

Learning & Policy Series

CARE International works in more than 70 countries in Africa, Asia, Latin America, the Middle East and Eastern Europe.

We are a multi-mandate organisation operating across the spectrum of humanitarian and development contexts in association with a range of partners from civil society, the private sector and governmental agencies.

CARE International UK operates as one of the members of the CARE International confederation to promote quality programming through country offices as well as to influence policy and raise awareness about our work in the South and the North.

The Learning and Policy Series is intended as complementary means to fulfilling our lasting commitment to finding durable ways of tackling the underlying causes of poverty, vulnerability and injustice.

CARE International UK
9th Floor
89 Albert Embankment
London SE1 7TP
Tel: +44 (0) 20 7091 6000 Fax: +44 (0) 20 7582 0728
Website: www.careinternational.org.uk
Email: info@careinternational.org

Registered charity number: 292506
Private company limited by guarantee number (England and Wales): 1911651



Do Conditional Cash Transfers Really Empower Women? A Look at CCTs in Peru, Ecuador and Bolivia



Key points

Is there a risk that, by treating women principally as instruments for children's welfare, CCTs create a trade-off between the long-term rights and interests of mothers, versus those of their children?

1. Executive summary

Conditional Cash Transfer (CCT) programmes have long been heralded as a means of promoting gender equity and women's empowerment. However, while there is evidence that cash transfers benefit women in a number of ways, their effect on empowerment is limited and could be significantly enhanced by aligning programmes more explicitly around this agenda and putting greater emphasis on building women's economic independence.

Conditional Cash Transfer programmes support extremely poor households with a cash subsidy. The transfer is usually conditional on children's attendance at school and health checks. It is given directly to mothers. CCTs are child-centred

programmes, and evaluations have shown they have succeeded in improving children's school attendance, and nutritional and health indicators. But there is comparatively less evidence on whether CCTs address women's needs and rights.

This briefing summarises the findings of CARE International's recent research into whether, and in what ways, CCT programmes in Peru, Ecuador and Bolivia promote gender equity and women's empowerment.

The research showed a number of practical gains for women participants, including increased decision-making powers at home, improved access to health checks, enhanced knowledge of their rights as citizens and greater self-confidence.

‘Women’s empowerment’ implies more than acquiring control over a small subsidy.

Box 1: What is a Conditional Cash Transfer (CCT)?

CCTs are benefit schemes providing income support for the poorest households. They aim to address transmission of poverty from one generation to the next by improving children’s education, nutrition and infant-maternal health. To receive the cash transfer, certain conditions have to be met e.g. children’s regular attendance at school and at health clinics. The CCT design is innovative within the developing country context in its use of computer technology to register beneficiaries centrally and in delivering cash transfers to banks or via debit cards.

A further innovation is that the transfer is given to mothers, along with the responsibilities of meeting the conditions. Making mothers central to the programme is considered key to its success, as women can generally be trusted to fulfil their responsibilities to their children and spend the stipend on their children’s needs.



However, it found the CCT programmes did not challenge women’s traditional maternal roles, but reinforced them by adding new family-related responsibilities and increasing the time women dedicated to caring for dependants. Whilst women do receive some training, e.g. on reproductive health, the programmes do not directly increase women’s knowledge of their rights or tackle issues such as violence against women. As the benefit is typically perceived as a ‘gift’ from the government rather than an entitlement of citizens, it can create divisions in communities. Moreover, the transfer is a modest sum and can only make a small contribution to the family economy.

CCTs need to be more explicitly geared toward women’s social and economic empowerment if they are to be truly effective at lifting women out of poverty. They need underlying principles of equality, for example promoting more equitable household relations between men and women, and requiring greater male participation in fulfilling conditions. They should also build women’s economic independence by providing training, advice and support in finding jobs or setting up micro-enterprises.

Box 2: Women’s Empowerment in CCT Programmes

1. Equality principles are built into the design of the programmes;
2. Training and resources are allocated to strengthen women’s capabilities;
3. Social and economic empowerment of women is an explicit goal of the programmes;
4. Family friendly policies that acknowledge care giving, childcare arrangements and time management are promoted;
5. Transforming gender relations is central to the programmes and where appropriate men are involved;
6. Participants have voice in the programme design, implementation and evaluation.

