastructure development, agricultural capacity and marketing, access to basic services, and capacity-building for local officials in target areas. The programme has led to a dramatic expansion in access to health and education, credit services, roads and markets (World Bank, 2009). The programme also contributed to a 6.8 percent reduction in poverty from 2006 to 2008 by supporting minorities with a range of means by which to profit from individual professional capacities (ibid). The uptake of social services has improved considerably in P135-II communes where services are both free and of high quality (MOLISA, 2009). Socio-cultural barriers however, remain and include “community levelling and social obligations vis-à-vis ‘shared poverty’". And in the case of ethnic minority women in particular, language barriers and conservative gendered norms and expectations have limited the programme’s transformative impact (World Bank, 2009b). This limitation has been reflected at a number of levels. By 2010, the percentage of households with male household heads who actively participated in programme meetings was twice that of female-headed households. Similarly, more men than women were involved in programme supervisory boards (IRC et al., 2012), with a reasonable level of participation among women in the capacity-building initiatives targeted at officials (16.2 percent). While this is clearly far from optimal in terms of equity, at least some women are being supported to strengthen their professional capacities (ibid).

5. GENDER-RESPONSIVE SOCIAL PROTECTION PROGRAMMES: EXAMPLES OF INTERNATIONAL GOOD PRACTICE

Fortunately, effective social protection programming is not a case of ‘one size fits all’. Good practice examples, even the relatively small subset of programmes with a strong gender lens, can be found in a variety of governance contexts and reflect vast differences in both economic needs and cultural constraints. In order to inform this discussion of gender-responsive social protection in South-East Asia and, in particular, the report’s concluding section on policy and programme recommendations, this section presents three examples of international good practice covering a range of social protection instruments:

1. Childcare subsidies for low-income working mothers: Designed explicitly to encourage women’s economic activity, Mexico’s Estancias Infantiles para Apoyar a Mujeres Trabajadoras programme, which had reached nearly one million children by 2011, has been found to increase the incomes of 95 percent of beneficiaries (SEDESOL, 2011). It has also shown evidence of positive educational impacts on children (Pereznieto and Campos, 2010).

2. Asset transfers to promote economic empowerment: The Challenging the Frontiers of Poverty Reduction–Targeting the Ultra-Poor (CFPR/TUP) programme run by BRAC, an NGO in Bangladesh, targets extremely poor women with assets such as poultry or horticulture nurseries (Holmes et al., 2010). It also provides a small, time-limited cash transfer and a wide variety of training and support services (ibid). The results have been described as “remarkable” (Das and Shams, 2011) and include not only livelihood diversification and increases in income, but also better health, increased savings and improved self-confidence (Holmes et al., 2010).

3. Public works programmes to promote minimal food security and community-level assets designed to enhance broader economic security: Ethiopia’s Productive Safety Net Programme (PSNP) takes a third approach. Launched in 2004, and designed to provide a safety net enabling the very poor to become more resilient to shocks by building their own asset base, the PSNP provides food and cash transfers in exchange for labour on public works programmes (Hobson and Campbell, 2012). With a variety of gender-sensitive features which recognise the unique needs of pregnant and lactating mothers and female-headed households, the programme has helped smooth daily time burdens (Jones et al., 2010b). Despite these achievements, the potential transformative effects of the programme design have not been realised due to under-investment in gender-sensitive capacity-building of programme implementers and a dearth of awareness-raising efforts about these features.

As shown in Table 9, each of these programmes demonstrates a reasonable degree of gender sensitivity across the programme cycle, from design to monitoring and evaluation. At the design stage, all three programmes were underpinned by a gendered vulnerability analysis recognising the specific gendered vulnerabilities facing women, and all three were committed to the equal inclusion of men and women. At the implementation stage,
the effectiveness of the three programmes from a gender-sensitive perspective has been more mixed, although there have been attempts to implement the gender-sensitive components of the programme in each case.

Bangladesh’s CFPR not only has strong gender-sensitive design features but has also invested in building the capacity of programme implementers and, to some extent, local communities. CFPR has also established linkages to some complementary programmes and services to tackle broader gender inequalities. It is also notable for its efforts in collecting sex-disaggregated indicators in a range of areas to ensure that gender-responsive impacts can be tracked over time. Notably, the CFPR programme is the only one of these three good practice examples that was implemented by an NGO; there may be important lessons to be learned from BRAC’s experience about the kind of programme governance and accountability features that facilitate the effective implementation of gender-responsive social protection programming.

Ethiopia’s PSNP has a strong gender lens in terms of programme design, but has struggled to apply it during implementation due to limitations in the capacity of implementing staff, limited budgets, and low investment in raising citizens’ awareness about the gender elements of the programme. Although some laudable improvements have been made in successive phases of the programme in response to M&E feedback and learning, there remains considerable room for improvement in developing gender-sensitive M&E processes.

Mexico’s Estancias programme is noteworthy due to its focus on the care economy and, more specifically, its explicit focus on supporting women’s dual responsibilities within the productive and care economies. While many other social assistance programmes focus first and foremost on improving child development indicators, the primary aim of Estancias is women’s economic empowerment – both in terms of facilitating women’s participation in the workforce and in opening up employment opportunities within the care service sector for micro-entrepreneurs. Nevertheless, more could be done at the implementation level to strengthen linkages to complementary services and programmes, build the capacity of implementing officials vis-à-vis gender-responsive programming, and develop gender-sensitive M&E (at present, only a few dimensions of women’s empowerment are assessed).

