First implemented in Latin America in the 1990s, conditional cash transfer (CCT) programs are gaining prominence amongst policy, donor and civil society actors as a potential large-scale solution to poverty and related human development outcomes. CCTs involve payment of cash to low-income and vulnerable households, conditioned upon changing behavior to align with desired outcomes. The assumption is that the desired behavior change would not occur without the additional income and economic motivation from the cash transfer.

CCT programs are designed to address poverty and developmental problems primarily in two ways – 1) in the short-term, to address immediate vulnerabilities and cash needs through direct cash transfers to individuals and families; and 2) in the long-term to invest in human capital by fostering improvements in education, health and nutrition as a means to prevent intergenerational transmission of poverty and inequality.

Because of the success of CCTs in addressing certain human development outcomes, policy makers and development practitioners are increasingly considering CCTs as a tool to address gender inequalities and various dimensions of women’s and girls’ disempowerment. Currently, there are only a few systematic evaluations of CCTs programs on gender equality and women’s empowerment (Molyneux 2009; Bradshaw and Quiroz Viquez 2008; Holmes et al. 2010). Most evaluations of CCTs focus on outcomes for children and rarely evaluate gender impacts on all household members or on intra-household relations (Molyneux 2009; Molyneux and Thomson 2011; Holmes et al. 2010). Where gender impacts are discussed, the focus is usually on the girl child’s access to education. As Molyneux (2009) points out, of the 73 evaluations of Progresa/Oportunidades, one of the first global CCTs to improve education, health and nutrition for low-income rural families in Mexico, implemented between 1998 and 2004, only nine specifically addressed the impact on the women targeted. Additionally, few of the CCTs attempted to understand the intra household distributional effects. Reviews that bring a sharp gender lens in attempting to understand the effects of CCTs on gender equality have largely come from the efforts of feminist academics, UN agencies and policy specialists.
In this policy brief, we draw on systematic reviews and evaluated CCTs across the globe to identify some of the main lessons and critiques on the ways in which cash transfer programs have addressed women’s and girls’ empowerment and/or gender inequality. We focus on the potential of CCTs to address gender inequalities in light of ICRW’s recent evaluation of an India-based conditional cash transfer program: the Apni Beti Apna Dhan (ABAD, or “Our Daughters, Our Wealth”) program. ABAD was among the first long-term protracted CCT programs in India that aimed to enhance the value of girls and delay their marriage to 18 years. Implemented by the government of Haryana between 1994 and 1998, ABAD was unique among India’s large-scale CCT interventions because the beneficiaries faced a protracted period before they could receive the cash, which was explicitly conditioned on delaying marriage until at least age 18. It involved a cash transfer at two points of time: an immediate cash transfer of 500 Indian rupees at the birth of the enrolled eligible girl child and later a protracted payment of an expected amount of 25,000 Indian rupees when the enrolled girl turned 18 on the condition that she remained unmarried.

In view of emerging arguments around the effectiveness of CCTs, including the findings of our evaluation of ABAD, we primarily answer the following questions:

• How do the CCTs influence gender equality outcomes?
• Are the select CCTs gender-transformative, and in what ways?

CCTs and Gender Inequality

From their design, it is clear that most CCTs incorporate an understanding of gender inequalities. As Molyneux (2009) notes, one of first CCT programs, Progresa, initiated in 1997 in Mexico, was “gender aware”. There was an explicit recognition of the existing gender inequalities among its target population and the manner in which that would affect outcomes such as childhood nutrition and education. Subsequently, most CCTs over the last two decades have recognized the gendered nature of women’s vulnerabilities and poverty in their design and outcomes (Molyneux 2009; Holmes et al. 2010; Brady 2011). However, what the literature is less certain about is if CCTs were designed to achieve gender impacts that are transformative for women in the long-run.

It is important that we disentangle the multiple ways in which CCTs have had an impact on gender inequality. We draw mostly on recent systematic reviews, studies and meta-analysis of CCTs that either adopt a gender lens to analyze the program design, implementation, and outcomes or reflect on the gender impacts of the programs evaluated. In our reading, there are four key areas of reflection:

Programs that explicitly articulate gender are not always designed and implemented to achieve gender equality outcomes:

In making the distinction between being “gender aware” and achieving “gender impacts” Molyneux and Thomson (2011) argue that we need to understand not only whether programs are “gender aware” but what gender impacts they have achieved and “what kind of ‘empowered’ adult women is borne out by the evidence”. Beginning with the inception of the first program, Progresa in Mexico, most CCTs have recognized the gendered nature of women’s vulnerabilities and poverty as well as the specific structural barriers women and girls face in accessing opportunities and social services within the objectives. For example, Progresa/Oportunidades sought to promote women’s equal access to its benefit and to “improve the situation of women and strengthen the decisive role that they play in family….with the aim of empowering women so that they have genuinely egalitarian opportunities” (Molyneux 2009 p25). However, even though programs recognize these inequalities, there is a lack of gender analysis necessary to inform the design of the CCT to change social norms, gender relations and other structural barriers to gender equality (Molyneux 2009; Molyneux and Thomson 2011; Jones and Holmes, 2011, Holmes et al. 2010).

