

# CASH TRANSFERS IN NAIROBI'S SLUMS

Improving food security and gender dynamics



Cash transfer beneficiaries engage in food vending in the slums. ©Oxfam.

**In Kenya, a combination of factors led to the food crisis of 2008–9, which put around 9.5 million people at risk of starvation. About 4.1 million of those affected were living in informal settlements (slums) in the capital, Nairobi. Oxfam and Concern Worldwide developed a joint programme to address this unfolding emergency. The programme, implemented with local partners in two slums, aimed to improve access to food in the short term via cash transfers and to provide further income opportunities and improve livelihoods in the longer term. The experience shows that developing a strong understanding of women's lives can ensure that cash transfers help them to effectively meet their immediate needs and build successful programmes to meet women's longer-term needs.**

## Oxfam Programme Insights

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# INTRODUCTION

Kenya faces a number of pressing challenges, including lack of peace and security, high unemployment, and recurrent drought, which puts millions of Kenyans at risk of hunger. Although poverty levels declined by almost 11 per cent between 2000 and 2006<sup>1</sup>, UNDP estimated that 45.9 per cent of the population were living below the national poverty line in 2011.<sup>2</sup> Poverty levels are highest in the northern pastoralist districts but over half of the people who live in Nairobi live in slums, with very limited access to basic social services, including clean water and sanitation.

Kenya has many aspects of a patriarchal society and women tend to be marginalised economically, socially, and politically. The effects of gender discrimination are clearly shown in the different levels of achievement by women and men. For instance, only 9.8 per cent of parliamentary seats are held by women, and only 20.1 per cent of adult women have reached secondary or higher education compared with 38.6 per cent of men. For every 100,000 live births, 530 women die from pregnancy-related causes.<sup>3</sup>

Like many other developing countries, Kenya continues to undergo rapid urbanisation. The majority of the urban poor live in informal settlements, with around 2 million people living in Nairobi's slums. They comprise more than half the capital's population yet are crammed into only 5 per cent of the city's residential areas, and 1 per cent of all land in the city.<sup>4</sup> It is estimated that 50 per cent of Kenya's population will be living in urban areas by 2050.

## Oxfam in Kenya

Since starting work in Kenya in 1963, Oxfam has provided long-term development aid and emergency humanitarian relief. Oxfam works with the most vulnerable communities in the remote northern regions and, more recently, in the impoverished slums of Nairobi. Working with government, the private sector, civil society and communities, as well as international development actors, Oxfam aims to significantly reduce poverty and inequality in Kenya. Oxfam has been involved in providing cash transfers in Kenya for some years as a partner in the government's Hunger Safety Net Programme (HSNP),<sup>5</sup> a major cash transfer programme designed to reduce extreme poverty among pastoralists in Northern Kenya.

Supporting urban programmes in Kenya is new for Oxfam, although the organisation has considerable experience of urban programmes in other countries. Oxfam is moving towards a one-programme approach that requires emergency programmes to include longer-term development and campaigning objectives, where possible. In the case of Nairobi's slums, the programme was intended to move from a short-term emergency cash transfer intervention to a longer-term social protection intervention.

## Concern in Kenya

Concern Worldwide began operations in Kenya in May 2002, with the development of an urban programme in Nairobi. Since then, it has expanded to become a multi-sectoral programme, including support for urban and rural livelihoods, primary education, work on HIV and AIDS, and health and nutrition – all underpinned by a strong advocacy element. Since 2002, emergency response (whether to flood, drought or political violence) has also been a key part of Concern's work in Kenya, implemented in partnership with local organisations.

Concern has run several emergency cash transfer programmes – for example, in the context of the 2007 post-election violence in the Kerio Valley and the slums of Nairobi. It has growing experience of implementing innovative cash transfer programmes, whether as part of social protection programming or emergency response, and does not make a rigid distinction between

the two approaches. The organisation has also provided emergency cash transfers in a number of countries in East Africa and southern Africa as well in countries such as Niger, where they ran a large rural programme triggered by the drought there.

## THE JOINT CASH TRANSFER PROGRAMME

A combination of factors, including consecutive droughts, post-election violence, low food grain production, and global food price hikes led to a significant increase in food prices in Kenya, sparking a food crisis in 2008–9. Between 2007 and 2008, the price of maize meal increased by 133 per cent, beans by 96 per cent, vegetables by 55 per cent, and oils and fats by 77 per cent. Overall, the cost of a basic needs basket for poor households rose by 63 per cent<sup>6</sup>. According to a report commissioned by Oxfam in 2008,<sup>7</sup> 90 per cent of households surveyed in the slums of Korogocho and Mukuru, in Nairobi, had reduced the number of meals they eat and their diet diversity. Many had started engaging in high-risk livelihood strategies such as prostitution or begging, and up to 30 per cent of children had been taken out of school.