### TABLE 9: OVERVIEW OF GENDER-RESPONSIVE SOCIAL PROTECTION COMPONENTS IN INTERNATIONAL GOOD PRACTICE EXAMPLES

<table>
<thead>
<tr>
<th>Country</th>
<th>National social protection strategy</th>
<th>Social protection programme design</th>
<th>Social protection programme implementation</th>
<th>Social protection programme M&amp;E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td></td>
<td>Red</td>
<td>Yellow</td>
<td>Green</td>
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<tr>
<td></td>
<td>Gender-sensitive approach</td>
<td>Gender-sensitive child care</td>
<td>Gender-sensitive child care</td>
<td>Gender-sensitive child care</td>
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<td></td>
<td>CFPR</td>
<td>Estancias</td>
<td>Estancias</td>
<td>Estancias</td>
</tr>
<tr>
<td></td>
<td>Mexico</td>
<td>Estancias</td>
<td>Estancias</td>
<td>Estancias</td>
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<tr>
<td></td>
<td>Ethiopia</td>
<td>Estancias</td>
<td>Estancias</td>
<td>Estancias</td>
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</tbody>
</table>

**KEY:** Traffic light system – red for weak; yellow for some gender sensitivity; green for strong gender-sensitive elements.

### 5.1.1 PROGRAMME OVERVIEW

Mexico’s Estancias infantiles para Apoyar a Madres Trabajadoras (Childcare Services for Working Mothers) is a government programme that provides subsidised childcare to low-income parents to free up some time for them to engage in economic activities.

The programme is implemented by the Federal Ministry of Social Development (SEDESOL) through its delegations in each of Mexico’s 32 states. Initially available to women only, the subsidy is now also available to low-income single fathers (Pereznieto and Campos, 2010). The programme was rolled out in 2007 and is regarded as the world’s most ambitious childcare subsidy programme. Originally aiming to reach half a million children in its first six years, SEDESOL figures indicate that by 2011, more than 900,000 children had benefited (SEDESOL, 2011). The programme was designed to help women who are working, looking for work, or enrolled in school by providing childcare subsidised on an income-based sliding-scale for young children (aged 1-4 years) until they become eligible for state-run preschool programmes (Pereznieto and Campos, 2010). Families earning up to 1.5 times the poverty line are eligible for services, with the exception of families who are already eligible for childcare because their jobs are covered under Mexico’s social security system (Calderon, 2011). Data indicate that targeting has been very successful, as “(the vast majority of enrolled children belong to the lowest income group)” (Staab and Gerhard, 2010: 10).

Estancias does not provide public childcare. Rather than establishing state-run crèches, the programme offers lump-sum payments to childcare providers to offset start-up costs. It has helped to develop a network of nearly 10,000 privately run home-based day care services as of 2010 (Staab and Gerhard, 2010; SEDESOL, 2011). Mothers can use vouchers to enrol children at whichever centre they prefer (Pereznieto and Campos, 2010). The disadvantageous economic position of Mexican women has a variety of drivers, one of the strongest of which is cultural attitudes. For example, more than 60 percent of women report that they need their husband’s permission in order to seek paid employment (Pereznieto and Campos, 2010). Furthermore, the magnitude of women’s domestic responsibilities and the time required to fulfill them makes employment outside the home difficult. More than 95 percent of Mexican women but less than 60 percent of Mexican men report having domestic

### 5.1.2 THE MEXICAN CONTEXT

**Poverty**

Despite being the second largest economy in Latin America (after Brazil), poverty remains a key challenge. According to the World Bank, more than 51 percent of the Mexican population lived below the national poverty line in 2010 (World Bank Data, 2012d) and nearly a fifth were classed as extremely poor (World Bank, 2010d). Persistent inequality drives these high poverty rates; in 2008, Mexico’s Gini coefficient was 48.3, which the World Bank categorises as ‘high’ (World Bank Data, 2012d). Inequality is exacerbated by differential access to the social security system. As Calderon notes, “(s)alaried workers, members of cooperative companies, and individuals specified by the executive power” have access to a wide range of benefits, including health and disability insurance and childcare (2011: 5). However, the self-employed and temporary workers lack access to the social security system and are not protected by any safety nets it provides (ibid.).

**Gender**

Mexican women have fewer economic options than men. With higher illiteracy rates, they are less likely to be employed and more likely to be trapped in low-paid, low-skill jobs (Pereznieto and Campos, 2010). In 2010, for example, 78 percent of men but only 41 percent of women were in paid employment (INEGI and INMUJERES, 2008). The one in five Mexican women (nearly 22 percent) who lack basic literacy skills (ibid.) are also hindered in terms of accessing government programmes and services (Pereznieto and Campos, 2010).
In addition to helping low-income mothers enter the labour force, Estancias directly provides employment for tens of thousands of women. Most childcare centres are run by women and the vast majority of assistants are local young women (Pereznieto and Campos, 2010). Given reimbursement rates and government policy, however, these jobs are notably low-paying and do not confer access to the social security system (Staab and Gerhard, 2011).

5.1.3 GENDER-SENSITIVE PROGRAMME DESIGN FEATURES

Estancias was, as Pereznieto and Campos note, “explicitly designed to fulfil a gender equality objective” rather than to meet child development goals (2010: 34). While assuredly accomplishing both, international attention has remained focused on its success in relation to that original objective. In May 2012, the programme received second prize in the UN Public Service Awards under the category of Promoting Gender-responsive Delivery of Public Services’ (PV Angels, 2012).

Based on the NDP having identified the “need to facilitate women’s access to labour markets through the expansion of the Network of Childcare Centres to Support Working Mothers” (Dario Oficial, 2009), Estancias primarily addresses women’s economic empowerment and has no explicit goals for women’s social or political empowerment (Pereznieto and Campos, 2010). While the programme enables more women to find stable, paid employment, often leading to increased incomes, it also highlights their “marginalisation in domestic and caretaking roles” (ibid: 34).

