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# Cash transfers, gender equity and women's empowerment in Peru, Ecuador and Bolivia

Maxine Molyneux and Marilyn Thomson

*Conditional cash transfer programmes provide extremely poor households with a cash subsidy, on condition that children attend school, and mothers and infants undergo health checks. These programmes are generally considered effective social protection mechanisms, and success in meeting children's nutrition, education, and health targets is reported. However, the impact of these programmes on women's empowerment and intra-household dynamics is under-explored. This article provides a summary of some key findings of recent research in Latin America, supported by CARE International UK. The research looked at the Juntos Programme in Peru, Bono de Desarrollo Humano in Ecuador, and Bono Juana Azurduy in Bolivia. Through qualitative and participatory research with women beneficiaries, and interviews with key informants, the study examined whether, and in what ways, conditional cash transfer programmes might promote gender equity and women's empowerment.*

*Key words:* gender; social protection; empowerment; cash transfer programmes; Latin America

## Gender, poverty and social protection

Social protection initiatives are programmes adopted by governments to protect citizens from vulnerability and extreme deprivation. Most do not address gender issues, in spite of policies that are increasingly concerned to move beyond poverty alleviation to tackle the sources of risk and vulnerability. Because of this blindness to gender concerns, social protection programmes often fail to address, or only partially address, the needs and risks of vulnerable women. Yet, with only a few years left to meet the targets set by the Millennium Development Goals (MDGs) concerning women's empowerment and gender equality, developing countries, donors, and development agencies need to improve the design of anti-poverty programmes to make them more gender aware.

Conditional cash transfer (CCT) programmes, along with micro-credit schemes, are among the policy instruments most favoured by governments to tackle poverty. They are generally successful in increasing children's school attendance, and improving nutritional and health indicators. They are innovative in giving the transfer directly to mothers, along with the responsibility for complying with the conditions. In addition to ensuring children's regular attendance at school and health clinics, mothers are required to attend talks on healthcare and nutrition.<sup>1</sup>

Making mothers central to the CCT programmes is understood to be key to their success, as women can generally be relied upon to fulfil their responsibilities to their children, and to spend the money they are given in accordance with children's needs. CCTs bring some gains to women: as a result of receiving and managing the transfer many report that they enjoy an increase in family and neighbourhood status, and exercise more control over household expenditure (Escobar Latapí and de la Rocha 2009). These benefits are often the basis for the claim that CCTs 'empower' women. Such claims are, however, seldom examined in any depth or detail; nor is the design of cash transfer programmes or the impact upon gender relations within the household given much consideration in most evaluations.

In an effort to remedy this absence, CARE International UK commissioned research on CCT programmes in three countries in the Andean region of Latin America: Peru, Bolivia, and Ecuador. In this article we present some of the main findings of the research which was carried out between September and October 2010.<sup>2</sup> These relate to the communities where the field work was conducted, so there may be variations of these results in other zones.

## Gender policies and women's rights

All three of the countries have seen some notable improvements in human development indicators in recent decades, and the governments of Peru, Ecuador, and Bolivia have all made strong commitments to gender equality. However, there are still significant gender gaps in income, education, and health, among the poorest and most marginalised communities that are the focus of the social protection schemes that we analysed.<sup>3</sup> This is especially the case in indigenous families and communities, where girl children have a comparatively low status from birth, and grow up with less education, and poorer nutrition than their brothers. They are assigned less valued roles and responsibilities in the family, generally assisting mothers with household tasks and care. In adult life, women in indigenous communities are more vulnerable than others to the health risks of pregnancy and childbirth: maternal mortality and morbidity rates are highest among low income and indigenous groups. Finally, their income and life chances are typically less than men's of comparable socioeconomic status (PNUD 2010; Kabeer 2011, 2).

### Peru

In recent years, the government of Peru has introduced a number of policy measures and laws (Vargas 2010a) which aim to promote women's equality, to eradicate discrimination against women, and tackle family and sexual violence, access to education, unwanted pregnancies, economic opportunities, access to credit and to land deeds. The Equal Opportunities Plan (Gobierno de Perú 2006) promoted gender mainstreaming at both national and local levels, and gave special priority to supporting women in rural areas. However, funding for implementation of the plan was limited, and this has made it difficult to do so effectively. Other measures being developed which are still at a preliminary stage are to include a gender perspective in public sector spending in accordance with agreed policy (Ley de Presupuesto del Sector Público – Gobierno de Perú 2007).