In January 2009, the government of Kenya declared the country's food crisis to be a national disaster. According to government statistics, an estimated 9.5 million people were at risk of starvation, with 4.1 million of these living in urban informal settlements.

Oxfam, Care International (Kenya), and Concern Worldwide commissioned research<sup>8</sup> which indicated that there was a humanitarian crisis unfolding in the slums of Nairobi, where families were finding it increasingly difficult to meet their basic everyday needs. Many people were already struggling to earn a living from the informal sector, in irregular or low-paid work, and the dramatic hike in food prices was having a major effect on nutritional intake among the poorest families in these areas, including Kibera, Mathare, Korogocho, Mukuru Kwa Njenga, and Deep Sea. As part of a larger co-ordinated programme in Nairobi, Oxfam GB and Concern Worldwide developed a joint programme to address this urban crisis.

### Objectives

The programme's overall objective was to improve the food and livelihood security of the most food-insecure households in Nairobi's informal settlements by increasing their immediate access to food and developing longer-term initiatives to improve their access to food and income security.

The food security intervention had three phases.

**Phase one**, from October 2009, was an immediate response to reduce the impact of the food crisis, providing monthly cash transfers to 5,000 households (2,000 in Korogocho and 3,000 in Mukuru) for eight months. **Phase two** was a medium-term response, providing cash transfers alongside skills development and training to help poor households set up businesses and engage in more profitable income-earning activities ('exit' interventions). **Phase three** involved longer-term plans for the implementing agencies and their local partners to influence key stakeholders to develop a co-ordinated and systematic monitoring approach, which included developing emergency indicators for the urban context. It also involved co-ordinated advocacy activities to encourage the government to invest in social protection measures for vulnerable urban populations.

The first and second phases of the programme – cash transfers and exit interventions – have now ended. The programme is continuing its third-phase activities by strengthening government capacity to design and develop an urban social protection programme. Its advocacy objective has already been achieved, in that the Kenyan government has adopted the programme's

urban cash transfer model in a pilot project being run by the Ministry of Gender, targeting 10,000 households in the slums of Mombasa. Oxfam and Concern are providing quality assurance by training staff from the Ministry, developing monitoring tools, supporting field monitoring, and reviewing implementation processes and systems.

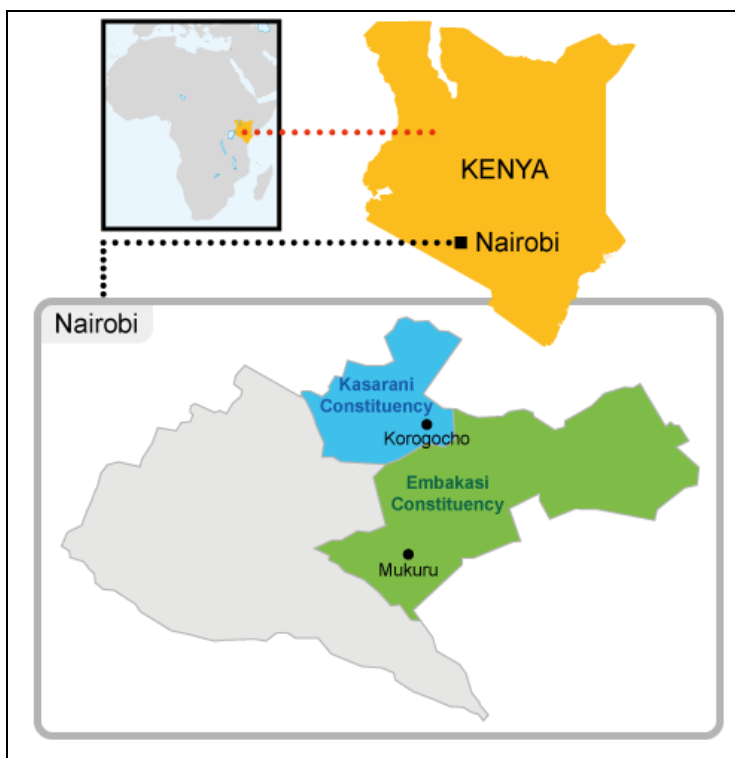
The programme sought to achieve a number of outcomes, including exploring the issues around targeting cash transfers in urban contexts. In order to reduce the stress caused by the food price hikes, it was essential to reach the very poorest groups, particularly women, who generally manage household affairs. Further objectives were:

- to show that cash can be safely and effectively distributed to poor people in slums using mobile phone technology;
- to explore the benefits of cash as opposed to food aid to the urban poor;
- to demonstrate impact through monitoring and evaluation, and learning.