The policy environment

Mexico’s policy environment is generally supportive of gender equality. The Federal Law on Equality between Women and Men was enacted in 2006. The Programme for Equality between Women and Men was launched in 2008. And the National Development Plan (NDP) (2007-2012) explicitly outlines the need to eliminate all gender-based discrimination (Pereznieto and Campos, 2010). As is often the case, however, implementation remains uneven and is often ineffective despite a relatively strong legal framework and policy environment (ibid).

5.1.4 PROGRAMME IMPACTS

Individual level

Despite Staab and Gerhard’s observation that Estancias “has been criticized for providing a low-quality service to low-income families”, evaluation evidence suggests that mothers are generally happy with the programme (2011: 1087). According to a 2009 external evaluation, “99 percent of beneficiaries replied they were satisfied with the service and felt Estancias to be a safe place to leave their children while they worked” (SEDESOL, 2010, cited in Pereznieto and Campos, 2010: 36). Another study found that nearly three-quarters of mothers rated the programme “very good” (ibid.).

While evidence is mixed in terms of the programme’s reach, there have been positive impacts on women’s employment. For example, a gender impact evaluation (SFP, 2009, cited in Pereznieto and Campos, 2010) found that nearly 95 percent of women reported an increase in income as a result of the programme. Those who were previously not in paid employment were able to find paid employment, and those who were already in paid employment had been able to seek more stable, higher-paid employment (Sanitabiez and Valdez, 2008; Calderon, 2011). However, a recent evaluation (CIEE, 2012) found that, while beneficiaries were nearly 20 percent more likely to be employed for an average of an extra 24 hours each month, Estancias had no impact on income, “possibly because beneficiary respondents underreported their income for fear of losing the benefits of the program” (ibid: 2). Similarly, while Pereznieto and Campos (2010) found beneficiaries to have reported higher self-esteem as a result of ability to contribute to household income, the CIEE evaluation found “no significant effects...on mental health indicators for mothers, as measured by psychological scales of empowerment, stress or depression”, except for those mothers who had been working prior to their enrolment in the programme and reported higher empowerment (CIEE, 2012: 25).

Because Estancias is limited to low-income families, however, the work undertaken by women is mostly low-paid and almost always in the informal sector (Pereznieto and Campos, 2010).

Pereznieto and Campos (2010) found that women were pleased with the programme’s impact on their children, most of whom would not otherwise have had access to quality preschool care. Mothers reported being “pleasantly surprised at the impact the childcare centre has had on their children, as opposed to them staying at home or being cared for by a friend or relative” (ibid: 37). The CIEE (2012) evaluation, on the other hand, found few positive impacts on child development indicators, at least for the full sample of children. Younger children (under two and a half years of age) showed increased personal-social behaviour, while older children had increased communication skills. No detrimental effects were found in any age group.

Finally, for the tens of thousands of women who have created or found jobs in Mexico’s burgeoning childcare sector, Estancias has had a significant impact. More than 5,000 women have used the programme to establish themselves as micro-entrepreneurs, opening new centres under government supervision. More than 5,000 women have used the programme to establish themselves as micro-entrepreneurs, opening new centres under government supervision (Pereznieto and Campos, 2010). Because these women are “mandated to undertake regular training, not only in pedagogical and childcare practices but also in business management”, the programme has the potential to be genuinely transformative (ibid: 39). Furthermore, many more women (and young women in particular) have found employment as childcare assistants; by 2009, the programme was credited with creating nearly 46,400 jobs almost entirely for women (INMUJERES, 2009).

The programme has also had some positive impacts on men, albeit probably unintended (Calderon, 2011). As with the women themselves, husbands of women beneficiaries spent less time on childcare and housework once their children were enrolled in a day care centre. Interestingly, men who were already employed were more likely than the husbands of non-beneficiary women to switch to better-paid jobs; unemployed husbands, on the other hand, were less likely to find employment, presumably because their wives already had jobs (ibid.).

Household level

Because Estancias has only recently been rolled out across the country, intra-household impacts are difficult to assess. According to Pereznieto and Campos (2010), most women reported that household decision-making was a shared process even before the advent of the programme, thus leaving little space for any improvements to be evident at this early stage. On the other hand, the study was able to identify some signs of change. Women in one focus group discussion, for example, noted that women in abusive relationships ought to have more freedom to leave as a result of the programme. Others noted more engagement from their husbands in terms of sharing domestic responsibilities. Not surprisingly, and given that the programme does not include any objectives for empowering women socially or politically, there is little evidence of changes in gendered attitudes. Men, for example, reported that they were only “allowing” their wives to work in order to raise household income; if poverty were not an issue, they would prefer their wives to stay at home (ibid.).

Community level

As Pereznieto and Campos note, “The design of the Estancias programme was informed by a principle of community co-responsibility through which women would support each other to be better able to seize opportunities to increase their income and contribute to developing social networks” (2010: 40). Despite this intention, the programme design did not include mechanisms to put this principle into practice, and there is little evidence that the programme is fostering such networks. While the owners of some childcare centres have developed into “community focal points for women”, this has depended more on the personality of those owners than activities as part of the programme itself (ibid: 41).
5.1.5 BUILDING A STRONGER PROGRAMME
While Estancias has been relatively successful in achieving its objectives, there remains scope for strengthening its gender-sensitive design features. As the programme becomes more established, it could begin to play a key role in shifting gender norms. For example, it could promote a more equal division of labour within the household, encouraging men to do more of the childcare and housework as their wives begin to earn independent incomes. It could also link women with a range of complementary services such as skills training, counselling and information on domestic violence. The programme could also begin to extend its coverage by providing more hours of childcare each day to give women even greater flexibility.