Civil society and women's organisations, along with international non-government organisations (NGOs), have also developed programmes on gender-sensitive budgeting, along with indicators for measuring progress on gender equality. Although there has been significant progress in policies and services to address violence against women, with, for example, a rapid expansion of free services for women victims of domestic and sexual violence, these services are affected by insufficient financial and human resources.

The *Juntos* CCT programme, which was the focus of our research, has operated in Peru since 2005.<sup>4</sup> It has had limited contact with these different state programmes and although the Minister for Women and Social Development is on the Board of *Juntos* and there is an official agreement between the programme and the Ministry, this agreement is restricted to supporting food distribution and improving participants' access to identity documents, and does not cover issues relating to equal opportunities, or reducing violence against women.

### Bolivia

In Bolivia a new National Development Plan (Gobierno de Bolivia 2006) was introduced under the presidency of Evo Morales. This plan stated that everyone should be given equality of opportunity, regardless of their gender and ethnicity; and the new political constitution that came into force in 2009 made a commitment to end all forms of discrimination against women. The Vice-Ministry for Equal Opportunities was created in the Ministry of Justice in 2009 as a means for the state to advance women, and promote their rights, replacing the previous Gender and Generation Ministry. It has responsibility for developing national plans for public policies on women's rights, and developing strategies to incorporate the demands of indigenous, rural, and historically excluded groups of women into government policies and laws (Salinas *et al.* 2009).

The current 2008–2020 National Plan for Equal Opportunities includes specific provisions on gender equity, and recognises women's contribution to the development

of the country (Ybarnegaray 2009). It states that women have an equal right to services, to participate fully in decision-making, and to a life free from violence. The state and public policy are effectively mandated to make changes in gender relations.

The *Bono Juana Azurduy* (BJA) is a CCT which has been operating since April 2009, as part of the government's effort to meet the Millennium Development Goals, specifically to reduce maternal mortality and extreme poverty. It is one of several social protection schemes that run concurrently to support children's education and ensure care for the elderly. A Social Protection Network was set up to co-ordinate between different government departments, policies, and programmes on social protection issues (Castro 2010). However, in developing the BJA strategy, neither the government's Gender Unit nor other women's agencies were consulted. According to our informants, this lack of consultation is the reason why women's rights issues were sidelined and a technical, administrative, health focus prevailed in the design and implementation of the BJA programme (Castro 2010).

### *Ecuador*

The new Constitution of the Republic of Ecuador, which came into effect in 2008, declared that the state would formulate and implement policies leading to equality between women and men (Asamblea Constituyente 2008). The main state body responsible for developing and promoting public policies with a gender focus was, until 2009, the National Women's Commission (CONAMU) which was closely linked to the President's Office. CONAMU's objectives were to formulate policies which promote women's human, sexual, and reproductive rights, and their access to justice. The country's second Equal Opportunities Plan (2004–2009) included objectives of developing gender sensitive budgets, providing technical support on gender inequality, and promoting citizens' participation. The plan was implemented through different sectors with the participation of women's organisations.

However, the CONAMU was dissolved in 2009, its staff dismissed, and a Transitional Commission (*Comisión de Transición*) working toward a Gender Equality Council put in its place. It has a small administrative office which has no relations with the women's movement and no political power. The development of the next phase of the Equal Opportunities Plan (2009–2013) was not taken forward as it is not a priority for the government and therefore there has been little progress in working toward women's equal rights.<sup>5</sup>

The CCT programme, the Bono de Desarrollo Humano (BDH), was established in Ecuador in 1998. The CONAMU and the Secretaría Técnica del Frente Social (the government ministry responsible for the monitoring and evaluation of the BDH programme) agreed to work together to integrate gender issues into social policy. Despite the commitment to mainstream gender concerns into such initiatives, these did

not feature significantly in the original design of the BDH programme (Armas 2005) which provides cash transfers for the poorest families and is aimed at mothers, especially women-heads of households, the disabled and the elderly.