Oxfam and Concern both believe that cash transfers are suited to urban environments in crisis, given that the urban poor are so reliant on the market and buy 90 per cent of household requirements with cash. In Nairobi, food was available to buy in the slums and there were knock-on benefits associated with stimulating market demand. Cash transfers also allowed beneficiaries to prioritise expenditure according to their needs, including, but not restricted to, food.

The two slums identified for the programme (see Box 1) were Korogocho, where Concern worked, and Mukuru, where Oxfam worked. The selection was made by using statistics on poverty distribution. The two slums have important differences: Mukuru is larger and close to the city's major industrial area, which means there is some formal sector employment available; Korogocho is more cut off, with less formal sector economic activity and therefore more dependence on the casual labour market.

#### Box 1: Location of Korogocho and Mukuru in Nairobi



# How was the programme implemented?

## Roles and responsibilities

Both organisations worked with one local partner that was already working in the slum and knew the community well. Oxfam and Concern each employed a dedicated member of staff (programme manager) to deliver the programme.

Concern had piloted cash transfers in the urban slums of Kenya following the 2007 post-election violence and had experience of working in Korogocho. Its local partner was the Redeemed Gospel Church (RGC), a faith-based organisation with whom Concern had an established working relationship. RGC works on a range of service delivery and spiritual activities in Korogocho and has been there for more than 20 years. It employed nine of its social workers already familiar with Korogocho to work on the joint programme, supported by community health workers who were already working there as volunteers, on HIV and AIDS and nutrition.

Oxfam started a new partnership with the Mukuru Slums Development Projects (MSDP), an umbrella organisation of non-government and community-based organisations that have worked in the Mukuru slum for many years. Oxfam spent time building up the relationship with MSDP and familiarising it with cash transfer programmes, which were new to them.

MSDP used its existing staff of three social workers and volunteer community health workers to reach out to the community and work alongside the beneficiaries. MSDP provided relevant training for the social workers and community health workers, especially on targeting, giving guidance to beneficiaries (around food and nutrition and later on smallholder investment), reporting any problems with delivery or other feedback, and carrying out monthly monitoring on how people were using the cash transfers, and their impact.

## Engaging the local community

For changes in women's lives to be sustainable, it is essential that communities see the changes as legitimate. To involve all stakeholders in the planned activities, Concern and Oxfam held workshops with key staff, held separate discussions with the two local partners, organised meetings with village elders and community workers in the two slums, and carried out individual interviews with selected women and men under the guidance of the community health workers and social workers.

Within each slum, the first priority was to identify the poorest areas and ensure a spread of the programmes across all groups in the community. This was done by zoning the poorest areas, using statistics and information provided by the chief and village elders. Individual households were then targeted within the areas defined as the poorest.

Village elders, and social workers and community health workers, were key figures in engaging the local community in each slum. The community health workers in particular – most of them women – were central to the programme's activities. They live in the slums and knew the women they worked with, and the many problems they faced, including poverty, domestic violence, and illness. Many were poor themselves and were among the cash transfer beneficiaries.

The village elders were kept informed about the programme and consulted about targeting criteria. However, Oxfam and Concern had decided from the start not to allow village elders to make the final selection of beneficiaries, for fear of bias. Elders are mainly men, although women are represented to varying degrees on the village elders' committee, which discusses important issues. In Korogocho, women account for 20–30 per cent of committee members. Because of the high numbers of single women and women-headed households in the capital's slums, and women's propensity to engage in the public sphere, women are freer to approach

village elders about their concerns than in other environments, where women tend to engage with village elders through their male family members.

### **Understanding women's lives**

The programmes specifically targeted poverty and vulnerability that had reached extreme levels during the food crisis. Women face many barriers to equality, including access and security of education, early pregnancy, lack of mobility, and the under-representation of women in government structures and in churches and mosques. Women's income-earning potential is limited by child-care constraints and for many, the only option is to leave their small children alone while they go out and look for work.