There is also scope to strengthen the quality of childcare provided by Estancias. Although a law was passed in 2012 that tightened regulations for childcare providers, monitoring and evaluation of childcare centres has been weak. According to Staab and Gerhard (2011), while Estancias provided care for more than half of all eligible children, it received only one-quarter of their development budget. Social security-funded childcare, on the other hand, covered approximately 40 percent of the population and consumed nearly three-quarters of the budget (ibid.). The CIEE evaluation, which offered an overall “good assessment” and found centres to be “caring, safe [and] hygienic” (2012: 43), made specific recommendations for improving child development.

5.2 CHALLENGING THE FRONTIERS OF POVERTY REDUCTION, TARGETING THE ULTRA-POOR (CFPR-TUP) – BANGLADESH >>

5.2.1 PROGRAMME OVERVIEW
The Challenging the Frontiers of Poverty Reduction (CFPR) programme was introduced in 2002 by BRAC (then known as the Bangladesh Rural Advancement Committee), a national non-government organisation (NGO). BRAC works with extremely poor rural households in order to improve their economic and social capabilities. Working outside of the government’s national safety net programmes, CFPR “was designed to ‘push down’ with instruments specially designed to help the ultra-poor build their livelihoods and develop their human capabilities, while ‘pushing out’ to remove the wider socio-political constraints to their development” (Social security-funded childcare, on the other hand, covered approximately 40 percent of the population and consumed nearly three-quarters of the budget (ibid.). The CIEE evaluation, which offered an overall “good assessment” and found centres to be “caring, safe [and] hygienic” (2012: 43), made specific recommendations for improving child development.

CFPR has two components: the Specially Targeted Ultra Poor (STUP) programme targets the poorest of the poor and involves the above-mentioned asset transfer; and the Other Targeted Ultra Poor (OTUP) programme supports marginally less deprived beneficiaries with loans rather than assets. In order to be eligible, households must satisfy at least three of the following conditions: (1) have no able-bodied male worker; (2) be land poor; (3) have a working woman; (4) have working school-aged children; and (5) have no productive assets (Holmes et al., 2010). Households receiving government support are explicitly excluded.

A pilot version of CFPR currently underway in the Dhaka slums attempts to mitigate urban women’s extreme poverty (BRAC, 2012a). In addition to the asset transfer, women are receiving training in enterprise and life skills development.

5.2.2 THE BANGLADESHI CONTEXT
Poverty
As Bangladesh’s economy has grown, its overall poverty levels have fallen from 57 percent in 1992 to 32 percent in 2010 (World Bank Data, 2012c). Despite this progress, however, an increase in inequality over the same time frame\(^4\) has marginalised the poorest of the poor and precluded their participation in the opportunities engendered by economic growth (UNICEF, 2009). Of the approximately 50 million poor Bangladeshis, approximately one-quarter are characterised by the government as “extremely poor” (Planning Commission, 2005). Largely rural and landless, the ultra-poor spend one-third of their income on rice (World Bank, 2007). As landlessness increases while alternative job opportunities do not, more families are being trapped in poverty that subsequent generations are unable to escape. Significant regional disparities are also evident. Unnayan Shamannay (2008) reports that more than 85 percent of the population of the river islands in the northwest are poor and nearly 80 percent are extremely poor.

Gender
Recent changes in the Bangladesh economy have had far-reaching social consequences, particularly for women, who are increasingly engaged in the cash economy as well as the agricultural sector. However, the lives of most Bangladeshi women remain tightly restricted by cultural norms that confine them to low-paying segments of the labour market or their homes. Women are constrained by a lack of education, limited access to assets such as land, and customs such as child marriage. In 2006, for example, Matin et al. (2008) found that less than 10 percent of all women and 3 percent of younger women had their names on legal land ownership documents. Furthermore, in rural areas, “women are largely unable to independently access markets and productive resources” (Holmes et al., 2010: x); only 38 percent of younger women feel safe going out in their own settlement area (Holmes et al., 2010). Finally, the rates of maternal mortality and low birthweight babies (important indicators of maternal malnutrition) remain very high (Bordia Das, 2007; World Bank, 2009).

The policy environment
Bangladesh has “a relatively good legal and policy environment to promote gender equality” (Holmes et al., 2010: 18) and the Bangladesh government has “made strides in integrating gender mainstreaming tools, such as gender budgeting” (ibid.). The largest challenge is implementation. While there is general awareness of gender and the cross-cutting nature of its impacts, resources for tackling inequality remain limited, as does an understanding of how to approach implementation (ibid.). By contrast, civil society and NGOs in Bangladesh have a strong reputation. BRAC in particular is globally recognised as genuinely exceptional in terms of both scale and governance capacity, ensuring that all staff receive training on gender, which is vital to the success of the CFPR programme (Holmes et al., 2010: x).

5.2.3 GENDER-SENSITIVE PROGRAMME DESIGN FEATURES
CFPR is one of the few social protection programmes that is built on a solid understanding of the gendered dimensions of poverty and explicitly attempts to address them (Holmes and Jones, 2013). A variety of features highlight CFPR’s commitment to women’s empowerment and gender equality. For example, recognising that women typically have neither assets nor economic power within the household, the programme targets women and provides an asset to use childcare centres as neighbourhood hubs linking women with one another, providing them with not only material and emotional support but also opportunities to explore their options and roles in a changing society.

In Thailand, the Gini coefficient in Bangladesh rose from 27.6 in 1992 to 32.12 in 2010.
transfers combined with training designed to protect the value of that asset. Furthermore, understanding that money alone is insufficient to raise women's status, CFPR works to improve women's social capital by involving women in village poverty reduction committees and raising awareness about gendered issues such as child marriage, dowry and gender-based violence. As BRAC (2009, in Holmes et al., 2010: 19-20) notes, “(t)he programme for both strategic and practical reasons targets the ultra-poor women as they are the most deprived and it can greatly empower them by building a sustainable livelihood for them. The intervention is done for the household and the transfers take place through a female member of the household.”

