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

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.

1. 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?
**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 fulfill 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 Goals 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 beneficial 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, Molyneux, M. (2008) Cash Transfers: A Pathway to Women’s Empowerment Framework, which has three core dimensions of empowerment and equity: agency, structure and relations.

The three programmes analysed focus on mothers as key to programme delivery and goal achievement. The Peru and Ecuador programmes, Juntos and Bono Desarrollo Humano respectively, provide cash transfers to promote children’s education, health and nutrition and maternal health, while Bolivia’s, Bono Juana Azurduy, 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
- Application of Equality Principles

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

<table>
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<tr>
<th>CCTs programmes in Peru, Ecuador and Bolivia</th>
<th>Main Characteristics</th>
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<tr>
<td><strong>Juntos – Peru</strong></td>
<td><strong>Bono Juana Azurduy – Bolivia</strong></td>
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<td><strong>Transfer</strong> is US$70 every 2 months (i.e. US$1.23 a day).</td>
<td><strong>Transfer</strong> is US$250 in instalments spread over 33 months (i.e. US $0.20 a day).</td>
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<tr>
<td>Requirement to have identity documents.</td>
<td>Requirement to have identity documents and a form with date of latest check-up from the health centre.</td>
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<td><strong>Priorities:</strong> poor households with children under 14 years; poor households where children are not going regularly to school.</td>
<td><strong>Priorities:</strong> lower maternal and child mortality and chronic malnutrition in boys and girls under two years.</td>
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<tr>
<td>Conditions: children have regular health and nutrition check-ups; children attend school regularly; women have pre- and post-natal check-ups. Sanctions are applied.</td>
<td>Conditions: pregnant women attend clinics for pre- and post-natal check-ups and birth; babies and infants receive health checks.</td>
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<td><strong>Coverage:</strong> started in 2005.</td>
<td><strong>Coverage:</strong> started in April 2009.</td>
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<td>Implemented in 638 districts in 34 regions reaching 460,597 homes (August 2010).</td>
<td>Initially introduced in 52 municipalities, at the end of the first year there were 374,080 beneficiaries (May 2010).</td>
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<td>An initial period of four years, can be extended for a further four after review and certification.</td>
<td>Initially a five-year programme.</td>
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**Box 3: CCT programmes in Peru, Ecuador and Bolivia**

- **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 Sise, 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 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.

**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. 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 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.

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**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.
By enabling access to identity cards, the programme 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 bonus, and waiting times at health clinics.

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

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 objectives are currently few or non-existent.

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 programme 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.

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. 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.

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.