Following the election of Rafael Correa as president in 2007, a new focus was given to the BDH. The cash transfers (known as *bonos* in Spanish) were now promoted as a financial recognition of women's work in the home, with the slogan, '*The Bono – your work counts!*' The re-launch of the BDH recognised that the *bono* was only a small remuneration compared to 'the immense work carried out by mothers in the home' in the words of the President (Armas and Contreras 2010).

This change of focus was a response to women's demands for their caring and domestic work to be valued. However, this was a double edged gain, as it was premised on women fulfilling the traditional role expected of mothers by being the main carer and unpaid worker within their households. This had the effect of reinforcing the gender division of labour within the home. This focus on women's role was dropped following the re-election of Correa in 2009, and the human development indicators were re-emphasised (Armas and Contreras 2010).

### Mainstreaming gender into CCT programmes

In our research, we were interested to find out how far official policy commitments to women's rights and equality were put into practice in the conception and implementation of the three social protection programmes introduced above. We consider gender sensitive policies and programmes to be those that have incorporated the principles of gender equality into their design. This would imply the following: that training and resources are allocated to strengthen women's capabilities; the social and economic empowerment of women is explicit in the goal of the programmes; they include family-friendly policies that acknowledge women's role in caregiving but also promote alternative child-care arrangements; they aim to transform gender relations by encouraging greater equality and, where appropriate, involve men in the activities of the programmes. Finally, participants should have voice in the programmes' design, implementation and evaluation (Molyneux 2008). However, our analysis of the programmes showed little sign of these gender equality and empowerment principles being mainstreamed into the programmes.

### Fieldwork findings: how the programmes work

One of the conditions of the *Juntos* Programme in Peru is that mothers attend talks, given in the health centres, on topics such as nutrition and family planning (Perova and Vakis 2009). These are usually given on days when women receive payment,

and cover issues such as hygiene, child health, and family relations. However, they do not address gender issues, or give much emphasis to increasing the participation of men in caring for family members or housework. Few men attend these meetings, as it is assumed that mothers are primarily responsible for children's welfare.

The women who were interviewed in our research were interested not only in improving their knowledge and skills in production, but also wanted to know more about their rights and how to defend them, so that they would 'not feel humiliated in the community' (interview with a woman in Acomayo, September 2010). The recently re-designed *Juntos 2* programme includes a more structured component of information and education, through talks and leaflets aimed at changing behaviour in family practices including child health, and nutrition, promoting a savings culture, and home improvements such as safe drinking water (Gobierno de Perú 2010). The new conditionalities require beneficiaries to undertake training in production and a new pilot training programme on access to financial services and saving accounts that could potentially strengthen women's financial skills.<sup>6</sup>

*Juntos* involves civil society in the management structure of the programme. The Executive Committee of the *Juntos* Programme includes four representatives of civil society who approve strategic and operational plans and the programme Monitoring and Transparency Committee (*Comite de Transparencia y Seguimiento*) works on a national, regional, and local level with the participation of civil society and the church. The views of beneficiaries are represented by the *Madres Comunitarias* (women community leaders), who are presidents of the local Programme Committees. Altogether, 687 women leaders throughout the country are elected by the beneficiaries and have the role of intermediaries with programme staff. The *Madres Comunitarias* have an active role, providing guidance to the other mothers about their rights and duties, and as social watchdogs in co-ordination with local programme managers (Vargas 2010b). The *Madres Comunitarias* have a different profile from other women in these communities, because they have experience as leaders, have received training, and been involved in external activities which increased their leadership skills, their awareness of women's rights, and their ability to speak out and defend these rights. Research suggests, however, that the role of these women leaders – which gives them a measure of power over other women in the community – in some cases, can lead them to be authoritarian, and to support the unofficial sanctions imposed by local programme staff (IEP 2009).

A positive result of *Juntos* in some communities (IEP 2009) was the development of links between *Juntos* and other public services which exist to protect women and children against violence and abuse.<sup>7</sup> Significantly, these were a result of local initiatives, rather than a requirement of the programme. For example, in Acomayo, one of the sites of our research, awareness-raising messages by the local *Juntos*

managers, who threatened to stop the cash transfers if men's violent behaviour continued, led to a reduction in family violence (*ibid*).