To offer concrete understanding of what a gender analysis would yield, Molyneux and Thomson (2011) propose that programs that follow a robust analysis to achieve gender equality would incorporate the following principles in their design (p199):

• social and economic empowerment of women is explicit in the goal of the programs;
• training and resources are allocated to strengthen women’s capabilities;
• family-friendly policies that acknowledge women’s role in caregiving but also promote alternative child-care arrangements; and
• efforts to involve men in program activities to transform gender relations.
Gender targeting is limited to achieving gender parity in human capital development of children or young people:

The most definitive and common ways in which CCTs address gender concerns is in recognizing and reducing gender gaps in human capabilities such as education, health and nutrition. Globally, a fair number of studies provide robust evidence on the positive effects of conditional cash transfers on girls’ schooling outcomes (Saavedra and Garcia, 2012; Arnold et al 2011). Some CCTs are targeted only for girls, as in the case of the randomized Zomba Cash Transfer in Malawi and the Female Secondary Schooling Program (FSSP) in Bangladesh (Baird et al., 2013; Hahn et al. 2015). Others have higher transfer amounts for girls compared to boys, including in Progresa in Mexico and the Social Risk Mitigation Project in Turkey (Skoufias et al. 2001; A. de Janvry et al. 2006; Fiszbein and Schady 2009). The evaluations of these programs have shown positive impacts. For example in Bangladesh, the Female Secondary School Assistance Program increased the secondary school certificate pass rate for girls receiving the stipend from 39 percent in 2001 to nearly 62 percent in 2008 (World Bank 2008). Although enhanced school enrollment and educational attainment are often assumed as outcomes of success, the underlying concerns have been the poor quality of education and performance (Fiszbein and Schady 2009; DFID 2011).

One of the emerging critiques is that gender targeted CCT programs focused on education, health and nutrition outcomes have mainly been aimed at children with the idea that they will indirectly reach women due to their reproductive roles as mothers and the interdependence between child and maternal health. Notwithstanding the improvements in women’s access to health and other services, these programs did not explicitly intend to have a gendered impact (Molyneux 2009; Molyneux and Thomson 2011; Jones and Holmes 2011; Holmes et al. 2010).

The targeting of adult women for their benefit is less direct. This is especially evident in programs that have achieved outcomes for women’s health and nutrition. Nutritional and health needs of women have largely been part of maternal health interventions without broader objectives around improving their reproductive health and rights (Holmes et al. 2010).

Cash transfers that target women can reinforce traditional gender norms and enhance their burden:

In most CCTs across the globe, women have been the recipients of cash transfers. This targeting by sex is often also referred to as gender targeting (Fiszbein and Schady 2009; DFID 2011). Underlying this gender targeting approach are several assumptions around women’s normative gender roles as mothers and primary caregivers in their families (Molyneux, 2007; 2009; Jenson 2009; Bradshaw 2008; Benderly 2011, Holmes et. al. 2010). Most CCT programs have been designed with the assumption that women will be better stewards of the cash because they tend to prioritize household spending on children’s educational, nutritional and health needs as well as the overall wellbeing of the family. Based on their review of CCTs in Latin America, Holmes et al. (2011; p3) note that cash transfers are also “intended to compensate mothers for their traditional domestic and care work role …and seen as a way to promote their control over household resources and increase their bargaining power at home.”

One of the strongest critiques from a gender perspective is that CCTs reinforce traditional roles and responsibilities of women, and place unequal burden of care-giving responsibilities on women (Molyneux 2006; 2009; Jenson 2009; Molyneux and Thomson 2011; Bradshaw 2008). Bradshaw (2008; p201) argues that making women the primary target of meeting the conditions, leads to “feminization of obligations” which “may bring a decline in the value placed on its fulfillment [conditionality] relative to other household obligations that continue to be constructed as male.” Women as recipients of the money bear the prime responsibility of meeting the program conditions, such as ensuring their children attend schools, get the stipulated health services and receive the required nutrition or that they themselves attend the health talks and program meetings and receive the pre and post-natal care. Women take on the program responsibilities in addition to their existing care giving and household responsibilities. The opportunity costs and the additional burden that program participation places on women have rarely been noted or accounted for (Holmes et al. 2010). As a result there may be little change in the relative position of women and men within the household. Most programs lack interventions that meaningfully engage men and boys within the household to share project obligations and household responsibilities, and reconfigure gender relations within homes (Holmes et al. 2010; Brady 2011; Molyneux and Holmes 2011).