According to the community health workers in Mukuru and Korogocho, many women live hand to mouth, putting together the money and food needed for the family from a range of sources, including money given by churches, cooking and selling food, trading in petty items, begging or scavenging, carrying loads at construction sites or engaging in sex work. This is often unprotected sex because women find it hard to negotiate for use of a condom or they need the higher price that is paid for unprotected sex. The need became all the more urgent during the food crisis. The community health workers in both slums said that women are often the sole earner, although many have poor schooling. They also talked about chronic hunger that had been exacerbated by the food crisis, illness, the pandemic of HIV and AIDS, of poor employment opportunities, illiteracy, and the deep poverty that leads to scavenging, prostitution, alcoholism and children living on the streets. However, some men are living alone with children or coping with illness and are also highly vulnerable but may find it difficult to ask for help.

### **Selection criteria**

Concern developed a detailed set of criteria for selecting beneficiaries on the basis of vulnerability, based on their past experience with cash transfers in the slums. They then discussed and modified these during a series of meetings with community representatives. The lists of potential beneficiaries were scrutinised through meetings and then verified through household visits and interviews. Oxfam followed the same process initially in Mukuru. Both organisations asked community members to refine the criteria and make necessary amendments. In Korogocho, they added income level, and in Mukuru, food intake, as additional criteria.

Only the very poorest families could be included because of the funding constraints. In Korogocho, village leaders included the criterion of an income of 50 KSh a day or less (about £0.45p) while in Mukuru, the village elders, community health workers, and local partners decided that they would target households having one meal or less a day. In both slums, the most vulnerable groups were prioritised, as their reduced purchasing power during the food crisis had put them at greatest risk.

In Mukuru, the vulnerability criteria included female-headed households, households with more than seven members, older people, households with members who are chronically ill, households that included a member who had experienced acute malnutrition in the past 12 months, households with school-aged children who were not going to school, households caring for orphaned or vulnerable children, and households with older people taking care of three or more orphaned or vulnerable children. Village elders, social workers and community health workers were asked to identify the poorest households based on these criteria. A verification process was undertaken to confirm that the households identified were the poorest, including spot checks on 10 per cent of the households.

### **Beneficiaries**

Although neither Oxfam nor Concern had explicitly defined reducing gender inequality as a core aim of the cash transfer programme, women were the main recipients (more than 86 per cent in



Korogocho and 98 per cent in Mukuru). The majority of the female beneficiaries were household heads, with no male support. In Mukuru, some women were selected even where there was a male household head, because of women's responsibility for managing household food and the expected benefits that putting cash into their hands could bring. In both slums, women were seen to be more responsible for household budgets as well as the primary carer in the household.

### **Transfer modality**

A flat rate of 1,500 KSh a month was synchronised with the Government of Kenya's social assistance payments and was set as a percentage of the basic household needs basket, based on four members per household. In Mukuru, beneficiary household size ranged between 2 and 17, with 30 per cent having four members and 50 per cent having between five and nine. Clearly, the benefits to women and their families are fewer if the money is spread across a very large household.

The cash transfer was paid monthly through M-Pesa, a mobile phone system for transferring money operated by the phone company, Safaricom. Oxfam and Concern staff provided monthly lists with phone numbers to Safaricom, who would then send an SMS to the recipients. The beneficiaries would then go to a Safaricom kiosk, show the text message, and collect their money.

Although Oxfam and Concern had both originally wanted to fund up to 50 per cent of beneficiary households' monthly income needs, ultimately, 30 per cent or less was funded, in line with the Kenyan government's guidelines. The decision to lower the amount of the cash transfer was taken to ensure better buy-in from the government, and to ensure that beneficiaries were also included in the government's social assistance programme. Lowering the amount meant that the cash transfers could be given for a longer period. The transfer was unconditional, with beneficiaries encouraged to prioritise how to use the money according to their needs, although in the first phase the most urgent need was frequently for food.

### **Monitoring**

Concern monitored every recipient monthly over the eight-month period. It recorded a wide range of information, including: the household's area of origin; how long they had been in the slum and why they came; food frequency and diversity by age group; household expenditure, savings and assets; experiences with the M-Pesa delivery system; how the money was used; including experiences and challenges, e.g. pressure to repay debts or conflict over the money. Oxfam interviewed a small sample of recipients each month, asking questions about food security, water, soap, school fees, rent, clothes, medicines, transport, gifts, and loan repayments.

The perspectives of different community members were gathered over the review process, including beneficiaries, non-beneficiaries, village elders, social workers, and community health workers.