In Bolivia, the responsibilities of the beneficiaries of the BJA include attending routine educational sessions and activities promoted by the health centres, such as on maternal and child health and family planning. In general, these sessions are exclusively for women. A few women mentioned that men had been involved in training activities, mainly meetings on reducing conflicts in the family. This is part of the remit of gender units in government departments. However, these units do not co-ordinate with the BJA, and the beneficiaries are not generally targeted for these trainings. In our research, only one example was cited of information on the protocols and services relating to gender based violence being given to mothers who attended the clinics. According to one beneficiary who had attended these workshops: 'They talk to women about vitamins and iron ... They don't talk to them about their rights. They should at least have a module on violence and pregnancy' (interview with key informant, La Paz, 29 September 2010). As the BJA is still a relatively new programme, the impact on the beneficiaries and their families of the information received by the women has yet to be evaluated. Hopefully different information, education, and communications strategies will be integrated into the structure of the programme in the future.

Unlike the CCT programmes in Peru and Bolivia, the BDH programme in Ecuador has no training components, and there are no programme activities involving community participation. It consists only in distributing cash transfers, through a network of banks and co-operatives, and promoting the conditionalities for health and education. However, the BDH does link up with other social programmes that include training, such as the Human Development Credit (*Crédito de Desarrollo Humano*), a micro-credit programme which offers beneficiaries training courses. But only the women interviewed in Quito had participated in training courses (in sewing and bread-making) which aimed to help beneficiaries get jobs. Some women said the training had not helped them, as there are too many people looking for jobs in these occupations. However, one woman said that: 'the training taught me how to invest my money and I was motivated to set up my own business making and selling bread' (Focus Group, Quito, 14 September 2010).

The BDH programme has tried to improve beneficiaries' access to information by offering free phone calls, but consultations are limited to providing information about how they might join the programme. The participation of women beneficiaries is confined to complying with the conditions, and there is no mechanism for them to participate in decision-making in the programme. None of the women we interviewed were consulted about the functioning of the programme, and their participation in the focus groups as part of our study was the first time anyone had asked them their views on the programme.

Table 1: Main characteristics of the CCT programmes

<b>Juntos – Peru</b>	<b>BJA – Bolivia</b>	<b>BDH – Ecuador</b>
<p>Transfer is US\$ 75 every two months (US\$1.23 p/day)</p> <p><b>Requirement</b> to have identity documents</p> <p><b>Priorities:</b> Poor households with children under three years; poor households where children are not going regularly to</p> <p><b>Conditions:</b> children taken for regular health and nutrition check ups; children’s regular attendance at school. If these conditions are not met sanctions apply</p> <p><b>COVERAGE:</b></p> <p>Started in 2005 Implemented in 638 districts in 14 regions reaching 460,597 homes (August 2010)</p> <p>Transfers are provided for an initial period of four years, can be extended for a further four after review and certification</p>	<p>Transfer is US\$250 spread over 33 months (US\$0.20 p/d)</p> <p><b>Requirement</b> to have identity documents and a form with date of latest check up from the health centre</p> <p><b>Priorities:</b> lower maternal and child mortality and chronic malnutrition in boys and girls under two years</p> <p><b>Conditions:</b> pregnant women attend clinics for pre and post natal check ups and birth; health checks for babies and infants</p> <p><b>COVERAGE:</b></p> <p>Started in April 2009</p> <p>Initially introduced in 52 municipalities, at the end of the first year there were 374,080 beneficiaries (May 2010)</p> <p>Initially a five-year programme</p>	<p>Transfer is US\$ 35 monthly (US\$1.15 p/d)</p> <p><b>Requirement</b> to have identity documents to access health services</p> <p><b>Priorities:</b> lowering levels of chronic malnutrition and preventable illnesses in children under five years; ensuring children go to school; protecting the elderly and disabled</p> <p><b>Conditions:</b> children under six years old attend clinics for regular health checks; children go to school 90 per cent of school days; mothers have smear tests and mammograms</p> <p><b>COVERAGE:</b></p> <p>Started in 1998</p> <p>1,180,779 mothers were supported in 2010 (on-going programme)</p>

## The women's movement and CCT programmes

Women's rights organisations and NGOs could be valuable partners in improving the design and delivery of CCT programmes, yet their role in our three country cases was fairly limited.