Even though CCTs target women to stimulate their economic empowerment, feminist economists have argued that this might actually create the reverse effect. They argue that placing obligations of meeting economic and survival needs...
of their families on women can push them into further vulnerabilities (Adato et al. 2000; Molyneux 2006; 2009; Bradshaw 2008; Escobar Latapi and Gonzalez de la Rocha 2009). For example, the amount of a cash transfer may not be enough but the expectation from women that they should enable the desired outcomes for their families may push them into a labor arrangement that makes them more vulnerable to exploitation. Women’s assumed availability and time – largely based on their traditional role and dependence on a fragile wage economy – to take on these responsibilities to meet the program conditions have not been considered in the design of many CCT programs that target women (Molyneux 2009).

**Empowerment of women is unintended, limited and rarely transformative:**

Systematic reviews drawing on quantitative and qualitative evaluations of CCT programs that adopt a gender lens assess how women’s empowerment has happened. They identify several benefits emerging out of women’s participation in conditional cash transfer programs and the ability to directly handle the cash it confers. These include higher self-esteem, decision-making ability and political participation, greater bargaining power within the household and reduced incidence of some forms of intimate partner of violence (Holmes et al. 2010; Brady 2011; DFID 2011; IFPRI 2013; Escobar Latapi and Gonzalez de La Rocha 2009). These studies also suggest that participation in the programs enabled women to build solidarity, offer them opportunities to socialize and enable higher mobility and exposure.

These gains are considered as “pathways to empowerment” or as “empowerment” itself (Brady 2011; DFID 2011). Despite these achievements, the gendered dimensions of the program scope tends to be quite narrow, and the gendered impacts of the income transfers is often not intentional; the instances of reduction in violence or changing household gender relations are often adhoc, not a part of the program design. This is cited in a review of CCT studies in Africa in which the authors note that, “…very few programs explicitly targeted the potential for transforming gender relations at the household and community in both economic (e.g., opportunities for work) and social (e.g., voice and agency).” (DFID 2011; Brady 2011).

The extent to which cash transfers can enhance the social or economic empowerment of women would vary based on their socio-economic contexts, specific vulnerabilities of the household and the nature and amount of the cash. Thus while we see that in Progresa, women could better meet their basic needs and have a higher sense of wellbeing, the same did not hold out for Bolsa Familia in Brazil as the stipends were too low (Molyneux 2009).

Further, the impact of CCT programs on women’s enhanced decision-making and bargaining power can be limited as it can occur without significantly shifting the entrenched gender relations. For example, in their evaluation of Progresa, Handa et al. (2008) demonstrate that women were able to exercise the ability to spend their own extra cash but this did not extend to participation in other areas of household decisions. Moreover, increases in general income, which is essentially income under the control of men, tended to decrease women’s decision-making authority within the household. The study further points out that the transfer may simply “crowd out” or substitute transfers from men to women for the same purpose and thus women and children may not actually be made directly better off by the transfer (p1138).

The evaluations of Progresa on the program’s impact on violence bear interesting results. Over the short-term it was found that there was a 40 percent reduction in physical violence but a simultaneous increase in emotional violence (Bobonis et al 2013). However, a later study involving the lead authors found that over the longer term, there was no difference in the violence experienced by the beneficiar and non-beneficiary women, illustrating the lack of sustained effect on building women’s resilience or empowering them (Bobonis et al. 2015). Molyneux (2009) sums this up as the contradictions inherent in the design of CCTs that aim to potentially empower women participants. If women are empowered at all, it is within the existing social relations where gender asymmetries are reinforced. She substantiates her argument by noting that a mother’s role as a CCT recipient may be socially valued but is – “neither economically secure nor confers much in the way of effective power.” (p53)

**ABAD and Its Impact on Gender Equality**

Using a gender lens from the critiques of other CCTs reviewed here, we review our findings from the ABAD evaluation. We identify three critical lessons regarding why the ABAD program was not gender transformative. We first describe the program and its impact and then draw the lessons from it.
**ABAD Program in Haryana**