BRAC also recognises that it is often still unacceptable for women to interact with men; as a counter measure, BRAC has ensured that nearly 40 percent of CFPR's field workers are women (Holmes et al., 2010). Furthermore, the Research and Evaluation Department is responsible for monitoring and evaluation, while maintaining a panel dataset not only to track socio-economic indicators but also to measure women's empowerment.

It should be noted, however, that while CFPR is in many ways centred on gender, it fails to address the social norms that typically preclude women from making household decisions on participating in the labour force. The programme does not, for example, address educational deficits or facilitate non-farm employment. Moreover, it largely assumes that women's economic empowerment automatically translates into broader empowerment over time.

5.2.4 PROGRAMME IMPACTS

Individual level

CFPR has had important economic benefits for beneficiaries and their families. The evaluation of phase one, which enrolled 100,000 ultra-poor households from 15 districts, found significant improvements in beneficiaries' physical, financial, human, natural and social assets (Rabbani et al., 2006). Research from the Overseas Development Institute (ODI) has had comparable results, finding that beneficiaries were able to "diversify livelihood strategies" and thus improve financial portfolios, as well as smooth consumption during the rainy season, which was typically a time of hunger and unemployment (Holmes et al., 2010: 21). Das and Shams (2011) note that participation in the programme has had "remarkable" positive impacts on per capita income, which BRAC (2012a) reports has not only been stable over time, but has increased. Beneficiaries had more livestock (not surprising given the asset transfers) and were more likely to lease land for cultivation, improving their food security as well as potentially generating a surplus for sale (Das and Shams 2011; Ahmed et al., 2009).

This increased income was found to have cascading impacts. For example, beneficiaries were able to increase both the quantity and quality of diets, consuming significantly more calories and protein compared with non-beneficiaries (Hasen, 2007). Similarly, participant families not only increased health expenditures, but reported more 'sick-days' off work, indicating a newfound luxury of not working when ill (Ahmed et al., 2006; BRAC, 2012a). Participants were also able to significantly increase savings (Das and Shams 2011; Ahmed et al., 2009), building their own safety net as well as investing in improved sanitation to benefit the whole household (Ahmed et al., 2009).

The programme has also increased women's self-confidence. Women in ODI's study reported that they felt "equipped with improved skills to support their household out of poverty" and could "design their own future and that their poverty should not be an obstacle" (Holmes et al., 2010: 23). They also reported feeling increased dignity. CFPR's awareness-raising activities have also had a positive impact; for example, while only 11 percent of women knew the legal age of marriage for girls at the beginning of the programme, 31 percent of beneficiaries knew the law by 2009 (Das and Shams, 2011).

Household level

Data suggest that women's newfound access to assets through the programme has had some positive impacts on their decision-making power within the household (Nazme and Selim, 2005). Women reported a "clear sense of ownership over the TUP asset and felt this gave them a greater voice in the household" (ibid: 6). Able to contribute to household purchases, the women reported receiving greater respect from family members as well as more control over the money they earned with their TUP asset (Holmes et al., 2010). Men reported that they were more likely to listen to opinions offered by their wives and to support out-of-the-home employment due to the benefits brought to the family (ibid.). ODI found no evidence that intra-household tensions were exacerbated by programme participation.

Despite the above-mentioned, there is little concrete evidence to suggest that programme participation has beneficially impacted women at the intra-household level (Holmes et al., 2010). For example, aside from excursions to the BRAC office, women continue to face significant restrictions on mobility, leaving them dependent on male family members in order to earn an income from their asset (ibid.). Furthermore, interviews with mothers and daughters highlighted that early marriage effectively ends any choices a mother makes about her daughters' lives, as all decisions are made by the girl's husband and in-laws after marriage (ibid.). Finally, interviews with men indicated that, while men may report listening to their wives' opinions, they still fundamentally believed they "have the final decision in the household, and that they are 'allowing' their wives to be in the programme for the benefit of the household" (ibid: 24).

Community level

Women report being able to increase their social capital by participating in CFPR's training programmes and village poverty reduction committees (Holmes et al., 2010). Developing and strengthening ties to one another, to neighbours, to BRAC staff and to local committees enabled the women to draw on larger networks for both social and financial support. As one woman noted, "(n)ighbours now think that if they give us something we can pay it back" (female focus group participant, ibid: 24). The positive effects of participating in the programme are also visible in women's perceived social status within the community (ibid.). Women beneficiaries and family members reported receiving more respect from communities and were more likely to be invited to community events due to their participation in CFPR. The weekly training exercises are not, however, necessarily paying off in terms of furthering women's social development. Women report remembering formal education about child marriage and dowry, for example, but are unable to act on those teachings because such practices are "deeply embedded in the culture and economics of communities" (Holmes et al., 2010: 28). As one older woman noted, "the truth is we hardly do whatever we have learnt" (ibid: 11).

5.2.5 BUILDING A STRONGER PROGRAMME

CFPR has not fully realised its transformative goals (Holmes et al., 2010). While it has been very successful from a financial standpoint and improved women's self-confidence and social networks, the programme has not fundamentally eroded the customs that limit women's opportunities and life chances. By focusing on women's traditional household activities, the programme has not challenged either the social norms or the lack of skills that keep women from undertaking more lucrative employment (ibid.). Furthermore, while it explicitly addresses women's limited intra-household decision-making power, its approach is fundamentally based on a 'trickle-down' theory, assuming that increases in income will somehow translate into greater voice for women. As this is not necessarily a valid assumption, more attention needs to be paid to building new paths to women's empowerment.

As mentioned earlier, although women have received development-oriented learning and are increasingly aware of their rights, this has not translated into action (ibid.) – principally because their behaviours are so tightly bound by tradition that they are unable to act on this knowledge. In order to create space for women to deviate from customary expectations, it may be prudent to include local leaders and men in CFPR rights awareness meetings as a way of initiating broader community discussions on issues of gender roles and rights. However, it would be important to ensure that these meetings were skillfully facilitated to promote opportunities for women to speak and discuss solutions to the gender injustices they face.