In Bolivia, the BJA was designed to be an inter-sectoral project that required the participation of women's organisations, principally the rural women's Federation Bartolina Sisa (founded in 1980). In fact, as one key informant explained, 'President [Evo Morales] delegated to the *Bartolinas* the social control of the *bono*' (interview, FC, 29 September 2010) and no other women's groups or bodies were involved. A guide on social organisation was prepared for the leaders of Bartolina Sisa, to enable them to take forward the strategy in different municipalities and communities. However, six months later, as a result of irregularities and difficulties in accessing payments, especially in rural areas, the leaders of the *Bartolinas* put out a media statement announcing they would withdraw from the role. As the informant in our research speculated, this was 'possibly because they could not exercise any real social control to benefit women' (interview, FC, 29 September 2010). In the research we interviewed local members of the *Bartolinas* who volunteered with the programme who said they had tried to support the beneficiaries with advice, but were not given clear guidance about their role in the BJA programme (Castro 2010).

In Peru, the women's organisation *Movimiento Manuela Ramos* has contact at a local level with some beneficiaries of the programme who are members of their organisation, but they have little formal contact with the national programme officials. They prepared a report on the *Juntos* programme (Bravo 2007), which included a gender analysis of the programme looking specifically at the indicators for the Millennium Development Goals. The report was presented to the ministry responsible for the programme, but no efforts were subsequently made by *Juntos* to work with the *Manuelas* to take forward their recommendations.

In Ecuador, local women's organisations have not been involved in the CCT programme. However, some of the women beneficiaries interviewed are members of women's organisations and reported that they have learned about their rights through these organisations. Women who participated in our focus group discussions were in agreement that: it is important to get organised, to have more strength, to learn more, and to be better connected. However, they also highlighted that it is difficult for some women to participate in the life and activities of women's organisations, either because they cannot read, or because they do not have the time to go to meetings, due to responsibilities at home (Focus Group, Quito, 14 September 2010).

## The impact of CCTs: the view from below

In this section we present some of the findings regarding the perceived effects of CCT programmes on women beneficiaries, and we consider the significance of the changes that have emerged from the programmes.

An issue highlighted by key informants in Peru is that participation in *Juntos* has led to greater support for both girls and boys to attend school and, in the words of one mother 'now they go better dressed, cleaner and have eaten' (Focus Group, Acomayo, September 2010). Previously there were frequent absences because children, especially girls, were needed to work in the fields and care for the household's livestock. Among the results of an impact assessment of education (Perova and Vakis 2009) it is interesting to note that the children of beneficiaries who had been in the programme for as long as one to two years were more likely to continue going to school, and attend regularly, and that this effect was greater for girls than boys.

The increased control and stimulation of the school was appreciated by the women: in the interviews, they referred frequently to having improved interaction with the teachers, and said they visit the school more often to ask about their children's progress. This was confirmed by one of the authorities in Acomayo who said: 'they have learned that education is a right and a duty' (interview, Acomayo, September 2010).

The women interviewed gave special value to girls' education, and reasoned that this was because of their own situation, and their sense of feeling 'backward', being humiliated because they could not speak Spanish well, and feeling they had insufficient knowledge to be able to defend themselves from mistreatment. One beneficiary interviewed said:

*I'm badly treated because I don't understand Spanish, it makes me feel bad, I can't speak with others and I can't help my children with their homework, this makes me sad.* (G, Coporaque, September 2010)

Indeed, the women considered that education was important in order to avoid being badly treated, to get good paid jobs and to have fewer children. They emphasised that girls and boys have the same right to study. As one woman, explained:

*I don't want our daughters to be badly treated like I was, I want them to study ... in my ignorance I have failed at family planning and they did what they wanted to me at the health post ... she will know better because she has studied and will not fail.* (M, Acomayo, September 2010)

In Ecuador, the majority of women interviewed had completed primary education, but few had finished secondary school. The programme was seen to have had no impact on the level of mothers' education or even, seemingly, on their awareness of their own right to education. However, like the women in Peru, those who had least education

considered that a lack of formal education had affected them, because they could not get jobs, and could not help their children with their homework. One woman, in a focus group summed this up: 'Without an education we can only wash clothes, we cannot work in an office or have a career' (Esmeraldas, September 2010).