Women and girls in the state of Haryana in Northern India have historically been devalued from birth, considered to have a low status and to be a burden to their families. This construct is primarily associated with the significant costs that parents incur upon marrying a daughter and the belief that daughters cannot support their parents in their old age. Haryana is well known for having a high preference for sons, with historically documented practices of female infanticide. Since the mid-1980s, pre-natal sex determination technology has adversely affected sex ratios at birth through the practice of gender-biased sex selection so that the number of boys born far exceeds that of girls. To address these gender inequalities, the Government of Haryana in 1994 introduced the Apni Beti Apni Dhan (ABAD) or “Our Daughters, Our Wealth” program.

The objective of the ABAD CCT was to enhance the value of girls in Haryana, with the condition of delayed marriage linked with a protracted payment when the girl turned 18. The evaluation shows the program had no effect on delaying the age of marriage of girls to 18 years. About 80 percent of both beneficiaries and eligible non-beneficiaries (comparison group) were unmarried at age 18 at the time of the study due to a larger secular shift over time in the rates of marriage for girls in Haryana (the prevalence of child marriage has declined from 54 percent to 18.5 percent from 1994 to 2015 (NFHS 2005-26 and NFHS 2015-18). Beneficiary girls were significantly more likely to complete 8th grade but this effect did not extend to higher levels of education (secondary school or graduation).

Unlike many of the CCTs reviewed and critiqued, in the case of ABAD, the beneficiary girls would get the cash transfer directly in their name when they turned 18 as long as they remained unmarried. While the program did not place an extra time burden on the mother, we find that it did reinforce the existing gender construct that girls are a burden and dowry is an essential aspect of recognizing this burden to her marital home. The CCT was perceived as the government alleviating the burden of a girl’s marriage. A majority of girls who married after cashing out used the cash benefit mostly to meet their marriage expenses. Many unmarried girls who received the benefit also intended to use it mostly for marriage expenses or other household needs.

Qualitative findings from the study indicate that while there is a higher value for girls’ education, it is mostly due to the fact that it enhances girls’ prospects for marriage. Decisions to educate girls beyond the 8th grade are constrained by the high economic and social costs of sending them outside the village for secondary or higher education. Sending girls outside the village brings accompanying concerns around protecting girls’ safety and chastity. In negotiating these costs, parents prioritize marriage over and above other considerations, including girls’ aspirations for higher education.

**Lessons on the Gender Transformative Impact of ABAD**

ABAD had an ambitious goal of enhancing girls’ value but did not identify mechanisms to achieve that goal nor did it build into its design standard measures for enhanced value. Like other CCT programs there was an assumption that the cash transfer alone would bring the related shift in attitudes and aspirations for girls that were core to shifting the persistent gender inequalities. There was also an assumption that the cash offered as a protracted payment would be sufficient to dissuade parents to delay the marriage of their daughters to 18 years.

While there was an effect on educational attainment, the effect was not large enough in the face of many opposing factors to educate girls to higher levels. Thus the achievement of enhanced educational attainment for beneficiary girls was constrained by the prevailing gender norm that education was essential for enhancing girls’ marriageability, but not for its intrinsic benefit to allow girls to pursue their own future. The CCT program did not consider that girls’ aspirations would increase and achieving these aspirations would need to be connected to concrete assurances of girls’ safety, as well as possible avenues for employment.
Lastly, the protracted payment in the name of beneficiary girls did not confer to them greater autonomy to make decisions around how this money would be used. The majority of the girls were compliant with their parents’ decisions on how to use the money. Moreover, there was an agreement amongst most families that this money was for meeting their marriage expenses.

We find that the CCT program was gender aware but not designed to achieve a gender transformative impact. If the program did have profound gender transformative effects it would have shifted the expectations regarding girls, delayed marriage for program beneficiaries and the effects on education may have sustained to levels higher than the 8th grade.

From our own evaluation and from the CCT programs reviewed here we find that many of the programs had the intent to address gender inequality but their design and implementation were insufficient to change prevailing gender relations and norms; in fact, many of these programs tended to reinforce traditional gender norms. Other reviews as well as our evaluation of the ABAD CCT program suggest that for transformative effects in gender relations and lasting economic and social empowerment, we need effective social and behavior change communication and to integrate CCTs with other social protection programs.

**Note**

1. *The Economist* July 29, 2010, “Give the poor money: Conditional-cash transfers are good. They could be even better.”

**References**


DFID. 2011. Cash Transfers: Literature Review. Policy Division, DFID. UK


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