2. Introduction

CCTs are emerging as an increasingly popular poverty reduction mechanism. In Latin America, the first CCT programmes were launched in the 1990s in Brazil and Mexico. But it was only with the economic upturn in 2003-8 that more Latin American countries were able to fund these programmes on a large scale and achieve a marked decline in poverty. While poverty reduction indicators have improved in recent decades, Peru, Bolivia and Ecuador still show gender gaps in income, education and health. Maternal mortality and morbidity rates are highest among low income groups and it is estimated that these countries will not achieve their Millennium Development Goal commitments on maternal health.

CCTs are generally seen as essential in establishing more effective social protection systems in developing countries. Evaluations of CCT programmes in Latin America have shown their success in meeting core objectives: children’s school attendance has risen, along with their nutritional levels. But a central question around CCTs is the extent to which they challenge the traditional gender division of labour and address the rights and needs of women. Although having control over a small stipend is regarded as benefiting mothers, is this sufficient to empower them substantively? Is there a risk that, by treating women principally as instruments for their children’s welfare, CCTs create a trade-off between the long-term rights and interests of mothers and their children?

Research Methodology

The research aimed to analyse the impact of CCT programmes on women’s empowerment in Peru, Bolivia and Ecuador. The study examined these three programmes using a set of six good practice criteria identified by Professor of Sociology and Institute of the Americas Director at the School of Advanced Study, University of London, Maxine Molyneux¹, (see Box 2) as having positive benefits on women’s empowerment. The study also examined the impact of CCT programmes on women’s lives, using the CARE International Women’s Empowerment Framework, which has three core dimensions of empowerment and equity: agency, structure and relations².

3. Application of Equality and Empowerment Principles in CCT Programmes

The three programmes analysed focus on mothers as key to programme delivery and goal achievement. The **Peru** and **Ecuador** programmes, *Juntos*³ and *Bono Desarrollo Humano*⁴ respectively, provide cash transfers to promote children’s education, health and nutrition and maternal health, while **Bolivia’s**, *Bono Juana Azurduy*⁵, focuses on health delivery only, as education is covered by another programme.

The research found that application of gender equality and empowerment principles was very limited or non-existent in most of the six categories identified in our research framework.

• Equality principles are built into the design of the programmes

For the *Juntos* programme in **Peru**, there are no objectives on women’s empowerment and no proposals to transform gender relations. The BJA programme in **Bolivia** does not integrate equality principles, but does stress health rights for all Bolivian mothers regardless of social, ethnic, regional or racial identity. The programme is universal but might impact maternal and infant mortality more effectively by targeting most disadvantaged groups. The BDH in **Ecuador** promotes some women’s rights, but does not explicitly propose to empower women or act on gender inequality. In all three programmes, equality principles are only implicit in that the transfer is given to women.

• Training and resources are allocated to strengthen women’s capabilities

Peru’s *Juntos* programme requires mothers to attend health centre talks on topics including nutrition and family planning. However, conditions limit the impact (e.g. delivered while women are queuing for cash). The recently re-designed *Juntos 2* programme includes more structured education in child care, financial management and home improvement. CARE Peru is part of a pilot scheme increasing access to savings and financial services – expected to reach 450,000 women over two years.

Bolivia’s BJA programme includes workshops for mothers on maternal and child health, and family planning. Some men attended health centre meetings on reducing family conflict. **Ecuador’s** BDH programme does not include training, but links with other social programmes helping women develop skills to access the labour market.

The research found that application of gender equality and empowerment principles was very limited or non-existent in most of the six categories identified in our research framework.

In all three programmes, equality principles are only implicit in that the transfer is given to women.

¹ Molyneux, M. (2008) *Conditional Cash Transfers: A Pathway to Women’s Empowerment?* Pathways Working Paper 5, IDS, Brighton

² “Agency” refers to the capacity of poor women to become the agents of their own development. “Structure” refers to the institutions that establish agreed-upon meanings, accepted forms of domination, and agreed criteria for legitimising the social order. “Relations” refer to the array of social interactions through which women enact agency and alter structures to realise their rights.

³ Together

⁴ Human Development Voucher

⁵ Juana Azurduy Voucher

CCTs need to be more explicitly geared toward women’s social and economic empowerment if they are to be truly effective at lifting women out of poverty.