Finally, CFPR has had no visible impact on children's education (Ahmed et al., 2009). To some extent this is not surprising, given that the programme has not earmarked support specifically for education. Given what we know about education and the impacts accruing across generations in terms of poverty reduction, especially for girls and women, including educational support as a programme component may ultimately be more effective in addressing the
5.3 THE ETHIOPIAN CONTEXT

Poverty
The 2011 UNDP Human Development Report ranked Ethiopia 174 out of 182 countries on the Human Development Index, which puts it among the very poorest countries in the world. Ethiopia's gross national income (GNI) per capita at purchasing power parity (PPP) is $971 per year, with 39 percent of the population living below the international poverty line of $1.25 a day (UNDP, 2011a). Poverty is more severe in rural areas, particularly in Ethiopia's remote food-insecure regions, where households are especially at risk of shocks due to difficult agro-climatic conditions, limited access to markets and formal insurance mechanisms, poor infrastructure and land degradation (Decon et al., 2007). Despite strong economic growth over the past decade and a relatively low Gini coefficient, a high rate of population growth (Ethiopia has a population of 80 million with an estimated growth rate of 2.9 percent) means the development challenge facing the country will remain significant for the foreseeable future (Jones et al., 2011b; UNDP, 2011a).

Gender
Poverty and vulnerability are highly gendered across Ethiopia. Women perform between 40 percent and 60 percent of all agricultural labour (World Bank, 2008), but have unequal access to resources and capacity-building opportunities. Local labour markets are also deeply divided along gender lines, with women systematically earning lower rates due to discriminatory perceptions of their work capabilities; this is reflected in women's average hourly wages, which are typically a third lower than that of their male counterparts (Sharp et al., 2006; Kole and Suárez Robles, 2010). As Quisumbing and Yohannes (2004) note, 26 percent of men participate in off-farm labour markets, while only 14 percent of women have similar access. In the wage labour market, the figure is 9 percent for men and only 2 percent for women. Female-headed households are particularly labour poor compared with male-headed households; moreover, they have fewer opportunities for direct access to land and greater reliance on external hired labour; as a result, they are more vulnerable to household-level shocks and more dependent on food aid (AFDB, 2004). Discriminatory gendered practices, although varying by region, remain entrenched across Ethiopian society. There is a pronounced gap in literacy rates for men and women and secondary school enrolment is significantly higher for boys. Women's health also remains vulnerable, with high fertility and maternal mortality rates (UNICEF, 2012b). Gender-based violence, including rape, abduction, early marriage, female genital mutilation (FGM), and familial violence, is common in Ethiopia. Women living in polygamous households face particular challenges in accessing legal defence against domestic violence. Both child labour and trafficking remain significant and highly gendered (Jones et al., 2011b).

The policy environment
Ethiopia's Constitution is informed by international legal standards on gender equality, as are national policies such as the Poverty Reduction Strategy Paper, the 2008 Ethiopian Women's Package for Development and Change and the 2006 National Action Plan for Gender Equality (although limited inter-sectoral coordination of the PSNP has constrained opportunities for greater synergies) (UNICEF, 2012b; Jones et al., 2011b). Gender equality is also a central pillar of the country's 2000 Federal Family Code, which contains provisions against domestic violence and harmful traditional practices, including early marriage and FGM. Moreover, the government has recently implemented a revised land registration process designed for greater gender parity that encourages greater security of tenure among women and now permits joint certification of husbands and wives in most regions (ibid; Quisumbing and Yohannes, 2004).

5.3.3 GENDER-SENSITIVE PROGRAMME DESIGN FEATURES

The design of the PSNP reflects a concerted gender sensitivity approach, with several innovative examples of good practice. Jones et al. conclude that the programme's overall design reflects "a relatively strong focus on women's role in agriculture and food security, paying attention to women's specific needs and vulnerabilities on a number of levels” (2010b: 22).

The programme design acknowledges the fact that women face unique challenges in terms of labour deficits within female-headed households, different physical labour capabilities between women and men, higher levels of time poverty, and the need for childcare support, among other things (Holmes and Jones, 2013). A number of the PSNP's provisions directly address these challenges, including work exemptions for women who are more than six months' pregnant or nursing an infant, flexibility to enable women to structure their work hours around family obligations, and the provision of staffed childcare facilities (Jones et al., 2011b).

The PSNP's design also promotes women's participation in programme governance at all levels (Sharp et al., 2006). Over time, the government has sought to respond to evaluation data and stakeholder feedback by addressing the constraints that prevent women from increasing their level of participation (Jones et al., 2011b). Furthermore, a gender-sensitive approach guides the choice of many types of community assets created by public works activities. These include community water and fuel wood sources designed to reduce women's time poverty, and using public works labour to help cultivate land held by labour-constrained female-headed households (ibid). The PSNP also supports women's access to savings and credit schemes by linking them to such mechanisms on 'graduation' from public works (Holmes and Jones, 2013).

However, evaluations clearly indicate room for substantial improvement in the PSNP in order to better address gender inequality within Ethiopia (AFDB, 2004; Newton, 2007; World Bank, 2010a; Jones et al., 2011b). Several key challenges in design and implementation are discussed below.

5.3.4 PROGRAMME IMPACTS

As Holmes and Jones (2013) note, the impact of the PSNP on women has been mixed, with strong positive impacts felt at the individual level, but weaker impacts at the intra-household and community levels. They argue that the PSNP's transformative potential has been limited by insufficient efforts to promote women's meaningful participation in the programme, insufficient attention towards addressing limited gender rights awareness at the household and community levels, and unequal gender relations still common within food security and agricultural productivity (Jones et al., 2011b). This is partly due
to inadequate resources being allocated for capacity-building and raising awareness of the PSNP’s gender dimensions among officials at national, state, district and community levels – an issue compounded by lack of capacity among government structures dealing specifically with women’s issues (ibid; Bisewar, 2008).