## **ACHIEVEMENTS**

By October 2010, 3,400 of the 5,000 beneficiary households that had initially been targeted by the programme were no longer receiving cash transfers. Fifty per cent of the households involved had started, improved, or revived small businesses, helping them build resilience to future shocks, as part of phase two. School enrolment rates had also increased due to the cash transfers as fewer children needed to work or resort to begging.

For Oxfam, from its caseload of 3,000 households, about 1,150 households in dire need continued to receive cash transfers for an additional six months, from October 2010 until March

2011. Thereafter, these 1,150 households received cash for work and training (skills transfers) in hairdressing, tailoring, catering, driving, and mechanical operations. Cash for work continued from April 2011 until January 2012. The training courses had all finished by December 2011. Groups from the cash-transfer beneficiary households were also supported with capacity building on enterprise development and start-up costs for businesses.

In total, the joint programme targeted 7,500 households, approximately 6,000 of which are now engaged in some of the above mentioned areas of work. Some were able to move from needing cash transfers to earning a living on their own while the majority required additional support to set up a business or gain skills. Concern targeted a further 2,500 households in the third quarter of 2011, with most having exited the programme into income-generating activities by the second quarter of 2012.

The programme was judged to have been well delivered by those directly involved, and what was promised was, in fact, delivered. This is unusual in the slums, where food assistance and other material aid often 'goes missing' or is distributed unfairly.

Staff believed that the programme was efficient and cost effective. Staff and partners were particularly proud of their ability to work with M-Pesa, Safaricom's money transfer service. The use of this innovative technology was a key element of the programme. It successfully demonstrated that transferring money via mobile phones, using SIM cards and an existing network of M-Pesa agents, could allow for the safe transfer of funds to poor people, especially women, in the highly insecure context of urban slums. This type of transfer modality meant that no one was travelling with large sums of money, and recipients could collect the money when it was convenient for them. It also reduced security risks for beneficiaries and NGO staff alike. Staff had heard of no reports of theft or increased risk to women as a result of collecting money this way, and there were only a few reports of texts going missing or money not being delivered correctly. This achievement was shared with the Kenyan government to show that delivering cash transfers to the poorest people in the slums using mobile phone technology is viable. Further benefits included reasonable overhead costs for Safaricom, and no scope for corruption or misuse of funds before delivery.

Beneficiaries felt that regular, monthly payments were really advantageous, relieving the daily pressures on them. One woman said, *'The money changed everything'*. Some female recipients said they had more peace at home, others felt more confident. Children were able to return from the streets or from scavenging to eat at home. As one woman said, *'They are happy with their mothers'*.

The cash transfers also had positive social impacts. Staff believed that people used the money well and did not buy alcohol or take drugs. Some said that women were able to get rid of temporary boyfriends because they had their own money to live on. There was some anecdotal evidence that negative coping strategies for women, such as transactional sex, had stopped or declined, and that in cases where it was still happening, women were able to negotiate for the use of condoms, accepting lower rates of pay for protected sex as their need for money was less urgent than previously. Several women told staff that they were sharing their food with others outside their household, which can help to strengthen community ties and coping strategies.

Women felt that it was right that they were the main beneficiaries of the programme as they carry the bulk of household responsibilities, while men are either away temporarily or entirely absent from the household. Most men interviewed also defined women as the most vulnerable group in the slums and felt that women should benefit from the programme as 'de facto' household heads. In most cases, women controlled the money and some discussed how it should be used with their husbands or older children. For many of the men in these households, there was nothing unusual or different about women managing the household finances.



Married men did not mind that their wives were the primary recipients as they felt that the whole family would benefit from the cash transfers. Some men who had previously been absent returned home, feeling less pressure to 'provide'. This increased the sense of peace in many households.

In Korogocho, the village elders appreciated the support for families in their villages and the fact that the money came directly into the slums. According to the elders, the women have been asking for less supplementary food from them and now have 'new hope'. In Mukuru, the village elders said that the money helped the women a lot and they have been eating better. Having initially used the money to buy essential food, some were able to resume or start small business.

In addition to the direct financial benefit provided by the cash transfer, many women received personal support from the community health workers and social workers, who provided a source of care, advice, and a way to connect to other services in the slums. The health workers focused on building the women's self-esteem and confidence, and provided information on a range of issues that was clearly highly valued.

## CHALLENGES

### **Empowerment and sustainability**

The above findings, while positive, are very much in the context of women's traditional gender role within the home rather than a result of social changes that could be said to be 'empowering'. Although the cash transfers benefited many women and their families, there is concern that these benefits are not sustainable and that the end of the cash transfer period would represent 'a shock' to the household. Helping women make the transition from a hand-to-mouth existence to running viable small-scale businesses takes a range of strategies and is beyond the scope of what can be achieved by short-term cash transfers.