In Bolivia, the conditionalities with which women had to comply to receive the *bono* were seen as controlling women's reproductive choices and some of the key informants considered that the BJA violates women's sexual and reproductive rights. For example, the programme tries to impose birth spacing by not allowing women to claim a second cash transfer if they become pregnant again within two years of a previous birth. When women have an abortion or miscarriage they are not allowed to apply for a transfer for another three years, they are told this is for medical reasons but informants considered it was unfairly penalising these women.

In Peru and Bolivia, women complained of frequent mistreatment and long waiting times at the health centres, which is especially problematic for those who have to walk for several hours to get to the services. There were also tensions with respect to the requirement that women should give birth in the health centre. Although having a hospital birth is not an official condition of the programme in Bolivia, in practice, women can be temporarily suspended if they have a home birth.

There are 'waiting houses', which allow women from distant communities to stay close to the health centre until they go into labour. But these are not always accepted because it means that women have to leave their families and daily chores such as looking after the animals. The programme does include some measures to follow customs and cultural practices in hospital births. For instance, women are permitted to give birth in a standing position, traditional medicinal herbs may be used, and the presence of a close relative during the birth is allowed (Castro 2010). However, this respect for some cultural practices did little to offset women's sense of a lack of understanding between them and the hospital staff. Our research indicated that the lack of trust and fear of mistreatment means that some indigenous women prefer to give birth at home, where they also have access to traditional birthing assistants (Castro 2010).

In Ecuador, there is an increased demand for health services because of the programme's condition that women must have a smear test. This additional demand has led to long waiting times. According to the interviews only a few women were happy with the service they had received in the health centres (Armas and Contreras 2010).

To sum up, in all the study areas, our findings show that beneficiaries in the CCT programmes faced difficulties in accessing health and financial services and that the relation between the women and providers was problematic. There were examples in all countries of racial discrimination and mistreatment of women beneficiaries on the part of staff in the health centres. Despite decades of legal reform to address indigenous rights, there appeared to be a surprising lack in many of these CCT

programmes of respectful and dignified treatment of women, particularly in regard to indigenous women and little evidence that culturally-appropriate information was provided especially in relation to women's health.

### Empowerment: two steps forward, one step back?

As noted earlier, no significant elements were built into programme design with the aim of supporting women's empowerment or gender equality, despite the commitments to these goals in public policies. Nevertheless, our research indicated that there were some gains that were valued by programme beneficiaries. Whether these gains can be considered 'empowering' depends upon how the term is defined. Empowerment can be seen as a gradual process, during which women become capable of making more informed choices, and acquire new skills which enable them to turn these choices into action. These CCT programmes deliver little to women in the form of giving them new skills and extending their ability to make informed choices, nor do they take much account of their particular needs and vulnerabilities. However, they do appear to bring some small but significant changes to the ways that women perceive themselves and their responsibilities within the home. It is, however, an open question whether these changes can be sustained when they leave the programme.

It is important to note that none of the beneficiaries who participated in the focus groups in rural or urban areas were familiar with the concept of empowerment. For some indigenous women, this notion contrasts with their understandings of gender roles and social dynamics, which stress the importance of the good of the group – be it the household or the community – and focus on relationships between members of the group rather than on the concerns of women as individuals. Within Andean cosmology the idea of complementarity of family roles based on sex retains significance in some regions and communities (Prieto *et al.* 2010, 205).

In the course of the discussions, the women adapted the concept of empowerment to their own reality. For instance, in the Peruvian groups, typical views among the majority of women participating in the focus groups was that empowerment meant: *being able to make their own decisions, being proud of themselves and being able to speak out, and women not allowing themselves to be marginalised or treated badly.* In Bolivia, some of the women recognised that women were exercising limited aspects of empowerment in relation to decision-making and acquiring knowledge. Similarly, women in Ecuador developed their own definition of empowerment, which a focus group in Quito summarised this as: *being positive, believing one is valuable, fighting to be someone, being independent and self-sufficient* (Focus Groups in all three countries took place between 20 September and 8 October 2010).