Individual level
At the individual level, evaluation evidence points to positive impacts felt by PSNP participants in terms of their ability to smooth food consumption patterns, facilitate school enrolment, provide basic necessities, and reduce women’s daily time burdens (Jones et al., 2010b). Improved child nutrition has also led to better student concentration in the classroom (ibid).

For pregnant and lactating women, providing direct support has proved particularly important; there are, however, considerable variations in terms of the duration of support offered, and how comfortable and empowered women feel in demanding rights to this programme entitlement (ibid; Frankenberg, 2007). Participants have also identified a number of intangible gains since joining the programme with men and women both expressing greater feelings of confidence in ability to cope with external shocks and provide for the food security and well-being of their families as a result (Jones et al., 2010b).

However, the impact of capacity-building efforts and awareness-raising about the PSNP’s gender-related provisions, both among programme beneficiaries and programme staff, has been very limited. The result has been uneven implementation of key provisions designed to support pregnant and lactating women, provide childcare facilities, and support labour-constrained female-headed households by allocating public works labour to farm their land.

Household level
At the household level, participation in the PSNP has led to increases in the quantity, regularity and quality of household food consumption and the ability to meet immediate material needs; this has strengthened resilience in times of drought and periods of low agricultural output, while reducing the need to resort to distress sale or use of assets. In some cases, the PSNP has also reduced the need for women to work in potentially exploitative domestic labour roles (Jones et al., 2010b). Some households have been able to invest further in agricultural inputs and improved household construction. This is particularly important for female-headed households, which have traditionally had few alternative avenues for such support and who are now often given priority in PSNP targeting decisions due to programmatic quotas (ibid).

The transformative impact of the programme on traditional gender roles and responsibilities has, however, been mixed at best. According to Jones et al., the PSNP “has had limited emphasis on addressing the unequal gender relations in food security and agriculture productivity at the intra-household level” (2010: 22). On the one hand, some women report being accorded more respect from husbands as a result of participation in public works activities, and some men are reappraising traditional attitudes about women’s work capabilities after working alongside them at public works sites (ibid.). On the other hand, despite findings from the 2005 Participatory Poverty Assessment showing that “men had absolute control of decisions and income management” in most households (MoFED, 2005), PSNP payment is made on a household basis, irrespective of which member of the family does the work. Qualitative research findings have suggested that PSNP payments to the head of the household, particularly where men might have greater scope for misusing cash-based payments on alcohol and food consumption outside the home, were a source of concern, especially among female programme participants (Jones et al., 2010b). Within polygamous households, PSNP can also contribute to greater dependency of the second wife and her children on the first wife (Government of Ethiopia, 2008). Although there is recognition that female-headed households are especially vulnerable due to a shortage of male labour for performing key agricultural tasks, programme design assumes that adequate adult labour exists to participate in public works activities (Pankhurst, 2009). As Sharp et al. (2006) note, this oversight results in the exclusion of female-headed households with a number of young children and/or sick and disabled family members who are likely to be among those in greatest need of support.

Community level
At the community level, the PSNP has successfully created assets to directly improve the lives of beneficiary and non-beneficiary women, such as water harvesting facilities, infrastructure development and land rehabilitation initiatives (Jones et al., 2010b). Programme participation has also led to second-order gains in social capital among beneficiaries: men and women both report enjoying newfound opportunities to access traditional social networks and savings groups such as edir and ekub (from which they were previously excluded), as well as the capacity to honour voluntary and semi-voluntary community contributions and government taxes. Jones et al. (2010b) argue that such improvements in social inclusion are of particular significance for rural women, given their generally lower levels of participation in village life and limitations on mobility.

Despite these positive impacts, there is, however, a need to strengthen programmatic sensitivity to gender-appropriate conceptualisations of community assets. For instance, the programme continues to focus on the quantity of women participants rather than measurements of meaningful participation, a tendency linked to gaps in budgetary term, including increasing women’s representation in community decision-making processes (particularly regarding asset creation), and increasing their access to education and skills. It could also facilitate improved coordination of inter-sectoral responses to multidimensional and interlinking risks and vulnerabilities. Finally, the programme requires gender-related indicators to be embedded as routine components of monitoring and evaluation processes.

5.3.5 BUILDING A STRONGER PROGRAMME
Ethiopia’s PSNP has made notable advances in addressing women’s practical gender needs, but several aspects of its design need to be improved in order to increase the programme’s overall effectiveness and take fuller advantage of its transformative potential. For instance, greater sensitivity is needed to address the unique socio-economic risks and challenges facing women in female-headed (particularly polygamous) households, as well as the unique needs of female-headed households for activities that better enable women to combine their productive and reproductive roles. More concerted efforts are also required to redress equity issues at public works sites, including reducing pay disparities between men and women and improving programmatic understanding of the unique and complementary skill-sets men and women bring to public work.

In its latest phase (2011-2015), the PSNP has begun to expand its conceptualisation of community assets to include not only physical infrastructure but also assets that develop human capital such as addressing health and nutrition vulnerabilities, especially for people living with HIV or AIDS. This could, however, be expanded to include the provision and promotion of community childcare services. The PSNP could also aim to strengthen linkages with complementary services that help to improve women’s situation in various spheres in the longer term, including increasing women’s representation in community decision-making processes (particularly regarding asset creation), and increasing their access to education and skills. It could also facilitate improved coordination of inter-sectoral responses to multidimensional and interlinking risks and vulnerabilities. Finally, the programme requires gender-related indicators to be embedded as routine components of monitoring and evaluation processes.

us.usefed.gov/.feedfutureinitiative/program/safety-net/program-page
This final section presents a number of policy and programme recommendations, highlighting entry points for UN Women, drawing on the synthesis of the country mapping findings on the extent to which countries in the South-East Asian region are undertaking gender-responsive social protection, as well as the review of examples of international good practice. The recommendations are based on the following five themes:

1. Data collection and knowledge promotion
2. Partnerships
3. Capacity-building
4. Supporting innovation
5. Monitoring and evaluation.