### **Resource constraints**

The targeting process and beneficiary numbers were constrained by the programme budget rather than strictly being determined on the basis of need. The funding raised was not sufficient to provide cash transfers to all households living in extreme poverty in both slums.

Resource constraints prevented an early gender analysis that would have described how power is wielded, who makes decisions within the household, and how the lives of married women and single women differ. Lack of a gender/social analysis also contributed to confusion over terminologies and social realities. For instance, there was no clear definition of what constituted a 'household' or 'household head', and it was unclear how many household members were living in another house but still receiving food or cash from the main household.

It should be noted that this programme needed to be implemented rapidly and in difficult circumstances. Working in the slums of Nairobi poses many problems in relation to community engagement. For instance, despite numerous meetings with the community in Mukuru to discuss the programme's targeting criteria and other elements, there were still significant problems in ensuring that people across the entire slum had heard about the programme.

The lack of gender and social analyses and discussions prior to planning and implementation has demonstrable impacts. There were no clear aims of what the programme could achieve in terms of changing gender dynamics. This led to a focus on technical issues of delivery, logistical issues, and reporting, with little time dedicated to learning from experience.

Feedback from community members indicated that they had not been asked about their priority needs. Women were not directly involved in the design stage. Moreover, there were no

collective discussions among programme staff to develop a shared perspective on the main issues facing women, or what the project intended to address through the delivery of cash transfers in the immediate term and beyond. In fact, several of the women and men interviewed felt that neither gender relations nor economic opportunities in the slums had improved. They feared that the pressure to meet day-to-day needs and the intra-household tensions that result from this would return as soon as the cash transfer programme ended.

### **Working with existing community groups to support exit interventions**

The discussions that did take place within communities about the proposed programme were predominantly with households rather than with women's groups or other community groups. This may have been a missed opportunity, as village elders pointed to the many church, savings, and women's groups in their villages. These networks could have provided a foundation for ongoing support for women to engage in more productive livelihood activities. The importance of such groups was noted for the exit interventions, especially in business enterprises, and existing groups were encouraged to save in groups. However, lessons have been learned from this experience. Oxfam and Concern are part of a technical task force within the Office of the Prime Minister that is involved in designing a national social protection programme with several components, including looking at how to exit beneficiaries from cash transfers to sustainable livelihoods. One proposal involves supporting community groups to help poor households make this transition, as most beneficiaries tend to be members of at least one such group.

### **Eligibility criteria excluded some hard-to-reach groups**

Although great efforts were made in both slums to reach all ethnic groups, there was no discussion of the specific problems facing refugees. One of the eligibility criteria required for receiving the cash transfer was an ID card, which refugees do not have. Some of the proposed women beneficiaries in both slums also lacked ID cards (10–15 per cent of the sample), and while some were able to nominate someone to collect the cash transfer for them, some were unable to find any other way of accessing the scheme, and dropped out.

### **Meeting men and women's needs**

Limited involvement, understanding, and sensitisation of men also constrained the programme's impact. One widower felt uncomfortable asking for help from the programme, and another man said he felt that more sensitisation was needed to enable those men who were in need to come forward. A few men who were living alone, sick or with children were included as recipients, but the indications were that this was not a comfortable process for them because of the programme's perceived focus on women.

### **Targeting and selection of beneficiaries**

Working in the slums of Nairobi poses many problems in relation to community engagement. Each slum has several zones or villages, and each of these has several thousand people in them. The communities are highly fluid, and while some areas are defined by a religious group or people coming from one area of Kenya, others are more mixed. Mukuru spreads over many miles and defining the community is a challenge, although the partner organisation visited across the slum to explain about the programme. Despite this, there were significant problems in ensuring that people across the slums had heard about the programme.

Village elders and community health workers raised some concerns about accuracy of targeting and selection of beneficiaries. The lack of public information about the programme meant that many women and men did not know about it, and some said they were omitted because they were not available when selection visits took place. Limited programme funding was an inevitable constraint, but many women in need were overlooked, and several women mentioned others in their area who were just as poor but were not recipients of the cash transfer.

Community health workers received a lot of angry complaints from those who had been omitted. One woman said that *'Organisations should dig deeper and get to know who deserves cash transfers'*.

However, there were no problems of inappropriate inclusion, as the cash transfer was only delivered to poor households.