These definitions reflect the daily reality of the beneficiaries of these programmes, as lived within their specific cultural contexts. So, for example, indigenous women considered it more relevant to talk about the meaning of empowerment in relation to

their role as mothers; in contrast, the Afro-descendant women in Ecuador considered that their ability to recognise and affirm their own worth, and take part equally in family and community decision-making were more relevant. For the latter, being independent is the result of standing up for themselves and a personal achievement in the face of unequal power relations within the home. Although many women considered the *bono* to be a factor in women's empowerment, they saw it as falling short of helping them to achieve empowerment, if it is understood in these ways, as, it was principally designed to support their children and household rather than addressing women's needs.

In the course of the research, we did identify a number of ways in which participation in the CCT programmes supported women's sense of empowerment in their own lives. One of the positive effects was that the tasks required of women for them to take advantage of the programme (for example, applying for and obtaining the *bono*, going to the bank, and gaining access to financial services) had helped to strengthen their self-esteem. The funds are generally paid directly to the women, and many women said this had increased their decision-making powers in the home, putting them in a stronger negotiating position with their husbands on day-to-day matters, such as what to spend their money on. Nevertheless, the programmes did not help women address the unequal gender division of labour at home, since – as discussed earlier – the conditions attached to receiving the money generally increase women's work, and do not encourage men's involvement in child care.

An element of the programme in all three countries is that in order to obtain the cash transfer, women must hold an identity document. However, indigenous and poor rural women often have no official documentation, and children are not registered at birth. The programmes provide assistance to obtain such documentation, which is an important contribution to women's inclusion and citizenship and supports their access to rights. But this requirement also excludes some women and children, especially living in more distant communities from gaining access to these same rights. The requirements of the programme that women should attend meetings and travel into town to collect their benefits themselves, means increased freedom for some women, despite adding to the list of tasks and obligations to be fitted into their working day. This is especially so for those living in isolated communities, as they are able to gain new information and knowledge, by going to talks and networking with other women.

Women's economic empowerment appears, therefore, to be marginally enhanced, but in general the funds from the CCT programmes mainly support their basic welfare needs. The CCT programmes provide some support to the local economy, and some of this goes into women's hands. In Ecuador, for example, local markets were being held on the *bono* payment day, since traders had understood the need to entice women to spend their cash immediately. In terms of the impact on women recipients' working lives, there were reports that the *bono* was a disincentive to some women to look for work in the labour market, and some beneficiaries were withdrawing from traditional

reciprocal exchanges of work and support with others in their community. There were a few cases of women who used the funds to develop a small enterprise, such as investing in livestock or seeds or gaining micro-credit to start up a small business. Some also saved the money for their children's future needs. As the women pointed out, much more could be done to provide training in setting up micro enterprises, marketing and managing finances.

Despite positive perceptions of the impact of these programmes on women's circumstances, there were also some unintended negative effects. The women themselves voiced the greatest criticisms, in regard to their relationship with service providers and their treatment in the banks and clinics. Language barriers for indigenous women were a source of discrimination and a common problem identified by respondents was stigma, evident in the lack of respect shown to beneficiaries by officials because they are poor and from indigenous/black communities. New stereotypes are being generated, with accusations of beneficiaries being lazy or having more children in order to extend the transfer, which all impact negatively on women's self image. We had reports of women's homes being checked, their clothes scrutinised, and being threatened with having the *bono* taken away if they appeared to improve their standard of living, or did not meet the conditions. Our research suggested that these issues were not tackled by programme managers, nor were there mechanisms in place for complaints to be registered.<sup>8</sup> There were also cases where the *bonos* created divisions in some communities, as a result of a lack of consistency, clarity. and understanding about the programme's rules of inclusion.

All three governments have recognised the importance of upholding the cultural rights of communities, and the need to tackle racism, and therefore require programme officials to ensure that indigenous communities are treated with due respect. In Peru and Bolivia, state health services were criticised by our respondents for failing to promote any awareness of rights, for the lack of respectful intercultural relations, appropriate forms of information delivery, and proper treatment of women. Complaints were also made about the lack of culturally-appropriate and accessible health information.