Box 3: CCT programmes in Peru, Ecuador and Bolivia Main Characteristics		
Juntos – Peru	Bono Juana Azurduy – Bolivia	Bono Desarrollo Humano – Ecuador
Transfer is US\$ 70 every 2 months (i.e. US\$1.23 a day).	Transfer is US\$250 in instalments spread over 33 months (i.e. US \$0.20 a day).	Transfer is US\$ 35 monthly (i.e. US\$1.15 a day).
Requirement to have identity documents.	Requirement to have identity documents and a form with date of latest check-up from the health centre.	Requirement to have identity documents to access health services.
Priorities: poor households with children under 14 years; poor households where children are not going regularly to school.	Priorities: lower maternal and child mortality and chronic malnutrition in boys and girls under two years.	Priorities: lowering levels of chronic malnutrition and preventable illnesses in children under five years; ensuring children go to school; protecting the elderly and disabled.
Conditions: children have regular health and nutrition check ups; children attend school regularly; women have pre- and post-natal check ups. Sanctions are applied.	Conditions: pregnant women attend clinics for pre- and post-natal check ups and birth; babies and infants receive health checks.	Conditions: children under six years attend clinics for regular health checks; children attend school on 90% of school days; mothers have smear tests and mammograms.
Coverage: started in 2005.	Coverage: started in April 2009.	Coverage: started in 1998.
Implemented in 638 districts in 14 regions reaching 460,597 homes (August 2010).	Initially introduced in 52 municipalities, at the end of the first year there were 374,080 beneficiaries (May 2010).	In 2010 1,180,779 mothers were supported.
An initial period of four years, can be extended for a further four after review and certification.	Initially a five-year programme.	(On-going programme)

- **Social and economic empowerment of women as an explicit goal of the programmes**
Treatment of beneficiaries by local staff in **Peru** has not strengthened women’s empowerment or increased women’s awareness of their rights. Some beneficiaries reported being bullied and having informal sanctions imposed.
Some key informants in **Bolivia** thought women’s sexual and reproductive rights were violated by controlled access to services. Women are not allowed another transfer, for example, if they become pregnant within two years of giving

birth. Many mothers are not made aware of the medical reasons behind this requirement. Advice on contraception is often not readily available.
The main focus in **Ecuador** is income equity, but a lack of information on the process for selecting beneficiaries has led to claims of favouritism. Indeed, some beneficiaries are not among the poorest – errors which could be avoided through increased community participation in design and oversight.

- **Promotion of family-friendly policies that acknowledge care giving, childcare arrangements and time management**

In all three programmes the traditional role of women as mothers is reinforced and their time burden is increased by the conditions. There is no support for childcare and no promotion of family-friendly principles. In **Bolivia** the focus is on maternity and child health, but no connections are made with other government initiatives promoting women’s agency on maternity, or access to integrated sexual and reproductive health services.

- **Transforming gender relations is central to the programmes and, where appropriate, men are involved**

Changing gender relations plays no part in the programmes in any of the countries. In all three, the study identified examples of men using aggression with their partners to gain access to the money. Domestic violence had increased in **Peru** and **Bolivia** as a result of the programme. Some outcomes leading towards changing gender relations were identified, but these were local initiatives, not part of an overall strategy.

- **Participants have voice in the programme design, implementation and evaluation**

In **Peru’s Juntos** programme, beneficiaries elect *Madres Comunitarias* (women community leaders). As presidents of the programme committees (687 women at a national level), they represent beneficiary views, channel complaints and give guidance about rights and duties. They call meetings and monitor beneficiaries’ fulfilment of conditions. They receive training, and develop leadership skills and the capacity to defend women’s rights. But there have been some complaints of authoritarian behaviour.

In **Bolivia** the BJA requires participation of women’s organisations. An agreement was signed with *Bartolina Sisa*, the rural women’s federation closely associated with Government. Seen as an important opportunity to work on women’s empowerment, 300 of the organisation’s local leaders were trained. But they did not have capacity to respond in some districts and, because of irregularities and difficulties in accessing payments, the *Bartolinas* withdrew from the role after only a few months.

In **Ecuador**, beneficiaries are not consulted about design or other aspects of the programme. They can gain access to information about the programme via free phone calls.

4. Impact of CCT programmes on Women’s Empowerment and Gender Equality

Using CARE’s empowerment framework, the study examined the extent to which the programme empowered women and transformed gender relations.

Overall these CCT programmes do not take much account of women’s specific needs and vulnerabilities. They deliver little in terms of building new skills or extending ability to make informed choices. They fail to consider sufficiently notions of citizenship. However, they bring small but significant changes to the ways women perceive themselves and their responsibilities at home.