Although village elders were kept informed and consulted throughout the programme's duration, they were not given the responsibility of final selection of beneficiaries. Staff wanted to bypass the traditional gatekeepers of food and other aid into the slums to try to ensure a better distribution. This was a challenge, as they had to manage the tension between targeting and selection based on home visits, which was felt to be fairer when done by a range of people, and the danger of alienating the local structures that regularly deliver emergency aid, hear complaints, arbitrate disputes, and keep the peace, and support the most vulnerable people whenever they can. Ensuring buy-in from these local structures is vital for the future security and social ties of the current beneficiaries.

### **Monitoring**

Despite regular monitoring on a wide range of issues, sex-disaggregated data were either not collected or not included in the data management system for subsequent analysis. Monitoring focused on changes in food consumption and eating patterns for each household. While this is appropriate to a food security programme, lack of sex-disaggregated data is a barrier to learning around gender; collecting sex-disaggregated data is vital for any programme being implemented in a gendered way. While some questions were asked about changes in 'negative coping strategies', there were none that analysed whether cash transfers had cut across existing positive coping strategies, how women and girls fare in relation to the cash transfer, differences between female and male-headed households, or changes in gender relations (whether intended or unintended) during the programme.

### **Implementation delays**

Uncertainty around funding and delays to transitioning to the longer-term livelihoods programmes, including social protection, caused serious problems. Each agency funded their own work with some additional pooled funding from SIDA. Oxfam raised money for 1-2 months at a time from a range of external donors. The cash transfer programme needed full government support in order to make the transition to a social protection programme. While the Ministry of Gender was supportive, it was difficult to secure broader Cabinet support and funds for the programme's continuance.

Time had to be spent on internal fundraising, which caused delays in starting the work and uncertainty about when the programme would end. Some beneficiaries felt very despondent about its close and commented that, *'we will tighten our belts again and cut down on food; we will go back to the way we used to be, we hope for some other kind of help'*, and *'if the programme ends, not much has changed'*.

The issues also presented major challenges to the ability of the cash transfer programme to have an effect on gender power relations. Many recipients commented that the programme seemed to appear out of nowhere, and felt that due to the cut-off date and delays in starting the second phase, it would soon 'disappear' too. This undermines any potential long-term, sustainable changes in women's roles and social positions, as mentioned earlier.

Beneficiaries received 1,500 KSh per month, which is a very small sum, especially for women-headed households with only one earner and no other adult to help with childcare. It is the equivalent of 30 per cent of a household basket of needs for four people. The reasons for the ending of the first phase of the programme, linked to lack of resources for continuing with cash transfers, were also unclear to some beneficiaries and it came as a 'shock'. Although the government had agreed to allocate resources to Oxfam and Concern for this, the decision was

then reversed and the monthly transfers had to be phased out. There was a gap between phases one and two for some beneficiaries whose cash transfers had stopped. . This highlights the need for strategic advocacy work with those in positions of power to encourage them to allocate sufficient resources to such programmes.

## CONCLUSION

The barriers to women's ability to change their lives are many, including lack of funds, no childcare support, and little knowledge of business management, aside from the threats posed by gender-based violence and insecurity in the slums. For Oxfam and Concern, the cash transfer programme was a time-limited humanitarian response to the unfolding emergency identified in the slums; as such, the short-term cash transfers alone were not expected to change things in a significant way for people, whether women or men. Their main purpose was to reduce the immediate impact of the food crisis while it was expected that real changes would begin to take place when women transitioned from phase one to phase two. This provided women with cash for work and developed their business skills, as well as linking them to sources of microcredit to help them build longer-term income generation opportunities. The original plan was that following the immediate response to the food crisis, when some households no longer needed the cash transfers, they would be linked to skills providers and opportunities to enter the labour market.

For Oxfam and Concern, there was a strong focus on advocacy, trying to persuade those in power of the severity of the food crisis in urban areas. To ensure the necessary support for the most vulnerable households – those who were less able to move onto livelihoods programming and who needed cash transfers or social protection for a longer period – both agencies had lobbied the Ministry of Gender, Children, and Social Development to ensure that these households would continue to be supported through the government's social protection programme. Both agencies will maintain this advocacy position until the social protection programme is fully integrated into government policy.