These recommendations are organised in table format for ease of understanding; they are also divided into short-term ‘quick wins’ and longer-term actions.

### TABLE 10: RECOMMENDATIONS VIS-À-VIS ENTRY POINTS FOR UN WOMEN TO PROMOTE GENDER-RESPONSIVE SOCIAL PROTECTION IN SOUTH-EAST ASIA

<table>
<thead>
<tr>
<th>Area of intervention</th>
<th>Specific activities</th>
<th>Short-term quick wins</th>
<th>Long-term actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data collection and knowledge promotion</td>
<td>Support gender-sensitive vulnerability assessments for forthcoming social protection programmes (e.g. Viet Nam’s CCT pilot programme and Myanmar’s pilot health insurance scheme).</td>
<td>Promote the institutionalisation of gender-sensitive vulnerability assessments.</td>
<td>Collaborate and coordinate with intra-regional government bodies, e.g. ASEAN.</td>
</tr>
<tr>
<td>Support gender-sensitive vulnerability assessments for forthcoming social protection programmes (e.g. Viet Nam’s CCT pilot programme and Myanmar’s pilot health insurance scheme).</td>
<td>Organise study tours within the region.</td>
<td>Support government partners in developing gender-responsive legal frameworks for social protection.</td>
<td></td>
</tr>
<tr>
<td>Data collection and knowledge promotion</td>
<td>Provide guidance to all bodies tasked with conducting periodic updates of vulnerability assessments in all partner countries to ensure that gender-sensitive vulnerability assessments underpin social protection programming and reforms.</td>
<td>Overseas, support study tours for sub-national programme implementers as they are often neglected in relevant capacity-building endeavours, but are critical in ensuring gender-sensitive impacts of social protection programmes.</td>
<td>Collaborate and coordinate with UN agencies working on social protection, especially the ILO, UNICEF, and WHO.</td>
</tr>
<tr>
<td>Develop a webpage linked to the main UN Women regional website for documentation related to gender-responsive social protection in the region and materials on international good practice. This could include disseminating and building upon existing toolkits and guidance notes on gender-responsive social protection policy and programme design, implementation and M&amp;E.</td>
<td>Support government partners to develop gender-responsive intra-regional legal frameworks for social protection.</td>
<td>Support government partners to develop gender-responsive intra-regional legal frameworks for social protection.</td>
<td></td>
</tr>
<tr>
<td>Support development and maintain a webpage to collate and organise information on gender-responsive social protection in South-East Asia.</td>
<td>Develop a training programme module for national-level actors to be cascaded via a ‘trainers of trainers’ approach on gender-responsive social protection programming, building on existing toolkits.</td>
<td>Support government partners to develop gender-responsive intra-regional legal frameworks for social protection.</td>
<td></td>
</tr>
<tr>
<td>Establish an online community of social protection practitioners.</td>
<td>Develop a training programme module for sub-national level actors to be cascaded via a ‘trainers of trainers’ approach on gender-responsive social protection programming, building on existing toolkits.</td>
<td>Support government partners to develop gender-responsive intra-regional legal frameworks for social protection.</td>
<td></td>
</tr>
<tr>
<td>Establish an online community of practitioners among UN Women country offices and invite partners in the region to discuss key opportunities and challenges vis-à-vis gender-responsive social protection (building on the 2012 expert meeting in Bangkok).</td>
<td>Develop a training programme module for sub-national level actors to be cascaded via a ‘trainers of trainers’ approach on gender-responsive social protection programming, building on existing toolkits.</td>
<td>Support government partners to develop gender-responsive intra-regional legal frameworks for social protection.</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Area of intervention: The recommendations are based on the review of examples of international good practice and the review of examples of international good practice.
- Specific activities: The recommendations are based on the review of examples of international good practice.
- Short-term quick wins: The recommendations are based on the review of examples of international good practice.
- Long-term actions: The recommendations are based on the review of examples of international good practice.
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Towards Gender-Responsive Social Protection in South-East Asia


The role of the UN, and other human rights and development actors in advancing the participation of women in the context of development has been a significant area of focus. UN (2012b) and UN (2012a) have highlighted the importance of the Convention on the Elimination of All Forms of Discrimination against Women, which is a key instrument in promoting women's rights.

Sharp, K., Brown T. and Teshome, A. (2006) have discussed the role of early childhood education in shaping women's roles and opportunities. Their work emphasizes the importance of integrating gender perspectives into education policies and programs.

UN Women (2013) have focused on the issue of managing labour migration in Asia, particularly in Vietnam. They have noted the challenges faced by migrant workers, especially women, and the importance of developing effective strategies to support them.

UNFPA Advisory Group (2011) have emphasized the need for a fair and inclusive globalization, particularly in the context of social protection. Their report highlights the importance of ensuring that social protection policies are gender-responsive and inclusive of the needs of vulnerable groups.

UNDP (2012a) and UNDP (2012b) have contributed to discussions on social protection in the Asia-Pacific region, emphasizing the importance of sharing innovative experiences to improve social protection systems.

UNESCO (2012) have contributed to the discourse on the Millennium Development Goals, particularly in relation to gender and education.

Sharp, K., Brown T. and Teshome, A. (2006) have noted the importance of addressing the challenges faced by women in the context of globalization, particularly in terms of labor migration and the role of early childhood education.

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