“Empowerment is having the power to decide, women being able to make their own decisions. But in rural areas it is the men who take all the decisions,” said a key informant in the local government gender unit, Santa Cruz, Bolivia.

- **Women influencing decision-making in the home**

In all three countries, women have greater power at home to negotiate and decide priorities for spending the *bono* because they receive the transfer directly. Women on the whole appreciate their increased autonomy and reduced dependence on men’s income. However, in **Bolivia**, women said the BJA had done nothing to change their lives – possibly due to the transfer’s very low value. In **Ecuador**, women had varying views, but most felt communication with their husband had improved. A high proportion of single mothers among Afro-Ecuadorian women said the *bono* had done nothing to change their lives as they had to meet all their children’s needs themselves.

- **Impact on women’s self-esteem**

Women’s testimonies in **Peru** showed the transfer had led to a greater sense of security and self-confidence because they could contribute and satisfy their children’s needs. In some cases it helped reduce family tensions – even mistreatment. In **Ecuador** beneficiaries said their self-confidence had increased because they had greater decision-making power and were bringing money into the home. However, in all three programmes, negative impacts on women were highlighted. These included receiving threats from programme staff and derogatory treatment in health centres. New stereotypes portraying beneficiaries in a negative light had generated resentment.

“Empowerment is having the power to decide, women being able to make their own decisions. But in rural areas it is the men who take all the decisions”.

A key informant in the local government gender unit, Santa Cruz, Bolivia.

Changing gender relations plays no part in the programmes in any of the countries.

In all three countries, women have greater power at home to negotiate and decide priorities for spending the bono because they receive the transfer directly. Women on the whole appreciate their increased autonomy and reduced dependence on men’s income.

By enabling access to identity cards, the programme helps build social inclusion and women’s citizenship. However, common to all programmes is the perception of government patronage rather than citizen rights.

These CCT programmes promote greater financial autonomy for women, strengthening their decision-making and negotiating power within the family. However, the stipend is very small. It does not deliver the same degree of economic empowerment as entering the labour market. CCT programmes do not challenge women’s traditional maternal role, but reinforce it by adding new responsibility and increasing the time women dedicate to caring for dependants.

- **Women’s awareness of, and access to, rights**

Common to all programmes is the perception of government patronage rather than citizen rights. This results from poor information about selection criteria, and has fuelled resentment and divisiveness in smaller communities. Nevertheless, requirements around identity documents have a significant impact on women’s rights in all three countries. For example, in **Peru**, the National Identity Document enables rural women – who represent most of the population without documents – to take part in elections. By enabling access to identity cards, the programme helps build social inclusion and women’s citizenship.

- **Women’s economic empowerment**

These CCT programmes promote greater financial autonomy for women, strengthening their decision-making and negotiating power within the family. However, the stipend is very small. It does not deliver the same degree of economic empowerment as entering the labour market. While women appreciate the small benefits the transfer brought to their family, they do not see these as significantly life-changing. The money does not compensate for the added responsibilities and time burden. In all three countries, women mentioned the time and cost of travelling from distant villages to cash the *bonos*, and waiting times at health clinics.

Since inception, the *Juntos* programme has promoted productive activities such as developing kitchen gardens. But economic returns are limited by a lack of knowledge or links with local markets. In **Ecuador**, women benefit from links with a scheme giving access to credit for productive activities. Some have used these funds to start a small business.

- **Mobility in Public Spaces**

Women collect their money from banks or cashiers, and are learning to use the banking system. But some women reported being unfamiliar with the system and being mistreated by bank officials. In **Peru**, women attend talks – valued for increasing knowledge, and providing opportunities to socialise and gain group support. Research showed a decrease in men’s resistance to these meetings. Women from the most marginal communities have more opportunities to interact with new people. This has generated increased awareness among women of the need to “have a voice”.

- **Reproductive and care work**

In all three countries, involvement of men is very limited – in both the programme activities and domestic caring responsibilities. This reinforces the notion that children’s welfare is women’s responsibility. Awareness-raising and training were directed only at women, limiting impact on unequal gender roles and relations. Men in **Bolivia** expressed interest in training on productive activities and on issues relating to children’s education. Opinions varied about the programme’s purpose. Some felt men were uncomfortable about the payments as it implied they did not earn enough to take care of their family.