*We are badly treated at the health post. They don't want to attend to us and they make us wait all day. (H, woman in Acomayo)*

## Conclusion

Our research found that existing policies and legislation to support commitments to gender equity and empowerment principles are not mainstreamed in CCT programmes. The women whose views we canvassed face a range of gender-specific vulnerabilities including precarious employment and income generating

opportunities, domestic violence, and a series of reproductive health related risks that need to be tackled. These cash transfer programmes were not designed to improve women's lives, being directed towards enhancing children's life chances. Yet such 'micro-targeting' not only leaves the needs of vulnerable women unaddressed, but also deprives their children, who would otherwise benefit from improvements in their mothers' health and education and from greater gender equality. These programmes assume that children's needs are best met by their mothers, but give little thought to the possibly adverse consequences of reinforcing women's caring role at the expense of developing their capacity and resilience to survive poverty.

Poverty relief programmes such as these continue to work with norms and assumptions that may carry increased risks for women in poor communities. As women's roles in the economy have changed and diversified, and as household survival has come to depend increasingly on the incomes women can generate, the consequences of strengthening their role in the care economy may be to restrict their ability to escape from poverty. The beneficiaries' accounts of their experiences of the programmes showed a striking absence of any objectives in regard to their own development that were unrelated to their motherhood role. Even though women strongly identify with their role as mothers and they appreciated that having control over the transfers was important for their children's welfare, they did not see the programmes as changing their own lives significantly. This is not surprising, given the low level of income represented by the *bonos*, but it was also due to programme design which lacked elements that might allow women the opportunity for self-development.

These CCT programmes have the potential, if redesigned, to assist women by addressing their needs and increasing their capacity for economic and personal advancement. They could also do more to support and encourage women's enhanced voice and participation in their communities. But this opportunity has so far largely been missed. The research identified some areas where these programmes could be adapted, if women's needs and concerns are heard and responded to. By attending to these needs, CCT programmes would not only be more effective in tackling poverty, but would also help governments to advance their goals of achieving greater gender and race equality.

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## Notes

- 1 For further reading on Latin American CCTs see: 'Conditional cash transfers and women's empowerment: annotated bibliography' by M. Molyneux and C. Tabbush available on line at <http://americas.sas.ac.uk/about-us/staff/maxine.molyneux.html> (last accessed 16 June 2011).
- 2 In the study 159 women participated in focus group discussions and surveys (Bolivia 56, Ecuador 52, and Peru 51); 39 in-depth interviews were carried out with women beneficiaries (Ecuador 12, Bolivia 15, and Peru 12) and a total of 82 (Bolivia 56, Ecuador 14, and Peru 12) interviews were carried out with key informants such as decision-makers, community leaders, health promoters, and men in the community. Interviewing and focus groups took place from 14 September to 8 October 2010.
- 3 The latest Human Development Report on the LAC region (PNUD 2010), which tracks gaps on reproductive health, empowerment, and workforce participation shows that gender discrimination is well above the world average mainly due to the high rates of child birth among adolescents and low participation of women in the wage economy.
- 4 The conditionalities of the programme focus on child welfare, specifically: registration for birth certificates and identity documents; preventative health checks for children under five years and pregnant women (vaccinations, child development and nutritional supplements, pre-and post natal checks); educational talks on nutrition and reproductive health (family planning) and the registration and school attendance of children aged 6–14 years.
- 5 Correspondence with FU and MM, CARE Ecuador Office, April 2011.
- 6 This new pilot is being developed in 24 districts currently, as a partnership of *Juntos*, Ministry of Agriculture, Prime Minister's Office, National Bank, IEP, and CARE Peru, and which is hoping to reach 450,000 women over the next two years. Correspondence with JG, CARE Peru (March 2011).
- 7 The health clinics and *Juntos* refer the cases of family violence that come to their attention to organisations such as the *Defensoría Municipal del Niño y el Adolescente* (DEMUNA), the Ombudsman for children and youth.

- 8 This was a common finding in all the country programmes, which we discussed at the CARE workshop with the local researchers held in Lima, Peru 24–25 October 2010.

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