The outcomes from the joint cash transfer programme in Korogocho and Mukuru have been an instrumental factor in the Kenyan government's decision to adopt the Urban Food Subsidy Programme, which aims to support the needs of the urban poor. As members of an Inter-Ministerial Task Force, Concern and Oxfam had been lobbying for this since 2009, and the programme was officially launched in Mombasa in March 2012. With funding from the UK Department for International Development (DFID), Concern is co-ordinating the civil society platform in Kenya to promote citizen engagement in the development, implementation and evaluation of social protection interventions. Oxfam and Concern are supporting the government to strengthen the capacity of staff in the Ministry of Gender, Children, and Social Development, as well as providing technical assistance with targeting mechanisms, and the design and monitoring of exit interventions.

Almost all aspects of life in the slums of Nairobi, as elsewhere, are determined by a person's sex. There are many different approaches to meeting gender needs, challenging unequal gender roles, and supporting women's empowerment in the long term. They all, however, require clarity about what the problems are and what can be done to address them within specific timeframes or programme phases. This strategic vision needs to be deeply embedded in programmes, shared with all staff and partner organisations, and monitored accordingly. Similarly, during programme implementation, and to ensure accountability, staff must share aims, methods and issues with partner organisations and communities, as well as ensuring that the experience of others is respected and integrated into the learning process.

The role of the community health workers was pivotal to the cash transfer programme, but it could have been expanded further. The implementing agencies could have given them more training, more time with the women beneficiaries, and possibly some remuneration for this work.

The health workers could have contributed important insights to the learning process by being more actively engaged in reviewing what was working well and what was not. They were well placed to ensure that the voices of women from the slums were fed back to the programme team and the implementing agencies and partners.

Other key lessons learned include the following:

*Targeting:* during the initial project mobilisation, programme staff and partners should give clear messages about targeting criteria so that some households do not feel discriminated against. Targeting criteria must be flexible to ensure that the most vulnerable households are identified, rather than blanket groups. Lack of documentation, especially national ID cards, should not lead to eligible households being excluded. Alternative forms of identification should be accepted where necessary.

*Gender analysis:* an early gender analysis at the assessment stage, alongside a social analysis reflecting the diversity of each context, is crucial to programme success. Such an analysis should consider the key factors that limit men and women's ability to realise their rights.

*Exit strategy:* like any other programme, cash transfer programming also needs to have a clear phase-out strategy to avoid creating dependency. This should take into account that some households may not be able to make the transition to the next phase within the given timeframe, particularly when dealing with the increased stresses of a food crisis.

The joint cash transfer programme in Nairobi's slums showed that cash transfers can help women meet some of their practical and immediate needs, which provides a starting point for other longer-term development programmes to build on. The Kenyan programme also reinforces the idea that an in-depth understanding of women's lives in the slums at a time of crisis needs to be matched with realistic gender-sensitive aims, which are routinely monitored. If not, women's needs are all too easily neglected, and the impact of shocks on their lives overlooked. A short-term emergency response programme should still acknowledge the impact that a transfer of this nature, along gender lines, can have – aiming, at the very least, to 'do no harm'.

# NOTES

<sup>1</sup> United Nations Development Programme in Kenya, The State of MDGs in Kenya

[www.ke.undp.org/index.php](http://www.ke.undp.org/index.php)

<sup>2</sup> United Nations Development Programme (UNDP) 'Human Development Report 2011: 'Sustainability and Equity: A Better Future for All', New York, Palgrave Macmillan

[http://hdr.undp.org/en/media/HDR\\_2011\\_EN\\_Tables.pdf](http://hdr.undp.org/en/media/HDR_2011_EN_Tables.pdf)

<sup>3</sup> Ibid

<sup>4</sup> An Inventory of the Slums in Nairobi (unpublished report), Pamoja Trust, 2009, p10, citing 'Inventory of Nairobi slums', Matrix Consultants, 1998, cited in 'Kenya: The Unseen Majority: Nairobi's Two Million Slum-Dwellers', Amnesty International, Index: AFR 32/005/2009, June 2009

<sup>5</sup> Government of Kenya, Hunger Safety Net Programme website, <http://www.hsnp.or.ke/>

<sup>6</sup> The Nairobi Informal Settlements: An emerging food security emergency within extreme chronic poverty: A compilation and synthesis of key food security, livelihood, nutrition and public health data, Oxfam GB, Concern Worldwide, Care International (Kenya)

<sup>7</sup> A. Heyer and A. Crosskey (2008) 'Oxfam Response to Urban Food Crisis: A Situational Analysis and Strategy Options', Oxford: Oxfam

<sup>8</sup> Oxfam GB, Concern Worldwide, Care International (Kenya) op. cit.

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