5. Conclusions

Social protection policies need to be gender-sensitive if they are to reach the most vulnerable groups, and tackle some of the root causes of poverty. The women who participated in this study face a range of gender-specific vulnerabilities including: precarious employment and income generating opportunities, domestic violence, reproductive health-related risks, lack of education and lack of voice. These problems remain largely unaddressed by these CCT programmes, which are contributing little to advancing government gender equality objectives. Women’s economic empowerment implies more than acquiring control over a small subsidy. Other elements need to be incorporated, such as skills training and the means to develop income generating opportunities, and support in finding employment or setting up micro-enterprises. Such complementary programmes are currently few or non-existent.

CCTs are placing household caring responsibilities with women and reinforcing a traditional, patriarchal/maternal model of care which does not empower women. The design of the three programmes focuses on strengthening women’s maternal responsibilities and gives little recognition to women’s work in the fields and in the labour market, and role in the community. Household survival has come to depend increasingly on the incomes women generate, and there may be adverse consequences of reinforcing women’s role in the care economy, as it affects their participation in economic and political activity, and it limits their ability to develop their own resilience to poverty and become empowered and active citizens.

Some social protection programmes are designed to include elements that promote women’s citizenship and their participation in the community as well as allowing beneficiaries some say in programme management. While there is evidence of some greater social involvement by beneficiaries, this is still fairly minimal. Moreover, these conditions are time consuming, adding additional responsibilities to an already busy day. A step towards changing this would be to recognise and encourage a positive role for fathers in the programme, including promoting childcare as a shared responsibility, and addressing negative behaviours, such as domestic violence, as an integral part of responsible parenthood. Overall the risk is that CCTs can create a trade off between the long-term needs and rights of children versus those of women.

More could be done to provide women with knowledge of their rights. While programmes focus on enhancing children’s life chances, they fail to grasp that an “empowered” mother might be in a better position to support her children’s and household’s needs as well as provide for her own future security. By neglecting women’s needs and tying women’s security and life chances so closely to motherhood, little account is taken of their future life chances, which remain precarious and uncertain.

6. Recommendations

1. CCT programmes should more explicitly aim to empower women

This could be achieved by ensuring equality principles are built into the CCTs and that social and economic empowerment are explicit goals. More specifically these programmes should:

- Ensure existing government ministries and other state bodies concerned with women’s empowerment are involved in the design, implementation, monitoring and evaluation of these programmes. Include specific gender indicators to improve monitoring and evaluation.
- Promote more equitable relations between men and women in the household and require greater participation from men in fulfilling the conditions. Programmes should also address issues of violence against women.
- Have clear communication strategies ensuring that all messages and publications about the programmes use language that is gender-sensitive and non-discriminatory, and promotes CCTs as a right, not a gift, from government.

- Include participatory and consultative mechanisms (e.g. perception surveys) to ensure greater responsiveness and transparency in programme delivery.
- Introduce structured and continuous training on women’s equality, non-discrimination and empowerment for staff, community promoters and beneficiaries in co-ordination with other providers at local levels (including NGOs and women’s organisations).
- Mainstream fundamental human rights principles into the programmes, e.g. via training and reference to international standards and national gender equality policies.
- Promote women’s sexual and reproductive rights to increase access to services and tackle teenage pregnancy.

2. Exit or graduation strategies should be prioritised to lift more women out of poverty

- Women’s economic empowerment should be a specific goal of the CCT programmes.
- Increased resources should be spent on ensuring CCT programmes better secure women’s economic independence. More training and advice should be provided on income generating opportunities, and supporting women to access the labour market, set up micro-enterprises or link into other existing income generating programmes.
- NGOs, governments and the private sector should collaborate further to achieve the above.

This briefing is a summary of the CARE research report: *CCT Programmes and Women’s Empowerment in Peru, Bolivia and Ecuador (2011)* by Maxine Molyneux and Marilyn Thomson.

The field research was carried out by Rosana Vargas in Peru, Maria Dolores Castro in Bolivia and Amparo Armas and Jacqueline Contreras in Ecuador, and findings were published in separate country reports. These are available on request from Gaia Gozzo, CARE Senior Governance Advisor, gozzo@careinternational.org.

A step towards changing this would be to recognise and encourage a positive role for fathers in the programme, including promoting childcare as a shared responsibility, and addressing negative behaviours, such as domestic violence, as an integral part of responsible parenthood.

While programmes focus on enhancing children’s life chances, they fail to grasp that an “empowered” mother might be in a better position to support her children’s and household’s needs as well as provide for her own future security.